Eyes Wide Open: Emancipating the Elderly Gay and Lesbian from Invisibility & Discrimination

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Abstract

We live in a culture that glorifies the youth and devalues the elderly. Although a majority of cultures instill a personal responsibility to care for aging family members, many western countries have created a surrogate to bear such a responsibility – the retirement home. What happens when this idiosyncratic facet of our society is compounded with an overarching and prolonged discrimination toward the lesbian, gay, bisexual, and transgender (LGBT) community? The resulting two-factor disadvantage is a harsh reality to the invisible aging LGBT individual and a primary factor behind a wide range of complex issues affecting this often discriminated group. This thesis intertwines empirical research, qualitative interviews, historical references, theoretical perspectives, and personal insight in order to provide a holistic conception of elderly LGBT experience. Once specific themes of deprivation are identified, the recourse for their amelioration is rooted in intergenerational dialogue. Conversation between the young and elderly LGBT populations must be rooted in mutual affinity. No longer can the non-generational characteristic of sexual minorities be a deterrent for the interchange of knowledge, support, and responsibility. The LGBT community has consistently demonstrated resiliency in the face of widespread crises as is evident in widespread outreach during the HIV outbreak of the 1980s and the current anti-gay bullying terrorizing schools across the nation. This thesis demands the same level of innovation and advocacy through its resolve to expose, uncover, and raise cultural awareness on this disadvantaged group.

Preface

"I've never been in love, it just wasn't possible back then," answered Ken. I looked up from my notepad, stunned. Staring back at me was a gay man in his seventies, flawlessly dressed and poised with impeccable posture. But it was his eyes mostly, devoid of regret, which truly captivated me. I was not prepared for such a frank absence of love. How could I have known that this interview would inevitably develop into a deep-seeded curiosity about the queer aged experience and subsequently the basis for my senior thesis? Although I was mildly aware of America's historically strict attitude toward same-sex attraction, I still eagerly anticipated listening to stories about Ken's great lovers. No such relationships existed and his frank revelation shook me to my core. Instantly, flashbacks of intimate and public relationships with men throughout my short twenty-five years stirred in my subconscious. I never thought of how these experiences might have been different if I grew up in the midst of the 20th century. Coming to terms with my identity as a sexual minority has certainly not been easy, but my encounter with Ken instilled a genuine desire to uncover both a past and present narrative for older generations of gays and lesbians.

A year and a half later, that encounter has evolved into a final product that is both a personal reflection and an academic inquiry. It dives into a question that receives little attention by: What does it mean to be both a senior citizen and a sexual minority today? No response can truly provide a voice for the varying lives that are subsumed within this dual category. Therefore, the following text is meant as a humble effort to extract common themes that loosely illustrate the unique challenges facing the first cohort of elderly self-identified gay men and lesbians. The text begins with theoretical contexts that attempt to draw the reader away from the often-mindless comprehension of the subsequent qualitative research. I consider the empirical

research on the elderly queer experience to be absolutely necessary in describing the current climate, yet remain convinced that it necessitates a prior contemplation into some of the immeasurable intersecting issues. Lived narratives are personal accounts of local DC elderly LGBT members that are interspersed throughout the text. Their experiences are meant to purposefully disrupt and validate the literature. These affirmations and contradictions can both bestow and silence the voice of the "other" – the forgotten elderly queer. Meanwhile, I infuse historical facts within these narratives in an effort to tie the personal to the past. The final portion attempts to amalgamate the aforementioned theory, research, history, and the personal into a prescriptive praxis for creating change. The final tailored strategy will raise awareness and address gaps of inequality on the issue.

My prolonged engagement with the various forms of literature on the topic and my first-hand interactions with elderly gay men and lesbians have led me to be unapologetic in the amelioration of the subsequent issues affecting this group. Consequently, my prose is interwoven with previous research in a way that feels authentic, as this inquiry has deepened my relationship to both my age and sexuality.

My relationship to the subject matter is making no effort to claim objectivity, as many of my cited empirical articles so speciously do. My past and present circumstances infuse and reflect on individual experiences and literature of this study. My working class background, rural upbringing, queer identity, modest and elite education, and training in a statistically dominated academic field have influenced the ways I analyze data, interview participants, and interpret knowledge. Furthermore, you, the reader, are also influenced by your own historical context. The books and research articles I cite range in date of publication and their authors vary in nationality, age, and geographic location. My point here is purely pragmatic. Consider how

these aforementioned multivalent spheres of knowledge and interpreters – me, you, and the material – interact. As such, the theme for this paper is, "The past is present." It denotes both the importance of seeing how the group under examination is continually affected by previous contexts and the importance of our own context in our interpretation of knowledge.

Parallel with these conceptual recommendations are more concrete caveats to the material. Data collection on this group has either been written from a "gay positive", or "gay is good" perspective, that purposefully engineers research to contest stereotypes. Additionally, gerontology and advocate groups conduct studies to expose the maladaptive behavioral, cultural, and physical traits of this group. Both present and highlight findings that support their intentions. Further, the majority of the studies from both schools of thought recruit highly skewed and non-diverse samples of participants. The majority of these studies are conducted in metropolitan areas from regions known as "gayborhoods", where typically more men than women reside. These men tend to be white, educated, and ultimately economically comfortable. Convenience samples and "snowball referrals", or the recruitment of friends of previously enrolled participants, are common (Gates & Ost, 13). As a result, flyers for studies are advertised in organizations that typically cater to socially analogous elderly gays and lesbians. The lack of women, geographic diversity, and people of color creates generalizations and ideas about the broad category "gay and lesbian elder" that are unrepresentative and misleading.

The studies also vary in what age constitutes "elderly", with some beginning at the age of 40. For clarification purposes, my thesis considers fifty and older as constituting the commonly used terms such as "elderly" and "senior citizen". This is not to say that fifty marks the transition from young to old, as fifty is a low number and could be consistent with ageism throughout gay male culture - a topic I will return to later, but is delineated as a means to create

boundaries for the subject matter. Transgender and bisexual elder adults are probably the most underrepresented subset in the following statistics. The lack of attention to these subsets is not an intentional favoring of one sexual minority over another, but is merely another pragmatic tactic to focus a lens on an already wide and blurred subject.

The following cited research articles are purely speculative and made observations on data that was often, as previously mentioned, limited. Many of the research articles I cite are controversial, as some support stereotypes while others negate. However, citing specific articles is merely a means to provide the reader with different perspectives on various topics. While I recognize that gendered and non-diverse perspectives commonly conduct research, I also acknowledge that institutions of power depend and idolize these empirically based approaches. Since this value system does not appear to be fundamentally changing in the near future, my primary stance is that more can be achieved for social change through a refinement of the system than through an attempt to radically displace it. In no way am I suggesting that conclusive data defines a group or speaks for all of its members, as no research is fully methodologically capable. However, I do regard research as a tool that, when conducted with inclusive methodologies, can be capable of providing valuable insight into group characteristics.

Finally, a caveate on my usage of the term "queer". While I strictly prefer men, I choose to identify as the fairly modern identity – queer. For me, it is an empowering term that provides a wider continuum for non-normative gender identity, gender expression, and sexual preference. However, this positive relationship to queer is not held by all. My first interview with an elderly woman taught me that she not only finds queer to be derogatory, but that it also carries a historically negative connotation. That was the last time I ever referred to anyone, besides myself, as queer. What I thought was an inclusive and welcoming term was misinterpreted;

therefore queer is primarily used in theoretical contexts to denote a wider, non-normative population or anything divergent from the norm. In sum, queer is not meant to be disrespectful.

This research would not have been possible without support from the DC LGBTQ community center (i.e. The DC Center), DC SAGE, Georgetown University's LGBTQ Resource Center, my thesis advisor Dana Luciano, the JUPS director Andria Wisler, and all of the men and women who so graciously invited me into their lives.

It gets Better…for a While

Lately, it seems that television and the Internet are saturated with discussions on the latest buzzword – bullying. However this isn't just any kind of bullying, but specifically anti-gay bullying . News anchors like Anderson Cooper and celebrities like Lady Gaga are some of the many public figures raising awareness, funds, and support for the issue. Horrific stories are publically detailed on various media outlets. Tyler Clementi was a freshman university student who threw himself off a bridge when he discovered that his roommate publically aired his sexual encounter with another man. Larry King was an effeminate 15-year-old boy who was shot in the face by a fellow peer in the middle of class. Billy Lucas was a high school freshman, who hung himself because many of his classmates called him "faggot". These stories helped fuel a national effort to provide support for tormented young gay boys and girls. The "It Gets Better" campaign is a global YouTube campaign that aims to reduce the number of LGBT youth suicides and peer discrimination. It has now grown to nearly 30 thousand short videos from famous actors to lay people who give advice and socially support these bullied kids. The entire collection has been viewed over 40 million times (It Gets Better Project Website). In addition to the public support for the issue, the private sector has pushed an extensive amount of anti-bullying legislation into state amendments. Twenty-one laws were passed in 2010 the enactment of the first anti-bullying law in 1999 (Bell, Stuart-Cassel, Springer, 13).

Ironically, the It Gets Better campaign is built on the premise that gay youth will experience freedom and a higher quality of life once independence is gained in adulthood. Their emancipation from mandated institutions marks their entrance into a magical land where intolerance is gone and public visibility is the norm. While this image is grandiose, the reality is life will improve once these children mature and find others who no longer judge them on the

sole basis of their sexuality. Yet, this increasing social approval is not static. Many of the people who are responsible for these videos fail to recognize that old age brings a return to an environment analogous in many ways to the hate-filled hallways of public schools. Old age brings a gradual revival of dependency on public institutions and people to meet the basic necessities of life. Just like queer youth, elderly gay men and lesbians have a unique and difficult set of issues in comparison to their heterosexual counterparts. Now that our culture is becoming aware and driven to protect the youngest generations of gays and lesbians, it is time to recognize how our oldest generation is equally disadvantaged, perhaps even more so.

The Young and the Restless: America's Obsession with Youth

Raising awareness for elderly gays and lesbians will not be easy. There are many overarching societal aversions that prohibit the issue from receiving a fraction of the media attention, public outcry, and legislative changes that issues surrounding gay and lesbian youth receive. Fundamentally, our culture is terrified of old age and instead idolizes the youthful bodies permeating throughout various media outlets. The rise of performed plastic surgeries exemplifies how emphasis on youth breeds youth obsessed behavior. Not only is the number of procedures increasing, but the 35-50 age bracket has the highest amount of surgeries, at nearly four million as compared with other age groups. In other words, this group is highly motivated to preserve their youthful features and fight any association with old age (ASAPS 2011, 15).

While people in other countries, like Japan, see it as their responsibility to take care of the elderly, America tradition now includes an alternate institution of the nursing home. However, the concept of nursing homes and a shift in familial expectations of the elderly are associated with America's large shift from an agricultural economy to one of a free market – capitalism. The trickle down effects of this new economy at the turn of the 19th century allowed people more autonomy, less dependency on the traditional family, and governmental programs like social security that would retain independence well into retirement (D' Emilio, 2). Thus, nursing homes and assisted living facilities became a new market created to meet the needs of the elderly and profit from a group that of financial resources. Out of extended family care and into separate care facilities, senior citizens were less visible and their role in American culture significantly decreased. This lack of senior visibility can be associated with another side effect of the new economy – consumerism. The assembly line and other new forms of mass production necessitated an increase in consumer purchases. The push to make people buy, and continue the

capitalistic wheel, became increasingly propagated by advertisements delivered by various forms of new media. Corporations became directly responsible for instilling American norms and values through their practice of inclusion and exclusion. That is, the proliferation of the ubiquitous glamour of youth and the absolute dearth of the elderly in the majority of advertisement campaigns has negative implications for the elderly and society as a whole.

Patti-

"America is not built on gay culture"

As I approached the extremely large apartment building to meet my first participant, Patti, I was unsure of what to expect. Patti, who is 54, explained prior to the interview that she is in poor health and that a social service provider would interrupt our interview. My anxiety about this interview was instantly quelled when Patti greeted me with a warm welcome. Patti is Jewish, appears to be of middle socioeconomic status, and has various pieces of art decorating her walls. While it was apparent that her mobility was poor, it was clear that her physical ailments had no bearing on her spirit. In this way, my research on LGBT aging had only elements of validity as I naively thought that disability was associated with a depressed state – not for Patti. Patti began by introducing me to a woman appointed by the state to help her with her domestic chores. This was particularly interesting to me as my literature review described private home care as inaccessible due to high costs. It was later explained that her primary employment as a state tax analyst and a public school teacher came with extensive insurance coverage, which enabled this level of care. Though we discussed multiple topics throughout the interview that contributed to interesting conversation, one topic was particularly relevant: privacy.

In contrast to the current gay political agenda that aims to expand America's cultural norms and legislative rules to include sexual minorities, Patti claimed, "America is not built on gay culture". According to her logic, the LG community should accept American norms on concepts such as heterosexual marriage. Furthermore, she found it appalling that gay people were throwing their sexuality in the faces of heterosexuals, as she cites heterosexuals do not flaunt their own. In spite of these feelings, Patti is the president of DC SAGE for Women,

displayed pictures of her fellow former members of University of Maryland's gay student group, and explained how she started a gay newspaper in Baltimore. It would appear that discretion about one's sexuality was reserved for Patti's public sphere, not the private. Patti described a story when one former colleague questioned a fellow teacher's sexual orientation. Her stern response to this woman exemplifies her valuation of privacy in particular contexts. Even though the LG community has to exude some reservation in discussing their sexuality today as a federal ban of workforce discrimination on sexual orientation does not exist, it is not anywhere as strict as it once was.

It would seem that this conservatism about one's privacy was even more severe during the late 70s and 80s when Patti was teaching. In 1977 a social purity movement, poignantly called "Save Our Children", successfully repealed an ordinance that banned discrimination on the basis of sexual orientation. Anita Bryant, a celebrity singer at the time, led the coalition whose political endeavors helped to reignite the historical association between pedophilia and homosexuality. She actively used American values and religious doctrines to gain support in her fight against homosexual acceptance, what she described in her book as, "militant homosexuality" (Bronski, 223). This radical campaign caused the queer movement to unite and fight against these negative stereotypes.

In many ways, this cultural war provides insight into Patti's lifetime advocacy work and her seemingly traditional views on the contexts for sexuality disclosure in comparison to current gay politics. This radical movement against homosexuality implies an occupational functionality to a compartmentalized identity for gay men and lesbians, especially in jobs involving children. The extent to which this perspective has continued into the present is unknown, yet Patti's story suggests that it may have had a significant impact.

Specific Problems within Queer Culture

Underlying the large cultural stigma of old age are specific issues affecting the queer community. While gay men and lesbians are often lumped under the LG umbrella, this is an inappropriate categorizing as their needs in old age vary significantly. In fact, for those that do not identify as a sexual minority or interact with such groups, it may come as a surprise that these groups have distinct cultures. Although they may be publically seen as one group as they rally together in pride parades, the amount of socialization between sexual identities is limited.

These separate social spheres can be traced back to the beginning of the political movement of sexuality. In 1950, Harry Hay founded the Mattachine society under the ideology that homosexual was a distinct cultural identity. The group was primarily comprised of gay men and even though there was lesbian membership, it was primarily dominated by males. Three years later, the Daughter of Bilitis formed and began addressing social and political issues specific to lesbians (Bronski, 179). The separation of these two groups at this early stage exemplifies the need to acknowledge and approach each group as possessing distinct cultural characteristics. Whereas other minorities share similar cultures from birth - being raised in homogenous kinship, experiencing similar economic disadvantages, and sharing similar physical attributes – lesbian and gay men can diverge on multiple characteristic identities. Even when a gay male or lesbian is considered a minority on the sole account of their sexuality, which is often not the case as many possess complex intersections of minority statuses, the historical unevenness in power between men and women are enough to create a fissure for separate queer belongings. As a result, research on older gay men and lesbians suggest that there are both thematic and tangible cultural differences that have significant implications on quality of life. A major obstacle in assessing elderly queer needs is the absence of sexual identity on the United

States Census. The only criteria that began to gauge national gay male and lesbian presence was through the addition of an "unmarried partner" option in 1990 and then subsequently an option of a "same-sex married partner" in 2010 after the advent of many state legislatives approving same-sex marriage (Knauer, 38). Today, the 2010 US Census indicates that there are 131,729 same-sex married households and 514,735 unmarried partner households (uscensus.gov). Research estimate 23.4% of those households contain at least one individual 55 years of age or older. When this is compared to the 1.6 to 2.4 million gay and lesbian elders that currently live in the US, a large discrepancy exists and indicates major oversight in government assessment. However, putting a checkbox for sexual orientation is not as easy as adding a box for male or female. The Census Bureau has to decide how behavior (i.e. sex with a member of the same sex) factors into identity and whether it should take precedence over sexual orientation or serve as a mere adjunct. Despite the potential deleterious effects of underrepresentation for this group, the benefits to assess the national trends and characteristics of sexual minorities far outweigh the potential risks. The cultural contrast between elderly gay men and lesbians and their absence in government records represent only a small layer to the underbelly of more viscous issues. The following sections fuse both thematic issues with empirical research.

Rich

"To be different, is to be a homosexual or a communist"

My second interview was with Rich, a 70-year-old gay man who lives in a popular metropolitan area of DC. He has a physical disability that inhibits his mobility and makes him rely upon a close group of similarly-aged gay men for support. His temperament was stolid and reserved, yet kind. The items we discussed were extensively relevant to my literature review on queer history. He began the interview by telling me that the only thing he knew about homosexuality when he was younger was that his parents equated it with communism and limp-wristed fairies. He pursued books on homosexuality in his local library, but they only furthered his negative view on the subject. As an adolescent, he learned to fear being different during the McCarthy Trials. His father corroborated this fear by warning, "anyone who is different is either a homosexual or a communist."

In 1950, the Lavender Scare began. This was a communist witch-hunt that was reminiscent to the Red Scare. It was comprised of a series of public political accusations by Senator Joseph McCarthy on government officials. He was trying to purge the American government of homosexuals, as they were assumed to be communists – a serious national threat. This resulted in the dismissal of nearly six hundred federal employees. It also played a significant role in the creation of the Immigration and Nationality Act of 1952, which banned immigrants on the basis of perceived homosexuality, and Executive Order 10450, which made homosexuality grounds for dismissal from federal employment (Eaklor, 87). This hunt led many gay men and women to go into hiding, rather than risk public ridicule and loss of income.

The Lavender Scare and the Red Scare lead to a widespread fear of governmental officials evading public privacy. This lead to heightened secreted queer life is evident in Rich's story as his life, which once consisted of extensive lesbian and gay advocacy, but was turned upside-down over after accepting a governmental position in Washington DC. For years, he returned to the closet and disassociated from any type of gay community out of fear. Furthermore, Rich acknowledged his struggle with homophobia: a conflict that he says still lingers today. This internalization can be associated with his negative interactions with therapy in his youth. As it was prior to 1973, the American Psychological Association still considered homosexuality a psychological disease. As a result, both of his therapists attempted to treat his homosexuality. The second therapists even told him that marriage could save him from his affliction. Eight months into such a marriage, he left his wife for a man. Given these devastating encounters with therapists, his parent's disapproval with homosexuality, and homosexuality's association to communism, it is understandable how Rich could have internalized the widespread negative opinions regarding homosexuality.

Perceptual Differences in "Old": Implications & Considerations

As previously discussed, aging in America is received with considerable resistance. Interestingly, the common held belief that women are more concerned with beauty than men is reversed in the queer community. Gay men and lesbians have a 10-year gap between their perceptions of "old": 39 and 49 respectively (Schope, 28). Moreover, gay men perceive themselves as "old" at younger ages than their heterosexual counterparts. Only a quarter of lesbian respondents believe their community saw the aging process in negative terms, whereas half of gay male respondents agreed that their community viewed aging as "terrible" (Schope, 16). The difference in age perception has lead researchers to term "accelerated aging" for the aging process experience by gay men and the term "crisis competence" for lesbians. In general, these terms were created based on the extensive data that indicate the overall positive aging experience for lesbians in contrast to the heavily documented onerous aging experience for gay men.

These disparate ideologies are indicative in cultural products. The Older Lesbians for Change (OLC) is a grassroots organization comprised of women confronting ageism in the community. No such analogous group exists for gay men. Social spheres also vary for these two groups in that lesbians seem less dependent on the club scene as a source of community. Since gay dance clubs act as pseudo community centers that promote strict definitions of beauty as young, muscular, gay men that age in these environments risk ostracism and a negative self-image. Lesbians are also more likely than gay men to engage in intergenerational relationships, experience less anxiety and group discrimination over the aging process, and are more likely to be engaged in long-term relationships (Schope, 18). In comparison, gay men have stronger associations between beauty and youth, connect negative stereotypes to their older group

members, and possess stronger beliefs about the degradation of beauty with age (Schope, 19). This research suggests that the aging process is more difficult for gay men than women. Biological models, history, and cultural characteristics provide contextual considerations for this enigma.

It should be no surprise that gay males are associated with elevated levels of sexual promiscuity than lesbians. From singer George Michael getting arrested in public parks to surfaced pictures of writer Dustin Lance Black having unprotected sex, gay men are often portrayed more sexually active than lesbians in the media. Biological models of research point to the data that suggests men, both gay and straight, are more sexual than women (Bailey, 56). This premise corresponds with the former perceptions on gay culture as overtly sexual. That is, if men only desire men, there is less inhibition for sexual gratification. The increased political freedoms after the Stonewall riots in 1969 escalated the number of public venues, such as clubs and bars, for a gay culture to form. This is not to deny the existence of other historically associated spaces where gay hook up culture existed, rather bars and clubs were visible and culturally producing institutions. If sexual encounters are regarded higher in the gay community, then physical appearances would be naturally more important. This is indicative to the qualitative research cited above and discussed during my interviews. Research also indicates that eye contact is more important in the gay community as it signifies gay identity and sexual availability (Grossman, 617; Weeks, 179). If gay men are hyper-vigilant to being seen and seeing others then it is no wonder that gay culture focuses on the body. In fact, this concept parallels the "male gaze" that heterosexual women so often experience; yet the only difference is that gay men are both the victim and the perpetrator of this act.

It is also significant that the feminist and lesbian movements overlapped and experienced

a political peak during the 60's and 70's. Of the varying political stances, feminists took a strong stance against conceptions of beauty in American culture. Participation in both of these political movements has resulted in many older lesbians to retain onto these ideologies. It will be interesting whether, in the absence of a strong feminist movement today, young lesbians will perceive their age and appearances less positively once they reach senior maturity then compared to the current cohort. Alternatively, gay males are not historically linked to other social revolutions. Once out of the closet and finding more public spaces for gay interactions privileges to occupy public spaces, gay males began to diverge from their lesbian counterparts in creating a distinct culture. In other words, lesbians continued to assert political advocacy as a result of being both women and a sexual minority, whereas gay men lacked continued political motivation. Thus, gay men were more likely to celebrate societal tolerance through increased social engagement that emphasized beauty, youth, and sexual encounters.

Popular novels during this time depict older gay men as "bitter old queens" who lusted for youth and younger men. Psychological perspectives took a more fatalistic approach and cautioned gay men to seek treatment for homosexuality or else they would become predators to young boys, with the belief that they were attempting to extenuate gay existence. Further, gay men would be destined for loneliness and despair if they continued a life of homosexuality (McDougall, 45). This association between pedophile and gay men is quite widespread and public anxiety over the issues still exists. Research shows that these types of negative stereotypes can become internalized and negatively affect those they depict (Steele, 798). Internalized homophobia (IH) is one prime example affecting gay men and lesbians, however men are significantly more affected. High IH levels are associated with less disclosure to heterosexual friends, less connection to gay and lesbian community, low self-esteem, and higher

rates of depression (Herek, 22). Alternatively, these stereotypes negatively influence public perception and can have legislative ramifications. One example is the United States Supreme Court ruling in favor of Boy Scouts of America v. Dale, as the defense team cited being alone in the woods as a serious risk to young boys if gay men were allowed to act as scout leaders. These types of cases do not exist for lesbians who work with young girls. Interestingly, the widespread association that female P.E. coaches are lesbians is perceived with humor as opposed to fear. This insouciant association is exemplified in the T.V. hit *Glee* where a popular lesbian actress plays the comedic P.E. coach. It is evident that older lesbians and gay men are not socially connected to pedophilia in the same way. This represents a major barrier to public perception and inter-generation dialogue for gay men.

Cedric

Black, Gay, HIV+, and Out

In my drive to see Cedric, a 60-year-old black gay male, it was becoming increasingly evident that I was no longer in my upper-class college neighborhood. The only information I knew prior to this interview was that Cedric was HIV positive. Unfortunately, this solitary fact resulted in a slew of stereotypical associations that I would realize had no basis in reality. When I finally arrived, Cedric was full of energy and zest. He proudly exclaimed that he was writing a book. When I inquired further, he recounted a recent memory on an HIV retreat where a younger man told him that he needed to write a book because he didn't know anyone who was black, gay, HIV+, and out. Cedric said he realized that he could be a good role model for other black men and that is why he needed to write it.

Black identity has had a much larger impact on Cedric's life than his homosexual status. After all, his skin color had always been a glaring difference for social perception. As a half minority who has always been able to pass into the dominant group with more ease than my ability to pass as homosexual, it would make since that persistent visible indicators would make one identity much more salient with that associated minority status. The entire course of the interview made me realize that the impact of dual minority identities made social allegiances particularly difficult as his black circle of friends took precedence of his gay circle of friends.

Cedric was diagnosed with HIV in 1992. The white doctor who gave the diagnosis would not get close to him on account of the past widespread misunderstanding of the spread of HIV. Cedric said he felt that the doctor feared him. His doctor also did not give him any information on the disease or where he could go for social support. As a result, he

went into denial on his diagnosis and did not get retested until two years later. At this second diagnosis, he did receive better services and was directed to support groups that inevitable helped him to accept his disease and live a healthy lifestyle. However, Cedric was lucky in that his disease did not follow a rapid progression like it did for many. He showed me an address book near his desk and asked me to look inside. Inside, I found that the majority of names and numbers had been crossed out. He told me that each crossed out name represented a friend that has passed because of aids – 80% total. This shocked me. The impact of losing a majority of my close friends seemed devastating. This portion of the interview is what gave me the idea of intergenerational dialogue, as this experience was more of a deterrent to unprotected sex than any safe sex ad could ever be.

Two notes on his HIV status are particularly pertinent to Cedric's story. The first is that he found out in 2004 that he had contracted HIV through a blood fusion in Louisiana, after a drunk driver had hit him. It was an accident, not sex that has caused him to become infected. Second, his partner of 12 years, who also had HIV, died five years ago through complications surrounding his disease. He said that it was his family who helped me get through the difficulty surrounding the death. Both of these contradict my literature. It first gives evidence away from the typical stereotype of HIV contraction through sex and it also shows that social support is capable through family members. Cedric said that he continues to find support today through his family and the members of DC Sage and DC Old-timers, two DC groups that unite older gay men and women for social events. It was evident by the end of my interview that Cedric was a man who was not only black, gay, HIV+, and out but who was proud of it.

HIV Impact: Past & Present

Pedophile is not the only negative stereotype plaguing older gay men. As a result of the 1980's AIDS outbreak, public anxiety remains high, both in and outside the community, regarding infection among elderly gay men.[1] This is a complicated issue for multiple reasons. First, there are elements of truth to this perception. The sexual gay revolution that helped mold gay culture was met with extreme population devastation during the height of the outbreak. To ascertain the depth of this impact, in 2002, an approximate 460,000 US adult deaths were caused from AIDS or AIDS related causes. Men who had sex with men represented 267,000 of these deaths. This is a large number in comparison to the overall total number and size of the gay community, but is especially great when compared to the 57,000 deaths of the Vietnam War (Knauer, 44). Each generation of gay men at the height of the outbreak had varying relationships to the disease and in many ways these disparate perspectives both divided and brought them together. The coming of age generation during this time began to perceive older gay men as potentially infected, whereas the older generations bonded through the personal care of their dying friends and lovers. As sexual minorities are non generational, the impact of this disease has not been fully communicated or understood to the current young gay generations. Thus, each generation of gay males are disconnected from this historical impact. No HIV/AIDS campaign can compare to the impact of hearing an older gay males personal relationship to loss as a result of the outbreak. If inter-generational dialogue existed, then the wisdom intrinsic to years of lived experience would be instrumental in deterring younger generations from risky behavior and other potential deleterious activity.

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[1] This discussion on HIV is confined primarily to gay men as women who have sexual relations with other women (WSW) have a very low transmission rate. According to the CDC, there are no confirmed cases of women infecting over women during sex (HIV risk, 1). However, this is complicated in that some WSW have sexual relations with men and thus are capable of carrying the disease to other women.

There are also other myths surrounding HIV/AIDS. The belief that the disease only affects the young is coupled with the misperception that older people do not have sex. This negatively impacts sexual behaviors and access to health care for gay men (Safe Spaces, 30 & 32). These beliefs are culturally evident in the extensive HIV education outreach to youth and in the Center for Disease Control's (CDC) recommendation for those 18-64 to receive an annual HIV test. Does this mean that sexual behavior stops after 64? No. Not only do studies indicate that 35% of elderly LGBT individuals never use a condom during anal intercourse but that elderly gay men have had 20.5 partners on average over the past five years (Halsted Report, 6). Furthermore, HIV positive seniors cite an increased importance for sexual activity and higher number of reported sexual partners in comparison to HIV negative respondents (Halsted Report, 28). It is clear that this population is not only continuing to have sex but also are at significant risk for contraction. In comparison to other high-risk behaviors such as smoking, drug use, and excessive drinking, HIV risk behavior was the highest for older LG adults. Furthermore, this is compounded with the natural degradation of specific bodily areas used in sexual intercourse.[2] This corroborates the finding that 17% of new HIV cases incur after the age of 50, which is almost double the rates of infection ten years ago (Safe Spaces, 31). By 2015, estimates predict that over half of the 1.2 million HIV infected individuals will be 50 or older.

This new cohort is only possible today because of a class of HIV medications introduced in the mid 1990's that drastically extended the life expectancy for those living with HIV and (Safe Spaces, 31). No longer was it a disease of death but one that could be managed with medication. Now, as this group reaches maturity, a new host of challenges are becoming clear. Research cannot pinpoint the exact cause, but elderly HIV positive individuals are at increased

[2] As the body ages, the thin mucosal membranes in the anus and vagina are more prone to tear easier during sexual intercourse. As a result, the individual is at higher risk to become infected with the HIV virus.

risk for cardiovascular disease, hypertension, diabetes, cancer, and osteoporosis than their HIV negative counterparts (Brennan, Karpiak, Shippy & Cantor, 13). It is clear that the HIV positive elderly gay man are more disadvantaged than their HIV negative counterparts as 70% live alone and research identifies a significant difference in the amount of comorbid mental disorders – 3:1, respectively (Havlik, Brennan & Karpiak, 9; Vance, Mugavero, Willig, Raper & Saag, 28). As MSM represent a significant portion of this new aging HIV cohort, no federal programs currently address this unique discrepancy among aging gay men.

Social Support, Care, & Chosen Families,

There is a serious discrepancy of care providers, both personal and professional, for elderly heterosexual and homosexual adults. Family members provide 80% of long-term care for the elderly in the United States and two-thirds of those adults depend on their family members as their only source of help (Family Caregiver Alliance, 2). It can be assumed that this statistic does not equally apply to the elderly LG community as they are four times as likely to not have children and twice as likely to live alone than their heterosexual counterparts (Safe Spaces, 9). Sex differences also exist within the LG community as gay men are 50% more likely to be single than straight men and older lesbians are 33.3% more likely to be single than straight women (Safe Spaces, 9). Studies also show that being partnered increases self-ratings of subjective well being, leading to positive implications on physical and mental health (Manzoli, 5). These statistics may be associated with the more than half (53%) of LG elders who report loneliness that can lead to isolation. Once isolated, the elderly LG individual is at increased risk for poor nutrition, depression, delayed care seeking, and poverty (Safe Spaces, 9).

Isolation is a serious problem within the elder LG community and affects gay men and lesbians in divergent ways. Research indicates that lesbians, especially those that identify as a racial minority, are more economically disadvantaged than gay men. Lack of monetary means causes increased isolation as many social outings and activities necessitate extra income. But isolation is not particularly unique to the elderly LG community, as reports indicate that the entire elderly community report significant fear that they are easy targets for crime (NY Academy of Medicine, 6) and as a result, are prone to stay inside their residences. This

trepidation can only be heightened for the elderly LG communities as hate crimes add another dimension to this widespread fear. This fear is compounded, as they fear discrimination from their peers and their social service providers. First, public polls indicate that citizens 65 and older have the most negative opinions about gays and lesbians (Herdt & De Vries, 4), which is not particularly surprising given the well-known discrimination throughout the 20th century. Thereby, elderly LG individuals are subject to increased isolation from social events within their broad generational cohort and fearful of community homes. Second, the fear surrounding encountering anti-gay service care providers are rooted in legitimate concerns as mainstream media sites, such as the NY Times, have depicted gay patients being moved to dementia wards in order to placate the concerns of other residents (Gross, 12). These findings corroborates the report that 34% of polled LG seniors believed that hiding their sexual identity would be necessary if they moved to a retirement home. Parallel to this finding, 67% of elderly LG participants stated that they would prefer to live in a specific LGBT-only retirement community (Nancy Orel, 10). For the majority of LG seniors who are not capable of accessing the limited amount of LGBT retirement options, a return to the closet is almost inevitable (Cahill, South, & Spade, 7). Although the ability to pass into the dominant group has been associated with acceptance into the majority, increased social support, and decreased negative psychological outcomes that are associated with the social stigma of homosexuality, one can assume that such a disclosure at this elder age would be detrimental to ones integrity and self-esteem (Herek, Gillis, & Cogan, 22).

The pervasive culture of silence around homosexuality that was redolent to the current LG elderly cohort's youth contributes to their decreased propensity to ask questions, question authority, and seek law or medical assistance. This inability to assert agency is indicative when

you compare the 1/5th of elderly LG adults that take advantage of federally funded aging services, as well as other entitlements such as housing assistance and food stamps compared to their non-gay peers. It is assumed that there are significant numbers of in-need elderly LG adults, as their desire to remain independent is clear yet the social services that would allow them to do so are underutilized.

Discrimination is the common side-effect for being gay which is indicative in a lifetime questionnaire that assessed 2/3rds of the elderly LG community reporting verbal insults and 29% reporting physical threats (D'Augelli & Grossman, 8). Thus, the fear that these types of hate crime could happen again by their non-gay peers in retirement homes or by service-care providers must contribute to increased isolation rates. This propensity may be even heightened for those gay men and lesbians who appear gender deviant as gender deviancy has been the primary motivating force behind hate crime offenders, not sexual minority status (National Coalition of Anti-Violence Programs, 9).

This data suggests that the elderly LG community has a divergent and more difficult time accessing personal care and social support than their heterosexual counterparts. Yet, we cannot simply conclude that the LG elder community is doomed on account of their lack of partners and children. "Chosen families" are a particular facet of GL culture that refers their single generational group of friends of the same sexual orientation (Safe Spaces, 22). This type of social support is more pronounced among older LG generations than it is today as acceptance of homosexuality was even less common among family members and the public in the past. Research cites that 32% of the elderly LG community provides informal care to others, with an overwhelming 61% of those recipients being close friends (Cahill, South, & Spade, 87). Accordingly, three quarters of the LGBT baby boomers expect to become caregivers for

someone else and one in five are unsure who will take care of them when the time arises (Cahill, South, & Spade, 88). This fear may be valid as inter-generational support is uncommon and potentially rooted in elderly gay men and lesbians internalizing the stereotype of the predatory homosexual. In turn, they may hesitate in pursuing intergenerational relationships for fear of being perceived as a sexual predator (Russell and Bohan, 2005). This combined with the aforementioned research on gay men's anxiety over aging is apt to make it particularly difficult for gay men to depend on younger generations for support.

If these older generations of gay men and lesbians are more predisposed to take care of their fellow LG generation, then this support only attenuates as they age together. They cannot simply rely on state and federal support like those caregivers who are legally partnered or blood related. The Family and Medical Leave Act offers just that - job flexibility, financial assistance, and job security (Cahill, South, & Spade, 89). Thus, no incentives or federal recognition of this particular facet of LG culture makes it extremely difficult to recruit caregivers for elderly LG adults. The following section will exemplify that care, physical and emotional, for elderly gay men and lesbians is needed.

Illness, Poverty, & Healthcare

Gay men and lesbians are significantly more at risk for widespread physical and mental maladies. When disability is categorized as any physical, emotional, or mental diagnosis, the LGB community report higher rates than their heterosexual counterparts and lesbians and bisexual women report higher rates than gay and bisexual men (LGBT Aging report, 9). In a meta-analysis of five large studies on the LG community, gay men are twice as likely to have an emotional disorder, whereas lesbians were three times as likely to have an emotional disorder when compared to the general public (Balsam, Beauchaine, Mickey, & Rothblum, 17). In particular, anxiety disorders and depression are of particular concern within the LG community and could partially contribute to the elevated rates of alcohol dependency, cigarette addiction, illegal drug use, and suicide (Cochran & Mays, 18). Yet, despite these discrepancies, all of these mental health outcomes were equalized to the rates of the general population when poor social support and poor coping skills were controlled (Safren & Heimberg, 22). This provides better understanding, as these discrepancies are not indicative of a lack of emotional fortitude, but are associated to a lack of social support discussed in the previous section.

The ways to interpret the elderly LG discrepancy in physical maladies is much more open to interpretation and lines can be drawn to various factors. Reports indicate higher rates of chronic diseases for elderly LG individuals - asthma, diabetes, obesity, rheumatoid arthritis, various forms of cancer, and HIV/AIDS than heterosexuals. In particular, lesbians have higher rates of obesity and cardiovascular disease than heterosexual women and gay men have higher rates of HIV and lower subjective ratings of physical health than their heterosexual counterparts

(LGBT Aging report, 49). Taken further, elderly LG individuals who also identify as a racial minority, on average, are at an increased risk for the various disabilities described above, although this can vary (LGBT Aging report, 9). In some cases, atypical gender expression is a risk factor as masculine lesbians report higher rates of smoking, drinking, and marijuana use than effeminate lesbians (Rosario, Schrimshaw, & Hunter, 57).

Even with these serious health disparities, the LG elderly community is more likely to delay or refrain from seeking professional medical help (Safe spaces, 24). Poverty may be just one variable contributing to this groups vulnerability in health care services as those that fall below the federal standard for poverty report decreased access to medical support and annual check ups (LGBT Aging and health report, 46). These trends are not drastically different than the destitute general public, however the key difference is in demographics. Reports indicate 24% of lesbians and 15% percent of gay men are below the poverty line compared to 19% and 13% of heterosexual women and men; respectively (Albelda, Badgett,Schneebaum, & Gates, 64). While there is no significant difference between heterosexual partners and same-sex male partners, lesbian partners are twice as likely to fall below the poverty line (Movement Advancement Project, 46). However, this is not surprising given that women have historically earned lower salaries than men.

There are many legislative forces that negatively impact elderly LG partners' monetary resources and thus contribute to the overall discrepancies in their health care and overall quality of life. Same-sex partners are not federally recognized and as a result, are not entitled to social security benefits in the case of a deceased partner. In addition, the federal government does not grant spousal disability or veteran benefits to the surviving partner. This lack of federal recognition may be associated an increased dependency on other facets of social services, as

same-sex female couples are 72% more likely than their heterosexual counterparts to receive supplemental Social security income and 84% more likely to be receiving public assistance (Goldberg, 20). As a group, elderly LG couples have 34.7 % less income from retirement savings than different sex couples. This report may be associated with the absence of a federal law banning discrimination in the workforce on the basis of sexual orientation and gender expression (Cahill, South, & Spade, 62). This lack of federal support against discrimination in the workforce does not protect LGBT individuals from lower insurance coverage, in fact it stems from higher costs and exclusion plans created as a result of the Defense of Marriage Act (DOMA), which does not federally recognize same-sex marriage. Even if an employer provides insurance benefits to a gay or lesbian employees partner, federal law requires that employee to pay taxes on this coverage as if it were taxable income, which on average equates to $1,069 a year. Furthermore, employers have to pay a special payroll tax on the cash value of employee domestic partner benefits, which adds on average $57 million extra in employer taxes nationwide (Badgett, 4). Even though male same sex partners making significantly more than same-sex females, research indicates that on their own, gay men report the highest rates of no health insurance, compared to lesbians (15.2%), heterosexual women (14.8%), and heterosexual men (18.9%) (US Centers for Disease Control and Prevention, 2005). This is not without cause, as homosexual and heterosexual individuals are two to three times more likely to be insured if married and our previous research corroborates this finding as gay men are less likely to be partnered than lesbians (Ash, & Badgett, 19).

Queer Resiliency & The Affordable Care Act

The research on elderly gay men and lesbians may seem particularly dismal, but not all research point toward complete destitution. Gay positive researchers aim to identify and harness the positive aspects of this disadvantaged group that can be cultivated for the group's betterment. Since these elderly LG cohorts were present during the initial political emergence of the LGBT identity, this research holds the idea that their perseverance is indicative of significant strength. Reports indicate that 38% of LG baby boomers believe that being a sexual minority has instilled personality traits that have made them better suited to deal with the challenges associated with aging (Fredriksen-Goldsen, 3). This increased resiliency to endure the negative societal effects related to aging should be more common to gay men and lesbians than their heterosexual counterparts as their life experiences support the vigor realized from past situations. As a result, they may have acquired strategies to deal with ostracism. Reports indicate high percentages of participation in such strategies – 91% engage in weekly leisure and wellness activities, 82% engage in moderate physical activities, 89% feel good about their communities, and 38% are actively involved in spiritual or religious services (Fredriksen-Goldsen, 4). For those that are partnered, same-sex couples appear to operate under an equalitarian division of labor, which provides both partners with the knowledge to handle life tasks on their own if one should die (Fredriksen-Goldsen, 5). These gay men and lesbians were also present when many of their fellow friends lost their lives suddenly during the HIV outbreak in the 1980's. This perseverance is another indication that this group has enduring personality qualities that may assist them as they negotiate the aging process.

Many of the previously identified facets of physical and emotional need described above have already begun to be addressed on March 23rd, 2010 when President Obama signed

"Obamacare" into Congress. One particular facet of this federal statute, called the Affordable Care Act (ACA), have already substantially improved the lives of the elderly LGBT community. Essentially, ACA has restructured America's two primary forms of health care –private and public. First, it limits the common and restrictive clauses inherent to private insurance companies while simultaneously expanding social services such as Medicaid and Medicare. As we previously mentioned, private insurance coverage was less common for gay men and lesbians then compared to their heterosexual counterparts. This new bill will alleviate some of these gaps by eliminating the clause that excludes all patients with preexisting conditions, which would be significant for gay men who are HIV positive. Another aspect of the bill requires all health care providers to provide new training programs focused on cultural competency, with a particular focus on the LGBT community. Interestingly, our previously reported finding indicated that 34% of elder LG would hide their sexuality if forced to move into a care facility, however, 93% of those responders felt that this problem with be mitigated by the development of diversity training for staff members. Furthermore, the expansion of new data collection services will help identify the specific health needs for minority groups across America (Baker & Krehely, 12).

In general, elder adults will receive significant assistance from ACA. For those elders that once fell within the Medicare donut hole, which is the out of pocket expenses if an individuals medication expenses range between $2800 and $4550, will now receive a $700 discount back annually. This is significant as the LG elderly community is at an elevated risk for chronic disease that necessitate long-term medication care. Furthermore, Medicare now offers a free annual wellness visit at a doctor's office of the patient's choice. This is important because a significant portion of gay and lesbians do not disclose sexuality, so working with a doctor that the patient has preexisting relations with provide a better context for full disclosure. Parallel to

this new option, the government is providing incentives for health care providers who practice better care coordination as this results in increased compliance and medical check-ups when the patient is treated at the same facility. Medicare will now also offer limitless prevention screenings, which will include vaccinations for diabetes (Baker & Krehely, 15).

Another significant improvement is on the expansion of Medicaid. Currently many American incomes fit in between a range that makes it impossible to afford private health and too much to qualify for Medicaid. Starting in 2014, those individuals that make up to $43000 can purchase a new state wide insurance that provides a wide range of services from ambulatory services, rehabilitative services, oral, and vision care. This expands coverage for seniors 50 – 65 as 9 million are currently without healthcare. In addition, one particular clause in Medicaid will not include elderly same-sex couples and as a result same-sex couples are able to receive medical spousal impoverishment protection. Medicaid is responsible for long-term care, but necessitates the disabled individual to be stripped of all their assets before Medicaid would start providing care. In the past, the non-disable partner in a same-sex couples as in danger of losing their shared homes, however now the clause protects the partner from having to lose the home in order to receive benefits. The most important item for LG adults in the ACA is the Elder Justice Act. This sets up two national councils on the prevention of elder abuse that provides more financial assistance to state adult protective services, creates patient oversight through ombudsman programs, and develops safeguards to inhibit criminal abuse from long term care facilities (Baker & Krehely, 18). The Elder Justice Act is the saving grace for those elderly LG adults who will not leave their homes based on the fear that their fellow peers and social service providers will discriminate on the basis of their sexual orientation. This emphasis on oversight and the inclusion of regulatory systems will give LG elder adults the empowerment and the

encouragement to step outside their homes into the care that many of them desperately need.

Although elderly LG adults have a wide range of significant obstacles to address at the intersection of queer and senior, the future is not completely dim. Research indicates that there are positive attributes among the negative characteristics. Even more, the ACA is beginning to pave a road that decreases the discrepancies in access to health care. This will positively impact the other challenges identified throughout the literature by improving emotional health, reducing the strains on chosen families, placating the fear around care facilities, and reducing isolation rates. Given the vast implications and goals of this program, there needs to be a way to ensure elderly LG adults are aware of their increase in health care privileges and how they can advocate queer dignity in care facilities. Finally, not all the problems presented throughout the literature can be solved with legislation. That is why the following section will address the needs and goals of intergenerational dialogue between LG generations.

Intergenerational Dialogue: Creating Community through Awareness and Responsibility (IGCARR)

General Overview

IGCARR is a LG grassroots program that responds to the invisibility, both in and outside the LG community, of the elderly LG community. Based upon the previous research, there are specific deeply rooted challenges within the elderly LG community that this program will address and ameliorate. The program's name, Intergenerational Dialogue: Creating Community through Awareness and Responsibility, is the best description of this program. IGCARR believes that conversation is the primary tool for breaking down barriers that exist between the LG generations. Once dialogue begins, awareness will increase, responsibility will grow, and intergenerational community will follow.

Program Goals

Group Goals

1. Break down the cultural beliefs and negative stereotypes about all LG groups
2. Raise awareness on the current issues affecting all LG groups

Elder LG Goal

1. Offer wisdom and historical reference to younger LG generations - mentor

Younger LG Goal

1. Realize responsibility in the care of older LG generations - provider

Class Schedule – 3x a week, MWF, for 2 weeks, 60 min sessions

Typical Day

*All activities change each day, except for the Check In's, One on One's, & the Close-Out's***

Warm Up Exercise – 10 mins

Prior to the first class, the program coordinators will initially recruit queer university students and older queer adults. We will not increase the capacity pass five individuals per each generation. Prior to any greeting, we ask each participant to fill out a list of two amazing truths about them and one false, making sure that no one includes any age identifiers. Once this is done, we will randomly disperse each bio so that each individual has an opportunity to read one. This initial exercise will break down any initial barriers that a typical meet and greet can bring.

Goal: Laugh

Check-In's: - 5 mins

There is where each individual offers one high and low about his or her day. This is consistent throughout the two-week program as it is a good time to check-in with one another to see how everyone is feeling and to assess everyone's energy level.

Goal: Coordinator accesses group and group assesses one another

Name Game – 15 minutes

Knowing one another's name is very important to the overall conceptual goal of this program as no community can be organized without proper identification. When working with younger individuals, this game is often done on a chalkboard, however, due to the potential decreased mobility for elderly individuals, we will pass around an Ipad and project the image on a large screen. The first participant will put their name in a circle and then three "like" circles around it, indicating three things that they like in each one. The second participant will do the

same, except their third circle must connect to another "like" circle. Once everyone is finished, participants are asked to remember each others names based on their likes. The simple task of knowing one another's name will help each participant address each other directly in the remaining course of the program.

Goal: Find ways for participants to relate to one another – locate social commonalties

Round Table Discussion – 15 mins

Each person picks a topic out of a basket and then explains to the group how that topic relates to their lives. Various topics will include: ageism, homophobia, poverty, gender, family, stereotypes, beautiful, grandparents, support, loneliness, monogamy, marriage, etc.

Goal: Explore taboo topics between LG generations that relate to research.

One on One's – 10 mins

This is the portion of the program where each younger member is paired up with an older member. This "buddy" pair will meet during this time every class session and be given free time. Sometimes structure provides too much context and inhibits the natural social process.

Goal: Create intimate and lasting personal relations

Close Out's – 5 mins

This is a simple recap of today's events. At the end of each session, the coordinator will pose a different question to the group. For example, "What did you learn today and who will you talk about it with after today?" or "Name one topic of conversation we discussed today that will you discuss outside our doors?"

Goal: Take the material from inside the classroom – out. Build awareness.

Program Outcomes and Long-term Visions:

After two weeks, the program will create a dialogue between the LG generations that constructs a social bridge between each group. Once this is built - mutual respect, responsibility, and knowledge will reciprocate and grow exponentially. These newfound relationships will quell the internal misunderstandings between LG generations. Once these relationships are established, younger generations will cultivate a responsibility toward the older LG generations that will spark ideas for the amelioration of the difficulties surrounding their newfound friends.

Conclusion

The LG elderly experience is both a complex and multivalent predicament. There are various facets that make it significantly divergent than the heterosexual kind. This research represents a light that unveils a shallow and deep conflict. Through this exposure, the process of amelioration can begin for the elderly LG community.

Recent healthcare legislative rulings represent a positive turn for the LG elder community, yet their amendments do not focus or attend to the deeper conceptual issues such as the sexual predatory myth or the rampant ageism inherent to this group. The intergenerational dialogue portion of this research attempts to address those problems by connecting the younger LG generations with their elderly counterparts. The hope is that the younger LG generations will become enamored and inspired through conversation. These new and enlightened minds will lead to the creation of innovative plans, similar to past efforts with queer youth and HIV sufferers, that will address and alleviate the issues surrounding the topic.

Appendix 1.

My presentaction was called “Pride at any Age”. It was joint program between Georgetown University’s Residence Life, Georgetown University’s LGBTQ center, DC’s LGBTQ community center, DC SAGE, and myself. The program’s purpose was to create intergenerational dialogue between younger Georgetown students and the elderly LGBTQ population in the DC area. I solicited money from the aforementioned organizations in order to reserve the rights to screen a recent documentary called “GenSilent”. This film followed four elderly LGBT people as they navigated the health care system and their personal lives. Once the film was finished, I had a panel of four local elderly LGBT individuals, two of which I had personally interviewed for my thesis, come to the stage to sit on a panel. I made sure that the panel included a wide range of age and diverse backgrounds. The panel then took questions from the audience. The film gave students great insight into the current climate of elderly LGBT issues and prepared the following discussion portion to be full of insightful questions and answers. Once this portion of the program was over, I invited the panel and the audience members that included students and other elderly LGBT individuals from the DC area to enjoy refreshments and appetizers. This was truly the moment of the evening when true dialogue began. Although my thesis proposes a specific plan to create intergenerational dialogue, this presentaction was more rudimentary based on the time constraints. Overall, the connections that were built during this program will fundamentally aid to ameliorate the situation in the surrounding area as Georgetown students are now aware of the issues at hand.

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