

Speech for Continuing Care Amherst, NS. April 23, 2015

Parrifore April 1, 2016

The older we become the more we realize that eventually we may be in need of special care, perhaps in long-term care facilities, or in our homes by private care workers, with the assistance of a family member, or a friend.

→ Long-term care should be dedicated to culturally responsive and dedicated level of care.

By keeping resources up to date, we must ensure that members of the LGBTQ, that is lesbian, gay, bisexual, transgender, queer and questioning community receive the assistance they need.

Largely overlooked for years and practically invincible, these seniors share the same aging-related issues as their heterosexual counterparts.

Sexual orientation or gender identity is cause for discrimination.

To some, the prospect of losing the ability to care for oneself will be of phenomenal concern. The question of how we retain dignity and with a sense of respect is of the utmost importance.

At some point in time most of us will experience this dilemma. We may also ask ourselves if this is truly the end of a lifetime of many wonderful experiences. The outlook for members of the LGBTQ community in our society remains a confusing issue when it comes to equal treatment

The current generation of older LGBTQ people have experienced a lifetime of discrimination due to their sexual orientation, gender identity and gender expression, and they face very specific challenges as they age.

- They are less likely to seek health care when they need it
- They often do not disclose their sexual orientation and/or gender identity and expression to their care providers for fear of discrimination
- They are at higher risk for negative health outcomes later in life, including depression, suicide, substance abuse, smoking
- They also report more feelings of isolation from their communities

About 6 years ago I contacted a number of long-term care facilities in Nova Scotia. You would be surprised how many did not have sexual orientation and true gender identity as part of policy that provides equal treatment void of homophobia, transphobia and discrimination.

A few responded that they will address that situation if it ever should arise. Others were not at all responsive and were not concerned, or were not aware that this is of great concern to senior members of the LGBTQ community. Some requested a list of policies that could be part of the facilities.

Soon after, I contacted the then Health Minister, Karen Casey, to raise the concerns that exist. She was not very helpful, except to say that all citizens in Canada are protected under the law.

There was no mention of equal treatment, and her response left me cold and indeed gave me more energy to increase the necessary attention this situation must receive.

NDP Health Minister Maureen MacDonald was a little more sympathetic and promised me that she would refer this to the proper department. Again, silence!

LGBTQ seniors are not convinced they will be welcomed with open arms, especially with a partner at their side. How will a couple be accommodated in such surroundings and feel understood?

Partnered or single, will we feel comfortable in surroundings that are no doubt geared towards a straight society, and must we hide our sexual orientation or true gender identity so as not to upset other residents?

to a Daytone Care facility

Many questions arise as we contemplate our twilight years. According to law, all must be afforded equal treatment, but in reality this remains a concern, otherwise workshops such as this would not be of necessity.

I was recently speaking with someone regarding the aging process and I was told that age is just a number. Let's be realistic and think about what that means.

As we age, and let me assure you that at 76 I have some experience, one thinks of all sorts of things that indicate the years are going by and if you have a few trips to make, perhaps make amends about something, then, we had better take the bull by the horns, so to speak, and take care of these matters.

The old saying, "Time waits for no one" applies to all of us. I will tell you that age is not just a number.

So, we take on a new adventure and contemplate about our senior years. We take care of things that are important such as, family, friends and activities. Get these things done and make plans to enter what may, or may not be comfort in our final years.

We all long for comfort as we move towards the end to our lives, however long that may be. If we require long-term care, we must be assured of our comfort and care is given without fear of ~~homophobia or transphobia~~. *discrimination*.

This is the time that we all crave to be as happy as possible.

There is another factor that we are concerned about, and that has to do with the age of LGBTQ seniors who are presently seeking accommodations in a facility, or home care.

These are the people in the age bracket who tend to remain in the proverbial closet and therefore are nervous. Some develop severe mental anguish because it may be discovered that they are a member of the LGBTQ community.

Many gay, lesbians and transgender folks who are in my age bracket are sceptical and worried about the possibility of entering a long-term care facility. They have good reason and that must be respected.

Remember that when I was young, one was not about to come out to identify as ~~gay or lesbian~~. *the sexual orientation*. The possibility of harsh consequences was very real. So, we lived secret lives. Some of us waited until the 1970s to reveal our true identity, others remained cloaked in secrecy.

I came out in 1974 when it was unwise to do so, however, the few of us who are in this age group remain in the minority.

There was a case in ^{US} Halifax where an elderly lesbian felt she had to return to a secret life after living her life as it was meant to be lived.

She felt the need to return to secrecy after a number of residents verbally abused her and sadly in her senior years feels she must live in isolation. I have read of facilities where this is a constant issue.

There is a need to address this ^Tand seniors can be educated to respect others who seem not to live according to their standards, lives that have equal meaning in accordance with other unique ^{Qualities} ~~issues~~ we possess.

Staff and residents must face up to the fact that we all deserve equal treatment, regardless of sexual orientation or gender identity.

In 2010, the LGBT Elders Project, sponsored by the Nova Scotia Rainbow Action Project, invited me to take part in a two session workshop exploring cultural competency training in partnership with Northwood Manor, the largest long-term care facility in Nova Scotia.

It was a tremendous opportunity to guide, discuss, and to educate staff regarding the special needs LGBTQ patients require in long-term facilities.

We may well ask following questions.

Do you believe homophobia, transphobia and discrimination exists in long-term facilities?

Do you feel members of the LGBTQ community should be made welcome in long-term care facilities?

Given the fact most people greet their loved ones with a kiss and a hug, would you object if an LGBTQ person shows affection in this manner?

Do you feel equal treatment should be everyone's right?

Do you think a separate facility should be erected to house senior LGBTQs so that they do not have to conform to the standards of others?

How do we cope with care workers who come in one's own surroundings where one has lived for years without fear, and suddenly must share the house with a stranger who may be homophobic, or transphobic?

Do you believe in an inclusive society that welcomes all, regardless of sexual orientation or gender identity?

Is it reasonable to assume that LGBTQ citizens have equal access to all services provided by government?

Would you be comfortable should a gay, lesbian or transgender person or couple resides alongside you in a facility?

These questions are a great way to find out how members of the general public view this situation.

In order to gain mutual understanding and learn to respect others is a daunting task. Many changes are necessary to make even a dent in a society where stubbornness and uncaring attitudes remain a huge problem.

Implementing policies is difficult and even more so to police. If society agrees to be inclusive, then long-term care facilities will no longer be viewed as caring only for a certain segment of our population.

We must take care of our elderly. Many of them are afraid and that they will end up in loneliness, especially for the majority who remain in the closet.

Solutions must be forthcoming and progress is being made in many instances. Positive education, raising awareness and making certain that no one is left out of the equation, is necessary.

I will reiterate that we have the obligation to assist members of the LGBTQ community to live life to the fullest and be treated with respect, dignity and have access to the services afforded all others and feel comfortable in their senior years.

The struggle continues, but a lot has been accomplished and together we will succeed in gaining equal treatment in long-term care facilities, or at home.

I must emphasize that during my 40 years as an activist I have experienced huge steps that would not have been possible years ago.

We are protected under the Canadian Charter of Rights and Freedoms and Human Rights Acts. We have equal rights as all others under the law. Except for our transgender brothers and sisters protection on the Federal level is not yet a reality.

We have equal marriage and equal pension benefits. We now enjoy the protection and the feeling that much has been accomplished. However, equal treatment remains an unsolved issue.

It is a difficult journey and with that comes feelings of accomplishments and frustration, disappointment and celebration.

All of us have the right and the wish to be treated equally, within our families, our friends, neighbours, in our work places and in our retirement years.

Many religious communities, medical facilities and the business world have not been supportive and this must be addressed and I will tell you that groups such as, the Nova Scotia Rainbow Action Project, the Get Real Movement, Health Authorities, sexual health centres and individuals are on the move for change.

Continuing care is a wonderful support for seniors, and indeed a necessary one, because as we grow older and need assistance, we have the opportunity to live with more dignity, a healthier environment with the lessening of worry, the constant endurance of pain and the knowledge that we are not alone.

Many are
The great work you are doing to embrace LGBTQ citizens is phenomenal proof that the system works and is sustainable.

So, let us embrace and practice inclusion, not exclusion, because I assure you that somehow we are all the same.

The care, or level of care we need, should depend on need, not our sexual orientation, or gender identity.

Educating, raising awareness, and understanding are the tools we need to further change, and eventually lessen much of the homophobia, ^{bi-phobia and} ~~and~~ transphobia that exists today.

Continuing care, as we age, is hopefully a certainty that we will enjoy and experience during the on-going journey in life. Our sexual orientation and gender identity should not be allowed to become a barrier to equal care.

While in continuing care we must be able to live in the best environment possible. We wish for care that is sensitive to our needs and our total well-being.

We need professional care that is so necessary to receive towards the end of life years. We also need understanding from other residents and care givers.

We need love and caring to the end of our days, regardless of sexual orientation, gender identity, or any other uniqueness we may possess.

The following is a wonderful example of showing tenderness and patience.

An elderly lady calls her neighbour and asks him to please come over and help her. She says, "I have this killer jigsaw puzzle and I can't figure out how to get started".

Her neighbour asks, "What is it supposed to be when it's finished?"

She replies, "According to the picture on the box, it's a rooster". The neighbour goes over to help with the puzzle.

She has the puzzle spread out all over the table. He studies the pieces for a moment, then turns to her and says,

"First of all, no matter what we do, we're not going to be able to assemble these pieces into what looks anything like a rooster."

He gently takes her hand and says,

"Secondly, I want you to relax. Let's have a nice cup of tea, and then, he says with a deep sigh, "Let's put all the Corn Flakes back in the box."

To recap, I want to mention the following:

1. We must identify and discuss reasons an older LGBTQ person may be distrustful of the health or social care systems or perhaps reluctant to seek the care they need.
2. We must demonstrate and share an empathetic understanding of the barriers faced by older LGBTQ people.
3. We must make appropriate use of pronouns.
4. And we must propose ways to foster a safe and LGBTQ-inclusive environment for older people, their friends and chosen families.