

Gaining Visibility: The Challenges Facing Transgender Elders

By Sean Kennedy

Like many women her age, Dawn Flynn, 63, is trying her best to stave off the ravages of time. “I use a lot of products to try to maintain a good-looking appearance,” the North Carolina museum curator says. “Everybody tells me I look great. Nobody guesses my age at all. They think I’m 10 years younger than I am.”



But while she may be defying the physical signs of aging, Flynn is struggling with another problem, one that garners fewer headlines: discrimination because she’s transgender. Three years ago, Flynn, assigned male at birth and raised a boy, began transitioning to female. And though she’s been accepted by her children and by her colleagues at the Schiele Museum of Natural History in Gastonia, Flynn has faced severe hostility from her former church.

She joined the Methodist congregation decades ago in the hope of finding a “spiritual answer” to feeling like she was a woman; she then felt the call of ministry, studying at the Duke Divinity School and serving as a pastor for 10 years. Flynn’s tenure came to an abrupt end, however, after she appeared in a “womanless” beauty pageant to raise money for a Relay for Life cancer walk. Though she “really got in touch with my female side, my church found out about it, and they were very upset.” Three people reported Flynn to her supervisor, and the national church body “called me on the carpet and told me I was sick and needed to get help. They wanted to do an evaluation to see if I could still be a pastor because of my ‘sickness.’”

Photo: Dawn Flynn, 63
Gastonia, NC

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Rather than submit to the church's demands, Flynn quit. Within months, she was planning suicide. "I lost my wife, my friends, the church, and God. I lost everything. I just didn't feel there was any reason to live."

Instead of killing herself, though, Flynn found a therapist and began living as a woman. She also joined a new church that accepts her for who she is. She teaches Sunday school and sometimes preaches. "I've got a tremendous family there that loves me and cares for me."

Her old church, however, has not come as far as Flynn: At the time she spoke in March 2012, she was fighting to gain access to the retirement account she has there under her former male first name. Even though Flynn legally changed her first name to Dawn, the church has cited the discrepancy in its refusal to transfer the account.

If the church doesn't budge, Flynn's retirement savings will be decimated: she estimates the account comprises about 75% of her portfolio. Her museum job is part-time; she's never been employed full time. "I haven't been able to have a 401(k) or a full retirement plan," she says. "The only retirement plan I've got is my Social Security, the church fund, and a little bit of savings. That's it."

Flynn's story of discrimination and its effects is shared by many older adults who are transgender. Due to pervasive social stigma concerning gender identity and expression, trans women and men face a multitude of issues that compound the extant challenges of aging. Among these issues: discrimination in health care and insurance; a lack

of culturally competent services in settings from the doctor's office to long-term-care facilities; and trans-specific health risks, not to mention the chronic stress that often accompanies stigma. And while lesbian, gay, bisexual, and transgender (LGBT) older adults as a group face marked discrimination and disparities, transgender elders are arguably the most vulnerable of this vulnerable population, given greater prejudice towards gender non-conforming people—a prejudice that also exists within the LGBT community.

"We need to be a stronger presence on the national agenda, and it's a real problem because we don't have a large, visible constituency," says Helena Bushong, 61, a transgender and HIV/AIDS advocate in Chicago. "The biggest challenge right now is the federal government."

"I got involved in advocacy because I did a lot of homework and set out to inform the world." — Dawn Flynn

The Freedom to Control One's Dignity

From appearing in local public-service announcements as a transgender woman to participating in a national HIV/AIDS strategy focus group at the White House, Bushong has certainly been doing her part to create visibility and change.

As she says: "I got involved in advocacy because I did a lot of homework and set out to inform the world."



Bushong, a part-time librarian at a community college on Chicago's south side, transitioned to female four years ago at the age of 57. "Being a trans person of color comes with a built-in stress factor," she says. At work, her female colleagues "embrace me as an older female," while the men tend to see her as "some kind of freak." The students "can go either way. When they need something, you're a mother. When they're goofing off with their friends, they might crack a joke. It's a challenge to walk through that gauntlet every day."

Despite her connections in the local LGBT community, Bushong, like many trans people, is estranged from her family of origin and doesn't have any children. Although she's been "adopted" by the family of a close friend, in no way has that eased her worries about the future. "My friend who's adopted me is 60 and her husband is 76, so pretty soon we'll be taking care of him," she says. But what about when Bushong needs care—can she count on her friend's adult children, now 28 and 24, to provide it, in addition to caring for their own parents? "I don't think so."

"That's really my biggest fear right now, not having the freedom to control my dignity," she continues. An eldercare facility is out of the question. "No, I'm not going to no nursing home. There's no place. You can't convince me there's a place."

"That's really my biggest fear right now, not having the freedom to control my dignity." — Helena Bushong

Health Care and Insurance Gaps

Another area that can pose challenges to a transgender older adult's dignity is health care and insurance. Transition-related health care is excluded by most private carriers, and transition-related surgeries are not covered by Medicare. "So older folks have to be able to afford this themselves," says Moonhawk River Stone, 64, a transgender man and therapist who works with many transgender clients in the Albany, New York, area. For some people, affording such health care means "biting into their nest egg," thus dealing a blow to their retirement income. Those who can't afford it "have to be very creative in order to get the care they need." For many, this means finding doctors who will code procedures in such a way so that they're covered by insurance.



Transgender-friendly medical providers are key for other reasons, too. For one thing, as stigma lessens over time, many transgender people seek surgery later in life, right when the aging process ramps up. And the older one is, the more risks surgery presents. As Stone puts it: "Anytime you're having major surgery when you're aging, you have one less major surgery in you." Consequently, Stone has had to work with his clients' medical providers to help them understand why a person of 50, 60, or 70 would opt for "elective" surgery given the risks. "Surgeons need to be comfortable operating on people who have some amount of existing risk but for whom surgery is not contraindicated and who have accepted that risk," he says. "It's a whole dialogue—informed consent all the way around."

That dialogue extends to other issues as well, like hormone treatment, which is "very different when people are aging." Stone has often had to educate endocrinologists "about just what you do for people. *This*

is how you manage this, this is difficult interfacing because..." The conversation itself can become difficult if a doctor feels his or her medical expertise is being challenged. Defensive providers have trotted out their credentials to Stone, challenging him in return—"Well, you didn't take a residency in this"—but he typically knows more than them, based in part on information from his own network of medical professionals. "I work with a couple of people who really respect my opinion," Stone says. That's not, however, the case for many other transgender people.

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— Moonhawk River Stone

Photo: Moonhawk River Stone, 64
Albany, NY



Another potential medical risk is long-term hormone treatment, the effects of which are unknown. Although older adults receive many treatments and medications that have not been studied longitudinally, some transgender men are particularly worried about testosterone. Rene Hickman, 48, of Denver, has been on “T” for more than 15 years; though he hasn’t experienced any problems yet, he’s unsure of what the future holds. “Nobody really knows what the long-term effects of testosterone use are,” says Hickman, a former health technician now in social-work school. His concern is due in part to seeing a friend develop complications after being on testosterone for decades.

And should complications arise for Hickman, he fears their treatment won’t be covered by insurance. “All the policies I’ve dealt with in the past denied any type of service related to SRS,” he says, referring to “sex reassignment surgery,” the clinical designation for a range of gender-altering procedures that insurance companies typically consider elective. “The wording is so general that anything can be applied to it.” Until that wording is changed, Hickman, a single parent, will continue to pay himself for medically necessary health care. Such expenses have already taken a toll on his personal finances. “I’ve had to do everything out of pocket,” including chest and genital surgeries and a hysterectomy. Altogether, Hickman’s health-care costs have “affected my ability to retire.”

A ‘Lost Generation’ of Transgender Elders

Max Fuentes Fuhrmann, 52, has been on testosterone twice as long as Hickman, having begun his transition more than three decades ago at age 20. Like other transgender pioneers of the pre-AIDS era, he still carries the stigma of a time when prejudice against gender-nonconforming people was appreciably more virulent than it is now.

“I’m part of a generation of people who transitioned back in the day who are cut off from a lot of the newer advocacy,” says Fuentes Fuhrmann, a clinical psychologist who lives in the Los Angeles area. “When I transitioned I could have been thrown out of university. I had no civil rights. I couldn’t travel to other countries when I was in graduate school because I couldn’t get a passport without having had genital surgery.” In that hostile legal and social environment, Fuentes Fuhrmann was told by his transgender mentors “to transition and never talk about it.”



Photo above: Rene Hickman, 48
Denver, CO; right: Max Fuentes Fuhrmann, 52
Los Angeles, CA

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He calls this cohort of “stealth” elders a “lost” generation—contemporary examples of figures like jazz musician Billy Tipton, discovered to be biologically female at his death in 1989. Because of such early stigma and advice, many people who transitioned a long time ago remain isolated, both from the wider LGBT community and from the medical establishment. “You were viewed as mentally ill, which obviously sticks with you,” Fuentes Fuhrmann says.

Consequently, there's an untold number of transgender older adults who are “terrified” of receiving routine medical care, like a pap smear. “These folks are dying from potentially treatable medical conditions because they haven't had the bridges to feel comfortable enough to access services.” For those who don't die outright, their treatable illnesses can turn into chronic ones, putting them at greater risk for long-term care. “People in their 50s” can wind up in care facilities, Fuentes Fuhrmann says, because of never seeing a doctor when they needed to.

Residing in a long-term-care setting creates a host of problems on its own for transgender older adults. “When you have a gender-variant body and need physical care, like having a shower, being dressed, or being fed, you can see how you're really at risk for physical abuse,” says Fuentes Fuhrmann, whose specialty is gerontology. “It's a whole other level of safety. Most of the people who work in these facilities are paid minimum wage, and they're often not real LGBT-friendly.” On top of that, “there's great resistance to any kind of sensitivity training, at least in California. The attitude is, ‘We're not going to spend the money to train our staff unless the state comes in and sanctions us.’” State budget trouble makes cultural competency even less of a priority, he adds.

And yet despite these and the myriad other difficulties they face, transgender older adults seem to agree on a key point: things can only get better. “We're always making advancements,” says New York's Stone, who has sat on the board of a number of LGBT organizations. “In the last fifteen years, the trans community has gone from horse and buggy to rockets. We'll be up to interplanetary travel pretty quick.”

After all, the more visibility transgender issues in general gain, the more visibility transgender aging issues will receive, too. “We're working on policy and we're banging on doors in state capitals and Washington,” Stone says. “We're going to increase our well-being and decrease our discrimination exponentially.”

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— Max Fuentes Fuhrmann