Trans and SOFFA Aging Issues

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Listen closely to people talk about “old people” and you’ll notice something interesting. Almost without exception, people of every age – including those of us in our 70s, 80s, and even 90s – routinely talk about “old people” as a group to which we do not belong. Pressed, we nearly always define “old people” as someone older than us, as though the dictionary definition of “old” is always our particular age plus 10 or 20 or 30 years.

This is ageism. An “ism” can be defined as a division of humanity into two or more categories, with different characteristics, usually negative, ascribed to at least one of the categories. Most of the time the negative characteristics are ascribed to a category other than our own. (This does not preclude internalized transphobia, homophobia, racism, etc., but people typically hold more negative stereotypes about other people than we do of ourselves.) Consider: there is no better example of a continuum than age; we get older literally every moment. Live long enough, and we experience nearly every age, at least some of which must cross the invisible line into “old.” So why do so few of us see “old” as a category to which we belong? Because, quite simply (at least in current mainstream North America culture), we associate being “old” with a host of negative qualities. What, precisely, is wrong with being old varies from person to person, but typically includes such unpleasant things as being dependent, powerless, isolated, and purposeless; experiencing pain, and facing death.

One of the ironies of ageism is that we participate in creating our own worst nightmares. Part of the reason there is truth to the stereotype that old people are lonely is because we structure our society by age. Instead of integrating people of all ages into all of our social institutions, we design schools for children and adolescents, colleges for people in their late teens and early 20s, workplaces for those in their 20s to 60s, and “senior centers” and “retirement homes” for those who are 60 and older. Losses accumulate for old people not just because we have had more years in which to experience the loss of an important someone or something, but also because there are fewer balancing additions to our lives. People of all ages participate in creating and maintaining a society in which “old people” are not expected to daily contribute to society; regularly make new, sometimes younger, friends; constantly learn new things, and routinely train, mentor, and support others.

What this means is that a great portion of what needs to be done to address “aging” issues needs to be done by individuals, in our own minds and lives. How are you, personally, creating a world in which “old” people play active parts? Are you designing your own life to be worth living up to its very end, or are you avoiding thinking about the black hole of old age, hoping someone else creates a better environment for old people by the time you become “old”?

Another irony in addressing “aging” issues is that the typical issues of old age are not, in reality, age-specific. People of any age can have chronic health problems, have mobility impairments, be unable to drive, need help completing chores, lose a spouse or primary support person, or need nursing home care. Although it is statistically true that these events are more likely to happen to people of advanced age, our social and political structures should be based not on age, but on need.
Here again, many of the solutions are well within the reach of individual people, organizations, and agencies. Is your meeting place accessible? Do you help arrange transportation for those who cannot provide their own? Do you provide individual support and advocacy to those who are experiencing a key loss or trauma? Are event scholarships available to those of low income? Do you look to “retired” people as sources of speakers, mentors, or potential friends? What assistance are you giving SOFFAs of transitioning persons of any age? If you offer trans sensitivity training to health care providers, are you advertising that training to home health care providers and nursing home staff? Are local aging organizations – particularly those focusing on “LGBT” issues – on the list of those to whom you routinely send event announcements?

There are public policy issues that must be addressed but, for the most part, these are neither trans- nor aging-specific. The number of people in the U.S. who do not have health insurance and can’t afford to pay for medical care is huge; passing universal health coverage legislation would help millions of non-trans people of all ages in addition to helping trans elders who can’t afford hormones or surgery due to exclusions from Medicare or Medicaid. Nor is it just trans elders who would benefit if laws were changed to expand who is considered a “surviving dependent” under Social Security rules. Improving the amount and accessibility of public transportation would help improve the ability of working-class cisgendered folk to obtain higher-paying jobs, as well as increase the ability of isolated (trans or non-trans) elders to participate in community life. Trans elders are not the only ones who are mortally afraid of nursing homes; everyone would benefit if we ensured that residents of institutions like nursing homes and group homes had access to community events, ideas, and people. Our public advocacy efforts should not be narrow; most of what old trans people need, many people need.

Despite urging people not to segregate by age and/or gender status, the Transgender Aging Network (TAN) works primarily to educate aging services providers specifically about transgender and trans-SOFFA issues. We are very involved in the American Society on Aging’s Lesbian and Gay Aging Issues Network (LGAIN), bringing a trans- and SOFFA-savvy voice not only to its leadership council and its publication, OutWord, but also presenting workshops at the mainstream group’s annual conferences. We also work closely with national lesbian, gay, bisexual and transgender (LGBT) aging organizations such as the National Gay and Lesbian Task Force’s Aging Roundtable, Senior Advocacy in a GLBT Environment, and the LGBT Aging Task Force of the American Psychological Association.

TAN also supports a free, national listserv for service providers, advocates, researchers and others, to promote the sharing of announcements (including calls for survey or research participants, new publications, events for trans elders, etc.) and to provide a forum for questions and networking. An easy way to help raise awareness about trans aging issues among service providers is to let them know about this resource. TAN also sponsors ElderTG, a free peer support listserv for trans/SOFFA individuals age 60 and older, in recognition of the fact that many such individuals feel that their issues differ from those of younger trans people and SOFFAs. This listserv is a great place to refer older trans/SOFFA individuals, or you could go a step further by teaching an elder how to set up and use a free email account at their local library, or by allowing an elder to borrow your computer now and then to check and send list mail. Information on how to subscribe to either listserv, plus many free, downloadable publications about trans aging issues, are available at www.forge-forward.org/aging.

Overall, however, it bears repeating: the best way to address trans aging issues is to ensure that old people are included in your life now, and that your life plans include becoming old. When it comes to aging, we are creating now the lives we will lead later. Choose to be proactive.