

AGING
IN THE
LESBIAN GAY BISEXUAL TRANSGENDER COMMUNITIES

A REPORT BY
THE CITY & COUNTY OF SAN FRANCISCO
HUMAN RIGHTS COMMISSION
AND
AGING AND ADULT SERVICES COMMISSION

APRIL 2003



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PREFACE

THE HUMAN RIGHTS COMMISSION'S LESBIAN GAY BISEXUAL TRANSGENDER ADVISORY COMMITTEE (LGBTAC) HELD A PLANNING RETREAT IN MAY OF 2002 TO DISCUSS AND DETERMINE WHAT ISSUES THE COMMITTEE WOULD WORK ON IN THE COMING TERM. THE COMMITTEE, ONE OF FIVE STANDING COMMITTEES MADE UP OF COMMUNITY MEMBERS WHO ADVISE THE COMMISSION ON VARIOUS COMMUNITY ISSUES, DISCUSSED THE FACT THAT WITH THE BABY BOOMER GENERATION REACHING RETIREMENT AGE, THE POPULATION OF LGBT SENIORS IN SAN FRANCISCO WILL GROW DRAMATICALLY. ALSO, THE COMMITTEE DISCUSSED THE PROBLEMS OF LGBT SENIORS THAT WERE KNOWN TO THEM, AND EXPRESSED A DESIRE TO LEARN MORE. THE COMMITTEE VOTED TO ASK COMMISSIONERS TO HOLD A PUBLIC HEARING ON AGING IN THE LESBIAN GAY BISEXUAL TRANSGENDER COMMUNITIES, AND TO INVITE THE AGING AND ADULT SERVICES COMMISSION TO JOIN THEM IN A JOINT HEARING.

HUMAN RIGHTS COMMISSIONERS, A PANEL OF ELEVEN MEMBERS APPOINTED BY MAYOR WILLIE L. BROWN, JR., VOTED UNANIMOUSLY TO HOLD THE HEARING ON OCTOBER 10, 2002. THE AGING AND ADULT SERVICES COMMISSION THEN VOTED UNANIMOUSLY TO CO-SPONSOR THE HEARING, TO LISTEN TO TESTIMONY, AND TO ISSUE THIS REPORT JOINTLY WITH THE HRC.

THE LESBIAN GAY BISEXUAL TRANSGENDER ADVISORY COMMITTEE, AND IN PARTICULAR THE COMMITTEE'S SENIOR ISSUES TASK FORCE, WORKED WITH HRC STAFF AND DEPARTMENT OF AGING AND ADULT SERVICES (DAAS) STAFF IN PREPARING THE HEARING. REPRESENTATIVES OF COMMUNITY ORGANIZATIONS AND INDIVIDUAL MEMBERS OF THE PUBLIC PROVIDED VERBAL AND WRITTEN TESTIMONY AT THE PUBLIC HEARING. THE STAFF OF BOTH COMMISSIONS PROVIDED RESEARCH AND ADMINISTRATIVE SUPPORT. EVERY ATTEMPT HAS BEEN MADE TO ACCURATELY REFLECT THE INFORMATION SUBMITTED AND RESEARCHED.

THE HUMAN RIGHTS COMMISSION AND THE AGING AND ADULT SERVICES COMMISSION GAVE THIS PROJECT PRIORITY BY HOLDING THE PUBLIC HEARING AND PROVIDING THE OVERSIGHT POLICY DECISIONS TO ENSURE PROPER BALANCE AND REPRESENTATION. HUMAN RIGHTS COMMISSIONERS PARTICIPATING WERE GHADA SALIBA-MALOUF, CHAIR; LARRY LEE, VICE-CHAIR; HAIG BAGHDASSARIAN; SHIRLEY DIMAPILIS; WILFRED HSU; MARTHA KNUTZEN; ANTONIO SALAZAR-HOBSON; THERESA SPARKS; AND CHARLES WARD; OF WHOM COMMISSIONERS DIMAPILIS,

KNUTZEN, LEE, AND SPARKS ATTENDED THE PUBLIC HEARING. COMMISSIONERS APPOINTED AFTER THE HEARING WAS HELD, BUT WHO PARTICIPATED IN FINALIZING THIS REPORT, ARE KHALDOUN BAGHDADI, ALICIA BECERRIL, MALCOLM HEINICKE, AND JOHNNIE ROLLINS. AGING AND ADULT SERVICES COMMISSIONERS PARTICIPATING WERE VERA HAILE, PRESIDENT; JOE LACEY, VICE PRESIDENT; ROSARIO CARRION-DI RICCO; RAYMOND DEL PORTILLO; MICHAEL A. DENUNZIO; MARJORIE STERN; AND VENERACION ZAMORA, OF WHOM COMMISSIONERS DEL PORTILLO, HAILE, AND ZAMORA ATTENDED THE PUBLIC HEARING.

STAFF MEMBERS OF THE COMMISSSION'S LESBIAN GAY BISEXUAL TRANSGENDER & HIV DIVISION -- CO-MANAGERS LARRY BRINKIN AND CYNTHIA GOLDSTEIN; MARCUS ARANA, KABIR HYPOLITE, YONG LEE, ELLISE NICHOLSON, HADAS RIVERA-WEISS, DAVID TREANOR, DOMENIC VITERBO AND TAMRA WINCHESTER -- PERFORMED THE TASKS OF FORMULATING, ADVERTISING, COORDINATING, DIRECTING AND HOLDING THE PUBLIC HEARING; IDENTIFYING, CONTACTING, MEETING WITH AND NOTIFYING INDIVIDUALS, ORGANIZATIONS, CITY OFFICIALS, AGENCIES, BUSINESSES, COMMUNITY GROUPS AND THE MEDIA; REVIEWING AND COMMENTING ON THE SUCCESSIVE DRAFTS OF THIS REPORT. VALUABLE ADVICE AND ASSISTANCE WERE PROVIDED BY STAFF MEMBERS OF THE DEPARTMENT OF AGING AND ADULT SERVICES INCLUDING EXECUTIVE DIRECTOR DARRICK LAM, JENNIFER COFFEY, BILL HASKELL, JOANNE HOLLAND, RONNIE MCFARLAND, DAVID NEWCOMER, AND KAREN ROSEN.

THE STAFF WOULD ESPECIALLY LIKE TO THANK INTERNS JEFF EATON AND JODIE MARKSAMER FOR PROVIDING INVALUABLE ASSISTANCE ORGANIZING THE PUBLIC HEARING AND PREPARING THIS REPORT.

SPECIAL ACKNOWLEDGEMENT IS ALSO DUE TO THE PRESENT AND FORMER MEMBERS OF THE LESBIAN GAY BISEXUAL TRANSGENDER ADVISORY COMMITTEE OF THE HUMAN RIGHTS COMMISSION: COMMISSIONERS MARTHA KNUTZEN AND THERESA SPARKS; JASON ALLEY; VIRGINIA BENAVIDEZ; KIRSTEN BOYD; SALLY BUCHMANN; CHRIS CALDEIRA; SCOTT CAMPBELL, CHRIS CARNES; JAMES DEVINNY; JAY DWYER; ERIN FARRELL; JULIE FRANK; TED GUGGENHEIM; JORDY JONES; DANNY KIRCHOFF; BILL KIRKPATRICK; NANCY LAWLOR; YOSEÑIO V. LEWIS; MARA M. MONTENEGRO; JOHNNIE PRATT; ALEEM RAJA; JORGE ROMERO-LOZANO; LISA SCHEFF; KRISTINE ORESKOVICH; STEPHEN SCHWICHOW; MORNINGSTAR VANCIL; GARY L. VIRGINIA; AND LAUREN WILLIAMS.

INTRODUCTORY ESSAY

“It’s Time to Treat Gay Elders with Respect”

By Deb Price

After 42 years together, the lesbian couple needed nursing home care. Their relatives swooped in, put them in separate institutions and refused to let them even see each other. Their tragedy — described in a new report that should serve as a national wake-up call — spotlights the special vulnerability of older gay Americans. At the age when they are least able to protect themselves, gay retirees are cruelly victimized by discriminatory attitudes, regulations and laws.

For example, federal policies tailored to heterosexuals shamelessly pick the pockets of gay elders and push countless thousands into poverty by denying them a fair share of retirement benefits.

“One of the hardest things is getting people — even gay people — not to narrowly define our issues,” notes Sean Cahill, an author of “Outing Age,” the welcome new study by the National Gay and Lesbian Task Force Policy Institute. “Social Security is a gay issue. Medicaid is a gay issue.”

The report’s timely release offers compelling reasons why the next president, the Congress and organizations devoted to serving older Americans ought to face up to — and correct — the gross inequities being inflicted upon gay elders.

Older gays, fearing neglect or abuse at the hands of hostile nursing home personnel, often find themselves retreating into the closet after living openly for much of their lives.

“Outing Age” documents that such fears are well-founded: A resident of one home wasn’t bathed because no one wanted “to touch the lesbian.” A social worker at another reported, “We don’t allow partners of the same sex into the home. ... (It’s) part of the admission requirement.”

Meanwhile, a 1994 New York state survey found that gay elders were not welcome at 46 percent of senior centers there.

One urgently needed protection for older gays is federal civil rights legislation that would outlaw discrimination based on sexual orientation not just in employment but also in housing and public accommodations.

Another essential protection is legalization of same-sex marriage, because that would force public and private policymakers to be fair financially to gay couples.

In the meantime, officials who say they support fairness but oppose gay marriage must be pushed to prove their good intentions, by updating the definition of “spouse” so gay couples qualify for essential spousal benefits.

A few illustrations of the enormity of the injustice that gay elders are suffering:

Social Security — The surviving gay partner of a retiree receives no Social Security survivor benefits. That contrasts with the more than \$5,000 per year that widows and widowers draw, on average, in survivor benefits. “Outing Age” estimates that, in that one area alone, the federal failure to be fair is costing gay seniors \$124 million a year.

Medicaid — When a gay elder needs Medicaid-financed nursing home care, his or her partner can lose their jointly owned home because gay couples aren’t covered by federal rules protecting the assets of nursing home residents’ spouses.

401(k) plans — Surviving gay partners suffer an immediate 20 percent tax bite on inherited 401(k) money. Legal spouses under age 70 1/2 can roll the entire amount into a tax-free individual retirement account.

Spousal benefits — Federal law requires that pension plans protect surviving spouses: The worker’s legal spouse gets half the pension even after the worker’s death. Gay couples enjoy no such protection and very, very few get spousal benefits from private pensions. Plus, Social Security spousal benefits — which make the difference between a comfortable and cramped retirement for millions of Americans — are still out of reach for gay couples.

Older gay Americans helped pay for the multitude of protections that their straight friends and neighbors enjoy. Isn’t it time to treat all our elders with fairness and respect?

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FINDINGS

The Human Rights Commission and the Aging and Adult Services Commission, having conducted a public hearing on October 10, 2002, to investigate Aging in the Lesbian Gay Bisexual Transgender communities, and having considered oral and written testimony and information from other sources, hereby find that:

INTRODUCTION

The older population of the Lesbian Gay Bisexual Transgender (LGBT) communities, particularly those over 60, have lived for decades in a society where LGBT people have been scorned, discriminated against, disowned by their families and religious institutions, fired from their jobs, arrested, beaten, and murdered. Though these conditions are vastly improved in today's San Francisco, all of these things still happen to some degree. Older LGBT people have learned to survive under these hostile conditions by staying in the closet or otherwise "keeping a low profile." Many are reluctant to seek the services of agencies and institutions (such as the Human Rights Commission) because of mistrust and fear of visiting a government office. Mistreatment of LGBT seniors in institutions may go severely underreported due to this mistrust. Additionally, LGBT seniors often lack social and family support networks available to non-LGBT seniors. Other issues for LGBT seniors include lack of recognition of partner status, housing, heavy taxation, high prescription costs, declining quality of health care, and ageism. The problem of ageism also can come from LGBT organizations.

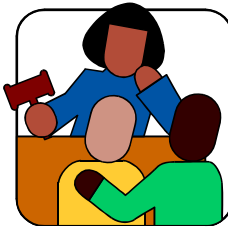
IN SAN FRANCISCO, APPROXIMATELY 12.5% OF THE POPULATION IS FROM LGBT COMMUNITIES, AND OF THAT GROUP, APPROXIMATELY 13,300 PEOPLE ARE AGE 65 OR OLDER. (SOURCE: SAN FRANCISCO DEPARTMENT OF AGING AND ADULT SERVICES).



Agencies and Institutions

1. Most programs and services for seniors are not LGBT friendly or focused.
2. LGBT seniors face discrimination because of age as well as because of sexual orientation or gender identity. This discrimination can cause problems when their families and institutions communicate. For instance, they face difficulty with hospital or care facility visits and in making funeral arrangements.

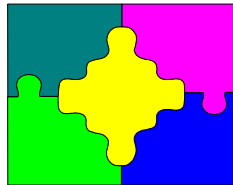
3. Elderly people, including those who are LGBT, sometimes miss appointments due to lack of transportation or because of illness. Social service agencies and the courts are not always willing to accommodate elders in these situations.
4. When seniors don't participate in the work of nonprofits serving the LGBT community, their leadership is missed and they are denied the opportunity to participate in designing their own services.
5. When agencies serving seniors don't have at least one professional-level staff person on hand who is sensitive and available to work with the LGBT population, LGBT seniors can feel marginalized.



Economic and Legal

6. Many LGBT seniors may not utilize services due to their fear of losing government benefits if they identify as LGBT. These benefits may include housing, military pensions, or social security benefits.
7. Many LGBT seniors live in poverty due to low incomes or a lack of spousal benefits and pension annuities for LGBT seniors. Federal, state, local, and private programs and benefits discriminate against LGBT seniors by their failure to recognize domestic partnerships. This discrimination can cause severe hardship and has led to early death. Social Security law and policy, for example, deny LGBT people their fair share of Social Security because they deny benefits to surviving domestic partners while providing them to surviving spouses.
8. LGBT seniors often lack legal protections for life partnerships. Legal planning, which is often expensive, for such things as survivor benefits, power of attorney, and wills, is necessary because of the lack of legal recognition for LGBT relationships. Couples who have the legal right to marry each other do not have to incur these extra expenses and trouble.
9. When LGBT seniors turn to the courts to seek justice, they often find the courts unfriendly and unaccommodating to their needs.
10. LGBT seniors often face difficult economic issues. Many cannot depend on their children to support them due to rejection or lack of offspring.'

11. There is a lack of resources for surviving domestic partners because they were not designated in wills as beneficiaries and often lose possessions they help pay for during a life together. More effort and resources are needed to assist LGBT elders with registering with the State as domestic partners to afford more protection.
12. LGBT elders often receive no support from their biological families. Friends then become chosen family and often provide support to LGBT seniors. These relationships should be recognized by medical and social service providers and by caregivers.



COMMUNITIES WITHIN THE COMMUNITY

Communities of Color

13. Being a person of color, LGBT and senior means facing triple discrimination.
14. No organizations in San Francisco primarily address the specific needs of LGBT elder communities of color.
15. Many older LGBT people feel left out of gay culture. Those who are people of color may feel alienated from the dominant culture, gay culture, and their families. Many communities of color look to elders for mentorship although LGBT elders are often invisible.
16. The church is an important institution in many communities. For example, the church historically has played an important role for African Americans as a place to build community. But some LGBT elders find it difficult to participate in church activities when they encounter homophobia.
17. Many LGBT Latinos get married because of family pressure, religion, and cultural barriers.
18. Many LGBT Asian seniors face severe economic problems, as well as a reluctance to seek help for social, economic, language, immigration, physical and/or mental health problems. Many are closeted about their sexual orientation and/or gender identity and suffer from loneliness and alienation as a result.

19. Many older two-spirit (LGBT) Native Americans who live in cities don't feel connected to the greater Native tribal group or community. This lack of connectedness increases their risk of alcoholism and suicide
20. Many Native American people, including two-spirit elders, still live on reservations and have dual citizenship. Communication between the tribal governments and state government addressing the issue of elder abuse is just beginning to happen. Since Native American culture values its elders, it is particularly hard when abuse of those elders is discovered and when the victims are two-spirit.
21. When vital information is only available in English, LGBT seniors who do not speak English lack access to services.

The Lesbian Community

22. Most lesbians in CA live in urban areas and more than 30% have incomes of less than \$30,000 per year.
23. In one study of older lesbians in San Francisco, 16% reported having had breast cancer, which is much higher than the San Francisco average for women.
24. Old Lesbians Organizing for Change is a vibrant, active organization operating in the Bay Area that deserves funding and support for their activities on behalf of older lesbians.

The Bisexual Community

25. Because of biphobia in our society, including in the LGBT communities, many bisexual seniors remain invisible.
26. Most bisexual seniors are not out and thus do not use LGBT community services.
27. The isolation that bisexual men and women experience can lead to fear and depression and the need for mental and physical health services.

The Transgender Community

28. Many senior transgender people have great difficulty finding employment. Despite anti-discrimination laws, many employers are transphobic. Many transsexuals, especially those who are male to female, have a great deal of trouble "passing." Employers may rule out any possibility of employment simply because of the transgender applicant's appearance, regardless of training, skills, or abilities. Many are denied even an interview because of the requirement to disclose former names.

29. A problem arises when employers do not wish to deal with employees who are unwilling to accept transgender employees' right to use the restroom conforming to their gender identity.
30. The transgender population in San Francisco is growing and includes a significant number of older people.



HOUSING

31. Senior LGBT people fear or suffer evictions from the Ellis Act
32. Sensitivity to the needs of LGBT seniors in housing programs is scarce, due to lack of LGBT-specific senior housing and homophobia and transphobia in senior housing programs and facilities.
33. Many LGBT seniors have been forced to move out of San Francisco due to housing costs. LGBT seniors face severe economic discrimination.
34. In surveys, residents of senior residential facilities repeatedly state that there are no LGBT residents.
35. Eviction and displacement are serious problems for many seniors, including LGBT seniors. Seniors represent 16% of renters in San Francisco and many live in fear that their landlords will evict them. Often, they are not protected by state law.
36. Many low income seniors, including those who are LGBT, live in apartments in need of repair. Some live without adequate heating, but are afraid to speak up because they are terrified of being evicted.
37. There is a lack of affordable housing, especially for LGBT seniors living with HIV/AIDS.
38. Senior housing and services that welcome and honor LGBT seniors can provide a hub for LGBT-sensitive senior services and act as a model of LGBT-inclusion for services provided to seniors throughout the city.
39. When agencies that provide housing or other services to seniors don't include in their written materials a clear statement that indicates they are LGBT inclusive, the LGBT senior population is likely to feel less welcome.
40. Many LGBT seniors want gay-friendly housing and are hesitant to go into nursing facilities because of the fear of discrimination.

41. There are insufficient assisted living options available for LGBT seniors.
42. Senior LGBT people who live in Single Residency Occupancy [SRO's] live in appalling conditions.
43. Homelessness is a growing problem for many LGBT seniors in San Francisco.
44. Homeless seniors often find that shelters are not LGBT friendly. There is violence against LGBT people at shelters and people are terrified to be there, preferring to sleep on the streets.
45. Many of the homeless shelters are run by religious organizations and that sometimes presents added barriers to addressing the needs of LGBT clients.



HEALTH & SOCIAL ISSUES

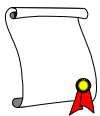
Isolation/Living Closeted

46. LGBT elders often do not trust mainstream service providers or institutions and therefore do not come out, leading to isolation.
47. Many seniors who lose their life partners feel isolated because they were not involved with any larger LGBT communities prior to their partner's death, and therefore are forced to grieve alone and unsupported.
48. Coming out is a life-long process. Many LGBT people come out after retirement, even into their 70s and 80s. Many suffer major losses of close family ties and spiritual support when they come out.
49. San Francisco's LGBT Community Center is an important resource for the older LGBT population and merits strong support and funding. However, one of the difficulties in providing services and outreach to the LGBT senior community is that many LGBT older adults do not openly identify as LGBT. They therefore may not access such institutions as the LGBT Community Center for fear of being outed.
50. There are increasing numbers of LGBT people coming into old age today. They sometimes have to deal with their sexual orientation in a public way for the first time because many have come from a generation in which being in the closet was seen as the only way to remain safe.

51. LGBT seniors face a “triple whammy” of problems: being old in America; being old in a youth oriented LGBT culture; loss of their partners and friends as a result of AIDS and other diseases.
52. Isolation, loneliness, and lack of financial resources are factors that cause many LGBT seniors to relocate outside of San Francisco. For example, LGBT seniors with access to some financial resources have moved to Palm Springs or the Russian River, both of which are considered safe enclaves for LGBT seniors. Others move to suburban communities or out of state.

53. MANY LGBT SENIORS SUFFER SELF-NEGLECT DUE TO LOW SELF-ESTEEM RESULTING FROM YEARS OF HIDING VERY BASIC TRUTHS ABOUT THEMSELVES.

54. A recent study conducted by the Lesbian Health Research Center revealed that 32% of lesbians, including older lesbians, don't feel safe coming out to their health care providers.
55. It is difficult to determine the number of LGBT clients in senior health care programs because many LGBT seniors are uncomfortable talking with their health care providers about their status and may choose not to fill out a form that states their sexual orientation and/or gender identity.
56. LGBT senior military veterans worry about facing "don't ask, don't tell" policies when accessing health care. Many fear losing their veteran's benefits if they disclose their sexual orientation or gender identity.
57. Ageism presents unique problems for many older gay, bisexual, and transgender men. There's a strong need for men, as they age, to meet and socialize with others in their age group. Many have health issues in common with others in their age group and have fears about aging, growing old alone, and adjusting to changes to their body and body image. GBT men often do not have family and peer structures in place that help them address these issues. They are often isolated and depressed without being able to reach out to other peers.
58. Many LGBT seniors are alone in hospitals without peer and/or family support .



Employment/Insurance/Health Care

59. Businesses are facing higher health care costs for older employed people.

60. Senior LGBT people suffer from a lack of health insurance due to pervasive legislative discrimination, which includes the lack of legal recognition of intimate relationships
61. Many LGBT seniors have physical disabilities that potentially decrease their employment options. This population often chooses to remain in familiar but often low-paying jobs rather than risk disclosure of their disability.
62. Disability insurance becomes increasingly expensive as we age, and age itself becomes a barrier to meeting eligibility qualifications. Thus, for those who need it most, insurance often is not accessible.
63. Many LGBT seniors are treated poorly in nursing care facilities. For example, many who do not identify, appear, or behave totally as male are told to act more like "men," and many who do not identify, appear, or behave totally as female are told to act more like "women." This forces many LGBT seniors into uncomfortable, dualistic, and stereotyped gender categories.
64. According to the Family Caregivers Alliance, 50% of the LGBT community receiving in-home or institutional care experience discrimination or harassment from their caregivers.
65. LGBT caregivers of older adults provide on average 48.5 hours of direct care per week and many do not utilize any outside resources for assistance. One reason for not utilizing support services is a fear of anti-LGBT harassment or discrimination by a community provider.
66. Almost half of LGBT caregivers serving seniors have experienced LGBT insensitivity, discrimination, or harassment from a community program.
67. There is a lack of quality health care, including mental health care, for elder members of the transgender community.
68. A severe lack of employment opportunities for transgender people creates a concurrent lack of medical insurance.
69. Most insurance plans do not cover conditions related to gender transitioning or complications experienced in that process, including for older people.
70. There have been no comprehensive studies done on the effects of long-term hormone usage on the liver.
71. As transgender people live longer, the impact of hormone therapy on the liver and other vital organs will become evident. Antiretroviral medications take a devastating toll on the liver and on other body functions. Currently, no long-term research has been conducted on the impact of combining HIV and hormone therapies.



AIDS/HIV

72. According to Rodger Brooks of the Kaiser Permanente HIV Advisory Board, 7.5% of health plan members are over 60 and have AIDS.
73. AIDS is a disease that often creates premature aging due to the virus itself or side effects of medication. Many seniors living with HIV experience a higher rate of incidence for health conditions associated with this age group including sexual dysfunction, heart disease, osteoporosis, and liver failure. Dementia, Alzheimer's and recurrent small strokes associated with high blood pressure are also a concern. More HIV positive seniors suffer death due to heart attacks and liver problems than HIV negative seniors.
74. People with HIV, including seniors, are having heart attacks 5-10 years earlier than one would expect. There is a need to focus on reducing the risk factors for heart disease and screening for cancer.
75. Because STD prevention messages often are not geared to the senior population, it is important that this age group be educated to protect themselves from contracting sexually transmitted diseases.
76. Many senior people living with HIV/AIDS fear AIDS/LGBT discrimination, choosing to remain in their homes too long, without seeking treatment, to the detriment of their mental and physical health.
77. As HIV medications improve and people with HIV live longer, there will be more and more seniors living with HIV/AIDS.
78. When a partner passes on, many older members of the LGBT community tend to be very much alone. The loss of so many to the AIDS epidemic has had serious consequences for social and support structures for LGBT seniors.
79. Many LGBT seniors with HIV/AIDS suffer from a lack of support. Many are estranged from their families often because of their LGBT identification. Some are immigrants and are located far from their families. Some find that the other people who might have provided them with support are also no longer around due to AIDS or other illnesses. This creates further isolation.
80. LGBT seniors with HIV/AIDS often are in rough financial situations and have little or no insurance. They have exhausted much of their savings due to living with HIV

for a lengthy period of time. Forced to cope with illness due to HIV and lack of financial resources, many HIV-positive seniors suffer a great deal of stress.

81. There can be insufficient access to health care for LGBT seniors living with HIV/AIDS.



Elder Abuse/Domestic Violence

82. Senior LGBT people suffer from elder abuse by family, friends, and con artists.
83. It is estimated that only 1 in 5 incidents of elder abuse are actually ever reported. Much of this abuse is underreported due to barriers faced by seniors, especially LGBT seniors who may be afraid to reveal the nature of the abuse as it may pertain to their sexual orientation. This abuse is not limited to street violence by strangers, but often seniors experience a pattern of violence caused by someone they know.
84. There is a lack of outreach to LGBT seniors on the issue of domestic violence.



Education

85. Our society does not pay much attention to the need or desire for ongoing educational opportunities for seniors. This general lack of consideration affects LGBT people as well.
86. Educational programs serving older adults inadequately address LGBT issues.
87. City College of San Francisco is an excellent resource for free classes for older adults. Specific LGBT classes are offered at the LGBT Center.
88. LGBT seniors comprise a significant proportion of the students enrolled in City College of San Francisco (CCSF) Older Adults Department.

89. The CCSF Older Adults Department is perpetually underfunded, and denied more than one full-time faculty to serve 2,500 older adults, and denied adequate administrative support. The CCSF Older Adults Department also is denied adequate time for the chairperson to develop and support appropriate courses such as the “Changing Times” course focusing on LGBT issues.



Other Social Issues

90. LGBT elders have a desire to contribute to their communities. They have much to offer, have years of experience, and are an important resource.
91. Older LGBT people often have a large friendship network, and define the parameters of friendships differently than heterosexual seniors. These friends help support their independence and individual identities.
92. The lack of communication between LGBT younger people and LGBT elders hinders the exchange of information and sharing of history and experiences.
93. It is important to encourage community get-togethers for LGBT seniors who are not partnered.
94. As baby boomers age, there will be a significant increase in the number of LGBT elders living into their 90s and the community needs to prepare for their care, both short-term care and long-term care.
95. The Radical Faeries provide an important resource for senior gay and bisexual men by including them in social and spiritual programs, and providing caregiving circles for members of their organization that are ill.
96. The San Francisco Prime Timers, a social club for gay men over 40, is the oldest club of its kind in the country, and provides an important opportunity for older gay men to find community.

RECOMMENDATIONS

The Human Rights Commission and the Aging and Adult Services Commission, having considered its Findings gleaned from testimony offered in a public hearing on Aging in the Lesbian Gay Bisexual Transgender communities held on October 10, 2002 and having reviewed other information, hereby offer the following Recommendations:



AGENCIES & INSTITUTIONS

1. That the Department of Aging and Adult Services (DAAS) continue to provide lesbian gay bisexual transgender (LGBT) sensitivity training for employees and volunteers of senior services providers, and that DAAS include the Human Rights Commission as a training resource.
2. That senior service organizations provide specific outreach to LGBT seniors (for example, by using the outreach services of New Leaf Services for Our Community, and the LGBT Community Center); and that the Department of Aging and Adult Services continue to fund New Leaf to provide outreach and services to LGBT seniors.
3. That the Department of Aging and Adult Services continue to include contract language requiring LGBT sensitivity and inclusion by senior services contractors, and that DAAS continue monitoring to ensure that senior services organizations are adequately serving their LGBT clientele.
4. That the Human Rights Commission enhance outreach to LGBT seniors and senior organizations regarding HRC's processes for filing discrimination complaints, and other discrimination-related issues.

5. That sensitivity training on issues faced by elder LGBT people be provided to City and County employees, and employees and volunteers of service providers, on an annual basis so as to include new employees and volunteers.
6. That the City and its contractors who provide senior services continue to include optional questions about sexual orientation and gender identity on all intake forms to ensure identification of LGBT needs.
7. That LGBT senior services be in convenient locations and close to transportation.
8. That senior services agencies be more supportive of LGBT elderly and LGBT caregivers by creating a climate openly embracing LGBT participants and issues. This can be achieved by providing domestic partner benefits equal to spousal benefits (already required of City contractors), by outreach efforts to the LGBT senior community, and by producing pride displays and literature featuring LGBT senior information and images.
9. That caregiver support agencies continue and expand workshops, classes, and other programs that bring LGBT older adult caregivers together to share experiences and provide support.
10. That social services agencies serving seniors augment their efforts to provide services that increase the social networking of LGBT seniors.
11. That individuals and organizations in the LGBT community embrace the LGBT elder population and provide stronger support for senior issues. This can be done, for example, by including information about senior issues, and images of older LGBT people, in graphic and pictorial displays, literature, newsletters, and newspapers; including music from different generations at parties and dances; communicating with elders who are isolated in their homes, at Laguna Honda Hospital, and other facilities; honoring elders for their achievements; seeking advice and mentoring from LGBT elders; and including elders in outreach efforts.
12. That City and non-profit agencies recognize that low income seniors deserve the attention of our entire community. All possible means to improve the low-income levels of LGBT seniors should be studied and utilized.
13. That LGBT fundraisers and other events offer discounts and waivers to seniors so that they can afford to attend and remain in touch with the LGBT community.
14. That senior services agencies increase LGBT utilization of their facilities by offering an environment in which LGBT seniors feel more recognized and welcome. Ways to do this might include sharing LGBT newsletters and calendars of LGBT events, putting up pictures and posters that affirm LGBT seniors' lives and LGBT history, etc.

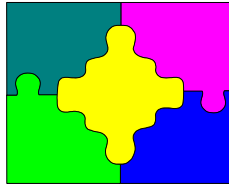
15. That senior services providers represent and include senior LGBT people in brochures, flyers, reports and other literature.
16. That social service agencies serving seniors, including LGBT seniors, provide informational materials using large fonts.
17. That senior services agencies refrain from pressuring LGBT seniors to publicly come out.
18. That LGBT staff of senior services agencies consider coming out to an LGBT client.



ECONOMIC & LEGAL

19. That Congress and the Social Security Administration change Social Security law and policy to enable widows and widowers of domestic partnerships to qualify for survivors' pensions.
20. That government agencies, private corporations, and labor unions change public and private pension policies to enable widows and widowers of domestic partnerships to qualify for survivors' pensions.
21. That priority should be placed on advocating for laws lowering the retirement age for Social Security and also modify the stringent requirements for qualifying for disability retirement.
22. That the Board of Supervisors require private businesses to provide Domestic Partner benefits to the extent allowed by law, and that the Board of Supervisors encourage equal benefits where the City cannot require them.
23. That California enact legislation to provide that spousal relationships have legal parity with LGBT relationships to ensure adequate economic security for LGBT seniors. This means that same-sex marriage must be allowed by law, and that until this is achieved, domestic partner legislation must provide this parity.
24. That the San Francisco Bar Association, Bay Area Lawyers for Individual Freedom, and other legal groups increase information and legal resources for LGBT seniors. This should include workshops and forums to educate LGBT seniors on such issues as finances, medical decision-making, domestic partnership laws, powers of attorney and issues related to California's domestic partnership law and how it relates to LGBT older adult partners.

25. That appropriate funding agencies provide resources for increased research on LGBT senior issues.
26. That The Department of Aging and Adult Services and the Human Rights Commission continue to explore methods (such as future public hearings, and the use of surveys) to improve their ability to identify the LGBT senior population's needs.
27. That the City and funding agencies increase funding for mentorship programs between young and older LGBT people.



COMMUNITIES WITHIN THE COMMUNITY

28. That departments and organizations serving LGBT seniors develop alternative means for outreach to ensure that more communities of color receive equitable access to LGBT senior services. New and non-traditional ways of outreach to ethnic LGBT senior communities should be developed, and outreach literature translated for non-English speaking communities should be made available.
29. That public and private funding agencies provide resources for mental health services targeting senior LGBT communities, and ensure there is funding for senior LGBT ethnic communities.
30. That senior services agencies provide increased resources for ethnic specific services for the senior LGBT community.
31. That senior counseling agencies serving LGBT elders, including people of color, assist clients with services and counseling that are sensitive to the coming-out process for LGBT elders.
32. That senior services agencies, including those agencies working with elders of color, improve outreach to LGBT elders. The Human Rights Commission can provide resources for this purpose.

33. That agencies producing senior-specific written materials be sensitive to and inclusive of all senior LGBT communities.
34. That the Human Rights Commission and other City departments serving seniors who are not already doing so publish their literature in languages other than English.
35. That LGBT elder communities, including elders of color, increase collaboration on projects of shared interest.
36. That the voices, experience, and wisdom of two-spirited (Native American), African American, Latino, Asian/Pacific Islander, and other people of color be included in informing policy and direction for public and private agencies serving LGBT seniors.
37. That private, public, or non-profit agencies that serve the elder LGBT community include components on lesbians and bisexuality in their training programs.
38. That senior services agencies, as appropriate, provide more social/coming out groups for bisexual people.
39. That Community-based organizations, as appropriate, conduct LGBT outreach to older bisexuals to help them feel at home in their community, including funding an educational campaign to reach out to isolated bisexual elders through the internet and mailings.
40. That Community-based organizations and employment agencies assist older transgender people who are facing discrimination in their search for employment.



HOUSING

41. That the Mayor's Office of Housing, the Mayor's Office of Community Development, and residential builders fund and build more housing, including affordable housing, for LGBT seniors.

42. That the Board of Supervisors amend owner move-in (OMI) laws to give seniors (including LGBT seniors) protections from such evictions even if they have lived in the apartment for less than a year.
43. That federal agencies regulating residential facilities for seniors amend rules to ensure that same-sex couples in these facilities have the same privileges as opposite-sex couples.
44. That planners and builders assure that housing targeted for LGBT seniors be on ground level or accessible by elevator.
45. That government regulators and managers of residential facilities assist LGBT elders in their efforts to keep their pets.
46. That the Human Rights Commission expand its activities in educating shelters, both non-religious and religion-based, to better serve the needs of transgender clients, including those who are older.
47. That the federal Department of Housing and Urban Development expand the availability of Section 8 certificates to LGBT seniors by increasing technical assistance and outreach to ensure that LGBT people who are eligible receive Section 8 vouchers.
48. That assisted living housing planners include housing facilities that welcome and encourage senior LGBT residents.
49. That the Board of Supervisors pass legislation to create community land trusts that will provide more affordable housing for seniors, including those who are LGBT.
50. That tenants rights organizations and legal aid organizations provide more educational outreach to seniors, including those who are LGBT, to inform them of their rights as tenants.
51. That the Mayor's Office of Community Development and community planners develop senior shelters within the LGBT community to address the special needs of community members.
52. That the Board of Supervisors and the Mayor's Office support the building of housing and the development of services that will welcome and honor all LGBT seniors.
53. That agencies providing housing or other services indicate they are LGBT inclusive in their written materials.
54. That the Board of Supervisors pass a resolution in support of Rainbow Adult Community Housing's project to build a complex for LGBT senior housing and services.

55. That the Human Rights Commission and the Commission on Aging and Adult Services work with the Mayor, Board of Supervisors, and the Redevelopment Agency, to allow Rainbow Adult Community Housing to build a complex on two parcels of land soon to become available in Hayes Valley, thus ensuring proximity to the LGBT Community Center and its senior programs.



HEALTH & SOCIAL ISSUES

56. That senior services agencies develop relationships with LGBT clients to counteract the distrust that many LGBT seniors have toward institutions
57. That medical facilities amend policies to ensure that non-blood friends and caregivers are given authority to intervene on behalf of LGBT elders in regard to their health care issues, services, and decisions.
58. That law enforcement agencies such as the District Attorney's office and the state Attorney General's office carefully police fraud, particularly among health care providers, to help increase the efficiency of the health care system, and help LGBT elders afford quality health care.
59. That the Human Rights Commission coordinate efforts to ensure that physicians, the staffs of nursing homes, senior centers and hospitals are trained adequately to become more aware of and sensitive to transgender people.
60. That senior services agencies and providers recognize and support friends and chosen families of older LGBT adults.
61. That agencies educating youth about HIV include elders as resources for talking with young people on this subject
62. That experts on elder abuse educate service providers and the public about senior LGBT elder abuse.
63. That Community United Against Violence provide more outreach needs to LGBT seniors on the issue of domestic violence.
64. That religious and spiritual leaders organize an event that enlists and celebrates the spiritual and community contributions of LGBT seniors.
65. That City College of San Francisco provide more support in all forms to its Older Adults Department, thus fulfilling the part of its stated mission to provide life-long learning. Especially, CCSF should provide material support for efforts to reach out to LGBT elder communities.
66. That City College of San Francisco provide a full range of courses both LGBT Senior specific and of broader issues which have an LGBT component.

67. That educational institutions with programs serving LGBT seniors make the following adjustments:
- A. Courses dealing with family, community, and world involvement should facilitate family relationships that are supportive of LGBT members, encourage LGBT people to take part in open communication with family members, promote understanding, acceptance, and support of diversity in the family; promote awareness of the history, traditions, and current events of LGBT communities, explore and celebrate cultural diversity in the community; address LGBT issues within a global context.
 - B. Courses dealing with creative expression should help learners develop and explore personal interests and aptitudes in the arts and humanities, including those having to do with sexuality, and help them to understand the cultural forces that shape the arts and how the arts, in turn, shape diverse communities including LGBT communities.
 - C. Courses dealing with employment and technology should help students learn about employment opportunities, discrimination issues, and employment rights as they relate to LGBT seniors; teach students how to access information about LGBT issues using computers and the Internet.
 - D. Courses dealing with health and safety implications of the aging process should help learners understand the common physical health problems of older LGBT adults; understand the changes in personal identity, mental abilities, and mental health that occur later in life and take steps to meet their own mental health needs at home, at work, and in the community, especially as these are related to older LGBT people; recognize and avoid physical, mental, sexual, and financial abuse.
 - E. Courses dealing with life transitions should help seniors adjust to their own retirement and that of a partner, taking into consideration the special circumstances faced by elder members of LGBT communities (e.g., lack of equitable spousal pension coverage); know about in-house care approaches and out-of-home care facilities, especially about the unique challenges faced by LGBT clients of these facilities (e.g., discrimination by staff and other clients); identify issues faced by older LGBT people around death, dying, and loss – such as dealing with homophobic funeral home personnel and policies – as well as identify the support groups and other services available to them during periods of bereavement.
 - F. Courses dealing with entitlements and resources should teach learners how organizational systems work and how to operate effectively within them to access and advocate for individual rights, entitlements, and responsibilities for

older LGBT people; help them identify and utilize community resources and social services specializing in issues important to the LGBT community.

- G. Courses dealing with financial and legal options should help older adults identify and develop economic strategies to support their life plans and needs, including strategies addressing the circumstances confronting older LGBT people; identify and effectively pursue legal options to support their plans and needs, including those options important to LGBT people, such as housing rights, personal partnership agreements, support trusts, life insurance, and annuities to provide for survivor benefits, durable financial and health care powers of attorney, and wills.

TESTIMONY FROM THE HEARING

INTRODUCTORY REMARKS

Commissioner Martha Knutzen

Chair, Human Rights Commission's Lesbian Gay Bisexual Transgender Advisory Committee

Commissioner Knutzen opened the hearing by welcoming fellow Human Rights Commissioners and members of the Commission's Lesbian Gay Bisexual Transgender Advisory Committee (LGBTAC), members of the Aging and Adult Services Commission, staff of both departments, and members of the public. Commissioner Knutzen noted that this hearing was the latest in a long line of historic public hearings focusing on LGBT issues, including domestic partners, youth, transgender, and economic empowerment. She pointed out that improvements in public policy typically follow these hearings. Commissioner Knutzen said that activists and organizations will offer comment on what seniors in the LGBT communities face, having lived a lifetime with discrimination, social ostracism, and general ignorance. Commissioner Knutzen also thanked the many people who worked hard on organizing the hearing, including staff of both Commissions, members of LGBTAC, and, significantly, Bill Kirkpatrick of New Leaf Services for Seniors. Commissioner Knutzen then described the logistics and rules for the public hearing.

Commissioner Vera Haile

President, Aging and Adult Services Commission

Commissioner Haile said the Aging and Adult Services Commissioners were very pleased to sponsor the hearing jointly with the Human Rights Commission. Commissioner Haile noted that the Aging and Adult Services Commission had done their own needs assessment of LGBT senior issues, and that she looked forward to finding out what could be done further.

Commissioner Theresa Sparks

Vice Chair, Human Rights Commission's LGBTAC

Commissioner Sparks welcomed President Haile, Department of Aging and Adult Services Director Darrick Lam, and members of the public. She thanked HRC staff for their hard work, and noted that the issue of LGBT aging has been coming up at the advisory committee for several years. Commissioner Sparks said that in the last two decades people often haven't looked beyond two years, but currently are beginning to look at the retirement years.

Virginia Harmon

Executive Director, Human Rights Commission

Director Harmon welcomed everyone to the hearing, and expressed appreciation to members of both Commissions, Director Lam, and staff for their hard work in producing the hearing. She also thanked members of the public who came to the hearing to offer their testimony, and said she looked forward to being educated and working with everyone to break down barriers faced by this community.

Darrick Lam

Executive Director, Department of Aging and Adult Services

Director Lam noted that the Department of Aging and Adult Services (DAAS) has been providing funding for services to the Lesbian Gay Bisexual Transgender communities for twenty years. He said that he would like to continue working with the Human Rights Commission so as to better serve the LGBT communities.

Steve Kawa

Deputy Chief of Staff, Mayor's Office

Mr. Kawa said that as an aging gay man, the issues being discussed tonight impact him personally, but more importantly impact LGBT San Franciscans. He said that the Commissions have a huge responsibility to look into these issues so that what San Francisco stands for today, it will stand for tomorrow. He noted that as we age and go through life it is perplexing that discrimination continues, in spite of ordinances and resolutions against discrimination on the books. He described the baby boom as the period when more babies were born and that those babies are now aging. But, he said, we are aging differently as a society, particularly in San Francisco where we have more diversity than elsewhere in the country. He noted that a senior in the 1880s couldn't expect to actually live to 65, the retirement age, but that today we're living longer which means different challenges and different ways people are living their lives. Mr. Kawa stressed the importance of lobbying the state and federal governments for legislative change. He noted that even in 2002 it's hard for people to understand the LGBT community and its issues, but that we would go forward with San Francisco taking the lead through Mayor Brown, the Board of Supervisors, and these Commissions.

Kirsten Boyd

Legislative Aide to Assemblywoman Carole Migden

Ms. Boyd brought greetings from Assemblywoman Migden, who couldn't be present but sent her comments and her support. Ms. Boyd said that Assemblywoman Migden described herself as an aging lesbian with similar concerns as those being addressed tonight. She commended the LGBT Advisory Committee for looking toward what will be happening in the next 20 to 30 years. She said that she would offer support in terms of state legislation where it is needed

OVERVIEW

Darrick Lam

Director – Department of Aging and Adult Services (DAAS)

Mr. Lam outlined the goals for the DAAS, whose main mission is to assist older adults and their families to remain living independently, and described the organization of the department: Adult Protective Services, Office on the Aging, Public Guardian – Public Conservator, and the Public Administrator.

The Office on Aging identified 45 contracts with the City and County of SF. One LGBT agency directly affected was Project Concern, which provided low-cost mental health services to LGBT people in SF. After the Commission on Aging became a City department, DAAS formed a task force to gather information on LGBT needs. DAAS changed intake forms to include “transgender” along with “male” and “female” and asks questions about sexual orientation. There was some initial discomfort with having the option of “transgender” and with sexual orientation on the intake form and DAAS had to educate all those involved that the data were collected for needs assessment purposes. DAAS plans town hall meetings to collect more data regarding LGBT needs so that funding considerations can be directed toward better serving those communities. Mr. Lam reiterated DAAS’s commitment to work with the SF HRC to better serve LGBT people.

Larry Brinkin

Co-Manager, LGBT&HIV Division – SFHRC

Mr. Brinkin described the purpose of the SF HRC and the methods used by the HRC to prevent discrimination in employment, housing, and public accommodations, such as mediation, education, and contract compliance. He also described the power of the SF HRC to serve subpoenas, to issue Findings of Discrimination, and to recommend the removal of City Contracts from those found to have discriminated.

Mr. Brinkin noted that there are not very many older complainants coming to the HRC. He stated that the HRC needed to increase its outreach to older people. Mr. Brinkin introduced a short film clip about Ruth Ellis, a 99 year-old lesbian.

Phyllis Lyon

Former SF HRC Commissioner

Ms. Lyon served as a Commissioner from 1976 to 1987, and was one of three members of the Gay Advisory Committee in 1975. Ms. Lyon noted that no one thought to address “ageism” until they had grown old enough to notice the effects. As delegates to the White

House Conference on Aging, Ms. Lyon and her partner Del Martin lobbied to get LGBT concerns into the final 1996 report: passage of sexual orientation non-discrimination resolution; recommendation that District attorneys prosecute these cases; support for ENDA; creation of LGBT service programs for seniors; including affordable housing;; and permanent guardianship for domestic partners regarding advance directives.

Ms. Lyon cited a list of agencies that created services and programs directed at senior LGBT people, such as NGLTF, NCLR, and New Leaf. One major area of concern for LGBT seniors is discrimination in clinics and long-term care facilities. New Leaf works with the City's health clinics to educate staff members on LGBT issues. Ms. Lyon recommended that the City include questions about sexual orientation and gender identity on all intake forms to ensure oversight. Ms. Lyon recommended that LGBT fundraisers offer waivers to seniors so that they can afford to attend and remain in touch with the community.

Ann Tamar-Mattis

Program Director - San Francisco LGBT Community Center

Ms. Tamar-Mattis summarized the Center's collaborative programs that benefit LGBT seniors: computer and internet classes, movement classes for elder women of color, and the Senior Room which is space for senior events. Seniors have told the Center that some of the programs are valuable but that many issues challenging seniors of color remain unmitigated, such as estrangement from family and lack of protection for LGBT seniors.

Ms. Tamar-Mattis urged the creation of greater support and services for seniors. She noted that most existing programs for seniors are not LGBT sensitive. Also, LGBT seniors often lack the social networks that support many straight seniors. Many have seen their communities decimated by HIV, and most lack legal protections for life partnerships

R. Wood Massi

Chair, Older Adults Dept. – SF City College

Mr. Massi presented a 10-minute Power Point presentation outlining general demographics of older adults. Demographics show that people over 55 are the largest voting block. Service providers are not ready for the large number of LGBT seniors. 13.7% of San Franciscans are 65 or older, which is higher than the national average, reaching 30% of the population by 2010. In SF, 12.5% of population is LGBT, with 13,300 people at 65 or older. Many of the issues facing LGBT seniors are compounded by poverty.

LGBT seniors face discrimination for age as well as for sexual orientation and/or gender identity, particularly with family issues: hospital or care facility visits, funerals, and support by extended families. Many fear disclosure for fear of discrimination in health care, lack of recognition of partnerships, higher risks for smoking, alcohol and drug abuse, diabetes, cancer, etc.

Housing is problematic, and many face homophobia due to lack of LGBT-specific senior housing. Poverty expresses itself through reduced income and lack of spousal benefits and pension annuities for LGBT seniors. Extra legal planning for survivor benefits, power of attorney, and wills is necessary because of the lack of legal recognition for LGBT relationships. Finally, services may be under-funded and needs not assessed due to lack of empirical data.

George Roosen

New Leaf Senior Services

Mr. Roosen has been working since 1996 with GLOE when it was with Operation Concern. Now the program is called New Leaf Outreach to Seniors. Mr. Roosen stated that in 1982, 20% of LGBT seniors believed they could lose social security benefits; many LGBT seniors may not utilize government services due to fear of the government. Mr. Roosen stated that many LGBT seniors self-identify as heterosexual on DAAS surveys because DAAS represents the government.

Mr. Roosen also expressed the concern that mistreatment in institutions may go severely underreported because of mistrusting the government. They fear they will lose their housing if they complain. Mr. Roosen pondered the difficulty of obtaining figures about a hidden population who will not step forward and identify themselves. The coming out process is particularly hard for LGBT seniors. Fear of losing family prevents large numbers of seniors from coming out. Mr. Roosen stated that the (LGBT) Center (in San Francisco) was a safe haven to some seniors.

Valerie Hayden

Institute on Aging

Ms. Hayden stated that many LGBT seniors live in a world hostile to LGBT elders. Many funders and service providers lack a basic understanding of the unique risk faced by LGBT seniors. Many elders fear coming out in such a hostile world just to access LGBT specific programs. A recent study from New Leaf and the Institute showed that nearly half of care givers and care receivers did not access services due to fear of discrimination; many of these respondents are young and out in the community and still are afraid.

LGBT service providers need to be more consistently vocal about meeting the needs of LGBT seniors. LGBT people share many of the same concerns as housing, care, long-term care, and financial security with senior people. Ms. Hayden stated that it is important to accept that many LGBT seniors need to pass as straight and need to have their privacy respected. Ms Hayden recommended ways to reach out and create accepting environments: share LGBT newsletters and Calendars of LGBT Events with seniors; put up pictures and posters that affirm LGBT seniors' lives; ensure that brochures represent /include senior LGBT people; attend conferences on senior LGBT needs; and insist that agencies have sensitivity trainings that provide staff with information regarding LGBT seniors and their concerns.

Patrick Hoctel

Lesbian and Gay Aging Issues Network (LGAIN)

Mr. Hoctel works at DAAS and is on the Editorial Board for "Outward," a newsletter for LGAIN, which is a membership interest group for the American Society on Aging. Their primary goal is to raise awareness among professionals and service providers regarding the unique needs of LGBT elders, addressing the challenges elders face in access to

health care, long term care, social services, and housing. LGAIN has compiled the largest online resource directory for LGBT seniors.

Mr. Hoctel offered several recommendations: increase LGBT senior access to services by offering a more “gay-friendly” environment in which LGBT seniors felt more recognized and welcome; create housing communities that target LGBT seniors, addressing the fear that assisted living means returning to the closet in order to live safely in a facility or community; and create more affordable housing in San Francisco for LGBT seniors who are being priced out of “gay-friendly” neighborhoods.

Joyce Pierson

National Center for Lesbian Rights (NCLR)

NCLR has a special program on elders’ rights. Ms. Pierson summarized a story of a woman who was widowed for 30 years, fell in love with a woman when she was 79, and became a member in a support group. Ms. Pierson stressed the need to understand that it is hard for seniors to publicly announce their sexual orientation in order to access LGBT services. Many seniors who lose their life partners feel isolated because they were not connected to any larger gay and lesbian communities, and are forced to grieve alone and unsupported.

Ms. Pierson pointed out that San Francisco is home to approximately 30,000 citizens age 75 and over. Of these, anywhere from 10 to 15 % (3,000 to 4,500) are LGBT people, and a great number of these are even more likely than seniors in general to be invisible, hidden, and secluded. Traditional methods of outreach have not been able to reach such people. NCLR offers legal services to offer access to problem solving for LGBT seniors. The lack of same-sex marriage compounds the legal problems faced by LGBT seniors. NCLR is training service providers about challenges faced by LGBT seniors in order to improve access to community services.

Ms. Pierson recommended that the DAAS get assistance in improving its survey so that it actually identifies that population’s needs. Ms. Pierson also recommended alternative means for outreach to ensure that more communities of color receive equitable access to LGBT senior services.

Dr. Suzanne Dibble

University of California at San Francisco (UCSF)

Dr. Dibble offered statistics about lesbians in California who are over age 60, regarding health risks. Dr. Dibble stated she believed that the sample number of 93 women made this study the largest of its kind. She did concede that the sample was comprised of mostly educated, white women who were born in the United States. More than half the women were out to their families, with a lesser number out to their health care providers. Dr. Dibble suggested that women who are not comfortable talking to their providers may not fill out a form that states they are lesbian or gay. She also cautioned that different cultures use different terms, and “lesbian” is perceived by some to be a “white” term, so existing surveys may not capture accurate numbers.

Although fewer women in California are smoking, many used to, so rates of smoking related illnesses are high. Also, 2% of the women stated they drank alcohol to some extent, from occasional to daily. Dr. Dibble believes that there is a hidden portion of drinking in the lesbian community, potentially problematic if one is hospitalized and providers are unaware of the drinking. 16% reported having had breast cancer, which is much higher than it should be. Dr. Dibble had more to share but did not have time. She stated she would send her recommendations in writing.

Kristine Oreskovich

Member of the LGBTAC

Ms. Oreskovich is a 53 year old lesbian who works as a gardener and lives in San Francisco. Ms. Oreskovich warned that recent political shifts have left many LGBT seniors without resources and that the revised structure of Social Security (SS) disproportionately and negatively impacts middle to low-income LGBT people. She cites the SS code that has raised the eligibility age for full retirement and lowered early retirement benefits. Because SS income is crucial to low and middle seniors, most of whom lack any other pension plans, this group is unfairly forced to work longer in order to afford to retire. Also, because most of the jobs held by these seniors are physical in nature, this group suffers from more disabling maladies which further challenge their ability to work long enough to collect full SS benefits.

Even with retraining, job options are limited, they are usually lower paying than the positions that were left, and retaining new job information can be challenging to an aging memory. Also, many LGBT seniors have disabilities, which potentially decrease their employment options, so they choose to remain in familiar if not crippling jobs rather than to risk disclosure for disability. Disability insurance is expensive for seniors and difficult to qualify for, so for those who need it, insurance is most difficult to access.

Ms. Oreskovich recommends that communications between youth and elders be promoted. She recommends that all possible means be directed to improving the low-income levels of far too many LGBT seniors. Ms. Oreskovich recommends that restrictions to obtaining disability insurance be removed so that eligibility becomes more realistic for LGBT seniors. Finally, Ms. Oreskovich recommends that the Commission use its power to raise consciousness about the negative impact of the recent change in SS law on LGBT seniors, and the concern that there are proposals from other movements to create even harsher SS laws.

Jerry Beccera

Golden Gate Business Association (GGBA)

Mr. Beccera described the GGBA as an LGBT chamber of commerce dedicated to improving the business climate for LGBT businesses. He addressed the issue of health and retirement benefits for senior LGBT people, which particularly impacts seniors with HIV and greater health needs. Mr. Beccera detailed the challenge to providing employment benefits, i.e. rising costs, poor delivery system, rampant fraud, and more

restrictive products providing health insurance, with many of these products being offered based on the age of the general population or on the group's overall health record. Mr. Beccera also recommended that more private companies be encouraged to offer domestic partner benefits to LGBT employees.

All this pressures employers to reduce benefits, especially in times of economic hardships. Mr. Beccera recommended the careful policing of fraud, particularly among service providers, to help increase the efficiency of the health care system, which would favorably affect the cost of coverage in the long run. He reiterated that it is important to address the economic concerns of LGBT seniors to discourage discrimination.

COMMUNITIES WITHIN THE COMMUNITY

Red Jordan Arobateau

Member of the Public

Mr. Jordan stated that he is a 59 year old female to male transsexual of mixed race. He stated that being transgender and older, it is very difficult to get work. Being a poor, minimum wage worker he is dependent on the public health care system. He worries about his increasing disability. He has been in nursing care facilities and sees horrible treatment of queers there. He does not consider himself totally male or female, and refuses to be put in either category. In nursing homes, they force dykes to be like women, and address people by pronouns and titles like sir and ma'am. Mr. Arobateau stated that should his life deteriorate to the point where he would have to go into a nursing home, he would rather kill himself than live in such circumstances. He further stated that he thinks there is support for gays and lesbians that does not exist for transsexuals. He also feels strongly about living with animals. He stated that he would rather live in a vehicle and keep his animals than be placed somewhere where he cannot keep them.

Mark Scruggs

Member of the Public

Mr. Scruggs has been living in San Francisco for 30 years. He was drawn here by a sense of freedom, even before San Francisco became a haven for gay, lesbian and transgender people. He stayed in the closet a major portion of his life, and doesn't have strong ties in the Black community that he would probably otherwise have had. He says that there are probably others who have no place and no ties with the community at large, but have an identity as part of the LGBT community. He asked that the Commissioners push for the institutions and organizations in the city to receive training to understand what it is like to be older and come from the perspective of a world that has not wanted you. Such a perspective sometimes makes LGBT people hostile or unfriendly, or sit by quietly and let things go on.

Deon Wong

Member of the Public

Mr. Wong stated that he and his partner are both part of the “mature” LGBT population. He currently works as the Coordinator of the Gay Asian Alliance Plus Division. The problem that exists is money, as well as reluctance to seek help for social, economic, language, immigration, physical and/or mental health problems. Another difficulty is being closeted about their sexual orientation to friends, family or employers. He stated that the older the person, the less likely they are to come out. Some of this is due to traditional Asian cultural pressures and values, especially among those who are older. He suggests that what is needed is to provide an outreach program to encourage this segment of our society that it is alright to be themselves, to feel positive about who they are. This may help eliminate the sense of isolation many have. Mr. Wong is aware that a few agencies, such as G.A.P.A., exist that are trying to do such work, but the resources and scope are limited. Some form of government assistance would help.

Dora Balcazar

Member of the Public

Ms. Balcazar stated that she is a community activist, social worker and gerontologist who has lived in San Francisco for over 25 years. She stated that many older gay people feel left out – that to be gay is to be young. She tries to explain to them that they are role models, survivors. She works with LGBT elder Latinos, many of whom came to this country because of their gayness, because homosexuality or bisexuality is not tolerated in Latin America. In this country, she stated, an LGBT elder Latino must feel that he or she has to satisfy two cultures – one being the dominant culture and the other his or her family. Many gay Latinos continue to live double lives because of family pressure, religion, and language barriers. Elder gay Latinos experience triple marginalization for being gay, old and Latino. Ms. Balcazar recommends that the City assist agencies like hers, which work on outreach to LGBT elders.

John Land

Member of the Public

John Land stated that he was asked to speak as a representative of the Native American community. He stated that he wears several hats, including working as the new clinical director at New Leaf’s Outreach to Elders. He has also been involved with the Native American AIDS Project here in the city, and they are developing a new program working to bring both traditional and western medicine together through outreach. He stated that many Native American people still live on reservations and have dual citizenship. Coalitions between the tribal governments and state government addressing the issue of elder abuse are just beginning. Urban Native American are most neglected, perhaps because they do not feel connected to any government or tribal group. Since Native American culture really values its elders, it is doubly hard when abuse of those elders is discovered. There is a lot of denial around that. There is a National Center of Elder Abuse that uses traditional methods such as talking circles to deal with this. He ended by

stating that by talking about themselves as two-spirited people, they have been able to get elders in the reservation to understand and accept LGBT members.

Maggie Rubenstein

Member of the Public

Ms. Rubenstein stated that she is a 72 year old feminist activist who has been a bridge between the LGBT community so long that she is getting tired of being walked on. She is on the New Leaf Advisory Board, a therapist and a sexologist for over 30 years, and a breast cancer survivor. She came out in 1969. She stated that bisexual people, especially elders, have to deal with invisibility and marginality. She stated that coming out is important, and that LGBT people need to demand political clout.

Monroe Pasternak

Member of the Public

Mr. Monroe is a member of the Advisory Board of New Leaf Outreach to Elders. He and his wife are both bisexual. They are out to family, friends, and their students (both are professors). According to Mr. Monroe, most older bisexual people are not out. He feels that the most urgent problem for older bisexual men in that of isolation. Fear leads to depression and increased medical costs. Many of these men will not go to the new LGBT Community Center for fear of being outed. He wants to encourage LGBT outreach to all older bisexuals to help them feel at home in their community. He would like to see funding for an educational campaign to reach out to these isolated bisexual men through the internet and mailings.

Lorraine Hall

Member of the Public

Ms. Hall stated that she is a retired mechanical engineer, school teacher, World War II veteran, and a male to female transsexual. She is now 76 years old. She began transitioning at age 60, and had sex reassignment surgery two years ago. She testified that she has male to female friends who are having much difficulty finding employment. Despite anti-discrimination laws, many employers are transphobic, and don't want to deal with the problem of restrooms. The bathroom issue is a major problem that arises even where employers are not transphobic but where they simply do not wish to deal with other employees who are unwilling to accept transgender people using the bathroom. Also, many male to female transsexuals have a great deal of trouble "passing" and thus are not employable. Employers may rule out any possibility of employment simply because of the transgender applicant's appearance, regardless of training, skills, or abilities. Many are denied even an interview because of the requirement to disclose former names. One friend of hers has become suicidal as a result. She is also concerned about what might happen to her if she has to live in a nursing home. She is concerned about the health implications of the hormones she takes. Other transsexual women cannot afford surgery, and thus have social problems of the burden of passing. She stated that for those who can pass well, many problems go away. But passing is not possible for all, nor is it possible to live any other way than your chosen gender. She finished by

saying that this is the biggest problem she sees, and would like to see help for those facing discrimination in their search for employment.

Bill Hollobaugh

Member of the Public

Mr. Hollobaugh is President of the Advisory Council to the Aging and Adult Services Commission. He stated that when a partner passes on, older members of the LGBT community tend to be very much alone. We lost a generation to the AIDS epidemic. This loss has had serious consequences for people his age. In particular, the generation just younger than his own was hardest hit. This also has had a particular effect on the leather community. Much of the older folks in the leather community are moving away from San Francisco, to places like Palm Springs. As a very out gay man who started wearing leather to work in the 1980's, he and others in the leather community have paid a price by becoming victims of violence. Luckily, the worst that happened to him personally was that someone threw a pie at him at the corner of Market and Castro streets. "What a waste of a pie," he stated.

John Cailleau (written testimony)

Member of the Public

Mr. Cailleau submitted written testimony. He stated that he is a 63 year-old disabled gay man living with HIV. He also suffered a stroke in 1988. He lives in the Fillmore in a tiny studio, and his rent is nearly equal to his Social Security payment. Other tenants, recent immigrants from the former Soviet Union, are able to pay much less because of Section 8, federal SSI, and Jewish service organizations. He has contributed to the City as chairperson of MUNI's senior and disabled advisory committee, and over the years helped create the gay and lesbian community we enjoy today. Many of his friends have been forced to leave the city due to housing costs. Gay and lesbian seniors face economic discrimination. He suggests expanding the availability of Section 8 certificates to gay and lesbian seniors through policy changes at the Housing Authority. He feels it is time that the compassion the City is famous for be extended to gay and lesbian seniors.

HOUSING

George Smith

Director, Mayor's Office of Homelessness

Mr. Smith noted that his remarks would focus on homelessness and the fact that there are many older clients in the city's shelters. He explained that the seniors using the shelters don't necessarily reveal their sexual orientation and that some of the LGBT seniors living in San Francisco's most expensive neighborhoods end up losing their housing for a variety of reasons. When they arrive late at night at one of the shelters, they don't want to discuss the circumstances leading to their homelessness.

Mr. Smith noted that many of the shelters are run by religious organizations and that this sometimes presents added barriers to addressing the needs of transgender clients. He asked the Human Rights Commission for guidance on this difficult issue to help ensure that the needs of all clients are served.

Jan Faulkner

Rainbow Adult Community Housing

Ms. Faulkner described the ways in which Rainbow Adult Community Housing recognizes the uniqueness and special qualities of LGBT seniors, and what the program has to offer. The goal is to develop a multicultural mixed income group that is openly friendly to the LGBT population and other seniors, providing them with the services they need as they age. They recognize that many people in this population do not have children to help care for them. She noted that it is the LGBT community's responsibility to care for the senior members of that community.

Ms. Faulkner noted that Rainbow Adult Community Housing is committed to helping seniors remain independent and remain in their own homes. They offer housing for independent living and assisted care living with access to community based services, not

only to their residents, but to residents in the surrounding community. She noted that their client population is unique in that it is the first group of LGBT people who started to come out later in life. They aren't the young people who were marching in demonstrations and letting the world know of their sexual orientation or gender identity. For many, they came out after retirement. Many suffered major losses of close family ties and spiritual support when they came out. This can create a great sense of isolation.

When retirement communities were surveyed it was noted that people tended to sit with others from their own community. Asians would sit with Asians, Greeks would sit with Greeks, etc. When asked where LGBT people sit, those surveyed would reply that there were none in residence. Ms. Faulkner stated that there is a real need for housing to be built that is friendly to the LGBT community.

Tommi Avicolti Mecca

Director, Housing Rights Committee Counseling Program

Mr. Avicolti Mecca spoke about the invisibility of low income seniors, especially those in the LGBT community. He noted four of the major problems facing low income seniors. First, many low income seniors experience eviction and displacement from their homes. Seniors represent 16% of renters in San Francisco and many live in fear that their landlords will evict them. Often, they are not protected by the Ellis Act. Second, many low income seniors live in apartments in need of repair. Some live without adequate heating, but are afraid to speak up because they are terrified of being evicted. Third, many LGBT seniors on low incomes live in single residence occupancy hotels where the conditions are appalling. Many are rat and roach infested, leak, have mold and mildew. Fourth, homeless seniors often find that shelters are not LGBT friendly. There is violence against LGBT people at shelters and people are terrified to be there, they would rather sleep on the streets.

Mr. Avicolti Mecca emphasized the need for affordable housing, affordable to people living on SSI and making less than \$20,000 per year. He noted that the Board of Supervisors is considering a community land trust that will create more affordable housing for seniors. He asked the HRC and COA to urge the Board to pass this legislation. He also noted the need for more protections for renters against "owner move in" evictions, specifically that an amendment to OMI laws be passed to protect seniors from such evictions even if they have lived in the apartment for less than a year. He asked the HRC and COA to urge the Board of Supervisors to pass such an amendment.

Mr. Avicolti Mecca stated that more outreach to seniors is needed so they know what their rights are as tenants. They need to be informed of organizations such as St. Peters Housing and Chinatown organizations that can help them. He suggested that the HRC and COA could conduct this outreach. Also needed is more temporary emergency housing. He suggested that senior shelters be developed within the LGBT community that could address the special needs of community members. Finally, he noted that we all need to think of seniors in our community and show them respect. We need to recognize that low income seniors are the responsibility of our entire community.

John McCoy

Laguna Honda Hospital Visitation

Mr. McCoy identified himself as 65 years old and a resident of the Tenderloin neighborhood. He lives alone by choice and likes it. He is associated with New Leaf and participates in a program wherein he visits residents at Laguna Honda Hospital. A group of lesbians and gay men go once a month to Laguna Honda to bring a sense of the outside gay life to the people living at the hospital who can't experience it for themselves. The program has been in operation for four years and each month has its own theme (Halloween, Valentine's Day, etc.), including refreshments and entertainment. There is unity between the residents and visitors and everyone has a wonderful, joyous and very, very gay time.

Anthony Talbird

Member of the Public

Mr. Talbird identified as a single gay person who has been paying higher taxes all his life because he is not married. He owns a condo in San Bruno and thinks it is really crazy that he has to pay school taxes even though he has no children. He identified as a member of New Leaf and described other seniors he knows who live in the Tenderloin and are in couples and have to move from hotel to hotel every few days. He noted that there are senior residences for other communities but not for the LGBT community even though members of the LGBT community pay taxes all their lives.

Marcy Adelman, Ph.D. (written testimony)

Chair, Board of Directors, Rainbow Adult Community Housing

Dr. Adelman stated that it is imperative that San Francisco take immediate action to assure that the LGBT senior population be included in the long-term care continuum, including housing, and services. She urged the HRC and COA to work closely with the Board of Supervisors and Mayor's Office to support the building of housing and development of services that will welcome and honor all LGBT seniors. These programs can provide a hub for LGBT-sensitive senior services and act as a model of LGBT-inclusion for services provided to seniors throughout the city.

She asked the HRC and COA to request that the Board of Supervisors pass a resolution in support of Rainbow Adult Community Housing's project to build a complex that is designed to accomplish these goals. She urged the HRC and COA to work with the Mayor, Board of Supervisors, Redevelopment Agency, Planning Department, Mayor's Offices of Housing, Real Estate and Economic Development and Department of Transportation to allow this complex to be built on two parcels of land soon to become available in Hayes Valley.

She noted that agencies providing housing or other services should include in their written materials a clear statement that indicates they are LGBT inclusive. Without such a statement, the LGBT senior population is likely to feel less welcome. She urged public agencies to have at least one professional-level staff person on hand who is sensitive to, and available to work with, the LGBT population. Without such a supportive framework, LGBT seniors can feel marginalized.



HEALTH & SOCIAL ISSUES

JoAnne Keatley

Project Director, UCSF Health Study for People of Color

Ms. Keatley noted that UCSF has three research projects currently focused on members of the transgender community. She noted that the transgender population in San Francisco is growing and is expected to continue to grow because of the reputation San Francisco has for inclusivity. Also, with the advent of AIDS related therapies, the toll HIV has taken on the transgender community will decrease. As transgender people live longer, the impact of hormone therapy on the liver will begin to become evident. No long-term research has been conducted on the impact of combining HIV and hormone therapies.

Ms. Keatley stated that health care for the transgender community, including mental health care, is a big issue both in regard to quality of and access to care. As transgender individuals age, isolation and lack of support become significant issues that should be addressed from a mental health perspective. She recommended educating physicians, the staff of nursing homes, senior centers, and hospitals to make sure they are trained adequately in transgender sensitivity and awareness. That way, when a transgender individual walks in the door, they will be receiving quality services. They will be addressed by the proper pronoun. Ms. Keatley noted that a lack of employment opportunities has led to a lack of medical insurance or inadequate medical insurance that does not cover conditions related to gender transitioning or complications thereof.

Jennifer Rakowski

Community United Against Violence (CUAV)

Ms. Rakowski spoke of the violence, including hate violence and domestic violence, experienced by LGBT seniors. She noted that much of it is underreported due to the barriers faced by seniors and it often is not the type of street violence (from strangers) one would expect. Instead, seniors often experience a pattern of violence caused by someone they know. One incident she learned about involved a senior whose neighbor once pointed a gun at him. After that, all the neighbor had to do to intimidate him was reference the day the incident took place, what he was wearing, or other details from the day the incident occurred. The senior would then feel as intimidated as if the gun was still pointed at him. The police wouldn't recognize the pattern of intimidation.

Ms. Rakowski noted that Domestic violence also is a significant problem for LGBT seniors. She identified a lack of outreach targeting the LGBT community on the issue of domestic violence. She noted that some organizations that address domestic violence

include the words “lesbian, gay, bisexual, transgender and questioning” in their educational materials, but it often is in print too small for seniors to read. Also, because many nonprofits are not funded adequately, they are located in areas where seniors may not feel safe. When seniors don’t participate in the work of nonprofits serving the LGBT community, their leadership is missed and they are denied the opportunity to participate in designing their own services. When seniors turn to the courts to seek justice, they often find the courts unfriendly and unaccommodating to their needs.

Paul Miller

Workshop and Forums Development Manager, Stop AIDS Project

Mr. Miller stated the mission of the Stop AIDS Project is to prevent HIV transmission through multicultural community based organizing. He noted that one of the programs they offer is for older gay and bisexual men. This program was developed after holding a community forum to learn what issues are important to older members of the community. Their Prime Time program has brought in over one thousand men and includes the development of a very successful “Geezers Ball” which celebrates aging and at which the Harry Hay Award is presented. This event is collaboratively organized with New Leaf and San Francisco Rainbow Adult Community Housing.

Mr. Miller noted that ageism is an issue that’s been raised in their workshops. There’s a strong need for men, as they age, to meet and socialize with others in their age group. Many have health issues common to their age group and have fears about aging, growing old alone and the changes to their body and body- image. They are isolated and depressed. Stop AIDS Project has created monthly social events to try to address this isolation.

Rodger Brooks

Member, Clinical Task Force of the Kaiser Permanente HIV/AIDS Advisory Board

Mr. Brooks identified himself as a queer senior living with AIDS. He noted that in San Francisco as of December, 2001, there were 1,640 Kaiser members living with HIV, of whom 75% were over 40 years of age (with 2/3 of those being over 60). He views AIDS as a disease of premature aging. It brings with it sexual dysfunction, heart disease, osteoporosis, liver failure and more. There are challenges to mental and spiritual health. HIV treatments create more risk factors because the medications cause changes in metabolism. He noted the need to be worried about blocked coronary arteries and the fact that people with HIV are having heart attacks 5-10 years earlier than one would expect. There is a need to focus on reducing the risk factors for heart disease and screening for cancer. It is important that people protect themselves from sexually transmitted diseases. Alzheimer’s, dementia and recurrent small strokes associated with high blood pressure also are a concern. In a Kaiser Permanente San Francisco newsletter, a list of health suggestions is provided for older people with HIV, including recommendations for healthy habits, screening tests and immunizations.

Tim Patriarca

Executive Director, Maitri

Mr. Patriarca described Maitri as a 15-bed residential facility for people living with AIDS, centered around end-of-life care. Many residents are from the LGBT community and many are seniors. He projects that as HIV medications improve, and people with HIV live longer, more and more of their residents will be seniors.

Some of the similarities Mr. Patriarca notices among the diverse resident population include a lack of support. Many residents are estranged from their families often because of their queer identification. Many are immigrants and are located far from their families. Some residents find that the other people who might have provided them with support also are gone, because of AIDS or other illnesses. This creates isolation.

Many Maitri residents often are in rough financial situations and have little or no insurance. They have exhausted much of their savings because of living with AIDS for 10-15 years. On top of their illness, they experience a great deal of stress because of their lack of funds.

Mr. Patriarca noted that while seniors with HIV are expected to live longer because of new treatments, they are sicker. They will need to be in residences like Maitri for more time. Many of these people will want gay-friendly housing and are hesitant to go into nursing facilities because of the fear of discrimination.

Mr. Patriarca noted a lack of outreach to LGBT seniors, a lack of access to health care and a lack of affordable housing as significant problems. When a resident's health improves to a degree that he or she would be suitable for an assisted living situation, there is no place available where they can go and feel safe.

Mary Twomey

Director, Institute on Aging, Elder Abuse Prevention

Ms. Twomey summarized statistics regarding elder abuse and the different forms that it can take. Adult Protective Services receives 800 calls per month, of which between 200 and 250 become actual reports of elder/dependent adult abuse. Research shows that only about 20% of cases of abuse are ever reported, resulting in a projection that approximately 10, 000 seniors are abused every year. There are specifically four kinds of elder abuse observed in the LGBT communities. Domestic violence (DV) accounts for 20% of elder abuse. DV providers often lack training about LGBT relationships and can be insensitive to the needs of elders. 50% of elder abuse is perpetrated by family members, mostly adult children. Also, younger LGBT friends of older LGBT people and roommates and tenants commit elder abuse. Finally, con artists may prey particularly on older LGBT people whom they perceive to be isolated and lonely. In general, LGBT seniors who are victims of violence and abuse are reluctant to contact people who can help them.

Ms. Twomey recommended that more outreach and education be conducted regarding elder abuse, and that more information about resources be provided to abused and victimized seniors. Ms. Twomey showed a compelling videotape of a gay senior who was the victim of a con artist and lost all of his money and possessions

Brian de Vries

Professor, San Francisco State University

Brian de Vries is a professor of gerontology at San Francisco State University as well as the director of research for Rainbow Adult Community Housing. Mr. de Vries discussed the results of two studies that he was involved with of LGBT adults in San Francisco on the nature of friendships and social ties. Two themes from these studies include issues of self identity and coming out. These studies found that the terms that LGBT individuals use to describe themselves vary as a function of age. Younger adults are more likely to use terms such as gay and queer while older adults were more likely to use terms like homosexual or lesbian. While these terms help individuals to locate themselves in the community, they also serve as a barrier for access to services outside of the community. The studies also found that LGBT adults have a desire to contribute to the community, and many in the study talked about doing this using their artistic abilities. Mr. de Vries concluded by explaining that older gays and lesbians had a greater number of friends, saw them more frequently, and defined them in ways that were different from heterosexual seniors. Individuals reported that their friends play an important role in supporting their independence and keeping their individual identities. Mr. de Vries recommends that we recognize these friends and families and provide them with support.

Bill Kirkpatrick

Social Service Worker, New Leaf Outreach to Elders

Bill Kirkpatrick is one of three part-time social service workers at New Leaf. He also runs a support group for senior gay men with HIV/AIDS. He spoke about the unique issues of LGBT elders. The two unique issues involve access and isolation. LGBT seniors were deemed as social outcasts throughout their lives and over the years have feared that they would be put into mental institutions, lose their jobs, or be put into jail because of their sexual orientation. Because of this, there is a lot of distrust of institutions. This is something that comes up at New Leaf Outreach to Elders. To counteract this distrust, he feels it is especially important to develop trusting relationships with his senior clients.

Mr. Kirkpatrick also spoke about LGBT seniors and isolation. He explained that this isolation comes from something that he calls the triple whammy; it's hard to be old in America, it's hard to be old in a youth oriented gay culture, and it's hard to be a survivor of the AIDS epidemic. There are a lot of isolation issues that have come up as survivors of the AIDS epidemic are getting older, including a high degree of partner loss. He also sees internalized homophobia as another issue and this results in low self esteem, depression and self neglect. Some clients are so closeted that he is the only person that they have told that they are gay. This too leads to isolation. Mr. Kirkpatrick closed with a

story about being able to make a connection with an LGBT senior up at Laguna Honda hospital who asked him about his sexual preference and when told that he preferred men whispered “I’m a homo, too.”

Reverend Yvette Flunder

City of Refuge United Church of Christ

Reverend Flunder began her testimony by laying out the types of services that the City of Refuge Church provides to the LGBT community, including a primary care clinic as well as extensive services for the transgender community. The church also has a transgender gospel choir. Many of the LGBT parishioners are becoming elder people and most of them are African American. Reverend Flunder discussed some of the problems that arise for African American LGBT elders in the Church, stating that the African American faith community is a bastion of heteronormativity where the existence of LGBT individuals is not often talked about and if you try to, there are lots of problems. Reverend Flunder focused on what younger LGBT people can learn from older community members and suggested that we should look toward our elders for mentoring. She explained that we are not a community unless we are a community of young people, middle aged people, and elder people who exchange information about their lives. Without this exchange there is an absence of a natural flow of spirituality. Reverend Flunder gave three recommendations. She recommends more funding for mentorship programs meeting the need described above. She recommends that the commission consider sponsoring an event that enlists the spiritual and community contributions of elder LGBT. She also recommends convening a forum of religious leaders concerning the spirituality of our elders before they pass away.

R. Wood Massi, PhD

Chair, Older Adults Department, San Francisco City College

Dr. Massi talked about the programming of the Older Adults Department at San Francisco City College. He explained that the department offers 85 classes in subjects including art, music, health, sewing, computers, medicine, exercise, literature, and current affairs. Approximately 500 adults participate in these classes and there are 25 faculty members. The classes take place at 40 different sites around the city and all classes are free. Dr. Massi explained that he feels that ageism is one of the likely reasons that the Older Adults Department does not receive as much financial support as other departments. The department has a hard time fulfilling all of the need out there. It is hard to get computers and there is no funding for secretarial help. Dr. Massi stated that some people just want older individuals to go away, especially in a college or educational setting. He finds that people don’t think that older people need education and that this line of thought exists at the state level. LGBT seniors are affected by these attitudes because they are part of the larger adult community. The department reaches out to the LGBT senior communities and has recently had classes at the LGBT Center. He concluded by committing to continue to reach out to older LGBT individuals.

Paul Goercke

Alexander Hamilton American Legion Post

Mr. Goercke is a World War II veteran and he spoke on behalf of the Alexander Hamilton Post, which is made up predominately of LGBT people who are veterans of foreign wars including World War II, Korea, Vietnam, and the Gulf War. Most members are out of the closet and most are seniors. He explained that the issues that members of his post experience are the same as for other LGBT seniors like recognition of partner status, housing, heavy taxation, high prescription costs, declining quality of health care, and ageism, often from LGBT organizations. The unique challenge that they experience comes from homophobia from other chapters of the American Legion and from their publications.

Jack Davis

Radical Faeries

Mr. Davis is a 52 year old queer man who is a member of the Radical Faeries. The radical Faeries see queers as a distinct and separate people, with their own culture, own ways of being and becoming, and their own spirituality. They believe in the sacredness of nature and earth, and they honor the interconnectedness of spirit, sex, politics and culture. He testified about how the Radical Faeries serve the needs of older queer men. To illustrate this, he talked about the caregiving circle that the Faeries have for Harry Hay and John Burnside, an older couple in poor health who have been leaders in the LGBT community throughout their lives including organizing the first spiritual conference for Radical Faeries in 1979.

Mr. Davis brought forward a story that John told him about a nursing home that he used to walk by in Los Angeles where there were a lot of older people on the porch, sitting in chairs in a line, looking at the passers by. John suggested that it would be better if the people were sitting in a circle, interacting with each other and sharing a part of themselves.

Mr. Davis is a member of the caregiver's circle for Harry and John. The members frequently meet to address the issues and problems that arise with their care. The concept of the caregiving circle came out of the need of the Radical Faeries to care for other Faeries with AIDS and it has been easy to adapt the circle to care for those who are growing older. There is no leader for the circle and everyone is in charge of something. The circle also provides moral and emotional support to the aging couple. Mr. Davis was responsible for bathing Harry.

Mr. Davis explained that Harry and John have it pretty good compared to other aging queer elders. They are not isolated, they are not homeless, they have each other, and they have the caregiving circle. One problem that they have encountered is that there are too many steps to the front door of their apartment. This makes it hard for them to come and go as well as making it difficult for an ambulance call. Mr. Davis suggested that it would be great if there were LGBT communal housing for those that are aging that was

affordable and accessible. This option would be especially important for LGBT seniors who were not partnered so they are not lonely. Mr. Davis also suggested that it would be good if aging queer men addressed the quality of sex that they are having as well as the quantity. Mr. Davis concluded by pointing out that a lot of members of the LGBT community will be living into their 90's and we need to be prepared for this. He hopes that when he is 90 years old he will be living in community with a bunch of other old queers and that a handsome 50 year old man would be responsible for bathing him.

Bill Reiter

Education Coordinator, Family Caregiver Alliance

Mr. Reiter is the education coordinator at the Family Caregiver Alliance (FCA) which is a non profit resource center for family caregivers of someone with an adult onset brain impairment. FCA supports and assists caregivers in San Francisco and 5 other Bay Area counties. FCA has always defined the term "family" broadly and inclusively and has specific programming for LGBT caregivers. This past year, FCA worked collaboratively with New Leaf, the Institute on Aging, and the Spectrum center for LGBT concerns in Marin County on the "Caring and Community Project," an education and support program for LGBT caregivers of older adults. Under this project FCA completed an LGBT caregiver needs survey to determine the issues that arise for LGBT people when caring for an older adult. Through this assessment, the FCA learned that on average a caregiver provides 48.5 hours of direct care per week, which is approximately 7 hours a day. 75% of those surveyed were the only person providing substantial care to their care recipient. Of nine listed support services available to caregivers, almost 30 % of survey takers received one or none of these resources. The caregivers surveyed stated that the reasons they did not use these available services included their inability to pay for them, that they did not want a stranger in their home, and that they were concerned about experiencing LGBT harassment or discrimination by a community provider if they accessed the services. Mr. Reiter explained that the fear of harassment is not unfounded because almost half of those surveyed said they had experienced LGBT insensitivity, discrimination, or harassment when contacting a community program. He recommends that there be additional LGBT sensitivity training of homecare, daycare, assisted living and other community providers. Mr. Reiter also stressed the importance of creating a greater awareness of those agencies which are sensitive and supportive of LGBT elderly and LGBT caregivers. Mr. Reiter found that there is a great need for information about the legal aspects of caregiving and suggested that forums and workshops put on by NCLR to educate LGBT older adults and caregivers about powers of attorney and issues related to the California Domestic Partnership law and how it relates to LGBT older adult partners, continue and expand. Mr. Reiter also expressed the importance of continued support for workshops, classes, and other programs that bring LGBT older adult caregivers together so they don't feel alone. Connections between caregivers are the most rewarding sources of information and support

Mr. Reiter also submitted FCA "Fact Sheet" handouts that were developed as part of the "Caring Community Project" on the topics of LGBT caregiving, legal issues for LGBT caregivers, and supportive programs that are of interest to LGBT caregivers in the SF area.

Warren van Eck

President, San Francisco Prime Timers –the Former G40+ Club

Warren van Eck is the president of the San Francisco Prime Timers, which is the oldest gay senior or mature men’s organization in the United States. The chapter was founded in 1973. There are over 50 Prime Timers chapters throughout the United States, Canada, Europe, and Australia. The purpose of the club is to promote educational, cultural, and social activities for mature, gay, bisexual, and transgender men and their friends.

Through presentations, speakers, interest groups and informal conversations, the club serves as a vital center of information about the gay community. The club has a strong commitment to promoting positive attitudes towards older people. The club meets twice a month on Sunday afternoon so that men who work during the week or those don’t like to be out after dark can attend. There is also a very minimal membership fee so that men with limited incomes would not be left out. The group not only socializes, but also gives back to the community through volunteer work and organizing food collections. He raised the concern that the older members of Prime timers may have the wisdom to guide the group’s younger mature men, but they may not have the strength to carry on much longer. The group needs to cultivate men in their 40’s and 50’s who have survived the AIDS epidemic in order for the group to continue.

Hal Seip

Member of the Public

Mr. Seip has been a member of Operation Concern for twenty years and currently he serves on the advisory board. He also volunteers with North Market Senior Services. Mr. Seip began his testimony by reminding the Commission that 50 years ago, when people took advanced courses in psychology they were told homosexuals were perverted, dangerous, and vicious people. It takes a long time to overcome that and that many LGBT senior may be still dealing with it. Mr. Seip is also involved in mainstream community groups for seniors and he has felt welcome. He has not been pushed aside or frowned upon. Mr. Seip has found his 20 years of volunteering to be very educational.

PUBLIC COMMENT

Camille Moran

Member of the Public

Ms. Moran raised money for the creation and installation of a skylight at the SF Center commemorating survivors of psychiatric abuse. She expressed that she was approaching her senior years, which is “ancient” in “gay terms”. Ms. Moran worried that she would end up dying in an unfriendly institution. She urged the creation of “rainbow housing” that would be LGBT-centered and available to low-income people.

Sheila Brush

Member of the Public

Ms. Brush referred to herself as American, Jewish, a radical dyke, a femme butch, and an elder. She stated that more older and elderly women are using the word “elder” because they perceive it to have more dignity. Ms. Brush stated that leather dykes are a part of the lesbian community and receive negative attention. She stated that a group called the Exiles, comprised of 250 women, created a support network for leather women.

Anonymous

Member of the Public

This person noted the negative impact of racism on the LGBT community. This person criticized Dr. Dibble’s study on lesbian women’s health because it was comprised of white educated women. This person mentioned that the literature at the Hearing was English-only despite the fact that 36% of elders in San Francisco are Asian Pacific, and worried that the Commission had assumed that everyone concerned spoke English. This person recommended that outreach literature be directed to non-English speaking communities, and cautioned that coming out is a different process in different cultures. Do not put so much pressure on people to publicly come out. This person commented that there was little representation from communities of color on other City Commissions.

Ren Davis Phoenix

Member of the Public

This speaker identified herself as one of the butch roommates of a previous speaker. Ms. Phoenix noted that many LGBT people do not receive the same respect that is afforded to traditional nuclear families. She stated that LGBT people have to go through more work legally and comprehensively to address the needs of extended family members’ issues. Ms. Phoenix noted a time when she felt she could not intervene when an extended family member was receiving substandard home health care, and that the complaints of that family member were not taken seriously by the City agency that provided that care. Ms. Phoenix stated that it was difficult to get the agency to understand that a dyke leather woman has the same medical needs as any other woman.

Sally Raymond

Member of the Public

The speaker identified herself as a Native American, from the Sells Indian Reservation in Arizona. She expressed concern that she will not have adequate health care and affordable housing. She worried that even with a pension from the City and County of San Francisco, her medical needs will be prohibitively expensive on a fixed income. Ms. Raymond stated that she is in an administrative position with the City, comprised mainly of single mothers. She expressed a desire to retire in a comfortable place but is concerned that she may have to return to the reservation where the health care is not good.

“AGING IN LESBIAN, GAY, BISEXUAL, AND TRANSGENDER COMMUNITIES”

**compiled by R. Wood Massi, Ph. D.
Chairperson
Older Adults Department
City College of San Francisco**

Today, communities all around the world face the opportunities and challenges of aging populations. The city of San Francisco – as well as the lesbian, gay, bisexual, and transgender (LGBT) communities living here – has never shied away from addressing the prospect of change and facing up to the social issues it generates.

Issues of Particular Importance for LGBT Elders

Older LGBT adults face all the challenges other older adults face, but they also confront issues specific to their communities.

Stigma¹

Older LGBT persons may face discrimination based on their age and sexual orientation. Consequently, they may not feel comfortable either in organizations serving older people or in LGBT community organizations, and thus may not receive useful services from these groups. The good news is that decades of experience dealing with discrimination based on sexual orientation appear to help older LGBT persons cope with age discrimination. Research also suggests that this resilience may depend on the older person’s integration into the LGBT community.

Family and Social Support

Most studies indicate that older LGBT people report high levels of satisfaction with their social support networks. Some have less support from families than other older people. Instead, many older LGBT people rely primarily on partners and close friends for social support. Unfortunately, society has not always acknowledged the importance of these families. Older LGBT families face discrimination in hospital visitations, health care decisions, cohabitation in retirement facilities, and funeral arrangements. Older LGBT persons are more likely to live alone than are older people overall. Older adults who live alone are more likely to live in poverty, have poor nutrition, feel depressed, and eventually move into an institution.

Health

Some are reluctant to reveal their sexual orientation or gender identity to health care providers because of fears they will face discrimination. Some health care providers

make assumptions about the health risks LGBT people face. Most public and private health insurance programs do not recognize same-sex partners for receiving family coverage. Various cohorts within the LGBT elder community may also be at higher risk for some health problems:

- Smoking
- Alcohol or drug abuse
- Diabetes
- Cancer
- HIV/AIDS

Housing

Like other older adults, older LGBT persons are interested in the very wide range of housing options used by seniors, from making home improvements to moving into nursing homes. (Nursing homes, by the way, comprise less than five percent of elder housing.) LGBT seniors sometimes encounter homophobic attitudes among fellow residents, and some facilities may exclude them entirely. They express interest in gay-oriented senior housing, but few such facilities exist.

Income and Employment

LGBT seniors are not eligible for spousal or survivor benefits through federal programs such as Social Security and Medicare, as well as tax laws and most private pension plans. Property inheritance requires careful estate planning. Many older LGBT workers lack legal protection against employment discrimination.

Legal Concerns²

Extra and creative legal planning is required to guarantee that elderly LGBT people receive the same protections most traditional elders take for granted. In addition to those mentioned above, elderly LGBT people need to engage in careful planning with the following instruments:

- Personal partnership agreements
- Support trust, life insurance, or an annuity to provide for survivor benefits
- Durable financial and health care powers of attorney
- A will

Research³

LGBT elders are not only underserved, they are also understudied. There is an overall lack of empirical demographic data on LGBT persons of any age, but data on LGBT seniors are particularly limited. The issue of our aging populations has been much discussed. The following two quotations help focus the situation, in general and in particular as it applies to older LGBT people:

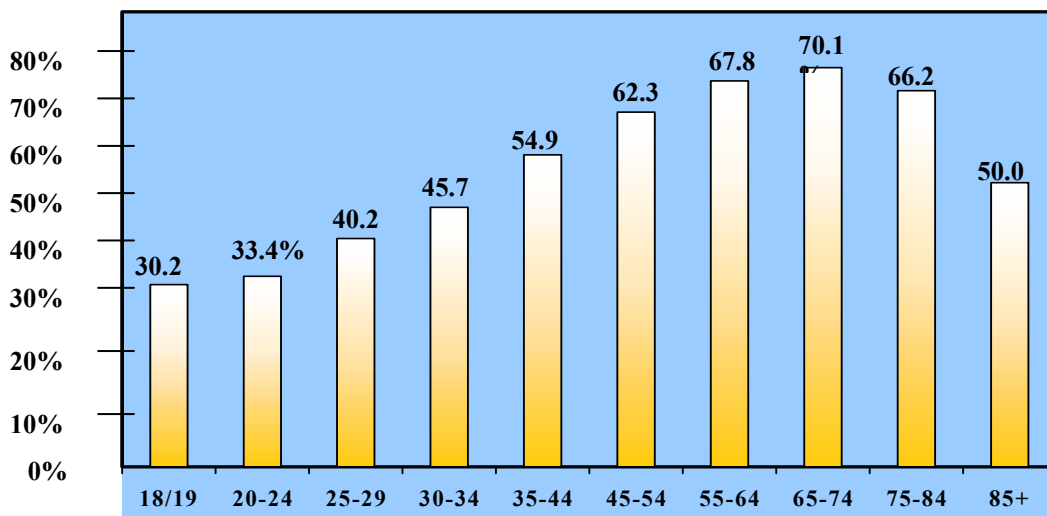
“For many, life’s prolonged second half will be a time to chart a new course. We’ll have the time and resources to reverse past failures or build on past victories, perhaps changing careers, taking a sabbatical, or

returning to school. With longer life spans and improved health, there may” be time for many older adults to fulfill many dreams.

“For others, however, extended longevity will be fraught with pain and discomfort. As bodies decay and minds fail, millions may well spend their final decades struggling with depressing loneliness and unrelenting pain. Large numbers of elder boomers could wind up impoverished, left stranded by dwindling old age entitlements.”⁴

“Age is a dirty word to many people in America. People lie about it. Others avoid or ignore those who are old. . . . Politicians pander to the senior vote each election cycle, but fail to authorize urgently needed funds for social service programs.”³ Indeed, older adults vote at a significantly higher ratio than others age groups:

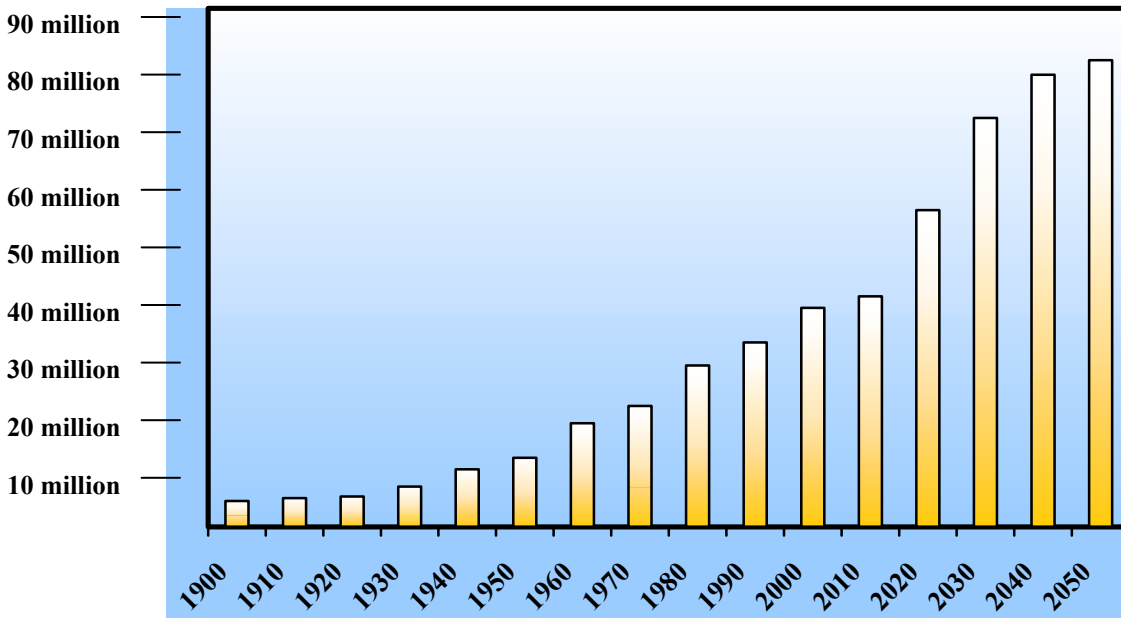
Voter Participation, by Age, 1996 Election⁴



“Today we stand at the edge of two tidal waves: a growing wave of LGBT people aging and entering [elder] social service and community institutions; and a tidal wave of reaction against . . . government funding for social service needs. . . . How will LGBT people fare as these waves wash over our communities? To date, aging service providers are not ready for the new wave of LGBT elders; policy makers are running away from it and until very recently, frankly, the LGBT community has not faced this wave either.”³

The chart below illustrates the rise in the number of older adults living in the United States from about five million in 1900 to more than eighty million by 2050. (U.S. Census)

U.S. Population Sixty-five or Older, by Year⁴

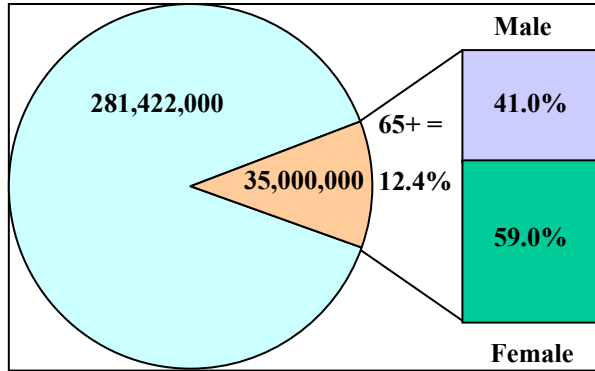


Today, according to the U.N.'s Population Division, one of every ten persons living is age sixty or older, but by the year 2050, that ratio will double to one of five.

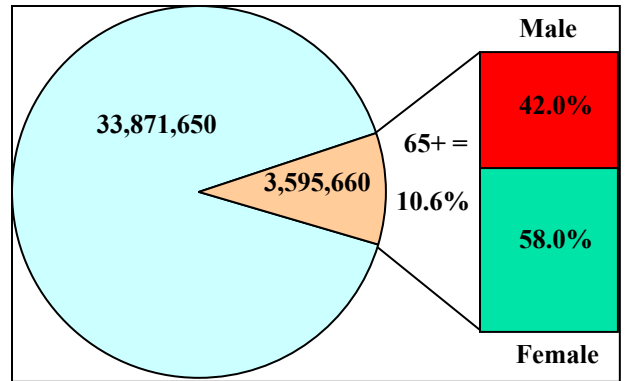


At almost 14%, the proportion of older adults in San Francisco in 2000 was larger than their proportions within the U.S. as a whole or within California. In all three geographic areas, however, the ratio of older women to older men was about three to two. At all levels, this gender difference has important implications for policy regarding seniors.

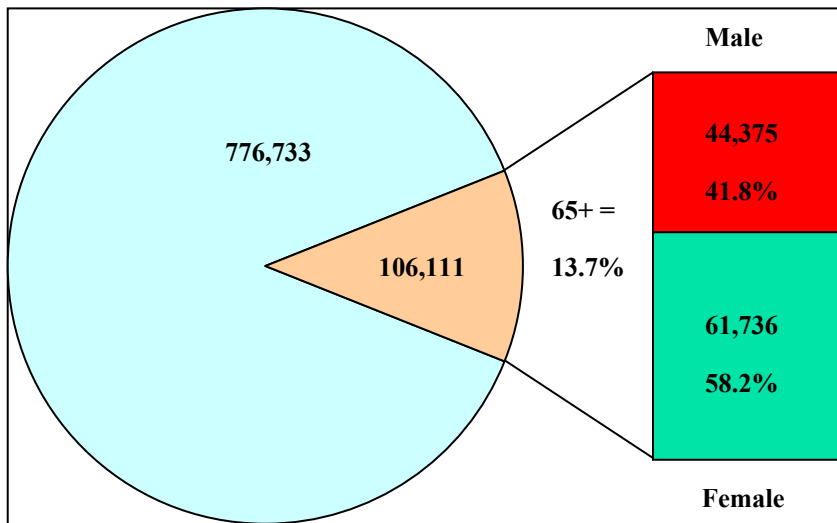
U.S. population, 2000



California population, 2000

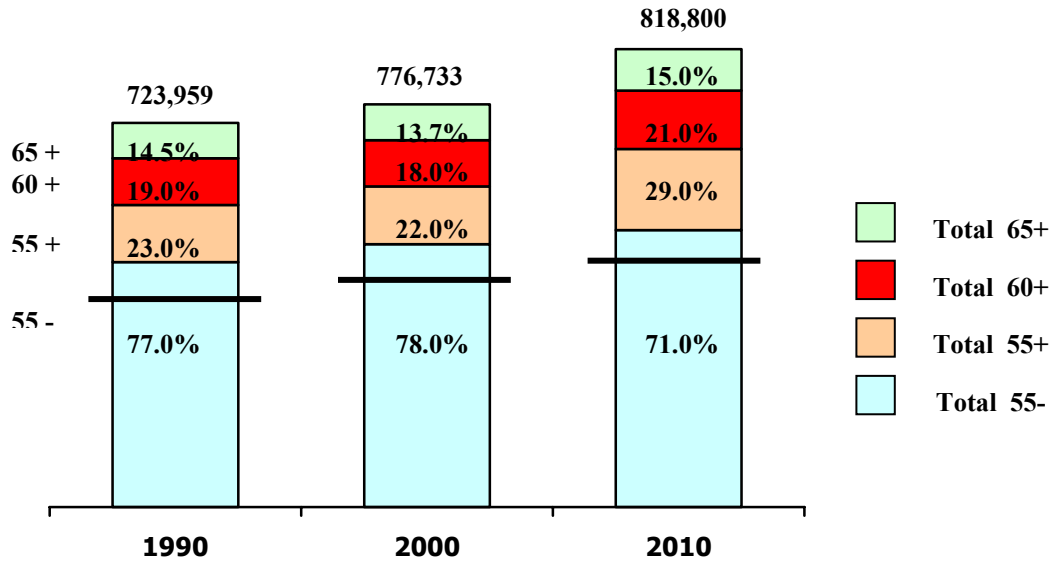


San Francisco Population, 2000⁵



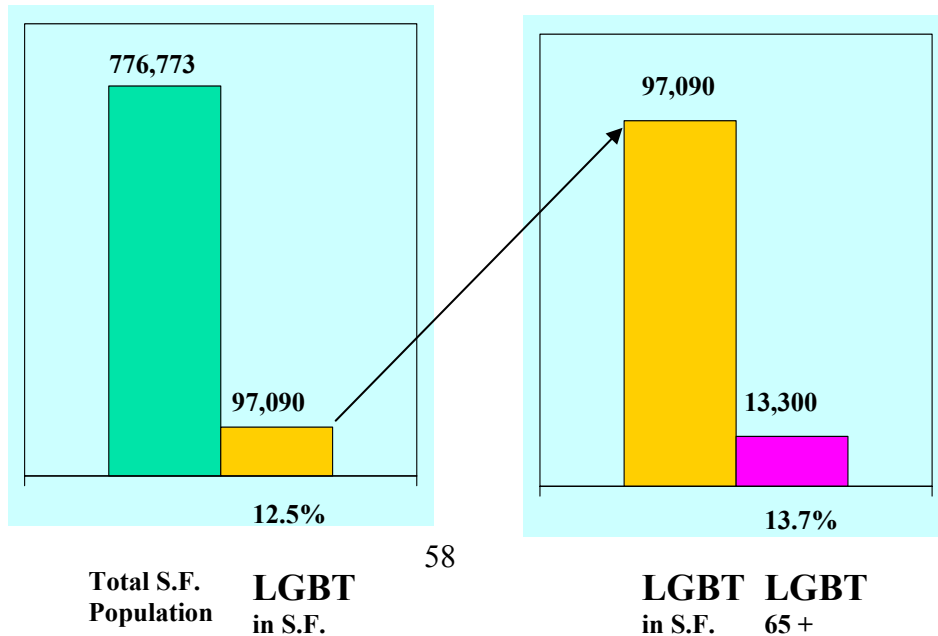
San Francisco's elder population is large, and it is projected that it will continue to grow both in numbers, and more importantly, in proportion.

San Francisco Population⁵



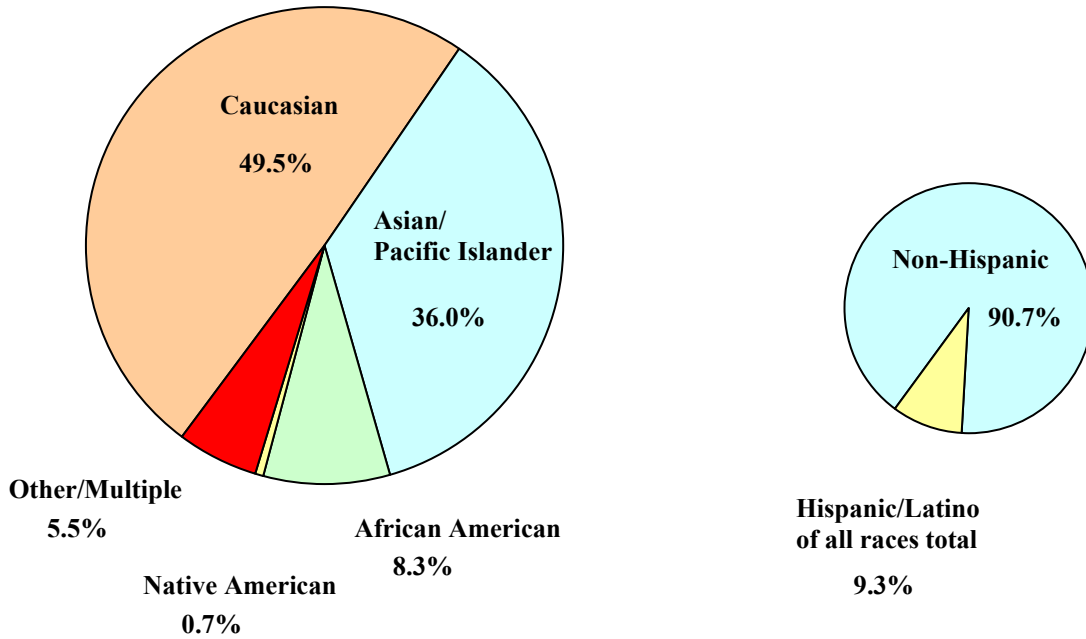
Estimates of the number of older LGBT people in the United States range from 1.75 to 3.5 million. This is between five and ten percent of those sixty-five or older. One will want to keep in mind, however, that many LGBT older adults do not identify with the LGBT categories.

San Francisco LGBT Community⁵



Ethnically, the older adult population of San Francisco is about half Caucasian, a little more than a third Asian/Pacific Islanders, a little less than a tenth African American and about six per cent other races. Among all these groups almost one in ten identifies as Hispanic.

Ethnicity of Seniors Fifty-five and Older in San Francisco, 2000⁵



Seniors depend on multiple sources for their incomes. More than any other source, they depend on Social Security. This has important implications for LGBT elders when one takes into consideration the denial by Social Security of spousal and other benefits to members of LGBT communities.

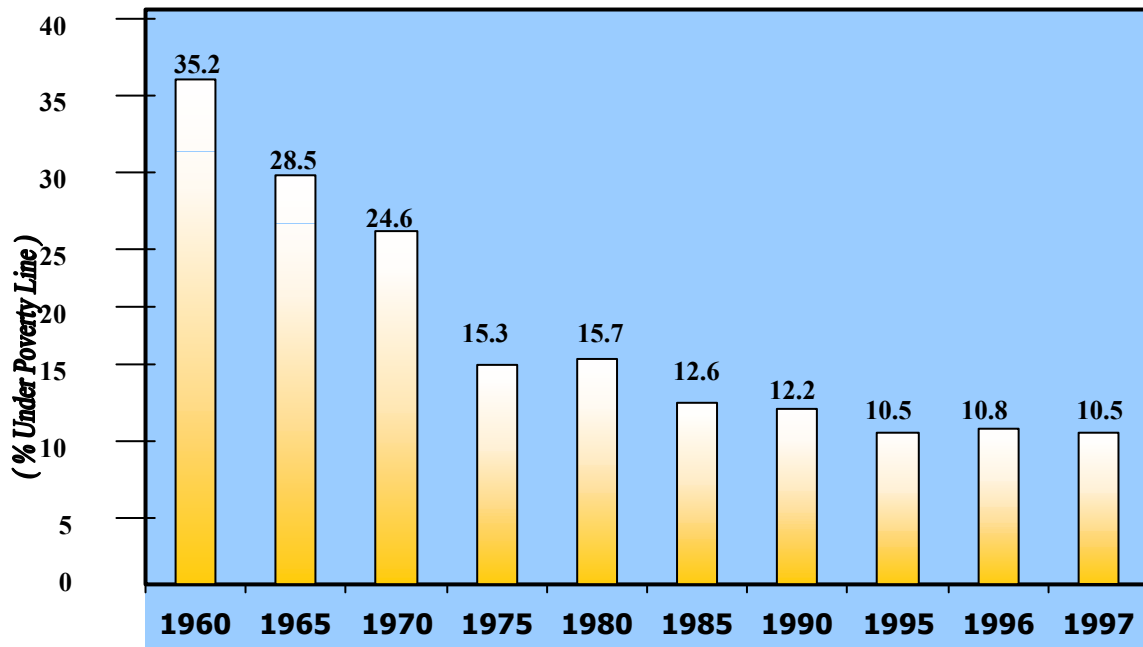
Economics

Major sources of income for Older Adults

- Social Security 90%
- Income from assets 62%
- Public and private pensions 43%
- Earnings 22%

Nationally, 10.2 % of adults sixty-five or older lived below the poverty level in 2000, compared to 11.3 % of the population as a whole. Another 6.6 % of older adults were classified as “near poor,” with incomes no more than 125% of the poverty level. Though these numbers are historical lows, the poverty rate has been increasing during the past couple of years.

U.S. Poverty among Sixty-five and Older⁴



In summation, older lesbian, gay, bisexual, and transgender communities are growing in numbers and social strength. At the same time, they face their own set of challenges because of their sexuality and gender identification and society’s responses to them. The work of the San Francisco Human Rights and Aging and Adult Services Commissions has an important impact on how we understand and deal with these issues.

SOURCES

Please note that much material in this section is quoted verbatim from the sources.

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“Growing Older with HIV – The Triple Whammy”

**By William Kirkpatrick, MA, MFT Intern
Social Worker/Volunteer Coordinator at New Leaf Outreach to Elders
serving the LGBT Senior Community in the Bay Area.
(originally published in the Kaiser Permanente HIV Update S. F., June, 2002.)**

The Setting

It is impossible to talk about the subject of growing older with HIV without looking at what I call the “Triple Whammy.”

(1) Being old in America. With obvious exceptions, and with a possible trend toward improving our understandings, let’s say this culture is not exactly kind and respectful to our elders. We seem to have a bewildered impatience and marginalized handling of older people. Enough said.

(2) Being older in a very youth-oriented gay culture. Many speak of being invisible by age 40! There is much estrangement from traditional family support. With some exceptions, most gay men don’t have children to take care of them in their old age or the generational engagement of having grandchildren. Sadly, the historically oppressed gay culture has not been as compassionate to its elders as one would wish.

(3) Living in an epidemic. The amount of loss and grief is extraordinary. “All my friends have died,” you hear. “I have lost two partners and hundreds of friends.” This last 20 plus years have been as traumatizing as a war. We have to consider the effect of such stress over such a long time.

Within the setting of this “Triple Whammy,” many HIV+ people are living their lives, facing many possible challenges.

The Person – Who is He?

Using a 75 year-old as a profile, as a young man he might have faced jail or been put in a mental institution if he revealed his homosexuality. At the least, he would have faced ridicule and harassment, or lost his job. The messages that you were an outlaw, and a bad, deviant person may have been internalized by this man. He probably distrusts the system. The armor that he used to hide behind is the same armor that hinders him from asking for and receiving help now. When he was growing up he was socialized to feel that, “a man is weak if he shares his feelings. Be self-reliant. Be strong. Real men don’t cry.”

With these formative messages you see a lot of low self-esteem. You also see depression. And to cope with difficult emotions, this man may have used alcohol (this was before Prozac) to feel better, and forget his loneliness and “outlaw” status. These

guys also had lots of fun and partied behind closed doors, creating a community in the bar culture that was exciting and connecting. This was way before Stonewall (1969).

This 75 year-old man would have been in his early 40's when gay liberation "came out." Though an outlaw-deviant label formed his character, he was relatively young enough to be a part of the sexually liberating "arrested adolescence" of the gay community as a whole. Why was there such hypersexual behavior (bathhouses, one night stands, flesh-baring "Pride" events)? Because they could!

Ten years later the epidemic hit. He would be in his 50's. If he had developed a long-term relationship, that partner may have died. His friends would have died. Many of his gay therapists, doctors, lawyers, etc. would have died. Even younger friends who might take care of him in his later years may have died.

The key shift in this story happened around 1996 and 1997, when the effects of the cocktails began to be felt. I am still seeing the effects of this period in my clients today. A term was coined then: "The embarrassment of hope." No one had been here before. "Is this for real? Should I shift my 'dying person' spiritual outlook?" "I may live, but with the task of taking 30 pills a day, daily nausea, diarrhea, blurred vision, difficult protocols, etc. is going to be an ongoing struggle." Or, "I may live, but I spent my resources as if I wasn't going to. . . can I afford it?" There was also a pinch of "...hmmmm...if I had died I wouldn't have to deal with the issues of getting older." Anger became key at this time. Others decided this man should be grateful to have this alleged new lease on life. Others decided he should quickly return to work. Others decided his gratitude should over-ride his anxiety about the future. What he didn't get until recently was the chance to mourn the loss and feel the sadness of a decade and a half of being in a trauma-ridden war zone.

Today, this 75 year-old might be very alone, ambivalent about surviving, confused and anxious about treatment options, grateful, resigned, angry, hopeful, tired, or any combination thereof.

Coping: What Seems to Work

Here is the positive coping skills part: One of the most healing actions an aging gay man with HIV can take is to come together with others and share his story.

The group I run consists of 11 men whose average age is 63. Half are long-term survivors (sero-converting in the early 80's) and half have had HIV since the 90's.

We talk about medical information. Two-thirds are currently taking meds; one-third is not. Two of us have had strokes; one has had a heart attack. Many are shifting in their nutritional regimes. High cholesterol is a concern with long-term HIV treatment. We frequently talk about whether a symptom is due to HIV or to just getting older. Are the symptoms related to HIV itself or to the side effects of the treatment? Our ability to monitor the virus and its progression and its resistance to treatments with blood tests does minimize the anxiety a bit.

We also talk about how the whole thing is affecting us. Some are depressed, some are numb, and all are fighters. One man has never told his family he is gay, much less living with HIV/AIDS. I gently but continually ask them how they deal with anxiety. Some benefit from the use of psychotropic medication. Others benefit from complimentary medicine such as acupuncture and herbs. Some are very pro-active and some are “resigned.” Most don’t talk about their feelings that much. They talk about sex and self image, and growing older with HIV.

Most of our group look at their survival as a combination of applied effort, will, maybe an “unfit” virus strain, and luck. No one has the arrogance to say a certain behavior has netted a certain outcome. All of us are humbled.

I imagine we’re all still in a bit of shock. We are surviving. It feels like lately there *has* been more time to process “between deaths” so that a post-traumatic era might be developing. Slowly the feelings are coming out. But I, too, must be respectful of the timing of this process and not rush things. I might put it this way: “Coping skills 101: Get together with others and listen, and share, and gradually move forward, one day at a time.”

APPENDICES

City and County of San Francisco



Willie Lewis Brown, Jr.
Mayor

Human Rights Commission

Contract Compliance
Dispute Resolution/Fair Housing
Minority/Women/Local Business Enterprise
Lesbian Gay Bisexual Transgender & HIV Discrimination

Virginia M. Harmon
Executive Director

NEWS RELEASE

October 4, 2002

FOR IMMEDIATE RELEASE

For information contact Larry Brinkin (415) 252-2510

HUMAN RIGHTS COMMISSION AND THE AGING AND ADULT SERVICES COMMISSION ANNOUNCE PUBLIC HEARING ON AGING IN THE LESBIAN GAY BISEXUAL TRANSGENDER COMMUNITIES

The Human Rights Commission and the Aging and Adult Services Commission will jointly hold a landmark public hearing regarding aging in the Lesbian Gay Bisexual Transgender (LGBT) communities in San Francisco. The hearing will take place on Thursday, October 10th, 2002, in Room 416, City Hall, San Francisco, beginning at 4:30 p.m.

Speakers at the hearing will articulate the LGBT communities' needs regarding aging as well as pinpoint ways to better meet these needs. One focus of the public hearing will be addressing the long term care needs of LGBT seniors. The Commissions have scheduled speakers in the following areas: legal and economic concerns, housing, health, social programs, and communities within the community. All members of the



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public also are invited to attend and speak on these topics, and/or to submit written testimony.

In the legal and economic area, Commissioners invite testimony regarding specific legal constraints for LGBT Seniors as well as the economic affects these constraints have on these communities. For example, how do the federal and local laws concerning wills, inheritance and estate planning effect LGBT couples? Are financial planning programs known to the LGBT communities? How can LGBT seniors protect their relationships as they grow older?

In the social arena, the Commissioners invite testimony on the accessibility of mainstream senior social programs to LGBT individuals. Do members of the community only participate in LGBT sponsored programs? How do the issues of sexuality, intimacy, and isolation affect aging members of the LGBT communities? Are LGBT seniors active in the spiritual communities? In communities of color? In the bisexual community? In the leather community?

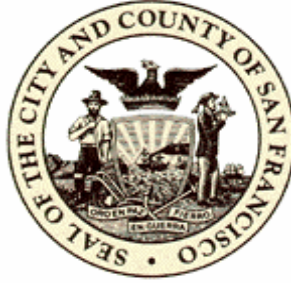
In the area of housing, how does the lack of affordable senior housing affect LGBT seniors? How does discrimination and heterosexism affect the ability of LGBT seniors to access housing programs? What are some of the plans for the future? What can LGBT seniors who need assisted living do? How does federal law affect funding for LGBT senior housing programs?

In the health arena, how are LGBT seniors being treated by health care providers? Do they avoid seeking treatment because of poor attitudes on the part of providers? What are the effects of violence—hate based, partner, or caregiver—on LGBT seniors? What

are the needs of those members of the LGBT communities who are growing older and are HIV positive?

This public hearing will explore the ways in which these and other senior issues affect members of LGBT communities. Through the testimony of experts, and the testimony of all classes of LGBT San Franciscans, the Human Rights Commission and the Aging and Adult Services Commission will be able to offer helpful findings and recommendations that can address the specific needs of the LGBT communities as their members grow older.

###



PUBLIC HEARING ON

Aging in the Lesbian Gay Bisexual Transgender (LGBT) Communities

Thursday, October 10, 2002, 4:30 p.m.

*City Hall, 1 Dr. Carlton B. Goodlett Place,
Room 416*

Presented by the San Francisco Human Rights Commission
and the San Francisco Aging and Adult Services Commission

WE ARE INVESTIGATING QUALITY OF LIFE ISSUES FOR OLDER PEOPLE IN THE LGBT COMMUNITIES. WE'RE LOOKING AT THE AREAS OF

Health

Housing

Legal / Economic

People of color, women, immigrants, HIV/AIDS

Social (Spiritual, Education, Sexuality, Isolation, etc.)

If you are an older adult and have experienced

- Homophobia or transphobia when seeking senior services
- Isolation because of your age, sexual orientation, or gender identity
- Ageism within the LGBT communities
- Economic disadvantages or particular financial struggles
- Problems finding and maintaining housing in San Francisco
- Services and service providers that you now use to help you remain at home and in the community

***WE INVITE YOUR TESTIMONY ON YOUR
EXPERIENCE AS AN OLDER LGBT PERSON, OR AS
A SERVICE PROVIDER, AND YOUR
RECOMMENDATIONS FOR SERVICE PROVIDERS,
GOVERNMENT AGENCIES, AND LGBT
ORGANIZATIONS.***

For more information, contact Larry Brinkin, San Francisco Human Rights Commission

Phone: 415-252-2510

E-mail: Larry.Brinkin@sfgov.org

COMMUNITY NEWS

Hearing tackles issues for older gays

by Zak Szymanski

Older lesbians, gay, bisexuals, and transgenders often face dual discrimination: ageism in the gay communities, and homophobia while accessing senior services. Recognizing a need to address today's social and economic pitfalls, as well as plan for the future of a community that is growing older, the San Francisco Human Rights Commission is holding a public hearing next Thursday, October 10, at 4:30 in City Hall room 416.

Older adults who have encountered homophobia or transphobia

while seeking senior services; isolation because of age, sexuality, or gender identity; economic disadvantages; problems finding housing; and other issues are encouraged to testify about their experiences. Likewise, those who have found services and communities that are welcoming and helpful are asked to share their experiences as well. Additionally, providers who serve the LGBT and/or senior communities are invited to speak or listen to suggestions.

Issues to be addressed include how LGBT couples can protect their relationships as they grow older; whether members of the community participate only in

LGBT programs; whether LGBT seniors are active in the spiritual, leather, bisexual communities; how factors like race and class affect participation in programs; how elder and/or domestic violence affects the older LGBT communities; and whether healthcare addresses all the needs of an aging LGBT population. Through the testimony of all those present, the HRC hopes to formulate guidelines and recommendations to address the specific needs of older LGBT people.

Everyone is welcome. More information about the hearing is available by calling (415) 252-2510. ▼

Long-Term Care Issues for LGBT Older Adults

by Lora Connolly

An estimated 13 million Americans of all ages are unable to go to school, work outside the home or live independently due to chronic health conditions. Conservative estimates count 3 percent of the general U.S. population as being lesbian, gay, bisexual or transgender (LGBT), but a more frequently used figure is 7 percent. By extension, between 390,000 and 910,000 LGBT Americans require long-term care (LTC) assistance due to chronic health conditions. And this rough calculation does not factor in the disproportionate impact of AIDS among gay people.

A fundamental issue for LGBT elders who need LTC services is potential discrimination. Elders who have invested a great deal of energy in keeping their sexual orientation hidden over the years may fear that their secret will be revealed by a care provider, leading them to lose existing housing, health, social and familial supports. This fear can cause some people to avoid seeking services, further exacerbating their underlying health conditions.

Other older adults who have been open about their sexual orientation in many aspects of their lives fear that they may be required to go back into the closet to avoid discrimination when seeking LTC services. Those of us not faced with chronic health conditions may find such a tradeoff hard to imagine, yet many LGBT elders who need assistance from an unwelcoming system of long-term care find themselves in this very situation, forced to pull away from their social networks at the very moment they most need the support.

LGBT older adults' fears about discrimination in LTC services are not unfounded. The San Francisco-based Gay and Lesbian Medical Association, for example, has documented systemic homophobia and discrimination against LGBT patients both in the medical profession at large and in medical schools.

Anti-LGBT discrimination in LTC settings can be categorized as unintentional, intentional, or a mix of the two. For instance, a daycare provider might

not contact the partner of a gay elder suffering from dementia when his condition appears to be rapidly declining, although she certainly would contact a heterosexual caregiving spouse. Perhaps the center's records fail to identify the elder's "roommate" as his significant other—an unintentional omission that could create substantial problems for the elder and his partner.

In the same case, the staff member might choose intentionally not to call the elder's partner—a choice motivated by her belief that LGBT people should not be served by the daycare program because the other clients might be uncomfortable around them. Midway between unintentional and intentional discrimination is denial, with the staffer deciding not to call after saying to herself, "Well, sure, they live together, but they're not like that. . . ."

In a number of metropolitan areas around the nation, professionals and concerned members of the LGBT com-

munity are developing initiatives to provide diversity training to LTC providers and assistance to LGBT elders seeking supportive care. Seattle-based Rainbow Train is one such program (see page 3 of this issue for more details). In addition, the annual ASA-NCOA Joint Conference and ASA's regional Summer Series routinely include sessions to help providers of healthcare and social services understand the needs of LGBT elders.

Organizations are collaborating and sharing their resources and materials. Healthcare professionals and the LGBT community must continue to work together so that, someday, all these small but meaningful steps will make long-term care services and facilities more accessible to—and more supportive of—LGBT elders. ■

Lora Connolly is chief deputy director of the California Department of Aging, Sacramento, and is immediate past chair of ASA's Lesbian and Gay Aging Issues Network.

Outreach to Elders

(formerly G.L.O.E.)

Social Activities for
Seniors

Friendly Visitors for
Seniors

Advocacy

Referrals

Support Groups

Volunteer
Opportunities

New Leaf Outreach to Elders provides a range of Activities and Services for Seniors. Our Mission is to build community, promote independent living and improve quality of life of seniors of the Lesbian, Gay, Bisexual and Transgender Community.



New Leaf is funded through the San Francisco Dept. of Public Health: Community Mental Health and Substance Abuse Services, AIDS Office, Commission on Aging, Mayor's Office of Community Development; HRSA; State of CA; grants including Horizons, Kaiser, BAPHR and Lilly Rains Trust.

New Leaf Outreach to Elders

(formerly G.L.O.E.)

senior services
for the
lesbian gay
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transgender
community



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