

SPECIAL PRESENTATION

**“UNDERSTANDING AND MEETING THE
NEEDS OF LGBT ELDERS”**

**KEYNOTE SPEAKERS:
REPRESENTATIVE TAMMY BALDWIN, (D-WI)**

MODERATED BY:

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ACTION FUND**

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MS. WINNIE STACHELBERG: Excellent. Welcome and good afternoon. Welcome to the Center for American Progress and our panel discussion on LGBT aging issues.

I'm Winnie Stachelberg. I'm the senior vice president for external affairs here and I'd like to extend a personal and a special welcome to Congresswoman Tammy Baldwin who will open our session in just a few minutes. After Congresswoman Baldwin speaks, we'll take a few questions for her and then she's got to get back to Congress.

We actually had a little bit of a hiccup this morning, a fire drill where we thought we'd have to flip the order of the program because the leadership had called votes but they're not voting and so we are very, very lucky to have the congresswoman with us here this morning. After she leaves, we'll have a very lively discussion with our panel featuring three terrific panelists whom I will introduce shortly.

But a few thoughts struck me as I was preparing my remarks for this event today. First, the lesbian, gay, bisexual and transgender movement today is focused I think on our headline issues – fighting for marriage equality, working to pass the Employment Non-Discrimination Act and repealing “Don't ask, Don't tell,” sort of the signature three.

But second, there are so many other issues that are important to and impact the health and wellbeing of LGBT people. Aging is one of the largest of these issues and it provides us with some of the most compelling and heartbreaking real-life examples of how a lack of full LGBT equality impacts people's lives.

As you'll learn here today, older LGBT people face challenges and obstacles that their straight peers do not. And most of these challenges and obstacles can be traced directly to a lack of relationship recognition rights and employment protections. In other words, those headline issues that we're focused on have real consequences for real people.

And I think that the success of the next phase of fighting for LGBT equality depends on making sure advocates explicitly explain how those headline issues play out for millions of lesbian, gay, bisexual and transgender Americans. The work presented here today shows how to do just that and is a huge contribution to the fight for equality.

Now, I'd again like to especially thank Congresswoman Baldwin for joining us today and opening this session.

First elected in 1998, Congresswoman Baldwin was the first woman to be elected from the state of Wisconsin, which is a fact that I need to constantly remind myself of, Wisconsin being such a progressive state, and the first out lesbian elected to Congress. A cofounder of the Congressional LGBT Equality Caucus, Congresswoman Baldwin is a forceful supporter of civil rights and an advocate for those in our society whose voices too often are not heard.

As the primary caregiver for her grandmother in the final years of her life, Congresswoman Baldwin developed a special concern for aging issues and strives to ensure that our seniors may live out their lives in security, safety and dignity. She is committed to improving the lives of LGBT elders.

In the 111th Congress, she is the author of Ending the LGBT Health Disparities Act, the Senior Financial Empowerment Act, the Domestic Partner Benefits and Obligations Act and a lead author of the Elder Justice Act which was just signed into law earlier this year. Please join me in welcoming Congresswoman Tammy Baldwin. (Applause.)

REP. TAMMY BALDWIN (D-WI): Thank you, Winnie, for that introduction. And my thanks to the Center for American Progress and all of the organizations that collaborated with the center to investigate and shed light on the challenges that LGBT individuals and couples face in their senior years and to make specific recommendations to meet those challenges.

I think you'll all agree that bringing on Jeff Krehely as director of LGBT research and communications to support the work that Winnie and others have been doing at CAP was a wise and wonderful decision. And I'm also delighted to see SAGE, the Movement Advancement Project and AARP here at the table today.

We are here because of people like Eleanor and Jay (sp). Eleanor and Jay are a lesbian couple from New York City and Jay is transgender. Eleanor and Jay both suffered debilitating illnesses made worse by a medical system that refused to accept their relationship.

Jay had employer-based health insurance which would not cover her partner so they bought a costly private plan for Eleanor. When she developed diabetes, the rates and the copays on that insurance skyrocketed to the point where they had to really scale back on the extent of the coverage.

Eleanor then suffered a stroke. She ended up in a nursing home where she was abused and told repeatedly by an attendant that she was going to go to hell when she died for being a lesbian.

Jay tried to protect her as best she could but cancer struck Jay and her treatments kept the two apart even more. By then, Jay had begun living as a man and relates that the healthcare providers had far more prejudice against transgender people than against lesbians.

This loving couple endured 20 years of illness exacerbated by homophobia and a hostile healthcare system. Ironically, only in Eleanor's final days in a hospital where the staff there hadn't known them previously and assumed that she and Jay were a heterosexual couple, only then were they accorded the respect and dignity that they deserved.

Equally tragic is the recent news about Clay Greene and Harold Scull of Sonoma County, California. Partners for 20 years, who had done all that they could to protect their rights and their commitment to one other – they’d executed detailed wills, they’d signed powers of attorney for healthcare, they dotted all the Is and crossed all the Ts to handle any emergency to protect their partnership and their property.

And yet, two years ago this month, after Harold fell and was hospitalized, he was taken to a nursing home. County officials, not only refused to tell Clay where Harold was taken but they forced Clay into a different nursing home and auctioned off every piece of property, every family memento acquired over their lifetimes. After 20 years together, the two of them never saw each other again and Harold died without his partner at his bedside.

The cruelty of these cases is unconscionable and sadly, these are not isolated instances. The pain suffered by these and other loving same-sex couples can never be reversed but we can and we must take steps to make sure that such treatment never befalls another same-sex couple in this country.

Older LGBT Americans were born at a time when stigma was rampant. Revealing their sexual orientation or gender identity could put them in serious danger. Today, many older LGBT Americans still keep their sexuality or true gender identity a secret fearful of discrimination by their families, their friends, perhaps their employers. For years, I’ve heard stories from friends about struggles with finances, healthcare and end-of-life planning.

My partner Lauren and I are both attorneys and we’ve taken steps, hopefully all the necessary steps to plan for our future but not every couple has legal expertise or the resources to do that. And as we saw in the tragic case of Harold and Clay, even if you do have those legal documents, they may not always protect us in the end.

Now, thanks to the impressive efforts of groups like the Center for American Progress, we now know more about these issues and how to confront them. In no small part because of the work of researchers and advocacy groups, LGBT elders are increasingly comfortable speaking publicly about these issues. Now, we can appreciate the full effects that policies have on LGBT Americans and now policymakers and legislators can begin to better understand their needs.

As you all know or will by the end of this program and panel today, the new Center for American Progress report called “Improving the Lives of LGBT Older Adults” is a tremendous resource on LGBT aging issues. And I want to just pull out a few pieces that left especially a deep impression upon me.

First, as we know, one of the key challenges facing LGBT older Americans is inequality in the eyes of the law. This discrimination extends to federally funded programs and services as well.

For example, Social Security is the nation's safety net for retirement but unfortunately, committed same-sex couples do not receive the same Social Security benefits that opposite-sex couples do. Despite relying on the program more heavily for financial support, same-sex couples on average receive 17.8 percent less in Social Security benefits than heterosexual married counterparts.

Without significant personal resources, aging LGBT couples often turn to publicly financed healthcare system to meet their health needs.

Now Medicare is an individual benefit and therefore, less affected by federal marriage laws. However, the Medicaid program, the true safety net for those with low incomes is laden with institutional discrimination.

Whereas Medicaid considers the joint assets of a married opposite-sex couple and protects the healthier spouse from financial crisis, same-sex partners have to apply separately for benefits and are only entitled to \$2,000 in individual assets. Both patients and caretaker suffer.

Unfortunately, discrimination of the cruelest form often comes at the very end of life. Same-sex couples face unique challenges in a wide range of long-term care environments suffering neglect, exploitation and even blackmail from their hired caregivers. Health providers harboring prejudice or fear may exclude same-sex partners from information about the condition and care of their loved one.

While nursing homes and care providers are governed under federal law that requires that patients be treated with dignity and respect, we know that these rules are not always enforced or consistently enforced.

We also know that transgender older adults face similar issues. A recent study by the National Gay and Lesbian Task Force and the National Center for Transgender Equality found that respondents over age 60, of those respondents, 97 percent had experienced mistreatment or discrimination in the workplace in their lifetime.

It's heartbreaking to think how this statistic translated to aging transgender Americans navigating their way through a network of healthcare providers who may or many not have any expertise to care for them. We know that more information and data are needed to understand the experiences of transgender elders as they age and what we can do to better support the entire LGBT community.

When it comes time for the most difficult end-of-life decisions, same-sex couples too often are ripped apart. Opposite-sex partners are protected as default decision makers under federal law but that is not the case for same-sex couples.

You know, the importance of President Obama's recent decision on hospital visitation and advanced directives cannot be understated. As you know, he directed the secretary of Health and Human Services to take steps to ensure that hospitals participating in Medicare and Medicaid respect the rights of patients to receive visitors

and to designate others to make decisions about medical care in case of an emergency. I hope that hospitals and long-term care facilities across the country hear us loudly and clearly when we say that discrimination will not be tolerated.

Now, my ultimate goal is to see through the repeal of the Defense of Marriage Act and ensure that same-sex marriages and other partnerships are recognized fully at the federal level. And when that day comes, all Americans will have equal access to Social Security benefits, Medicaid and other federally provided health benefits.

But as we pursue that goal, we need to educate LGBT Americans about the steps that they should take to plan for their senior years and final days. We must educate caregivers, healthcare providers, service agency staff and volunteers about the challenges that LGBT elders face in our society. And we must enact reforms that put LGBT elders on equal footing with their heterosexual counterparts.

I'm very pleased to announce today that I plan to introduce omnibus legislation addressing the unique issues and challenges facing aging LGBT Americans. I look forward to working with the Center for American Progress in implementing the recommendations that they have outlined in the report that's being discussed today. Together I think that we can raise the visibility of these issues on Capitol Hill and around the country just as we have done so so effectively within the LGBT community at this time.

I'm often asked to reflect on how far we've come as a gay and lesbian, bisexual, transgender civil rights movement from the earlier days of violence and discrimination and injustice.

And often times when I reflect on that, I imagine a lesbian who is, say, 70 or 80-years-old today and I think about the struggles and the victories that she has experienced over the course of her lifetime. She isn't someone you'll read about in a history book but she's taken huge risks to gain a few more rights for herself and her family and maybe change a few minds in her community.

My goal for her and for all Americans is that we will all be able to live out our final years surrounded by the people we love in exactly the way that we choose. And that's what I think this meeting is all about.

And I thank you for participating and hats off to the Center for American Progress for moving us forward. Thank you. (Applause.)

MS. STACHELBERG: Thank you so much, Congresswoman, for those very poignant remarks. And I think we've got just a little time for a couple of questions for the congresswoman. We've got a mike upfront.

I'm going to ask the first question but then if you've got questions, just raise your hand. Emily will be by with a microphone. If you'd identify yourself, that would be great.

Let me just ask. You have a unique ability to speak to and to connect with decision makers, whether they're your colleagues in Congress or whether they're people in the administration at the various agencies who have a significant role to play in addressing the challenges that you laid out today.

Can you talk a little bit about the reaction you get from your colleagues on the Hill and from those in the administration as you sort of begin to talk about these issues that affect the LGBT community from an aging perspective which may actually be new to some of those folks?

REP. BALDWIN: I think it is new. We sort of ventured into some of these discussions during the course of the healthcare reform debate because a lot of the issues we deal with in aging do very much relate to the healthcare system.

I think what's most powerful and persuasive – and I don't think this will surprise anyone in this room – are the personal stories and putting a face on the issues we talk about. I mean, I told you the stories of Eleanor and Jay and Harold and Clay. These are real people. And I think it is much more persuasive for policymakers to hear the real stories of their constituents than for a more jargon-laden discussion of Medicaid policy and Social Security policy.

These are the things that move people. They want to be able to take actions that assist their constituents, that provide full equality, that correct injustices. So telling these stories is the most powerful thing and that's what I find as I enlist my colleagues into the cause.

MS. STACHELBERG: Great. Wonderful. We've got some, again, time for questions from the audience. Yes, sir. Go ahead.

Q: Congresswoman, thank you so much for being here and for all of your service in Congress and all the efforts that you made on behalf of legislation. Just had a quick question about what's going to happen this year, and I know you can't predict everything, but so much has been focused on marriage and hate crimes and "Don't Ask, Don't Tell," but it's just seems like ENDA has really fallen by the wayside compared to some of the other issues and that's one issue that affects every single member of the LGBT community in the United States in all parts of the country. It's the only one that does.

And I'm just wondering how soon is that going to move along. And does it have to be freestanding in the Senate if it does? I know you're not in the Senate but you seem to know about these things. Thank you.

REP. BALDWIN: Let me tell you my hope right now. As a cofounder and co-chair of the LGBT Equality Caucus, we have taken a lead in counting the votes, and in particular we're counting two votes: how many votes we'll have on final passage in the House of Representatives but also trying to predict what sort of vote turnout we would

get if there were a particularly meddlesome amendment proposed by opponents to the legislation. We predict that there will be an attempt to do that.

And we are actively this week and last week counting those votes, talking to our colleagues face to face and hope to deliver positive news to the leadership that we are ready and we should prepare to vote on ENDA in the next couple of weeks. That would be my goal and I think that the vote turnout, as I'm looking at it, as they come in, is pretty good.

We still have a little work to do. We have a couple of people still on the fence and not so much on the final passage of an inclusive non-discrimination bill but much more anxious about exactly what type of meddlesome amendment might be offered by opponents of equality in the workplace.

So, on the House side, I'm feeling positive about quick consideration of ENDA. I wish we had something on the calendar right now to show but I hope that we will very soon.

On the Senate side, again, it's a little bit more of a challenge. We have now had several years where the House has engaged in the politics of advancing ENDA. The Senate has not had a bill advanced. And so they're still building momentum there. I think they would have a lot of momentum if the House were to pass it and send it over.

And I don't think that there's any – I think that the Senate in assessing its own strategy for moving the bill should absolutely look at attaching it to some other moving legislative vehicle that seems to be the path of least resistance in the Senate, although everything in the Senate seems to have lots of resistance. So I won't go into the rivalries between the House and the Senate these days but, boy, there's a lot of it right now.

MS. STACHELBERG: Yes.

Q: Hi, Congresswoman. Wes Combs (ph). Thank you again for being here. I recently served as a medical power of attorney for a elderly relative of mine and I was present a lot in a very, very – on the more upscale side of a facility where he was treated, but he was a person living with Alzheimer's and could not respond to anything of what happened to him regardless. And it was in the state of Florida and I know the state of Florida heavily regulates the nursing home industry.

So I wanted you to see how does the legislation – how does discrimination – where is it effected? You mentioned something about federal legislation but how important is the state legislation and where do the two come together and what efforts need to be done on the state level as well to ensure that should I have needed to file a complaint, what law falls under that and how do we need to get involved to make sure that they are moved forward?

REP. BALDWIN: I think that action in the states will be a very important companion effort to what we do at the federal level. And I think that the

recommendations that you'll have fleshed out a little bit more in the panel will divide up into things that make sense for states to pursue and things that make more sense for us to pursue at the federal level.

Certainly, we have to take action at the federal level on federal programs, Medicare, Medicaid, which is a state-federal partnership of a program, Social Security, et cetera. Those have to be done at the federal level.

Also, as we saw with the president's executive order of access of loved ones in hospital settings, you can tie those federal programs and use them as leverage to get the desired response. He said any hospital that accepts Medicare dollars or Medicaid dollars has to do the following. Well, that's almost all of them. It's hard to conceive of a major facility that doesn't accept either Medicare or Medicaid dollars. So there's a lot of leverage, especially – and that's also especially helpful where states fail to act as we saw in the state of Florida, as you point out.

But there's no reason why states can't take action on a number of these. I know that Wisconsin, for example, has a measure dealing with hospital visitation issues so that provides protections for people in the state of Wisconsin so there's a huge partnership that can go as we move forward to make sure that the protections are as comprehensive as possible.

A lot of the regulation of hospital settings and nursing homes and assisted – the sort of day-to-day regulation is something that is done at the state level and so for enforcement purposes it will be key to have those people who do inspections, for example, well trained and as they're looking through the policies of an assisted living center or a nursing home to make sure that they are inclusive and they will be powerful allies in getting done what we need to get done.

MS. STACHELBERG: I think the congresswoman has time for one more question if we go over here.

Q: Yes. Good afternoon, Congresswoman.

REP. BALDWIN: Good afternoon.

Q: Laurie Young (sp). I want to thank you for the leadership that you displayed during the whole healthcare reform debate on trying to get several LGBT provisions which did succeed in the House bill but unfortunately did not prevail at the end of the day. In a number of those, there was one that was particularly important in terms of the mandate of data collection –

REP. BALDWIN: Right.

Q: – as well as treatment for HIV status in Medicaid as well as waiting for full-blown AIDS. I'm hoping that as you move forward with your omnibus LGBT aging

legislation that you might find a way to roll those provisions that didn't prevail in healthcare reform into the bill that you're about to write.

REP. BALDWIN: I will look for that opportunity – actually, as Winnie introduced me, she mentioned another bill that I introduced called the Ending Health Disparities Against LGBT Americans Act. We call it ELHDA. I don't know. (Laughter.) But in any event, that does contain the data collection provisions.

And let me just because as a former math major I get really excited about data collection. I know many people's eyes glaze over. But it is so important.

If you think about the LGBT civil rights movement, sort of come out, come out wherever you are, we need voice. We need visibility in order to tell our stories. We also need data. If you can't prove that there is a disparity, if you can't prove that there is inequality or injustice, you're not going to get policymakers or others to respond to that.

And no federally funded health study asks questions about sexual orientation or gender identity. What data we do have is often from privately funded health surveys or research that's going on, local, state level studies that go on. So we do have some data. And when we've had that data, it's been very powerful.

I think I was serving in the state legislature in Wisconsin when the study came out about the prevalence of attempted suicide and suicide among our youth, our LGBT youth, three times the rate of the heterosexual youth community. That was outrageous and you saw some movement in terms of safe school movements, anti-bullying movements in response to that.

Without the data, you don't get that response but with the data you can prove that something is outrageous and wrong and you can help marshal the response to that.

MS. STACHELBERG: I wish we could spend all afternoon with Congresswoman Baldwin except there's a group of people who would like her back. So we are really lucky and honored to have had you with us. And we look forward to working with you to pass these pieces of legislation. Please join me in thanking the congresswoman. (Applause.) Thank you. Thank you. We'll be back.

I think what I'm going to do is ask our three panelists to come, sit up here on the stage. I think this is not quite what we discussed but we're going to be a little flexible. Come sit up here. Then I'm going to introduce them. They're each going to speak for a little bit and then we're going to take some questions.

So I think it just makes it a little – great. Fantastic. That was just – that was an amazing way to sort of start off what will be a very lively and interesting discussion. I just want to note that the report – this is the snapshot of it – that's being released today is a report that is authored by SAGE and by MAP and supported by the Center for American Progress, the National Senior Citizens Law Center and the American Society on Aging and it is these kinds of collaborations with organizations like SAGE and MAP

and AARP which wrote an introduction, these kinds of collaborations that we really hold dear and use as a model here at the Center for American Progress.

So now we're going to drill down a little bit deeper and learn a little bit more about LGBT aging from an outstanding panel of experts on this topic.

First in the middle, we have Ineke Mushovic who is the executive director of the Movement Advancement Project, or MAP, where she leads issue strategy analysis, LGBT movement analyses and all inquiries into issues of LGBT movement communications. She's a former McKinsey and Company consultant with 15 years of strategy and communications experience including a successful stint as vice president of strategy for dot-com startup and as chief strategist for an advertising agency. Ineke's nonprofit strategy work includes the YWCA, United Way and Impact on Education. She has consulted on LGBT issues since early 2005.

Next, Michael Adams will speak. Michael is the executive director of Services and Advocacy for Gay, Lesbian, Bisexual and Transgender Elders, or SAGE, the oldest and largest organization in the country providing services and advocacy for LGBT elders. SAGE and SAGE affiliates across the country directly serve thousands of LGBT older people across the country each month through technical assistance, training and advocacy around aging issues. Previously, Adams was the director of education and public affairs at Lambda Legal. He spent a decade leading cutting edge litigation that established new rights for LGBT people both at the ACLU's Lesbian and Gay Rights Project and at Lambda Legal. In February of 2010, the Department of Health and Human Services Secretary Kathleen Sebelius and the Administration on Aging awarded SAGE a historic grant to create the nation's only National Resource Center on LGBT Aging.

And finally, and definitely not least, we have Percil Stanford who was named chief diversity officer at the AARP in December of 2005. He has also served as the regional director for the AARP West Region and as the interim director of the National AARP State Affairs Department working on state advocacy issues. Dr. Stanford is widely recognized for his expertise on issues associated with minority aging. His professional involvement includes working in the U.S. Administration on Aging, the Office of Secretary at the U.S. Department of Health, Education and Welfare, and both Houses of the United States Congress. For many years, Dr. Stanford was associated with San Diego State University where he continues to serve as professor emeritus. Please join me in welcoming our panel. And I think I'm going to turn it over to Ineke.

MS. INEKE MUSHOVIC: So Michael Adams and myself – I'm Ineke Mushovic from the Movement Advancement Project – we're going to take about the next 15 minutes and just cover some of the report highlights for you. The full report is available for download on the CAP website, the MAP website and the SAGE website, and I think there might be hard copies of the short form of the report available for you here today.

So obviously we won't be able to go into great detail because the full length report is I think around 80 some pages but at least you'll kind of get a sense of the content on what we're trying to do here today.

So when we pulled together the research on LGBT elders – can everyone see this? Can we lower the lights at all a little? It looks like you've got side – okay. Well, hopefully I can do some verbal commentary.

But when we pulled together the research we took a look at what is it that makes life different or more challenging for LGBT elders versus their heterosexual counterparts. And what we found is there are essentially three unique challenges or circumstances that they face.

The first is the effects of stigma past and present. And so when we look at LGBT elders, there's about 1.6 million of them in the United States and this is a population that is largely closeted and that is changing with the aging of LGBT baby boomers who are the first generation of LGBT people to have lived largely open lives.

But if you think of someone today who is 80 and gay or lesbian or transgender, they grew up in a generation where their expressions of love were labeled a psychiatric disorder, a criminal activity, as recently as 2003, and so because of the stigma and discrimination that they have faced in the past, they have a lot of fear around accessing health services, senior services and aging programs.

Additionally, when you look at care giving in America, the majority of care giving in America is actually provided by spouses and biological families. And yet, for LGBT elders, what we find is that they're twice as likely to be single and half as likely to have – I guess four times less likely to have children than their heterosexual counterparts. And so, for care giving, they actually rely on friends and partners but those friends and partners lack both legal and social recognition which creates an extra care giving burden and care giving challenges.

Lastly, what we see is that LGBT elders face unequal treatment under the law, programs and services designed to protect older adults. So Congresswoman Baldwin talked a bit about this but a lot of the federal safety net programs are actually designed around the presumption of marriage but yet, LGBT elders are excluded from the institution of marriage in most states and federally across the board.

And we have issues with laws that fail to address ongoing stigma and discrimination. So, for an example, at a state level we're finding it very difficult to pass nondiscrimination laws which cover public accommodations which would then also cover nursing homes, medical facilities, senior centers, et cetera.

So these three circumstances or challenges that LGBT elders face actually impact their lives in three areas, financial security, good health and healthcare and social and community support. And I'm going to touch very briefly on each just giving you some report highlights.

In terms of the impact on financial security, contrary to stereotypes, gay and lesbian elders are actually poorer and receive less Social Security than their heterosexual

counterparts. So what we see here is that the rate of poverty for older lesbian couples is actually over twice that of the rate of poverty for heterosexual older adults.

And we actually see that older gay couples and older lesbian couples receive less Social Security benefit than their heterosexual counterparts. This is in part because they're denied Social Security spousal and survivor benefits and it's also because of the effects of accumulative lifetime of employment discrimination which means they've earned less and been able to contribute less to Social Security. So that's one highlight within the report.

We also talk about the effects of lack of spousal impoverishment protections of LGBT elders when they need to apply for long-term care under Medicaid, we talk about the different taxation they receive if they receive retiree health insurance benefits, the different treatment in tax qualified retirement plans, the fact that they often cannot elect to have survivor annuities on pensions, the different treatments in veterans' benefits and then the different treatment under inheritance and estate tax laws.

In terms of good health and healthcare, we see four major barriers right now that affect or create health and healthcare issues for LGBT elders. First, there are a number of unique health disparities that they face which are not addressed. The second is we have often inhospitable healthcare environments. The third is that nursing homes often fail to protect LGBT elders, and we had a couple of comments about that earlier. And the last is that there is limited support for non-traditional care givers.

And so again, a couple of very quick statistics from the report, but we see that about one third of LGBT elders delay or do not seek healthcare because of fears of discrimination primarily. And about one in 10 reports being neglected by a caretaker because of their sexual orientation or gender identity.

Lastly, in terms of social and community support they again face a number of unique barriers. They often feel unwelcome in mainstream aging programs so this could be your local senior center, different community programs that they might access.

And because they come from a different generation, they also often feel isolated from the LGBT community. They feel and experience discrimination in volunteer and civic engagement program so you might have a grandparent volunteering program and they don't feel that within their family structure they would be welcomed in those programs. And there also are ongoing issues with housing discrimination that also affects senior housing and retirement communities.

So, again, a couple of very quick and select statistics: in one survey, 46 percent of area agencies on aging said that LGBT older adults would not feel welcome in their senior centers and in fact, almost three-quarters of LGBT elders said that they were tentative about using services at their area agencies on aging because of a lack of trust that they would be treated well if they did so.

So that is a very brief overview of some of the myriad issues. And it's nice to kind of give you a flavor of that but where it really kind of makes a difference is when we look at how those issues combine and really affect the lives of an LGBT elder and makes their lives different than that of their heterosexual counterparts. And so Michael Adams is actually going to talk about that.

MR. MICHAEL ADAMS: As we discussed earlier and as Winnie mentioned in the introduction, SAGE is in the position of being the oldest and largest organization in the country working on LGBT aging issues and as a result, we and our partners and our SAGE affiliates around the country together work in many, many different communities and have the experience of working with LGBT elders attempting to assist them as they face really a great myriad of challenges that are discussed in terms of policy in this report.

What I'd like to do is actually show you what this looks like in real life, what this looks like day to day. And Congresswoman Baldwin I think began that process very eloquently in talking about the particularly compelling and difficult circumstances that so many of our constituents face including SAGE constituents, Eleanor and Jay in New York City, the very tragic circumstance that has unfolded in Sonoma County as well and so many others.

But I think in order to illustrate what this really looks like in the real and then talk a little bit about what we need to do about it, we want to show you two different stories of aging and they involved two couples, one a heterosexual married couple named George and Maria and another, an elder lesbian couple, named Ellen and Rita. And we want to walk through with you what the lived experiences as a result of the disparities that this report highlights.

So we start out with, as I said, these two couples who begin in a similar situation in many ways as they enter retirement. George is the primary breadwinner in the first couple, Rita is the primary breadwinner in the second couple.

They start out in both couples both partners being in good health. Each couple owns a home together. They have a \$50,000 nest egg and the primary breadwinner in each couple has a pension from their position in their career as fortunate to have that.

We move forward. What we see right at the beginning though is a disparity. The combined Social Security income of George and Maria is \$1,431 a month but the combined Social Security income of Ellen and Rita is less. It's \$980 a month. That's because Social Security spousal benefits are not available to same-sex couples.

Then we look at the situation with pension. George and Maria have the financial security that comes with the joint survivor pension. Maria is automatically the beneficiary of the pension of George as his lawful spouse.

Although Rita has a pension, there is no joint survivor option available on that pension because they are not in a relationship that is federally recognized.

George and Maria have had the experience in their community, as they get older, of engaging in community and volunteerism. They've been able to visit their local senior center and to feel welcome there and are respected there.

By contrast, Ellen and Rita, like so many other LGBT older people, when they visit their local senior center, they feel unwelcome. If they go in as a couple and they so identify, they are mistreated. They are not welcomed. They are not embraced by their peers and even sometimes by staff, requiring them either to choose to go in separately and hide the fact that they are in fact lesbians or to not go at all.

Eventually, in each of these couples, as often happens later in life, a partner becomes ill. George becomes ill and Rita becomes ill as well. The experience, though, of George and Maria versus Ellen and Rita is quite different as is so often is the case.

George and Maria find that as they navigate their way through George's health problems that they are able to interact with knowledgeable and friendly providers who are aware of their life circumstances, who respect them as a couple and want to support them as they work through this very difficult life circumstance together.

Ellen and Rita, unfortunately, as with so many other LGBT elders face a very different circumstance in which health providers are sometimes hostile when Ellen visits and even if they're not openly hostile are not willing to treat her as a partner, a the decision maker along with Ellen.

When it comes time to make difficult care decisions, and as we all know, these decisions cannot be made by the person who is ill when circumstances become critical, what we see is that Maria is positioned legally and is respected as the critical care decision maker in circumstances in which George is not able to play that role himself.

Ellen, by contrast, is challenged with regard to her medical decision making authority. She, in order to be respected as being able to make these decisions, is required to produce legal documentation that Maria would never be asked for and cannot be required to produce.

What we see eventually is that George and Rita both recover enough to return home. Because of health needs, George needs and accesses home care services.

Rita is released as well, however, she and Ellen both fear the experience that they will have with homecare providers because by inviting homecare providers into their home they essentially are opening up their lives and making it apparent that they are a lesbian couple. As a result, they avoid homecare services. Ellen attempts to be the caregiver for Rita. She is not supported in that because in so many caregiver support programs, the programs are built around marriage. They do not recognize Ellen as a caregiver and do not offer her services or do not offer services that reflect her circumstances.

Eventually, George enters a nursing home five years later after being at home for as long as he could. In doing so, he accessed Medicaid, which is the primary payer for long-term care in this country, although Medicaid is need and resources based, because it protects against spousal impoverishment, Maria who is still healthy is allowed to remain in their home, to keep their home. They're allowed to keep their savings. They're allowed to keep their income.

Rita enters a nursing home after two years, even though her health circumstances are comparable to George's. The reason for that is because without access to homecare services that are culturally competent and appropriate and without a supported caregiver, it is necessary to access long-term care much more quickly and in fact, this is a common circumstance with LGBT elders to be institutionalized prematurely and placed in institutional care.

The spousal impoverishment protections and Medicaid that protect Maria and George do not protect Ellen and Rita. As a result, in order for Rita to be eligible for Medicaid to support her long-term care, the couple is required to give up their home, to give up their savings, to lose all of their assets. Without that, there is no Medicaid eligibility and Rita has no long-term care.

Eventually, George passes away as does Rita. Maria inherits the nest egg and home, as she rightly should, that she and George built up over their lives that were protected through the spousal impoverishment protections in Medicaid. Maria receives George's pension as a result of the joint survivor provision in his pension. Maria receives \$954 a month in Social Security. She is entitled to Social Security survivor benefits as the lawful spouse of George. Maria is allowed to make burial decisions and all other end-of-life decisions for the couple as George passes away. And Maria gets emotional support from her community.

By contrast, Ellen has lost the couple's nest egg because this was necessary in order to qualify for Medicaid to pay for Rita's long-term care. She has lost her home. She is not eligible for Rita's pension because she does not have the survivor right. Similarly she is not eligible for Social Security survivor benefits. She has much greater difficulty finding emotional support in the community. When she reaches out for services to her senior center, she is not respected and embraced because of her sexual orientation so she remains closeted. She resorts to food stamps as a side supplement in order to try to make ends meet.

So the bottom line for these two couples who began in their life circumstances, in many ways in quite similar circumstances is that for one couple, the survivor remains with the home, with the nest egg, with income and support, and with the other couple there is no home, there is no nest egg, there is no income, there is no support.

This circumstance, these two different stories of aging in fact occur every day in this country with LGBT elders. And they occur regardless of whether the older person is singled or is coupled. Many of the things that we talk about here exist regardless of relationship status, the inability to access appropriate care, the inability to access services

that are welcoming and supporting, the inability to encounter medical providers who understand and address health disparities.

So that gets us to the question of what do we do about this? We are fortunate to have champions like Congresswoman Baldwin who are ready and willing to step up to the plate to attempt to forge policy changes to address these issues.

The report itself contains well more than 100 policy recommendations at the federal, state and local level. I will not seek to review all 100 of those with you here. But let me highlight just a couple of themes.

One is the critically important need to address inequitable laws that treat LGBT older people, whether single or coupled, differently from their heterosexual counterparts. Here in particular the issue of couple discrimination is critical.

It's important to point out that even as marriage laws in the states are very slowly reformed to allow same-sex couples to marry, this does not address the benefits problems that LGBT elders face that are federally based because of the Defense of Marriage Act. So clearly one of the things that is critically important is repeal of the Defense of Marriage Act.

We also look at questions of how do we effectively address the real life family structures that exist in our society including the family structures of same-gender couples who are not married?

And one legislative model is the potential inclusion of permanent partners in things like Social Security, Medicaid, family and medical leave, et cetera. And then we move on down to state law issues such as inheritance laws and taxes.

Then we get to a whole second area of work which is the issue of addressing stigma and discrimination. There are both public policy and private policy approaches that are critically important in this area.

First, it is important at the state level to continue to enact non-discrimination laws that prohibit discrimination on the basis of sexual orientation and gender identity and that include and cover public accommodations because senior serving settings in this country are in fact defined as public accommodations and therefore, when such laws are enacted, they set a legal standard that prohibits the discrimination that we so often see, unfortunately, against LGBT elders.

Then we have the importance of working with healthcare and aging service providers on several fronts.

One is to encourage and push these providers to adopt their own anti-discrimination policies to make it apparent to both staff and peers in these institutions that discrimination on the basis of sexual orientation and gender identity is both illegal and

wrong and is entirely contrary to the mission of a service organization to serve and support and respect all older adults.

Then we have the very, very important issue of cultural competency in the provision of services. The whole issue of access to services or the inability to access services is one that we see over and over and over again in the experience of LGBT elders who are forced to attempt to rely on neighborhood bay senior centers, case management agencies, other organizations that unfortunately often don't even recognize that there are LGBT older people and certainly do not recognize in most instances that they have particular needs that result from lack of family support, thin social supports, discrimination, et cetera.

And then, in addition that is the very, very important issue of health disparities that affect all minority older populations including the LGBT elder population. As was discussed earlier, there was an attempt in the recent healthcare reform discussions to begin to address LGBT health disparities. That work was not successful ultimately but we need to build on that in moving forward.

And finally, this report contains a number of broad-based recommendations that we see as extremely, extremely important.

One is increased public funding for service programs that are specifically designed for LGBT older adults. The federal government is the primary funder of aging services in this country.

We want to congratulate the U.S. Administration on Aging for this past fall issuing a contract, an award to an LGBT elder service program in Los Angeles. It was a wonderful step forward, but we also need to note that that was the first such contract ever issued by the U.S. Administration on Aging to support these programs. It's a very important first step but this needs to be dramatically expanded.

We also need to emphasize the importance of increasing support for families and choice. Those of us who work in the aging field know that even among heterosexual couples marriage is not the family structure later in life.

We also understand that care and families come in many, many different forms, and our experience at SAGE in the vast majority of cases, where there was a caregiver involved, it is not a partner and it is not a legal or biological family member. I think we mentioned earlier that LGBT elders are twice as likely to be single, twice as likely to be living alone, four times more likely to be without children. The caregivers in these contexts are not the caregivers that our policies have traditionally thought about.

Also, the importance of providing education tools and legal services to LGBT elders recall the earlier context in which Ellen and Rita were continually faced with problems about medical decision making. Because our laws do not account for those things, it is required that LGBT older people and all LGBT people take extra legal steps that other individuals are not required to take to protect themselves. That requires legal

services that often are not available particularly for older people who face higher levels of impoverishment and the population in general.

And, once again, the importance of data collection – we have so little data in the LGBT aging field. We work with such few scant studies. And, unfortunately, what we often see in policy discussions is those who for one reason or another are not interested in recognizing the importance of these issues will challenge the availability of data but then will turn around and step in the way of ability, of the need to collect that data. So this is a critically important need.

And finally, the importance of public education, the importance of forums like this, the importance of activities around the country that remind all of us, the members of the LGBT community that the older members of our community are a particularly important part of our broader community and those of us in the aging field to remind us that our LGBT elders are an important part of a broader aging mosaic.

One thing I want to say finally is that the time to address these issues is now. At SAGE, we are very honored and excited to have wonderful partners like CAP, like the National Gay and Lesbian Task Force. We are also very excited to have just opened SAGE's office here in Washington, D.C.

And I want to introduce and ask to raise his hand, John Johnson who is SAGE's new director of federal relations who will be working with our partners at the task force, at CAP, at AARP and many other partners to really work to address these issues. Thank you.

MS. STACHELBERG: Thank you so much. (Applause.) So Ineke and Michael, thank you so much for that. And if George and Maria and Rita and Ellen are like most older Americans, they're members of the AARP. And Percil's now going to talk a little bit about how the AARP is incorporating the needs and perspectives of LGBT population into its work to make sure that all Americans have a safe, secure and rewarding later life. Percil.

MR. PERCIL STANFORD: Okay. I'm going to stand over here.

MS. STACHELBERG: Please do.

MR. STANFORD: Good afternoon, first of all. It's an extreme pleasure to be here to support this work. When I think about the distance we've traveled in the field of diversity and inclusion, this is really, really landmark. For me, it's been 40 years of seeing some of this stuff evolve.

So I'm currently with the AARP, been with AARP going in eight years now but I've been involved in aging and the ethnicity, racial differences and gender issues but not so much deeply involved with the LGBT issues until probably the last 10 years.

So AARP. First of all, it's important to acknowledge that our leaders at AARP in recent years have been supportive of this work. Our current CEO, Barry Rand, our COO, Tom Nelson, even our president, president of the organization Jennie Chin Hansen has been very supportive of the LGBT work. I have to say that the board of the organization has evolved in recent years to be supportive.

So what is our role? What is the primary role? As I see it, one of the primary roles of the AARP at this point in time, this point in history, is to give voice to some of this work. We do have the outlets. We have the resources in many situations to provide that outlet whether it's through television, radio, the newspapers, the web, you name it. So that's what I see as being very important in this situation.

So given that, one of the things that AARP has said for a long time is that what we do we do for all, and I think within the heart of our founder, the hearts of all our subsidizing board members and everybody else, that was an honest statement but in reality, the all falls short, has fallen short.

So we realize that we have to make good on that promise and that means inclusiveness, inclusiveness means LGBT. It means all the different ethnic groups. It means women. It means a whole line of individuals, organizations, institutions that have to been a real part of that all. So from our leadership, our staff, our volunteers, the expectation is that our programs, our services and all the things that we do represent that all.

It's very important to me to think about the power that's represented in this report because when you look at the list of organizations supporting this report, having input one way or another, it is very, very significant. So congratulations to really having pulled together that kind of a coalition because it speaks well for the field of aging. It speaks well for the work that you're doing.

So, as an organization, we're certainly committed to social change. As a matter of fact, our leadership team had a long, long discussion about what it means to be social change agents yesterday.

And one of the things that's very clear is that we cannot afford to segregate based on color, sexual orientation or any of these other barriers, discrimination of the 50 plus population within the 50 plus population really does not help to move the agenda forward. As a matter of fact, we must eliminate that kind of discrimination.

One of the things I think that we need to do it to continue a dialogue, and I say a dialogue, a dialogue that is meaningful. For years and year we have talked around a lot of issues regarding the LGBT community but we haven't talked directly to them about them with individuals who are concerned about those issues.

So it's time for us to get deep, get to the center of a lot of the issues. What's in the hearts of those people who care about these issues? So often, like we do with any other kind of discussion, it's we sit in Washington quite often and talk about what they

need, what they want but how often do we really go to the sources and say what is it that we can do to help you get where you want to go. I think that's what we are about in terms of – at least, I'm about in working with my colleagues at AARP.

One of the things that the report reveals is that – and I think Michael hit on it very well – and that is we need data. We need information. We need good data, good information, reliable. And this report, in my opinion, is a very, very good step, not necessarily a first step but another step toward getting that kind of information, that kind of data.

And the next step in this process is that it cannot be data that sits on a shelf. And I think today is a great step, and I know there is some reporting on this at the American Society on Aging meeting, an ASA council on aging meeting. But I think this is another good step in trying to get the public to understand what some of this data really speaks to. So it's part of my job, our job to make sure that this data sees the light of day that it doesn't sit in a close or on a shelf somewhere. So together I think we have to do that and make that happen.

There's a special challenge and the special challenge is that we have to get to a point where our LGBT colleagues, our LGBT clients, those that we care about, get the kind of treatment that is really, really appropriate. And that raises the question of equity, equity. And I think the report points out that there is a lack of equity and that we have some data now that can show that there are inequities that we need to address. So I think we need to underscore that inequity portion of the report.

So, holistically, we need to think about not only the LGBT community itself but what does it mean for other communities, other 50 plus individuals that we now address some of these issues because let's face it. Many of us, no matter what our color, no matter what our religion, no matter what our disabilities may be, we still face discrimination as an older person.

And I think a report like this just helps to highlight the fact that it doesn't matter who you are sometimes. It's just that you're over 50 or over 60 and you're going to be discriminated against. But this report serves to highlight in a way that perhaps it would not have been otherwise for some of these other entities that I've mentioned.

So, in closing, just let me say that AARP prides itself in being an organization, a not-for-profit organization that is now stepping up to the plate and beginning to help to give voice to and support some of these particular issues and concerns.

And as I've said in the past, as a society, diversity and inclusion helps to determine the strength of who we are as people and we have to continue to come together to show that strength as a people. Thank you very much. (Applause.)

MS. STACHELBERG: Wonderful. We've got about 15 minutes or so and I want to open it up to the audience for questions for our absolutely terrific panel.

But let me just ask an opening question and maybe this is a Michael or Ineke question. We talked about headline issues that face the LGBT community, whether it's ENDA, whether it's repeal of DOMA, whether it's "Don't Ask, Don't Tell." This is not a headline issue but it's a terribly important issue that's facing our community now.

So I guess the question is why is this issue emerging now and why are we talking about fully engaged in a conversation and pending legislation on the Hill about these issues? Why now?

MR. ADAMS: I can start with that. I think some of this is about timing and demographics and the fact that the LGBT community is part of the same experience that our society as a whole is experiencing which is sometimes called the graying the country. The fact is is that demographically we are becoming an older country so these issues are being discussed in society as a whole, and thankfully, that is being reflected increasingly within the LGBT community.

I think it's also important to point out that it can't be overstated how important it is for the LGBT community in general that the boomer generation is starting to enter their senior years because in particular in the LGBT context the decades, the generations of older folks that organizations like SAGE has worked with historically have, as has been noted, a number of times lived through very, very, very traumatic experiences. That has led to an understandable decision in many cases to be closeted.

What we are seeing though with a new generation of older people is a far greater willingness to be open, a far greater willingness to challenge mistreatment, to challenge inequity, as Percil stated, and that willingness of course is fundamental to the mindset of the LGBT community and to any of our advocacy efforts.

And maybe the last thing I would mentioned just, you know, is it also is critically important to acknowledge and appreciate the growing willingness of leaders in the aging field like the AARP, like the National Hispanic Council on Aging, the National Caucus and the Center on Black Aged, the National Council on Aging, ASA, et cetera, to really step up to the plate on these issues.

I guess it was about a year and a half ago that SAGE sponsored its fourth national conference on LGBT aging and AARP stepped up as the lead sponsor for that conference and that was both important for the conference but I also think was symbolic of the shift that were seeing. So when you bring those dynamics together, I think there are some other reasons why these issues are becoming more prominent.

MS. STACHELBERG: Percil, just in terms of AARP, how are these issues manifesting themselves in the organization? I mean, the fact that it sponsored this conference, the fact that you're here today and AARP looked forward to the report. Is it smooth sailing? Is it no problem these issues are being raised at AARP or is it a journey like all of us are going through on many of these challenging issues?

MR. STANFORD: It's a journey. The journey has been a smoother journey recently and I think the journey has been smoother primarily because of generational differences and usually negative when we talk about generational differences.

It's positive in this sense in that some of the leadership at our board level has been younger and has understood what the relevance of the inclusiveness means. So we've had that leadership at that level. At our executive level, there has been a better understanding primarily because we have out individuals that are executive level and that's very important at the board level as well.

As a matter of fact, I won't talk too long, but we have employed resource groups, for example, and Prism is one of the resource groups. And one of our executive team members who is out is the adviser mentor for that group.

So it's through those kinds of things that the organization has really begun to soften in terms of its – I'll just say tolerance for, and I think that's an appropriate term to use at this point.

MS. STACHELBERG: That's wonderful. I want to open it up to the audience. Michael. Yes.

Q: Thank you. My name is Michael Mang (ph). And I want to applaud all of the organizations for sort of taking the lead on this important study, and Winnie, for you organization just taking the lead on issues before the rest of the country knows that they're sort of important issues so thank you for that.

I do want to raise something. I read quickly over the executive summary. And I've been HIV positive since 1987 so I'm at that age leading hundreds of thousands of us into elder LGBT life. And there was sort of a small reference to – and even the small reference you made in the executive summary was – half of it was about preventing HIV among elderly LGBT.

You talk about stigma within GLBT in the mainstream in the heterosexual world but with our own community being HIV is still a stigma and I'm hoping that you guys, as you move forward, either have people with HIV at the table as you move forward – because I just think this is critical and the stigma within our own community, let alone within the sort of standard community, I think data is critical but I think scientific data is also critical and that's not just for HIV but for GLBT community and what the science says about individual kind of things that happen to us as we get older that is different from the regular straight community.

So I'm just hoping you're addressing the issue maybe in the longer report. There's a lot about it. I'm hoping there is. I just didn't sort of see it in the small report and I just wanted to raise it.

MR. ADAMS: We, in putting together the report, we had a lot of discussion about this question because the intersections of HIV and aging, as many of us know, are

huge. And HIV and HIV related programming and policy work has become an increasingly prominent part of SAGE's work overtime.

There was a sense that – it actually was not possible to really do justice to that issue in this report. We actually have just issued a separate policy paper on HIV and aging issues that's part of a larger collaborative that SAGE is participating in with an organization called ACREA which is AIDS Community Research Initiative of America and Gay Men's Health Crisis which is a policy advocacy initiative around HIV and aging issues. And actually, I'd be happy to share more of that information.

So the prominence of it in the report is not a reflection of the prominence in our work. It's more a reflection of a judgment of how we could actually do justice to it. But I think we certainly recognize that, you know, fortunately, we are in the situation where people with HIV are part of our aging community and they're increasingly part of the SAGE community, so to speak.

MS. STACHELBERG: Yes.

Q: Ken South (ph). I know intimately the progress that AARP has made with GLBT issues and I can tell you a lot of personal stories about people before your time. But it also dawns on me as we sit here today that AARP engages in the largest cohort of GLBT elders in the country. You have six times the number of GLBT seniors that SAGE touches. And a number of years ago at the National Conference for Prime Timers which is the National Social Club for Older Gay Men and our admirers, I did a workshop and – always gets a laugh – and there were 250 gay men over 65 in that workshop.

And I said to them, how many of you are members of AARP? Every single hand went up. I said, how many of you – and then we started talking about AARP and they all started moaning and groaning. And so I said, how many of you though have written a letter to AARP, have sent an e-mail, have called somebody on the phone, maybe two out of 250. But what they're looking for and I think it's very apropos to where we are today, they're looking for an invitation.

And I think to talk about data, AARP is sitting on a mound of data, hundreds and hundreds of thousand of GLBT elders are already members of AARP or they trust AARP and would be open to be invited.

MS. STACHELBERG: Yes. Liz.

Q: Hi. I'm Liz Weiss. I am policy analyst here at CAP and I focus on unmarried women. And so I just wanted to know if you could discuss a bit how the problems and the policy solutions in the report apply to individuals who are not in a couple? And also how they might apply, especially the recommendations to the larger population including unmarried heterosexual individuals?

MS. MUSHOVIC: Yes. That's a great question. And what we found in this report is in fact a lot of the issues that LGBT elders face, they face because they fall

outside of traditional family structures. And so the issues they face, they actually have in common with any population that falls outside of a traditional family structure. So that not only includes, for instance, older heterosexual domestic partners but also let's say an older widow who is childless and is no longer in a traditional marriage relationship.

And so a lot of our proposals and recommendations, for example, you think about the FMLA today and it provides leave if you want to take care of a parent or a husband or a wife but what if you are a niece who wants to take care of an elder aunt, that lack of coverage under the FMLA is the same issue as a gay elder who cannot take care of their sick partner.

We take a look at issues like Medicaid spousal impoverishment rules. Those don't apply for LGBT but they also don't apply for heterosexual domestic partners and we know that not all seniors today that are living together are married.

Pensions, the lack of qualified joint and survivor annuities – there is no reason why if I'm an elder widow and I am living with my sister or my best friend that we shouldn't be able to designate each other on pensions.

And so there's actually a huge overlap on these issues. We look at it a little bit in the report. There's a recommendations table at the end that kind of ticks off where recommendations affect other populations.

But yes. Essentially, when you think about it in terms of family structure, these issues affect single adults. They affect heterosexual domestic partners and I think that if we could make these changes that we outline, we would see benefit, not just for LGBT elders but a whole range of elders that fall outside of these structures.

MR. ADAMS: Just a real quick addition to that. There was a heavy emphasis in the report on the importance of effective access to services and access to culturally competent services. Those issues are poignant and relevant regardless of relationship structure. In fact, if anything, they are more relevant to single elder who, we know from our experience, are more likely to need access to services but unfortunately, in this context, can't get them.

MS. STACHELBERG: Do you have a question here? Yes. I think we've got time for one more.

Q: Hello everyone. My name is Skynet Jones (ph) and I'm (19 ?) so I am just now getting into a little more experience about older LGBTQ people and things like that nature. So I'm very happy to be here. My question is to any of you all panelists and like your depiction on this, just any of you, or in most cases, all of you, my question is like, as LGBTQ like individuals like – I mean, especially in the black community because I'm definitely African American in every way and as I process day-to-day situations and we have to be isolated all the time and always have to be faced with a lot of mistreatment from others.

And my thing is if you're in the black community just trying to narrow it down just by race or just by skin of color, would it be harder for us to kind of live day to day to day other than Caucasian or any other one and then if so, if we cross into the transgenderism piece with different things and different services and thing like that?

And let's just say an individual wanted a sex change or an individual wanted some type of transgenderism services and let's just say they deny it on this side of the world or this side of the United States, if they go to San Francisco or if they go to anywhere else, would get that provided or – (audio break)?

And I remember what you just said, it is a journey. And I definitely – (off mike) – definitely is a journey and I faced through a lot of journey. Journey comes in everything else when I lived my own life.

MS. STACHELBERG: I think maybe Michael or Ineke just talking about the interrelatedness of these issues and the layers of difficulty that communities face whether they're African-American, whether they're transgender or others and sort of the interrelatedness of those challenges.

MR. ADAMS: Sure. Two observations about that. One is SAGE is working to form a coalition with a number of National People of Color senior organizations which include the National Caucus and Center on Black Aged and the National Hispanic Council on Aging.

What we've seen in those discussions as we work to create that coalition is that there is a tremendous amount of commonality of experience across issues of discrimination and lack of access based on race, sexual orientation, ethnicity, gender status, immigration status in many cases.

So, although there are some distinct experiences, there are a lot of shared experiences and so much so that in fact in a recent meeting with the U.S. administration on Aging, SAGE joint a number of other national people of color organizations to express our kind of shared concerns in that case about the Older Americans Act.

I also want to mention with regard with transgender aging issues, there is so little data policy analysis, anything on these issues. Having said that, all of our LGBT service organizations work all the time with transgender older people and I want in particular to highlight the National Center for Transgender Equality which has taken a strong interest in aging issues and is working with SAGE now. We're attempting to develop a transgender aging project actually. There's a lot of intersection. There are some differences and I think what we're going to see in the years ahead is a lot of progress on lacing these things together.

MS. STACHELBERG: Unfortunately, I'm going to have to end our panel discussion here. I want to thank Ineke and Michael in particular for your tremendous report, first of all for being here and representing an important constituency and organization.

Then, a moderator's privilege, I just want to thank all of you for being here. I look out in the audience and I see a lot of, dare I say, old friends – (laughter) – and dear friends and long time friends. And I want to thank each and every one of you for the work that you've done to ensure that we are here today and the conversation will continue. So thank you very much and thank you to our panelists.

MS. MUSHOVIC: Thank you, Winnie. (Applause.)

(END)