



October 2011 meeting of the Advisory Committee for the Transgender Aging Advocacy Initiative, Washington, DC.
Photo, from left to right: Joo-Hyun Kang, initiative facilitator and Serena Worthington, SAGE.



DID YOU KNOW?

Research shows that few healthcare providers screen for HIV among older adults (under the assumption that sexual activity diminishes with age), and few HIV prevention marketing materials are targeted at older adults.

TAN also notes another risk factor for transgender populations, which is the possibility that the post-surgical vaginas of some trans women may be unusually susceptible to HIV transmission.³⁶ Many more factors may affect HIV for transgender people, but more research is needed.

We know that transgender people face high rates of HIV/AIDS, and that the number of people over 50 living with HIV/AIDS is growing rapidly. However, little data is available about the impact of HIV/AIDS on older transgender people. One recent national study of LGBT older adults found that out of 174 transgender respondents, 3.5 percent reported they were living with HIV/AIDS. In the National Transgender Discrimination Survey, less than 1 percent of respondents over age 55 reported that they were HIV positive while nearly 8 percent reported they did not know their HIV status. However, these surveys relied on self-reporting and had significant sampling limitations. We do not yet have national HIV/AIDS surveillance data that is delineated by age category and transgender status. More research is needed to understand how

³⁶ Ibid.



October 2011 meeting of the Advisory Committee for the Transgender Aging Advocacy Initiative, Washington, DC. Photo: Aaron Tax, SAGE.

many transgender older adults are living with HIV/AIDS, as well as the medical and other needs of older transgender people living with HIV/AIDS.³⁷

Research shows that few healthcare providers screen for HIV among older adults (under the assumption that sexual activity diminishes with age), and few HIV prevention marketing materials are targeted at older adults. And as with the broader population, transgender elders with HIV include lifelong survivors, newly diagnosed and new infections; yet little research exists on the longitudinal effects of aging with HIV, the long-term effects of HAART (Highly Active Antiretroviral Therapy), and its relationships to transgender-related treatment and general aging health concerns. Transgender older adults who do not visit healthcare providers on a regular basis can face health challenges from HIV infection, beyond the complications that all older adults with decreased immune system functions face. Transgender older adults will likely have delayed diagnosis of the infection due to delayed care seeking, which increases the likelihood of comorbidities related to other untreated or previously undiagnosed conditions. A delay in HIV testing also increases the likelihood of a dual diagnosis of HIV and AIDS. By the year 2015, the Centers for Disease Control and Prevention

³⁷ Population Reference Bureau. (2009). HIV and older adults in the United States.

Today's Research on Aging 18: 1-7; Fredriksen-Goldsen, et al. (2011). *The aging and health report: Disparities and resilience among lesbian, gay, bisexual, and transgender older adults*; and Grant, J.M., et al. (2011). *Injustice at every turn: A report of the national transgender discrimination survey*.

(CDC) estimates that one in two people with HIV will be age 50 and older—a demographic shift that will have significant implications for transgender elders.

Other Health Issues



DID YOU KNOW?

Transition-related medical treatments are generally understood to be very safe and highly effective... However, less is known about possible side effects and best practices for monitoring long-term hormone replacement therapy in older patients.

The risk for developing certain cancers can be more acute among transgender people and worsened by the lack of insurance coverage for transition-related screenings and procedures. For example, some research suggests that transgender men have an increased risk of endometrial and ovarian cancers; this heightened risk is due in part to the lower rates of regular Pap tests and pelvic exams among transgender males who may be denied care from providers, may feel uncomfortable requesting these examinations or who might also be denied insurance coverage for these gender-specific screenings.³⁸

Transition-Related Health Care

Medical treatments to bring an individual's physical attributes more in line with their gender identity, such as hormone replacement therapy and reconstructive surgery, are enormously beneficial to many transgender people. There is an overwhelming scientific consensus, based on decades of research and endorsed by the American Medical Association and other major medical associations, that these treatments are medically necessary for many individuals. The largest professional association for health care professionals specializing in care for transgender people is the World Professional Association for Transgender Health (WPATH), which was founded in 1979. WPATH publishes the internationally accepted Standards of Care for the Health of Transsexual, Transgender, and Gender-Nonconforming People. The Standards of Care have been developed and revised over more than thirty years by an international, interdisciplinary team of medical experts, and the seventh edition was published in 2011.³⁹ However, many people are still unable to access treatments recommended by their medical providers because of financial and insurance barriers. In addition to the direct negative health impacts of barriers to appropriate care, some transgender women may resort to hazardous silicone injections as a form of self-treatment.

Transition-related medical treatments are generally understood to be very safe and highly effective. In the last decade research findings have led to the use of lower doses and, for transgender women, safer types of estrogens for hormone therapy. However, less is known about possible side effects and best practices for monitoring long-term hormone replacement therapy in older patients.⁴⁰ Lab monitoring is an essential part

³⁸ Feldman, J.L., & Goldberg, J.M. (2007). Transgender primary medical care. *International Journal of Transgenderism* 9 (3-4): 3-34.

³⁹ World Professional Association for Transgender Health. (2011). Standards of care for the health of the transsexual, transgender, and gender nonconforming people. Minneapolis, MN.

⁴⁰ Persson, D.I. (2009). Unique challenges of transgender aging: Implications from the literature. *Journal of Gerontological Social Work* 52 (6): 633-646.



DID YOU KNOW?

Health insurance companies often systematically exclude transition-related care even while covering similar or identical treatments for other indications, and in many cases these exclusions are used to deny coverage for a wide range of care for transgender people that may or may not have any connection to gender transition.

of hormone therapy maintenance. Chronic health conditions more common among older people may also impact treatment options and the need for monitoring.⁴¹ Moreover, there are increased chances of developing surgery-related conditions such as rectovaginal fistulas and urinary tract infections.⁴²

Whether obtained on the street or under professional medical supervision, the health implications, if any, of prolonged hormone usage is unknown. Further, there is no research that illustrates the potential consequences for older adults who use hormones at a point in their lives when hormone levels usually drop off.⁴³ One known outcome is a heightened likelihood of developing osteoporosis for those transgender elders who discontinue hormone use and are no longer able to produce their bodies' "native hormones."⁴⁴

Limited Insurance Coverage

Qualifying for health insurance coverage can be a balancing act for many transgender older adults. Health insurance companies often systematically exclude transition-related care even while covering similar or identical treatments for other indications, and in many cases these exclusions are used to deny coverage for a wide range of care for transgender people that may or may not have any connection to gender transition.⁴⁵

For many transgender older adults, years of employment discrimination and unstable work tenure has limited their access to private insurance providers. In these cases Medicare or Medicaid might be their only insurance options. However, these programs frequently place arbitrary and discriminatory limits on coverage for transition-related and preventive care, requiring transgender elders to pay out-of-pocket for many expenses. Such out-of-pocket healthcare costs may "have an effect on medical treatment and hence on numerous mid-to-late stage life course factors."⁴⁶

⁴¹ Berreth, M.E. (2003). Nursing care of transgender older adults: Implications from the literature. *Journal of Gerontological Nursing* 31 (7): 44-49.

⁴² Asscheman H., Giltay E.J., Megens J.A., de Ronde W.P., van Trotsenburg M.A., & Gooren L.J. (2011). A long-term follow-up study of mortality in transsexuals receiving treatment with cross-sex hormones. *European Journal of Endocrinology* 164 (4): 635-642; Hembree, W.C., Cohen-Kettenis, P., Delemarre-van de Waal, H.A., Gooren, L.J., Meyer, W.J., Spack, N.P., Tangpricha, V., & Montori, V.M. (2009). Endocrine treatment of transsexual persons: An endocrine society clinical practice guideline. *Journal of Clinical Endocrinology & Metabolism* 94 (9): 3132-3154; Gooren, L.J., Giltay, E.J., & Bunck, M.C. (2008). Long-term treatment of transsexuals with cross-sex hormones: Extensive personal experience. *Journal of Clinical Endocrinology & Metabolism* 93 (1): 19-25; and Cook-Daniels, L. (2008). Trans elder health issues. Retrieved from <http://www.forge-forward.org/handouts/transelderhealth.pdf>.

⁴³ Cook-Daniels, L. (2008). *Aging as ourselves: LGBT aging health issues for health care providers*: 42.

⁴⁴ Ibid.

⁴⁵ Kong, M.E. (2002). Categorical exclusions: Exploring legal responses to health care discrimination against transsexuals. *Columbia Journal of Gender and Law* 11: 88-126; and Human Rights Campaign Foundation. (2012). Transgender-inclusive health care coverage and the corporate equality index. Retrieved from http://www.hrc.org/files/assets/resources/Transgender_Healthcare_White_Paper_4.pdf.



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Photo: Loree Cook-Daniels, FORGE/Transgender Aging Network.



DID YOU KNOW?

The monthly costs of hormone medications, which range from \$40-\$100 a month, and any other needed prescriptions can be an additional financial stress on transgender elders living on fixed incomes.

As with the general population, many transgender people are uninsured and underinsured. Low-income elders are especially hard hit by the lack of healthcare coverage and often postpone medical care because they are unable to afford it. Although many older adults qualify for Medicare insurance coverage, more than 50 million non-elderly American adults are currently uninsured, many of whom lost employer-sponsored insurance coverage during the recent recession.⁴⁷ The monthly costs of hormone medications and any other needed prescriptions can be an additional financial stress on transgender elders living on fixed incomes. The cost of hormone medications can range from \$40-\$100 per month.⁴⁸

⁴⁶ Witten, T.M. (2003). Life course analysis-The courage to search for something more: Middle adulthood issues in the transgender and intersex community. In M. Sullivan (Ed.), *Sexual minorities: Discrimination, challenges, and development in America* (189-224). Binghamton, NY: The Haworth Social Work Practice Press.

⁴⁷ The Kaiser Commission on Medicaid and the Uninsured. (2010). *The uninsured: A primer, key facts about Americans without health insurance*. Menlo Park, CA: The Henry J. Kaiser Family Foundation.

⁴⁸ Witten, T.M. (2003). Life course analysis-The courage to search for something more: Middle adulthood issues in the transgender and intersex community: p. 208, 212.



DID YOU KNOW?

Many transgender people develop and rely upon a variety of coping mechanisms to help them survive the violence and discrimination they experience over a lifetime, and spirituality and religion can play an important part in helping mitigate these negative experiences.

Mental Health

Throughout the decades, the ways in which the field of psychiatry has understood concepts related to gender identity and gender transition have been the source of controversy. In general, this field has over time lessened its focus on defining a transgender person's gender identity through a diagnostic lens and placed more emphasis on understanding the challenges that people face when they are raised in a gender that differs from how they self-identify.⁴⁹

Transgender people experience significant disparities in mental health. Findings from the NTDS and *The Aging and Health Report* point to increased rates of depression, loneliness and suicidal ideation among transgender people. According to *The Aging and Health Report*, 71 percent of transgender older adults reported having contemplated suicide at some point, a rate much higher than the 35-40 percent reported by the survey's LGB older adult respondents.⁵⁰ One study found that transgender respondents ages 40-59 reported a lifetime prevalence of depression similar to younger respondents (52.4 percent versus 54.7 percent), but that depression manifested differently across the lifespan for different age cohorts. While younger respondents reported high levels of depression in early adolescence that declined significantly into early middle age, older respondents were more likely to report having experienced depression over longer periods of time. Among older respondents, more than half had experienced suicidal ideation at some point in life, more than one in four reported a suicide attempt at some point in life, and 6.7 percent reported suicide attempts during two or more stages of life.⁵¹

Many transgender people develop and rely upon a variety of coping mechanisms to help them survive the violence and discrimination they experience over a lifetime, and spirituality and religion can play an important part in helping mitigate these negative experiences. A 2008 report examining the role of religion and spirituality in transgender-identified communities, found that midlife was an important time of reflection for many people and could also be a significant moment for deepening spiritual beliefs. This was seen to be especially true for transgender people who were parents.⁵² The study also documented a broad array of responses related to respondents' belief structures, suggesting that broader constructs of faith and religiosity may be important for people supporting transgender older adults.⁵³

⁴⁹ See World Professional Association for Transgender Health. (2011). *Standards of care for the health of the transsexual, transgender, and gender nonconforming people*. Minneapolis, MN; and Vance, S.R., Cohen-Kettenis, P.T., Drescher, J., Meyer-Bahlburg, H.F.L., Friedemann, P., & Zucker, K.J. (2010). Opinions about the DSM gender identity disorder diagnosis: Results from an international survey administered to organizations concerned with the welfare of transgender people. *International Journal of Transgenderism* 12 (1): 1-10.

⁵⁰ Fredriksen-Goldsen, et al. (2011). *The aging and health report: Disparities and resilience among lesbian, gay, bisexual, and transgender older adults*: p. 27.

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Photo: Harper Jean Tobin, National
Center for Transgender Equality.



Veterans Issues

The NTDS found that 20% of respondents had served in some branch of the military, and these figures were 40% for those transgender elders aged 55-64 and 54% for those 65 and older.⁵⁴ *The Aging and Health Report* found similarly high rates of military service among transgender older adult respondents, with 41 percent having served.⁵⁵ These rates are much higher than the general population's 10 percent rate of service. With such high percentages of transgender people and transgender older adults in particular having served in the military, transgender advocates have paid close attention to how the Department of Veterans Affairs (VA) engages with issues of gender non-conformity and transgender patients, as the VA is a primary point of healthcare access for veterans. Many transgender veterans have acknowledged problems accessing

⁵¹ Nuttbrock, L., Hwahng, S., Bockting, W., Rosenblum, A., Mason, M., Macri, M., & Becker J. (2010). Psychiatric impact of gender-related abuse across the life course of male-to-female transgender persons. *Journal of Sex Research* 47 (1): 12-23.

⁵² Kidd, J.D., & Witten, T.M. (2008). Understanding spirituality and religiosity in the transgender community: Implications for aging. *Journal of Religion, Spirituality, & Aging* 20 (1-2): 37.

⁵³ Ibid., 30.

⁵⁴ Harper Jean Tobin, e-mail message to author, May 24, 2011.

⁵⁵ Fredriksen-Goldsen, et al. (2011). *The aging and health report: Disparities and resilience among lesbian, gay, bisexual, and transgender older adults*: p. 3.



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Photo: Natalie Chin, Lambda Legal.

consistent and respectful care at VA facilities nationwide. The Transgender American Veterans Association (TAVA) published a survey in 2008 that found that respondents reported “organizational discrimination at the VA in a lack of clear and consistent practice, with little support for gender transitions...there were many reports of interpersonal discrimination, via lack of respect from VA doctors, non-medical staff, and nurses.”⁵⁶

Though individual VA providers and centers vary in their approaches to transgender veterans, no uniform policy had mandated the fair treatment of transgender people and the provision of transition-related healthcare at all VA facilities, until the publication of a VA Directive on June 9, 2011. The new Directive clarified existing VA policy and emphasized that respectful healthcare services should be delivered to transgender veterans “without discrimination,” and that all medically necessary care is covered by the VA including sex-specific care such as mammograms.⁵⁷ However, the Directive also reiterated that the VA will not cover sex reassignment surgery, a longstanding prohibition that is at odds with current medical science. The Directive is seen as an important step toward ensuring equal access and care for the many transgender veterans who seek care through the VA.

⁵⁶ Bryant, K., & Schilt, K. (2008). *Transgender people in the U.S. military: Summary and analysis of the transgender American veterans association survey*. Retrieved from <http://www.tavausa.org/Transgender%20People%20in%20the%20U.S.%20Military.pdf>.

⁵⁷ National Center for Transgender Equality. (2011). *Veterans health administration transgender healthcare directive*. Retrieved from http://www.transequality.org/PDFs/VHA_Trans_Health.pdf.



DID YOU KNOW?

Job instability affects the economic security and the overall health of the aging transgender population. The NTDS found that participants who had lost a job due to discrimination were four times as likely to be homeless, 70 percent more likely to use drugs or alcohol to cope with stress, and more than twice as likely to have HIV as those who had not lost their jobs due to transgender bias.

Employment and Housing Discrimination

The workplace is another realm where transgender people experience frequent discrimination and abuse. As of January 2012, only 16 states and the District of Columbia had laws banning job discrimination based on gender identity or expression. According to the National Transgender Discrimination Survey, 90 percent of respondents had experienced transphobic discrimination at work and 24 percent had lost their jobs because of their employers' discomfort with their transgender identities.

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The housing landscape for many transgender people remains equally unstable. The survey found that 19 percent of respondents had been refused a home or apartment and 11 percent had been evicted because of transgender-related discrimination.⁵⁹ Findings from a 2009 report on LGBT health and human services in New York State show that three times as many transgender people were currently (3.7 percent) or formerly (29.6 percent) homeless, as compared to their non-transgender counterparts.⁶⁰

Health disparities experienced by transgender elders are acquired through intersecting layers of discrimination and are “traceable to socioeconomic factors, stress caused by prejudice and stigma.”⁶¹ Though there is much more that needs to be done to ensure equal access to healthcare, housing and employment, transgender older adults are an engaged and resilient community. Many transgender elders are active in their communities through spiritual or religious services and are improving their health through wellness activities and physical exercise.⁶² The continued efforts of individuals, advocates and professionals working together will help achieve the vision of a healthier and more equitable transgender aging community.

⁵⁸ Ibid, 3.

⁵⁹ Ibid.

⁶⁰ Somjen Frazer, *LGBT Health and Human Services Needs in New York State*, Empire State Pride Agenda Foundation, 2009: 12.

⁶¹ Cook-Daniels, L. (2008). *Aging as ourselves: LGBT aging health issues for health care providers*: p. 32.

⁶² Fredriksen-Goldsen, et al. (2011). *The aging and health report: Disparities and resilience among lesbian, gay, bisexual, and transgender older adults*: p. 17.

A Note on Intersex Conditions

Intersex conditions, or disorders of sex development (DSD), are a diverse group of conditions wherein a person is born with a reproductive or sexual anatomy and/or chromosome pattern that doesn't seem to fit typical definitions of male and female. About 1 in 2,000 individuals is born with an intersex condition or DSD. In the United States beginning in the 1950s, infants and children with intersex conditions or DSD were routinely given surgeries or other medical interventions intended to make their bodies appear more typical. Their families were told to keep these conditions a secret, sometimes even from the child. Sometimes doctors didn't tell the parents or the children the full truth about the child's condition. At that time, doctors believed that early surgical intervention and secrecy would help the child develop a "normal" gender identity as either a boy or a girl. Even before the 1950's, surgical intervention followed by secrecy was a common practice.

In the 1990's, intersex adults began stepping forward to say that the medical treatment they received in childhood was harmful, leading to sterility, ongoing pain, scarring, incontinence, loss of genital sensation and sexual function, and depression. Many also pointed out that the secrecy surrounding their conditions had led to damaging feelings of shame and stigma. Together with parents of affected children, they began to find each other and form support groups, advocating for models of care that take the experiences and wisdom of children and their families into account. These efforts have started to impact standards of care and support for research, but older individuals today who were born with intersex conditions or DSD are often living with the damaging effects of the secrecy, shame and aggressive early surgery that prevailed

in their childhood. Their histories may include medical experimentation and "medical display" (in which children or adults are made to display their atypical bodies in medical settings for teaching purposes or to satisfy providers' curiosity). Many have a profound distrust of medical providers and may have put off needed treatment for years or decades. They may have unique medical needs related to their condition and treatment history—and if they discovered the details of their history only recently, or continue to experience trauma related to past medical abuse, may also have needs for emotional or psychological support.

Most people with intersex conditions or DSD identify as male or female, usually in accordance with the gender they were assigned at birth. Most do not identify as transgender. In some cases, the gender of a person with an intersex condition or DSD was misidentified at birth, and may have been correctly identified later in life. Like transgender people, people with these conditions may encounter bias, ignorance, inappropriate treatment or invasions of their privacy by care providers because their anatomies or medical histories do not conform to typical expectations for men or women. As with transgender older adults, it is critical that those working with individuals with intersex conditions or DSD respect their dignity and privacy, protect them from mistreatment and ensure that their medical needs are fully understood and supported.

SAGE and NCTE would like to thank Anne Tamar-Mattis, Executive Director of Advocates for Informed Choice, for authoring this section.

For more information on this topic, see:

Intersex Society of North America
www.isna.org

Advocates for Informed Choice
www.aiclegal.org

Accord Alliance
www.accordalliance.org

AIS-DSD Support Group for Women and Families
www.aidsd.org

CARES Foundation
www.caresfoundation.org

DSD Families
www.dsdfamilies.org

Hypospadias and Epispadias Association
www.heainfo.org

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

The views expressed in this article (“Gaining Visibility: The Challenges Facing Transgender Elders”) are those of the author, Sean Kennedy. For permission to reprint this article, please contact SAGE.

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

Photo: Helena Bushong, 61
Chicago, IL

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.

"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."

— Moonhawk River Stone

Photo: Moonhawk River Stone, 64
Albany, NY