

One more battle

Gay boomers, who fought discrimination and confronted AIDS, face a new fight as they grow old

By Linell Smith
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During the past three decades, Louis Hughes has demonstrated for gay rights in Annapolis and Washington, helped set up community and medical services for gays and lesbians and received awards for his efforts to prevent suicide in sexual-minority youths.

Although he's proud of his history as an activist, Hughes worries how his sexual identity may affect his old age. If he must one day enter a nursing home, for instance, the retired Baltimorean worries that being openly gay could put him in jeopardy - when he's too weak to protest.

How would staff react when his same-sex friends visit? Would there be a payback if they were "too over the top"?

"What if I have a homophobic roommate and I ask to be moved? How would that be perceived?" says Hughes, 63.

"I already pretend that I'm a relative of a friend I'm taking for cancer treatments. But if I'm sick in a nursing home, what if I don't feel up to that battle of working the system? Instead, I may think, 'Gee, this person is taking good care of me, I better watch what I say and what I do. I think I'd better hide my award plaques from working with Gay Pride.'"

This is a concern shared by many of the baby boomers who fought for the right to be openly gay in mainstream America. They now face a new challenge: remaining openly gay in old age.

The post-war generation was the first to be so honest about its sexual identity, and to take strength and power from it. Now, gay activists are determined to protect the rights, dignity and quality of life for their elders.

Estimates of the number of lesbians, gays, bisexuals and transgenders in the United States, often referred to as LGBTs, suggest that 1 million to 3 million are aged 65 and older. Another 2 million to 6 million are baby boomers.

In a 2006 study of gay and lesbian boomers by Metlife Mature Market Institute, more than a quarter of those surveyed were concerned about discrimination as they age, while less than half expressed strong confidence that health care professionals will treat them "with dignity and respect."

"I think there are a number of things unique to LGBT aging that make us vulnerable," says Amber Hollibaugh, 60, senior strategist and aging specialist for the National Gay and Lesbian Task Force.

"We tend to age as single people. We tend not to have children - or to be out of contact with our kids. We are often afraid of the very institutions that are the service institutions

that support aging.

"What if you are 70 years old and want to continue to live in your apartment, but you're afraid that the person you have to hire as a health care worker might be homophobic? ... You can only find out by exposing your sexual orientation, which means you're making yourself into your own experiment.

"At the point you might be the most vulnerable, you're being asked to reveal something about yourself that you know people might have attitudes about."

Hollibaugh helped lead the initiative to make sure that language including lesbian, gay, bisexual and transgender elders was inserted in the most recent report of the White House Conference on Aging.

For many aging gays and lesbians, she says, the notions of senior housing or assisted living revive memories of the ostracism and prejudice they faced in high school.

In fact, some worry old age may mean again struggling to pass as heterosexual.

"We [in the lesbian and gay community] wonder if we could see the kind of movies we want to see in a retirement home," says 54-year-old Debbie Kachelries of Dundalk. "Whenever you're dealing with the outside world - because sometimes that's how it feels - you wonder how it's going to go down. Are the staff in these places going to accept that your partner is your significant other? Are they going to let him or her access the legal things that have to do with you? Will they let the two of you do something as simple as walk hand in hand?"

Because gay couples lack the legal powers and safeguards of marriage, they often fear they will be shut out of their aging partner's illness, denied access and ignored because they are not "immediate family."

Baltimore attorney Lynda Dee, 54, who specializes in the legal issues of gays and lesbians, has helped clients take extreme measures to protect their right to be informed during a medical crisis.

"I recently had a couple where one woman was very sick and the other one adopted her, to be sure that she would be the person the doctors go to. You can have all the powers of attorney and so forth in place, but the reality is that some doctors don't want to get involved in family arguments and still may not call you."

Rather than risk facing such situations, some gays and lesbians are relocating to one of the upscale GLBT retirement communities sprouting up across the country, Hollibaugh says. Perhaps the most well-known is RainbowVision near Santa Fe, N.M., which offers independent living, assisted living, a continuing care facility with medical care - and a cabaret.

But few can afford to live in such communities, and there are none in Maryland. However the local gay community offers social networking and support through such groups as Prime Timers and Senior Pride in Baltimore.

Prime Timers is an international social group for gay men over 40. During the past three years, the Baltimore chapter has grown from six to 40 members who gather to hear lectures, go to movies, museums and plays and enjoy potluck dinners. President Montie Biven, 49, describes it as something akin to a gay senior center.

"We promote social welfare, educational and cultural activities, which get our members out of their homes to share experiences with others like themselves," he says.

Psychologist Tracey Gersh started the Senior Pride discussion groups when she discovered that Baltimore lacked programs serving aging gays and lesbians. Participants talk about a variety of topics including retirement strategies, travel and what's playing at The Charles Theatre.

"I think that those people who have a positive social support system manage prejudice and discrimination better. Those who are 'out' manage stresses better," says Gersh, who heads behavioral health at Chase-Brexton Health Services.

"People who are still in the closet have a great fear of people finding out. When they think of a nursing home, which will now be their home, it can be scary. It means that everyone will see their personal things: their books and pictures and photographs [that may present them as gay]. For many people, home has been the one place they didn't really have to hide."

African-Americans who are gay or lesbian face the challenge of overcoming multiple cultural biases as they age, says Rickie Green, the 50-year-old founder and CEO of The Portal, a Baltimore center.

"We provide support services for the African-American same-gender-loving community," he says. "If you're HIV, gay and black, it's like a triple threat. And then on top of that, you can often add class discrimination."

One of Green's friends worries about the well-being of his uncle, who is gay and living in a local nursing home.

"Elderly seniors have unique emotional needs," Green says. "They like to have dialogues with others about their issues and their lives. So who does this gentleman talk about his past to?"

Some homophobic staff members may refuse to give gay residents sponge-baths and avoid other customary forms of personal care, Green says.

Hollibaugh of the Gay and Lesbian Task Force has received complaints of staff not delivering food on time to gay and lesbian residents and not cleaning their rooms thoroughly. She's even heard of heterosexual nursing home residents receiving sub-par care just because their middle-aged children are gay.

"Those kind of situations make you say, 'Should I not mention that I'm an LGBT person? Should I say my partner is my sister or my cousin?'" Hollibaugh says. "It's not an obvious answer, not when it might have blowback for somebody like an elderly relative that you love so much. Then the next step is to think, 'If this is what happens when I put my mother in there, what would happen to me?'"

Susan Feeney, spokeswoman for American Health Care Association and National Center for Assisted Living, says the long-term care industry is committed to meeting the "unique needs" of every patient and resident.

And Jamison Gosselin, spokesman for Sunrise Senior Living communities, says, "We recognize that personal individual factors like sexual orientation or religion or race need to be respected. If staff members cannot respect someone's individuality, they need to find a new place to work."

Sunrise Senior Living Inc. runs more than a dozen independent living and long-term care communities in Maryland.

Hollibaugh often provides staffs at facilities serving the elderly with "cultural competency" training about LGBT seniors and their "constructed" families.

"If a place says it's 'inclusive,' does that mean it's inclusive for a person who's gay but

doesn't make anyone nervous about it, or that it's inclusive for a gay man who crosses his leg, waves his wrist and tells campy stories at the dinner table in the cafeteria?" she says.

As activists, LGBT boomers are well qualified to revolutionize elder care, she adds.

"Because of discrimination, because of the AIDS epidemic, we've learned how to create family and tradition and care outside of traditional institutions.

"Ironically, I think the way we've been treated has given us knowledge about how to confront those institutions - and how to change them."

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