

RIGHTS AND ISSUES OF
ELDER LGBTI+ PERSONS AND
EXAMPLES FROM THE WORLD



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AND EXAMPLES FROM THE WORLD

Study and Research Report *



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*"A carol closing sixty-nine—a résumé—a repetition,
My lines in joy and hope continuing on the same,
Of ye, O God, Life, Nature, Freedom, Poetry;
Of you, my Land—your rivers, prairies, States—you, mottled Flag I love,
Your aggregate retain'd entire—Of north, south,
east and west, your items all;
Of me myself—the jocund heart yet beating in my breast,
The body wreck'd, old, poor and paralyzed—
the strange inertia falling pall-like round me;
The burning fires down in my sluggish blood not yet extinct,
The undiminish'd faith—the groups of loving friends."*

A Carol Closing Sixty-Nine, Walt Whitman

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in aging is not the only reality and how valuable to stand together in solidarity and love especially during the hard times of Covid-19 period, and who made me celebrate my aging, by always holding my hand and hearth for 12 years; and to Bambam, our furry flatmate who made me to have a different perspective about rights and freedoms; and to my dearest friends Oya Tatlınar and Sinem Hun, who introduced me to the field of human rights and who empower me; to my family of origin and all my families of choice. Finally I would like to thank especially dear Yıldız Tar, Umut Güner and Damla Umut Uzun, the indispensable activists of the 17 May Association and Kaos GL Association, who all made this project possible with their professional experience and knowledge throughout the entire project; to Metin Uzun, the General Coordinator of 17 May Association for making every minute we work together meaningful and enjoyable by offering unique solidarity.

I wish you a pleasant reading

Stay healthy, stay safe

LGBTI+ Aging Studies Field Coordinator

Özge Gökpinar

PRELIMINARY REMARKS

17 May Association says hello!

17 May Association was established to empower the LGBTI+ community and LGBTI+ activism against the increasing oppression against them. Just one year after our establishment, it really makes us happy to see the contribution we made and the changes resulting from this contribution. We consider this as the success of the whole movement.

In these difficult days where LGBTI+ persons are targeted with a discriminatory, stigmatizing and hateful manner, we understand that it is the duty of all of us to understand the importance of the struggle of the LGBTI+ movement until today, and to develop the stance of LGBTI+ movement today. For ensuring this, solidarity will be our greatest strength. We will continue to explain how our solidarity and existence are irrepressible and indestructible by the struggle we put up.

17 May Association, which aims to be inclusive of all individuals covered by LGBTI+ acronym, has always been in solidarity with LGBTI+ persons living with HIV, LGBTI+ elders, trans women and Intersex persons in various ways, since the day it was founded. This inclusion will continue to grow in the coming years.

After the “Report on LGBTI+ Elders and Situation In Turkey and Around the World” prepared by 40+ Lubunya Group organized within 17 May Association, this “Rights and Issues of Elder LGBTI+ Persons and Examples from the World Study And Research Report” is a very comprehensive material on aging process and the rights of LGBTI+ elders and it is a reference book for advocacy activities. Wish you a pleasant reading

17 May Association's General Coordinator

Metin Uzun

In order not to be lonely, impoverished and deprived of...

“We are growing older, Lubunya!”, is one of those sentences that brought us together. In the days when we are turning 40s, we slowly started to worry about where we will be in 10 years and what awaits us in 20 years. We met in December 2019, believing that it was the time to discuss these together. When we got together a year ago, we certainly did not have a prediction that we would be where we are standing one year later. We concluded the Bolu 2019 / 40+ Lubunya Initiative meeting by saying that aging is such a hard process, we need to study on this more, we need to learn more.

Then, we did a good job within a year!

We made a debut at Istanbul Pride Week! We organized there a workshop within weekdays and within the working hours where most of the 40+ Lubunya persons were at work, however, 75 persons attended this and this workshop highly encouraged us.

By applying to EU Etkiniz Programme, we made an analysis study on “LGBTI+ Elders and Situation In Turkey and Around the World”. At the same time, we built a successful process consisting of series of activities and this report within the scope of ILGA Project. It was good to see each other during the pandemic process.

We attended the Senex Conference! We had the opportunity to meet there with academicians and non-governmental organizations working in the field of aging studies!

We also started to argue that the aging and being elder is a state where well being can be ensured without loneliness, impoverishment and deprivation, and that “aging” is not just about growing older. In the coming days, we will start to think about the need to re-discuss/reevaluate the concepts of aging and being elder over the state of being LGBTI+ persons.

The 40+ Lubunya Initiative will continue its journey as 40+ Lubunya Aging Studies under the umbrella of 17 May Association!

As 40+ Lubunya Aging Studies, we would like to express our gratitude to İsmail Alacaoğlu, with whom we organized the December 2019 Bolu Meeting together where 40+ Lubunya Initiative was established; and to Ali Erol, Ali Özbaş, Semih Varol, Esmeray, Yasemin Öz, Seçin Tuncel, Aylime Aslı, Umut Güven, Bahadır Ural, Yelda U., Damla Umut Uzun, Özlem Cankurtaran, Koray Başar for their participations in the meeting and who also helped us come to this process. Last but not least, we would like to thank Özge Gökpinar for accomplishing this project.

On behalf of 40+ Lubunya Aging Studies

Umut Güner

INTRODUCTION

17 May Association was established on 2 September 2019 in Ankara with the aim of strengthening the LGBTI+ community and LGBTI+ activism against the increasing pressure against the LGBTI+ community. 17 May Association got its name from the day that homosexuality was excluded from the “International Classification of Diseases” by the World Health Organization on 17 May 1990. Since that day, 17 May has been celebrated worldwide as the International Day Against Homophobia, Biphobia and Transphobia. The primary field of study of 17 May Association, whose founders are mainly LGBTI+ activists and professional experts working in this field is to provide intervention and support in crisis moments in line with the needs of LGBTI+ organizations and activists arisen during capacity building activities. 17 May Association has formed a meeting hall in the memory of Psychologist Mahmut Şefik Nil, one of the founders of Kaos GL, located in its office which is used together with the GALADER-Rainbow Families Association and Aramızda Association for Gender Research. 17 May Association would like to make its Mahmut Şefik Nil Meeting Hall a center for gender events in Ankara.

Currently, 17 May Association conducts studies in three fields of activity. First of these is HIV/AIDS studies. The first activity of 17 May Association in the field of HIV was to attend “Living Politics: Remembering HIV/AIDS Activism Tomorrow” which was the concluding conference of the EUROPACH project held in Germany/Berlin between 12-13 September 2019. The founders of 17 May Association also participated in the “HIV and Anti- Discrimination Stakeholder Workshop” hosted by Kaos GL. After these two events, 17 May Association determined its approach to the HIV field and realized that HIV should not only be considered within the scope of a right to health, but also should be considered as an issue of equal citizenship, and decided to focus on the “HIV issue” from a broader perspective.

Second field of activity is to support the sustainability of LGBTI+ organizations in areas such as fundraising, financial and administrative affairs, advocacy and digital security in this period where threats against LGBTI+ community and activism are increasing, with the aim of strengthening LGBTI+ organizations and community, which is inherited from Kaos GL. In cooperation with Kaos GL, it is aimed to establish professional and voluntary support teams that can intervene in times of crisis. Within the scope of the program to support LGBTI+ activists, the association has created a pool of volunteer experts who will contribute to the LGBTI+ field. 17 May Association has envisaged providing expert support in areas such as management, finance, fundraising, project cycle, accounting, volunteer management, administrative procedures, and organizational communication.

The third field of activity is the studies on aging, which is the main theme of this report book. 17 May Association started its studies in the field of aging by 40+ Lubunya initiative/40+ LGBTI+ Study Group. It organized its first workshop on 13-15 December 2019 with more than 20 LGBTI+ participants. By being aware of the fact that LGBTI+ movement in Turkey is a relatively young social movement that the issue of aging has not been brought up on the agenda of the movement although LGBTI+ persons struggle in this area are aging, 17 May Association has started to work on the field of LGBTI+ aging and takes the responsibility as the persons who started the LGBTI+ movement in order to overcome the fear of aging and being alone, which is one of the fears experienced by LGBTI+ persons in Turkey, and it started its activities in this field. On 25 June, 2020, within the scope of Istanbul LGBTI+ Pride Week, 17 May Association organized an online session titled "Where are LGBTI+ persons who are 40 and over?" This event, which took place with the participation of about 65 persons, showed the need for a road map in the absence of longitudinal studies¹ in the field of LGBTI+ aging. In addition, 17 May Association organized a Strategy Camp between 22-24 August 2020 where the present and future of all of its activities are discussed and what can be done was evaluated.

¹ *Longitudinal study, is a study, where researchers repeatedly examine the same individuals of the same group to detect any changes that might occur over a period of time over the years.*

On 31 October 2020 17 May Association attended Senex: IV. Congress of Aging Studies for Graduate Students where 17 May Association provided presentations on the report prepared by Yasemin Öz which provides a gap analysis by comparing the legislation in Turkey with the international human rights standards for protection of human rights of LGBTI+ elders. Also, 17 May Association gave information on identifying the legal steps need to be taken in order to ensure full compliance with the relevant international standards on LGBTI+ elders and reporting them to international human rights mechanisms.

Prior to conduct studies on LGBTI+ aging, we, as 17 May Association's 40+ Lubunya Initiative, tried to find an answer to the question; "How is growing old together possible?", as well as trying to analyze where we are and how we are now currently. In order for growing old together, we have decided to be organized based on the fact that we should strive for spending our days and time together. Although we position ourselves in LGBTI+ movement as queers coming together as 40+ initiative, we think that each one of us questions in some point where we are considering the fact that there is a constant change in the language, dynamics and culture of the LGBTI+ movement. While this creates a challenge for us, it has also paved the way for us to initiate 40+ Lubunya process. We are also in need of questioning where we are, since the LGBTI+ movement has produced little information on LGBTI+ aging, despite the fact that we, as 40+ Lubunya, are also the components of the movement. We try to cope with all of those challenges not only from the perspective of the structure of LGBTI+ movement but also from legal and legislative perspective. Therefore, 17 May Association's 40+ Lubunya Initiative made a review on the good examples from the world and used it as the inspiration to identify the rights and problems of LGBTI+ elders in Turkey and to understand what can we do together in this sense in Turkey while initiating the study and research on the subject of this report.

This study was prepared within the scope of the "Elderly LGBTI+ Project" conducted with the support of ILGA Europe between 1 July 2020 and 28 February 2021. Elderly LGBTI+ Project is a capacity building project and a networking opportunity for 17 May Association's 40 LGBTI+ Study Group in providing intersectional knowledge and resources for advocacy and lobbying, and raising awareness on elderly LGBTI+ rights and issues

in Turkey. The project will produce a resource material and a roadmap on rights and issues of Elder LGBTI+ persons. The activities conducted within the scope of the study between 1 July 2020 and 28 February 2021 are as follows: Online Research on Rights and Issues of Elder LGBTI+ Persons and Collecting Good Examples Domestically and Globally (July, August 2020); Online Training on HIV and Elder LGBTI+ Persons (28 September 2020); Online Training on Law and Elder LGBTI+ Persons (19 October 2020); Online Meeting on Solidarity and Living Cooperatives and Elder LGBTI+ Persons (16 November 2020); Elder LGBTI+ Persons and Social Policies Meeting organized with Kaos GL (26 November 2020); Online Meeting on Elder LGBTI+ Persons in the Context of Human Rights, Civil Society-Aging Studies (30 November 2020); Online Meeting on Elder LGBTI+ Persons in the Context of Social Services (14 December 2020); to share the information of the project and the report book with the field: "Lubunya is Ageless"- Early New Year's Meeting & Online Party (25 December 2020); Online Consultation and Strategy Meeting (January 2021); Distribution of Materials Produced and Media Coverage.

With this project and with this report, it was aimed to produce a resource material on the rights and problems of LGBTI+ elders and to determine a road map and in this regard, this report was prepared and presented to the attention of all relevant institutions and persons. When the LGBTI+ aging studies in Turkey are reviewed, it can be observed that there is no studies conducted apart from Kaos GL Association and 17 May Association. There are no in-depth publications except for few academic materials written in this field and the articles published in the Aging Issue of Kaos GL Magazine. The organization led by the 17 May Association, which develops by the culture of comradeship and which is shaped by growing old together, aims to address the field of social policies and social services in favor of LGBTI+ persons with this study and this report. While struggling against the discrimination on account of SOGIESC², LGBTI+ community should also question "age" discrimination, specific problems related to aging and intersectional discrimination. As 17 May Association, while growing older, being inspired by the good examples from the world we would like to start a depth and longitudinal study in Turkey, and in the end we would like to take our place among the

2 (SOGIESC): sexual orientation, gender identity, expression, sex characteristics and intersex status

world's best examples. After determining the deficiencies in the field and regarding the research studies, we aim to conduct studies towards the life problems of LGBTI+ elders from a human rights perspective in the long term. In the future, the work to be carried out by 17 May Association to ensure legal possibilities and age-friendly environment and services in a specific or inclusive manner for LGBTI+ elders, and in this sense, to ensure the establishment of cooperatives and centers will be one of the main components of the studies to be conducted on LGBTI+ elders. These studies will provide the basis for future studies to be beneficial not only for LGBTI+ elders, but also for all elder persons with all their heterogeneity. Liberation of LGBTI+ persons will always liberate the heterosexuals.

GENERAL INFORMATION ON THE STUDY

General Information, Methodology and Limitations

The Elderly LGBTI+ Project aimed to change the perspective of LGBTI+ organizations and professional workers' advocacy and lobbying activities when it comes to the rights and problems of LGBTI+ elders; and it also aimed to provide tools for these NGOs and individuals in order for them to address intersectionality in their studies. The project aimed to change the level of media and news coverage regarding the news about LGBTI+ persons. It is also aimed to make the rights and problems of LGBTI+ elders a public issue and to raise awareness on this issue. It is possible for policy makers, academics, lawyers, social workers, health service providers to benefit from the activities and results of this project in their fields of study. This project will enable these persons to change their perspectives on their studies by providing intersectional information about rights and problems of elder persons.

The rights and issues of LGBTI+ elders are the subjects, which have not been addressed by the LGBTI+ community in Turkey before. Therefore 17 May Association's 40+ LGBTI+ Study Group (40+ Lubunya Initiative), is a unique and strategic network for LGBTI+ persons from different regions of Turkey focusing on the needs and problems faced by aging LGBTI+ persons. Building the capacity of the group and allowing them to have the tools, knowledge and skills on a few specific issues will provide possible, concrete and knowledge-based advocacy and lobbying on the rights of LGBTI+ elders. With this report, 17 May Association aims to provide a resource material to the LGBTI+ community, partner organizations, allies and other stakeholders while providing their access to better and easy to understand information on this issue. The activities conducted within the scope of the study between 1 July 2020 and 28 February 2021 are identified as follows: Online Research on Rights and Issues of Elder LGBTI+ Persons and Collecting Good Examples Domestically and

Globally (July, August 2020); Online Training on HIV and Elder LGBTI+ Persons (28 September 2020); Online Training on Law and Elder LGBTI+ Persons (19 October 2020); Online Meeting on Solidarity and Living Cooperatives and Elder LGBTI+ Persons (16 November 2020); Elder LGBTI+ Persons and Social Policies Meeting organized with Kaos GL (26 November 2020); Online Meeting on Elder LGBTI+ Persons in the Context of Human Rights, Civil Society-Aging Studies (30 November 2020); Online Meeting on Elder LGBTI+ Persons in the Context of Social Services (14 December 2020); ; to share the information of the project and the report book with the field: “Lubunya is Ageless”- Early New Year’s Meeting & Online Party (25 December 2020); Online Consultation and Strategy Meeting (January 2021); Distribution of Materials Produced and Media Coverage.

In the online research conducted for collecting the best examples in the world and revealing the situation in Turkey, complemented by the review of literature on LGBTI+ aging and for ensuring evaluations made for research; it was observed that when considering the aging experiences of LGBTI+ persons, the focus was mostly on sexual orientation rather than gender identity/expression. In this context, it was observed that the groups discussed were mostly gays and lesbians, and the aging experiences specific to bisexuals were not reflected in the studies. The aging experiences of gender diverse (trans and trans+) persons have also been evaluated under general evaluations. However, the LGBTI+ community is a group that each has its own unique experiences, they have different experiences from each other. For this reason, just as the experience of cis heterosexuals and the aging experience of LGBTI+ are evaluated by separating and comparing them, the experiences of trans and trans+ persons are an area that should be considered separately from cis LGBs. However, since there are no comprehensive studies in the literature on the aging experiences of trans and trans+ persons, this creates a limitation. The aging practices of trans and trans+ persons in the preparation process of this report book and good examples from the world that trans persons can benefit from has been tried to be presented within the scope of this report based on the 17 May Association’s observations in the field and this limitation has been tried to be overcome.

Some risks and threats are envisaged within the scope of this study and in the implementation of the activities. Turkey's political climate and the authorities of the decision-making process, has constituted a risk for the LGBTI+ community and LGBTI+ NGOs that will negatively affect them directly. There is also the global Covid-19 crisis that endangers persons' lives, forced them to stay at home and maintain social distance. Due to these risks, 17 May Association first wanted to ensure the safety of its employees, volunteers and participants, and carried out its activities by using online tools to avoid risks and threats that may be encountered. As a methodology, because the Covid-19 process eliminates the possibility of physical meetings, there has been a limitation and only persons who have access to the Internet and can use digital devices can participate in online activities. Online trainings and online meetings were among the activities of the study. In this study, meeting formats were formed in order for various professionals and aging LGBTI+ persons to be brought together. However, it can be seen that this limitation reflects on the number of participants and age group. Although it was emphasized in the announcements of all meetings that it is open to the participation of everyone over the age of 18, persons who were not able to use the internet or persons who were hesitant to participate by seeing the phrase "40+" could not attend the meetings. Since the meetings held in Turkish, the experiences of foreign nationals, expats, asylum-seekers and refugees living in Turkey who cannot speak Turkish could not be directly reflected in the meetings. However, the problems of these groups could be evaluated through the testimonies/questions and comments/professional sharings of other meeting participants.

The other activities such as taking part in social media and alternative media, etc. were carried out online. All meetings held by the experts and the collection of good examples were carried out by videoconference methods, e-mails and webinars.

WHY 40+ LGBTI+?

The name of the study group that conducts the studies on LGBTI+ aging at 17 May Association is known in the field as 40+ Lubunya /40+ LGBTI+ Study Group/ Kirkindan Sonra Lubunya Initiative. This initiative consists of the LGBTI+ activists initiated the LGBTI+ movement in Turkey in 90s or joined the movement in 2000s. We can observe that following the studies conducted in those days, the studies on LGBTI+ persons was increased and awareness in that regard has been raised within 20-25 years, at the same time we see that the opposing discourses was increased. Our fellow activists who started working at that time and the activists called as “baby boomer”³ generation who were between the ages of 18-36 in the eighties, initiated this study based on the fact that they are now 40+ and can only see the reflections of their works within 20 years. Being aware of the fact that physical and mental changes can occur in years and the aging process intersects with many other areas, 17 May Association has adopted the principle of inclusion and diversity and takes into account the integration of every field with inclusiveness in its works. It conducts studies by addressing intersectional areas such as being HIV-positive and LGBTI+ elder, being intersex and gender diverse while growing older, gender confirmation process in old age, sexual life and law, social services, medicine, social policies, cooperatives, human rights, centers for the elder persons, services, nursing homes, etc. It addresses all issues related to old age as the issue of equal citizenship and equal enjoyment of rights and services.

At the same time, one of the reasons behind the initiation of studies by 17 May Association considering the age of 40 and above is that LGBTI+ persons are among the groups that experience directly that that aging process does not start at the age of 65-70. Even the LGBTI+ jargon itself

³ The “Baby Boomer Generation” refers to people who were born during the years between 1946-1964 following World War II. Baby boomers got their name from a phenomenon known as the baby boom. This boom was a spike in birth rates after World War II, resulted in millions of babies were born. The largest generational cohort in the United States consists of persons aged 50 and above from this generation.

reveals the perception on the elder person. Lubunca, the LGBTI+ slang, calls the persons between the ages of 20-25 as manti which means young; between the ages of 25-40 as nafta which means adult; between the ages of 40-55 as balomoz which means elder and finally it calls the persons at the age of 55 and above as puri balomoz which means very old. In other words, the LGBTI+ jargon and culture itself describe the persons at the age of 40 and above as elder persons. On the other hand, LGBTI+ persons are also one of the groups that have different experiences in their own life course, while living together with all other persons in the same time frame. It should also be considered that LGBTI+ persons can wear out more easily before the age of 65, due to the health conditions they live or may experience in adulthood, because economic inequality and fear of stigmatization affect access to health care starting from an early age. Diseases that need to be diagnosed early and monitored regularly with tests are also common among LGBTI+ persons who cannot go to a doctor due to the fear of discrimination. At the same time, especially since the rights of LGBTI+ persons are not guaranteed by law, LGBTI+ persons are deemed as “single persons” automatically in labor life. They cannot benefit from employee rights, they become the persons who are expected to come to the work at weekends, who work overtime and who are sent to places where nobody wants to go. LGBTI+ persons, who can be exposed to this pressure environment due to the fear of losing their jobs, may also wear out more easily.

40+ Lubunya study group continues its aging studies by considering all these and many other reasons.

GENERAL SITUATION IN STUDIES ON AGING AND PERCEPTION ON AGING IN SOCIETIES

Aging is an ongoing process of time-related change which begins with birth and continues until death. These changes include how a person feels and functions with respect to physical or mental competences. It is important for individuals to increase their knowledge and understanding of aging so as to prevent ageist behaviors, discrimination and ill treatment of the elders in our societies today. The public's perception of elders is very unpleasant and can implant fear into individuals who are approaching the retirement age. This pessimistic view of being old not only makes younger persons' evolution into older age one of misery, but this despondency is mentally projected out towards the elders of our society⁴ (HubPages, 2012).

Therefore, the studies on aging shall examine the factors that may be accountable for the perception of the elders in societies today, theoretical perspective, effects of ageism on the elders and suggestions that can change society's negative perspective toward aging and to promote positive images.

As babies are being born around the world, the persons are moving into retirement day by day. Most developed countries have generally accepted the chronological age of 65 years as the definition of elderly⁵ (WHO, 2009). According to Michelle Barnhart from Oregon State University, approximately 10.000 individuals in the United States turns 65 years old on a day-to-day basis and this is an indication that it is time for them to retire. Apart from chronological age, an individual's age can be determined by examining biological, psychological and socio-cultural

4 HubPages. (2012). We are the elderly of the future: Retrieved from: <http://seeker7.hubpages.com/hub/Caring-For-and-Supporting-Elderly-Parents>

5 World Health Organisation (WHO) (2009) Definition of an older or elderly person. Retrieved from: <http://www.who.int/healthinfo/survey/ageingdefnolder/en/index.html>

processes⁶ (Cohen, 2002). The elder population seems to be increasing significantly, due to the fact that more and more persons are attaining the retirement age (65 years) and are living longer.

In societies today the elder persons are seen as less valuable since their individualism, self-reliance, and independence would have been altered. This is due to the fact that with the aging process there is a possibility that one may experience some form of health complications or chronic disease, as a result of the physical changes taking place in the body. Elders are frequently faced with stereotyping where individuals repeatedly perpetuate bogus information and negative images and characteristics concerning them. Some elders are perceived in a positive light from time to time because they are actively involved in the community, loyal, sociable, and warm. Nonetheless the negative perceptions are more dominant, for instance; elders are often stereotyped as being unhealthy or always sick, decreased psychological functioning, unappealing, having no sexuality, negative personality traits, miserable, lonesome and excluded from society. Stereotypes may be as a result of an individual's negative personal experience; myths shared throughout the ages, and a general lack of current information. Elders are labeled with negative statements such as; wrinkled, cranky, crotchety, inattentive, forgetful, fragile, feeble, stuck in the past, past their prime, or a burden on society.

There are a lot of factors that may be responsible for the modern-day perception of the elders. An individual's age, gender, level of knowledge, interaction with elder adults and how frequent, cultural influences, modernization and the media are all factors that may influence how the elder persons are perceived by members of society. Moreover, there are a lot of misconceptions about elders since most persons are not knowledgeable about aging. These misconceptions include: most elders cannot live independently, chronologic age determines oldness, most elder persons have diminished intellectual capacity or have dementia, all elders are content and serene about life, all elders are resistant to change and cannot be productive or active.

⁶ Cohen, H.L. (2002). Developing media literacy skills to challenge television's portrayal of older women. *Educational Gerontology*, 28, pp. 599-620.

On the one hand, while the UNDP human development index encourages the countries to implement various policies based on humanity and regards policies as an indicator of development, the perception on the elders differs even in aging theory studies and policies for the elders, and ageism can be found in aging studies. Robert N. Butler identifies and briefly discusses three aspects of the problem of ageism:

- “1. Prejudicial attitudes against the aging process, being old and elders,
2. Discriminatory practices, in social levels including the labor life, against the elders,
3. Institutional practices and policies that perpetuate stereotypic beliefs about the elders and undermine their personal dignity.”⁷

From the theories on aging, first, the functionalist theory looked at how the different parts of society work together in order for it to function smoothly. With respect to the elders, functionalists believe that the elders are one of society’s fundamental groups.

However, the disengagement theory states that withdrawal from society is a normal behavior portrayed by the aging individual. This is so because the elders experience a reduction in both their physical and mental level of functioning, hence they expect at some point in time they will die, resulting in withdrawal from individuals and society⁸ (Cummings & Henry 1961).

Additionally, the activity theory seeks to explain that activity levels and social involvement are key aspects in replacing what was lost and went on further to say it is the key to happiness⁹ (Havinghurst, Neugarten & Tobin 1968). To expound, it is said that the happiness of elders depends on how active and involved they are, the more active, the happier they will be.

Lastly, the continuity theory explains that the elder who remain active and involved during the senior years do so by making particular choices

7 Butler, Robert N. Ageism: A Foreword. *Journal of Social Issues*, 36:2, 1980, pp. 8-11

8 Cumming, E. & Henry, E. (1961). *Growing Old*. New York: Basic.

9 Havinghurst, R., Neugarten, B., & Tobin, S. (1968). “Patterns of Aging.” pp. 161-172 in *Middle Age and Aging*, edited by B. Neugarten. Chicago, IL: University of Chicago Press

in order to preserve stability internally and externally. This is an attempt to maintain social equilibrium and stability by making future decisions on the basis of already developed social roles¹⁰ (Atchley 1971, &1989).

Conflict theory states that society is essentially unstable in view of the fact that it shows favor to the more powerful and wealthy individuals while marginalizing everyone else. According to this theory, there is always a competition for power and limited resources among social groups; hence the elder population struggles with other groups resulting in conflicts.

Modernization theory developed by Donald Cowgill and Lowell Holmes proposes that industrialization and modernization are the main reason why the elder loses power and influence in society¹¹ (Cowgill & Holmes 1972). Donald Cowgill's states in his theory that there is a relationship between aging and modernization; older men and women in less technologically advanced societies tend to yield more economic and social power than those in more industrialized countries¹² (Cowgill, 1986). Prior to industrialization, it was seen that the younger generation cared for the elderly in their society due to the strong social bond they had. Nowadays, it is evident that in various households the number of family members is under five; extended families are replaced by nuclear families. Individualism have become a characteristic of our civilization despite the traditionally collectivist nature of some cultures because of changes associated with all modern societies. In an individualistic industrial society, caring for an elder relative is seen as a voluntary obligation that may be ignored without fear of social censure¹³ (Openstax College, 2012). However, research shows that even though modernization and industrialization lead to socio-cultural changes, the importance of family and respecting and valuing the elders in certain cultures may be limited but still remains a priority¹⁴.

10 Atchley, R.C. (1971). "Retirement and Leisure Participation: Continuity or Crisis?", *The Gerontologist*, s. 11:13-17. & Atchley, R.C. (1989). "A Continuity Theory of Normal Aging.", *The Gerontologist*, 29, pp. 183-190.

11 Cowgill, D.O. & L.D. Holmes, eds. (1972). *Aging and Modernization*. New York: Appleton-Century-Crofts.

12 Cowgill, D. O. (1986) *Aging Around the World*, by Wadsworth Publishing Company, Belmont, CA,

13 Openstax College. (2013). *Theoretical perspectives on aging*. Retrieved from: <http://cnx.org/content/m42973/latest/>

14 Ali, Jody Ann, *Perception of the Elderly in Modern Society*, 2018

David Hackett Fischer (1977), like modernization theorists also believes that the status of older persons has declined over time. However, he further stated that, before modernization and industrialization take place in the United States the negative perspective about elders had already begun. For Encyclopedia of Aging (2002)¹⁵, Fischer further argued that between 1800's and 1900's the cultural transformation took place when citizens became interested in the principles of independence and egalitarianism. These behaviors were influenced mainly by the standards of the French Revolution. These new cultural values are accountable for the lower status of elders in the US and for the individualism of Western societies today. For this reason, elders are no longer treated with the respect compared to past; ageism is seen and ageist behaviors are demonstrated towards the older individuals in society.

Ageism generates unnecessary fear, waste, illness, and misery¹⁶ (Palmore, 2004); hence it has an impact on both society and culture, even though most individuals are not aware of it. Ageism and ageist attitudes is one of the factors that can contribute to elder abuse by creating a fertile environment in which the abuse can develop, leading to age discrimination, and devaluing and disempowering older persons. The elders themselves feel less valuable to society because of society's perception of them. The youth centric culture in which we live describes us as lacking compassion for the elders, the affinity to shoot our weak and wounded, us versus them mentally and the impression that one's value is based on what one can add to society¹⁷ (Holman, 2010).

Western culture, more so the United States are obsessed with the youths of the country. On the other hand, other cultures will respect and even worship older individuals for their wisdom. Tan et al. (2004) argued that a sample of younger persons in China held more positive attitudes towards all categories of older persons when compared with findings

15 Street, Debra; Parham, Lori. "Status of Older Persons: Modernization." Encyclopedia of Aging. 2002: Encyclopedia.com. Retrieved from: <http://www.encyclopedia.com/doc/1G2-3402200387.html>

16 Palmore, E. (2004). Research note: Ageism in Canada and the United States. Journal of Cross-Cultural Gerontology, 19, pp. 41-46.

17 Holman, K. (2010). 5 reasons why persons devalue the elderly. Retrieved from: <http://alexschadenberg.blogspot.com/2010/05/5-reasons-why-persons-devalue-elderly.html>

from studies in developed countries¹⁸. In general, society considers the children to be the future generation and they are worth fighting for. However, they will think twice when it comes to fighting for the elders because in their view they have already lived their lives and are no longer as valuable to society.

The role of the media in supporting ageism is that it mostly celebrates and encourages the younger individuals, which perpetuates ageist images and stereotypes. Children are more susceptible to the penalty of negative media images and introduction to stereotypical portrayals of the elders can alter their views of the actuality of aging and the elders in our society. This would definitely affect the way the youth intermingle with the elders. Television, print media (books, newspapers, magazines, and advertisements) are all considered a major and insidious cause of influence on the public's perceptions of older persons and aging. In the media the elders often represented and portrayed by stereotypic characters.

Television especially, plays a momentous role in influential public outlook on the elders, and it is often held responsible for bringing about negative stereotypes of aging.

Television characters can both deliberately and automatically create standards of social comparison and role models for viewers¹⁹ (Kessler et al. 2004).

In the past, while the perception that the elders and growing old is good was created with TV series such as *The Golden Girls* (1985) and films such as *Grumpy Old Men* (1993) especially in the 2000s, being old is portrayed as something to be afraid of and this perception has begun to be pumped, because it is economically more profitable to produce and sell products aimed at young persons and staying to be young. Nowadays, especially with Covid-19, ageism and discrimination on age have come to an extreme level. Although the measures regarding curfew against 65+ persons is essentially unconstitutional²⁰, the fact that the

18 Tan, P.P., Zhang, N.H. & Fan, L. (2004) Students' attitudes toward the elderly in the People's Republic of China. *Educational Gerontology*, 30(4), pp. 305-314.

19 Kessler, E.M., Rakoczy, K. & Staudinger, U.M. (2004). The portrayal of older persons in prime time television series: The match with gerontological evidence. *Ageing & Society*, 24, pp. 531-552.

20 See. *GazeteDuvar*: <https://www.gazeteduvar.com.tr/gundem/2020/06/06/ev-hapsi-65-yasi-ko-rumuyor-bilissel-vikimlari-hizlandi> ; <https://www.gazeteduvar.com.tr/gundem/2020/04/13/>

elderly is dying due to Covid-19 is considered as acceptable collateral damage²¹. Covid-19 has reminded the public that we are mortal and the elder persons exist.

As in many countries of the world elders are seen in Turkey as a group who do not contribute to the economy, but rather persons who are devalued as the consumers of the existing sources. While they were valuable as persons who share experience in past, they are no longer considered as such. However, according to Merve Tunçer (2020), the elders are not victims but social actors, but their social positions are undermined, policies such as philanthropic-based one addressing them as victims harm the heterogeneity, because elder persons are seen as social parasites and passive service recipients.²²

In this context, according to Gülçin Con Wright (2020), when the service is provided not as a right, but as a debt of gratitude, this causes one elder person to enjoy the services while the others cannot²³.

In addition to these perceptions about the elderly population in the world, there is also an economic policy called “silver economy” targeting the elders and that offers anti-aging products being fed from the aging process. Aging is often associated with balding, graying or thinning hair, and wrinkling of the skin. The media in trying to sell their product or service often reflect ageism by depicting the physical changes and unattractiveness of the elderly resulting in older persons being stereotyped as ugly. Physical appearance, mainly facial features do play an important role when it comes to defining a person as old. However, the young persons tend to find it hard in accepting that these changes must take place with the aging process. The television is watched by almost everyone in society and it is a fact that older persons are often underrepresented or represented falsely.

[sokaga-cikma-yasagi-yasal-mi](#)

21 Young, Toby. Has the government overreacted to the Coronavirus Crisis?: Retrieved from: <https://thecritic.co.uk/has-the-government-over-reacted-to-the-coronavirus-crisis/>

22 Tunçer, Merve. “Kriz Döneminde Yaşçılık: Yeni Mücadele Alanları”, Cogito, “Hasta Bir Dünyada Yaşlanmak” Issue:98, YKY, p. 148

23 Wright, Gülçin Con: “Yaşlanma, Yaşlılık ve Yaşlılar: Kavramsal Tartışmalar, Toplumsal Algılar ve Yaşlının Sosyal Statüsü”, “Cogito, “Hasta Bir Dünyada Yaşlanmak” Issue:98, YKY. p. 133

The demographic aging of industrialized societies has been an important factor in showing the interest in aging, which is the subject of health policies, because, on the other hand, there is identity crisis and the reality of aging somatic as François Villa²⁴ refers to. However, as we live in an age of entertainment culture, this culture also fosters aversion to aging, civilization of leisure creates a hectic temporality.²⁵ One of the factors that feed this entertainment culture is that the world has been transformed into a consumer society going shopping frequently.

As the documentary “Minimalism: A Documentary About The Important Things (2017)” shows that in the last 30 years, a structure that is going in the wrong direction with excessive consumption, mechanization in agriculture, obedience to market rules, dividing fashion into 52 weeks and pumping the perception of youth is good has dominated the world. The younger and more consuming a person is and the later the person will grow old, the more valuable the person will be for the economic order.

The perceptions by the public on older persons can impact on the elders in employment, education, health services, and the overall treatment of older adults. These perceptions are determined and influenced by many different factors such as: modernization and industrialization of society; age; gender; lack of knowledge and misconceptions, as well as the media. It is seen that perceptions of the elderly can impact their lives positively but mostly negatively. On the positive side, the access to social and employment opportunities, as well as access to health services is evident. On the other hand, negatively it resulted in stereotypical behaviors and ageism, which further lead to social exclusion and isolation of the elders, as well as elder abuse. It is also evident that ageism can definitely lead to marginalization and degradation of the elders in our societies today.

The World Health Organization states that with the growth of the elder population there is an increase in many new social, political, and economic challenges²⁶ (WHO 2002). The governments must intervene

24 Villa, F. “*Psikanaliz Yaşlanma Sorunuyla Karşılaştığında*,” Cogito, “Hasta Bir Dünyada Yaşlanmak” Issue 98, YKY. p. 34

25 Dastur F.- Eltchaninoff M. “*Ölüm kaygısı yaşama sevinciyle bağdaşmayan bir şey değil kesinlikle*,” Cogito, “Hasta Bir Dünyada Yaşlanmak” Issue:98, YKY. p. 32

26 World Health Organization (WHO) (2002) Active ageing – A policy framework. A contribution

and develop strategies and implement policies or laws to ensure that older persons are treated fairly and with respect.

In 2020, nearly 10% of the population of 80 million in total in Turkey constitutes the elder population. Considering the fact that In 2050, 16% of the world population, nearly 20% of Turkey's population and 30% of Europe's population will be elder persons,²⁷ it is necessary to initiate campaigns so as to ensure the elders in the societies are valued and respected by providing services, caring and protecting them from ageism and elder abuse; training programmes in school should be implemented to eliminate ageism; raising awareness studies shall be conducted on how the elderly have contributed to society by improving the public knowledge in that regard; and new initiatives shall be developed in order to ensure the elders in the societies are valued and respected.

The issue of spaces for the elders should also be addressed. Space is a place that contains dynamics that can affect the life for the elders. As it provides interaction with social life for the elders, it can also be an obstacle for them.²⁸

According to the Article 56 and 57 of the Constitution, on health, environment and housing: state shall regulate central planning and functioning of the health services to ensure that everyone leads a healthy life physically and mentally, and provide cooperation by saving and increasing productivity in human and material resources and the state shall take measures to meet the need for housing within the framework of a plan that takes into account the characteristics of cities and environmental conditions, and also support community housing projects.

In this regard, the perception of the age-friendly city should be established and the elders should participate in the process. Safety, access to health, personal and customized care, health management,

of the World Health Organization to the Second United Nations World Assembly on Ageing, Madrid, Spain, pp. 1-59. Retrieved from: http://whqlibdoc.who.int/hq/2002/WHO_NMH_NP-H_02.8.pdf

27 Cogito, Issue:98, İstanbul: YKY, 2020, p.5

28 Hand, Carri L. & Howrey, Bret T. "Associations Among Neighborhood Characteristics, Mobility Limitation, and Social Participation in Late Life" *J Gerontol B Psychol Sci Soc Sci*. 2019 Feb; 74(3): pp. 546-555.

care support services, nutrition as well as artificial intelligence and smart cities may be the main titles addressed in policy determination. Özgür Arun (2020a)²⁹ states that, the issue of care is an important social issue in the aging process in Turkey, two-thirds of the health care spending are spent for chronic diseases. In the care sector, problems such as human resources, technology, infrastructure, quality of care are experienced. The issue of care can be an important agenda for academics, civil society, social policy developers, implementing institutions and professionals. According to Özgür Arun (2020b)³⁰ law on care is also important, it is important to ask what are the legal possibilities for planning the life problem and when considered from a human rights perspective, which legal framework can be used for end-of-life decisions. Legal professionals working in the field of human rights law should definitely look at the issue of aging from a new perspective. Age-friendly environment and services will be one of the key components in building the human rights cities of the future³¹ (Arun, 2018).

The pandemic has brought the issue of “who deserves or does not deserve to live in economic difficulties and service provision” up on the agenda. According to Merve Tunçer, supervisory control mechanisms should be developed in order to detect and prevent abuse and violence against the elders who receive care³². In Turkey, there are incentives given by the state to the family-based care services, care within the family, but instead, right policies should be developed and diversity should be addressed to combat the forms of discrimination against elder persons.

29 Arun Ö., (2020a). Türkiye'nin Yaşlanma Gündemi: Riskler ve İmkanlar, Eşitsizlikler ve Yaşlanma: Hızla Yaşlanan Bir Dünyada Dayanışma, Mücadele ve Müdahaleler. Arun Ö., (Ed.), Yaşlanma Çalışmaları Derneği, Antalya, pp.3-18.

30 Arun Ö. (2020b). SOLIS: Yaş Dostu Çevre Değerlendirme Rehberi. Yaşlanma Çalışmaları Derneği Yayınları.

31 Arun, Ö. (2018). The Field of Aging Studies in Turkey: Past, Present, Future. Akdeniz İnsani Bilimler Dergisi, 8(2), pp. 41-61.

32 Tunçer, Merve. *Ibid.* p. 150

BEING AN AGING LGBTI+ AND LGBTI+ ELDER PERSON IN TURKEY

In the previous chapter, the perspective on the elderly population and its reflection on policies were evaluated. In this chapter, the policies surrounding LGBTI+ persons, the problems encountered and the areas to be focused on will be evaluated.

There is no clear definition of being elder, aging and growing old. Aging is a lifelong process in biological sense; growth, development, maturation, and the end of biological life are the parts of this process. In this process, the person starts to be insufficient to adapt to the life that goes around.

As growing older, the physical, mental and psychological health of the person begins to deteriorate. This process is called biological aging, its basic measure is the disruptions in the physical health of the person and the vascular age, that is, cardiovascular aging. There is also a concept called chronological aging, it shows the time between birth and death and the calendar age, its main measure is the calendar age of the person. The chronological age definition is not related to physical health and mental competence, but defines the process that a person will undergo from birth to death.

The World Health Organization takes into consideration chronological aging, rather than biological aging. It defines the age of 65 and above as elderly. All over the world, this definition of chronological age made by WHO is taken into consideration.

Although the concept of elderly is based on chronological age according to WHO, elderly is a broad concept and it will not be correct to explain it only with chronological age.

According to UNFPA's report published in 2012 named "Ageing in the Twenty-First Century"³³, aging process is a multidimensional process.

33 UNFPA & HelpAge International (2012) *"Ageing in the Twenty-First Century"*

In aging, where there are changes in areas such as mental/cognitive competence, cognitive skills, understanding, paying attention, learning, memory, language skills, spatial and visual abilities, the ability to cope with daily life is ultimately interrupted. In other words, the aging process that awaits us all biologically has a social, psychological and sociological aspect. Social Aging is related to the role and status changes brought about by the passage of time. It can be summarized as the loss of power and ability of a person in life in society, in work and social affairs. Social aging can be expressed as the period in which a person ends the active working period and continues the life with savings. Psychological aging is related to the decline in cognitive skills and mental behavior levels depending on the chronological age. Cognitive skills covers changes in areas such as mental and cognitive competence such as understanding, attention, learning, memory, language skills, spatial³⁴ and visual abilities. It also includes various elements such as mental behavioral changes, changes in affections and skills to cope with daily life.

Psychological problems such as feeling of inadequacy, uselessness, and anxiety are observed in aging process. Worries about the future, a constant state of self-control that comes with deterioration of health, the pressure to behave in a way that is suitable for the age, the inability to do the things that can be done before, not being loved and not being chosen as partner cause the feeling of despair. These feelings are directly in parallel to the health problems brought by age.

If we examine the aging from all of these perspectives, as İsmail Tufan states in his book "Modernleşen Türkiye'de Yaşlılık ve Yaşlanma: Yaşlanmanın Sosyolojisi"³⁵, "aging can be possible at the age of 35 or 70" (Tufan, 2003, p.13).

The socio-economic changes and population growth brought about by modernization have changed the perception of the elderly. There is a comprehensive research conducted by Muammer Ak which is published

A Celebration and A Challenge. Retrieved from: <https://www.unfpa.org/publications/age-ing-twenty-first-century>

34 *Spatial ability is one of the factors that determine the relations between the objects with the other objects. It is linked to the ability to find location and direction, to the spatial awareness skills and to the skills that manage awareness on the environment.*

35 Tufan, İsmail (2003). "Modernleşen Türkiye'de Yaşlılık ve Yaşlanma: Yaşlanmanın Sosyolojisi," Anahtar Kitaplar Publishing, İstanbul

in the International Journal of Social Research, dated 2016.³⁶ This research explains, “some changes in the social and economic structure and population increase that occurred with modernization also cause changes in the perception of the elderly” (Ak, 2016). At the end of the previous century, the definition of elderly was determined by the probability of health deterioration and the possibility of not being able to participate in the qualified workforce, while considering the biological process of individuals and factors such as early health problems and disability; this perception has left its place to the definition of chronological aging in the century we live in, and aging/being an elder has become a concept determined by calendar age through the burden of the social security-retirement situation on the world economies.

When the retirement age limit was lifted in 1992 in Turkey in Demirel's period, the persons were able to enjoy their retirement in 20-25 years while they were 38-43 years old; however, in 1999, the limits were brought back by DSP-MHP-ANAP coalition. The retirement age and the number of premium days were raised with this amendment. Despite the age limit was raised in 1999, Turkey has the earliest retirement age among OECD countries. In Turkey, the earliest retirement age is around 58-60 whereas the retirement age is currently on average 65 in most OECD countries; it is 62 in Greece, 63 in Estonia, 65 in Australia and Japan. It is 66 in Portugal and 67 in Norway. For a while, there have been discussions to increase this to 70 all over the world.

For example, the World Economic Forum (WEF) has made a call for the retirement age to be increased to 70 in order to reduce the pressure on the economic system. Average life expectancy in the new generation is 100 years. By 2050, the number of persons over 65 is projected to triple and reach 2.1 billion. It is said that if persons do not work for longer with lack of savings, there will be a big crisis. The deficit in the system is predicted to increase from \$70 trillion to \$ 400 trillion by 2050. When we look at the statistics in Turkey, it is seen that persons over the age of 65 constitute nearly 10% of the population. The elderly population ratio is expected to increase to 10.2% in 2023 and to 20.8% in 2050.

³⁶ Ak, Muammer (2016) “Yaşlılık Olgusu Üzerine Uygulamalı Bir Araştırma”, *Uluslararası Sosyal Araştırmalar Dergisi*, 9:42, Retrieved from: http://www.sosyalarastirmalar.com/cilt9/sayi42_pdf/4sosyoloji_psikoloji_felsefe/ak_muammer.pdf

In the “Aging” Issue:160 of *Kaos GL Magazine* in the article published by Seda Kocabıyık: “Yaşlılığın görünmeyen kesimi: LGBTİ Yaşlılar”³⁷, it is possible to see a framework about the situation in Elderly LGBTI+ persons in the world. 2.7 million persons aged 50 and over and 1.1 million persons aged 65 and over in the USA identify themselves as LGBT persons. It is estimated that the number of LGBT elders will exceed 5 million by 2060 (Kocabıyık, 2018, p. 31). SAGE (Advocacy & Services for LGBT Elders) estimates that there will be 7 million LGBTI+ persons aged 65 and over in the USA in 2030.

LGBTI+ persons are among the groups that experience directly that aging does not begin at the age of 65-70. As mentioned above, even the LGBTI+ jargon itself reveals the perception on the elderly. The LGBTI+ community describes the persons aged 40 and over as elders.

The problems are summarized as follows in Kocabıyık’s article: “the risk of social isolation and loneliness, imbalance between education level and income, lifelong discrimination and victimization, disability, risk of poor general health, mental illness, risk of less support, limited access to health and support services, risk of deprivation of legal rights such as fundamental human rights, social security, inheritance system, care and establishing a legal family, etc.” (Kocabıyık, 2018, p. 32). All these problems cause a decrease in the quality of life of persons.

It should not be forgotten that before reaching the age of 65, LGBTI+ persons can wear out much more easily due to the health conditions they live or may experience in adulthood. Because economic inequality and fear of stigma affect access to health care from an early age. Diseases that need to be diagnosed and regularly monitored such as asthma, obesity, cancer, cardiovascular diseases, insulin problems, blood pressure, high cholesterol are also common in LGBTI+ persons who cannot go to a doctor due to the fear of discrimination.

Autoimmune diseases such as arthritis/spondylitis, lupus, and sjögren are also common among LGBTI+ persons. Normally, extra effort is required to be healthy. Mental health of the person is also very important in the course of the disease. For a good treatment period, as well as medical

37 Kocabıyık, Seda (2018) “Yaşlılığın Görünmeyen Kesimi: LGBT Yaşlılar”, *Kaos GL Magazine* Issue: 160, pp. 30-33. Retrieved from: <http://www.kaosgldergi.com/dosyasayfa.php?id=3209>

support, support from family, friends and support groups affects the persons' psychological status in a good way while building their self-esteem and cheering them up. Persons with good psychology and high motivation cope with the pain better. For LGBTI+ persons living with autoimmune diseases, this motivation source is mostly absent. This makes it impossible to work until the age of 65-70. That is why, as mentioned above, 17 May Association takes into consideration the period after the age of 40 and is already focusing on the issue. Because LGBTI+ persons, who are already deprived of a quality life and good physical health, may face a process that leads to the inability to continue working due to diseases that cannot be treated on time due to discrimination, they may face difficulty in finding a job and losing a job. While premature aging is possible in LGBTI+ persons due to the chronic diseases at the early ages, here, prospective age/Prospective Longevity³⁸ problem also comes into play, there are "persons do not look like old"³⁹ and just because they are not subject to age discrimination process does not mean that all elder persons are immune from discrimination. The elderly and their special needs should be evaluated based on their physical conditions.

After assessing the impact of the aging in years on LGBTI+ persons growing old, it should be necessary to talk about and evaluate the general framework affecting LGBTI+ persons in Turkey.

The State of Emergency Process and the following Oppressive Environment that started with the Covid-19 Process:

Before Covid-19, pressures and bans were imposed on LGBTI+ community and activities of LGBTI+ NGOs during the state of emergency. According to the report of Human Rights Watch⁴⁰ "Following the anti-LGBTI+ campaign carried out on Twitter regarding the film screening organized by the German Embassy and the Pink Life Association, Ankara Governorate published a ban on 18 November 2017 to the activities

38 Sanderson, Warren C. & Scherbov, Sergei Prospective Longevity: A New Vision of Population Aging Cambridge, MA: Harvard University Press, 2019. p. 264

39 Calasanti, Toni & Neal King , "Intersectionality and age" , in Routledge Handbook of Cultural Gerontology ed. Julia Twigg and Wendy Martin (Abingdon: Routledge, 25 Jun 2015), Routledge Handbooks Online: Retrieved from: https://www.researchgate.net/publication/282922751_Intersectionality_and_age

40 HRW, "Turkey: End Ankara Ban on LGBTI Events, Governor Extends Restrictions Beyond State of Emergency": Retrieved from: <https://www.hrw.org/news/2019/02/14/turkey-end-ankara-ban-lgbti-events>

organized/will be organized by LGBTI+ organizations, such as film screenings, theater, panel, conversation, exhibition etc. indefinitely on the grounds that “these involve some social sensitivity and sensitivities”. Ankara Governorate mentioned the grounds of ban as “social sensitivities, prevention of crime, such activities pose a clear and imminent danger in terms of public safety protection of general health and morals or the rights and freedoms of others” Before the event, which was planned to be held by METU LGBTI+ Solidarity on 9 October 2018, an indefinite and automatic ban was once again imposed by the governorate on 3 October 2018. There was also a process observed in which LGBTI+ students were detained at METU⁴¹.

“Governor Topaca notified this ban to law enforcement, district governorships, municipalities and LGBTI organizations. The basis of this ban was provided in line with the Law on Provincial Administration and the Law on Meetings and Demonstrations and it was claimed that it would create “some social sensitivities”. HRW wrote a letter on 21 January 2019 to the Ankara governor seeking comments on the continuing ban but at this writing had not received a response. HRW highlights that no information are provided about when the ban will end; and the ban was extended in a way to cover not only events organized by LGBTI organizations, but also all activities focused on LGBTI issues in general. According to Hugh Williamson, HRW Europe and Central Asia Director: “The Ankara governor should immediately end his ban on public events organized by the LGBTI community and their allies. The Ankara authorities have a duty to protect the rights of LGBTI groups and imposing such arbitrary bans is an outrageous effort to further stigmatize and marginalize LGBTI persons.”^{42 43}

The process ongoing from the bans against LGBTI+ activities imposed during the state of emergency until the COVID-19 pandemic is summarized in the report published by Muamma LGBTI Association and

41 [Additional information: This issue has received wide attention on social media and has become a process followed by international organizations. The trial in that regard was held on 10 December 2020. Next trial will be on April 2021. The process can be followed on the Kaos GL news portal and UniKuir social media accounts.](#)

42 See. <https://halagazeteci.yiz.net/2019/02/20/3154/>

43 HRW, “Turkey: End Ankara Ban on LGBTI Events, Governor Extends Restrictions Beyond State of Emergency”: Retrieved from: <https://www.hrw.org/news/2019/02/14/turkey-end-ankara-ban-lgbti-events>

Kaos GL Association: “The Exit from the Normalized State of Emergency is Possible with Solidarity! Outcome Report of the LGBTI+ Organization Workshop, October 24-25, 2020” as follows⁴⁴:

“2015 was an important turning point for LGBT+ rights and movement in Turkey. The police attack on the Istanbul LGBTI+ Pride Parade, which has been peaceful for many years, and subsequent smear campaign against LGBTI+’s by the politicians, turned into a call for carnage, a group calling themselves Young Islamic Defense put up posters on the streets of Ankara calling for the slaughter of LGBTI+’s. Police attacked the Pride Parade with plastic bullets, gas and water cannons, many were injured. In 2016, a new era began in Turkey in terms of LGBTI+ rights, where ISIS sent threats to Kaos GL, the March Against Homophobia and Transphobia in Ankara was banned, Istanbul Pride Parade was once again banned, hate attacks and murders were on the rise, smear campaigns against LGBTI+’s became systematic thanks to the media and politicians. In 2017, hostility towards LGBTI+’s became an official Government policy with the Governorate of Ankara’s indefinite ban against LGBTI+ activities throughout the city. LGBTI + enmity became a Government policy in 2017, during the state of emergency, Ankara Governorship banned LGBTI + activities throughout the

city indefinitely. There were two separate indefinite bans for LGBTI+’s and associations defending LGBTI+ rights in Ankara, one declared during the state of emergency (first ban) and the other declared during the so-called post-state of emergency period (second ban). During the state of emergency period, Kaos GL Association won the legal struggle against the Governorate of Ankara’s indefinite LGBTI+ activity ban announced in November 2017. In April 2019, the Regional Administrative Court stated that the ban declared during the state of emergency was unlimited in terms of duration and there was no limitation and certainty regarding the nature of the prohibited acts. The court ruled that the ban was not in accordance with the law, stating that instead of banning, law enforcement measures should be taken if there was a threat to the activities. The ban ordinance was revoked. On the other hand, despite the abolition of emergency, the judicial process for the decision of the

44 See. <https://kaosgldernegi.org/images/library/outcomereportlgbtinitatives.pdf>

Ankara Governorship's Legal Affairs Branch that it sent to the Provincial Police Department on October 3, 2018, for the same grounds has continued so far. The second ban was lifted along with the verdict that is announced in the late hours of March 23, 2020. Thus, the bans on LGBTI+ events in Ankara came to an end."

In the Covid-19 process, this oppressive environment, which became apparent with the state of emergency, was reinforced. At the end of December 2019, the first Covid-19 outbreak in Wuhan province of the People's Republic of China spread rapidly to other states, including Hubei, and to other countries around the world via contact, and as a result, the World Health Organization declared a pandemic on 11 March 2020. Within a few months, as the virus spread all over the world, the China managed to reduce domestic transmission cases to zero as a result of social distancing and quarantine measures. Following the success of these measures, the World Health Organization encouraged other countries to impose the same measures.

While there is a fight against disease and pandemic in terms of human health with measures such as long-term curfews, closure of workplaces, quarantine measures at home all over the world, these closure conditions have also led to measures that will negatively affect the economic situation/daily lives of persons. In addition to the right to freedom of movement and travel, fundamental rights and rights and freedoms in working life have been violated; in addition to an increase in persons who are unemployed without allowance and who cannot access state aids, there has been an increase in the workload of domestic workers. There has also been an increase in violence cases.

In many countries, with the fact that persons had to stay at home during the pandemic period and NGO works came to a standstill, it is seen that steps against democratization were taken. The clearest example of how the Covid-19 process used an excuse and how it paves the way for anti-democratic practices is the introduction of an emergency law in Hungary granting special powers to the Prime Minister. In Poland, in this process, regulations were tried to be introduced that equating anti-abortion and homosexuality with pedophilia.

In Turkey democracy debate in this sense has emerged with the regulations of the criminal law enforcement. This regulation, which was discussed due to the full capacity of penal institutions and the Covid-19 measures, excluded the human rights defenders and journalists who were detained, and paved the way for the perpetrators of violence against women and children to be released.

Secondly, new regulations for the Internet and social media, adopted on 29 July 2020, aroused great repercussions in Turkey. Law on Amending the Law No. 7253 on Regulating Broadcasts on the Internet and Combating Crimes Committed Through These Broadcasts has paved the way for an implementation that violates the freedom of expression and the right of access on the internet and virtual environments/platforms. The authority to force individuals and media companies to censor online content in violation of international human rights standards is given to the Chair of the Information and Communication Technologies Authority and to the President.

Thirdly, a rising anti-LGBT movement in Turkey has found its place in the period of the measures taken against Covid-19. The statement made by RTÜK administration as ““Our red lines are clear. We are determined not to allow any kind of broadcast content that will disturb our society” to newspapers known for their anti-LGBTI+ conservatism⁴⁵; the statement made on 29 June 2020 by the President of Turkey as “*I invite all members of my nation to take a stand against those who exhibit all kinds of heresy prohibited by God*”⁴⁶ and the statement made by President of Religious Affairs in the sermon of the first Friday of the month of Ramadan as “*Islam accepts adultery as one of the greatest harams. It condemns the persons of Lut and the homosexuality. What is the wisdom of this? It is the wisdom that knowing the fact that it brings diseases with it and causes extinction in the generations. Due to that hundreds of thousands of persons are exposed to the HIV virus caused by this great haram, whose name is adultery in the Islamic literature brought by illegitimate life without marriage*”⁴⁷ Serious

45 See. <https://tr.sputniknews.com/turkiye/202004131041813294-rtuk-baskani-sahinden-netflix-a-ciklamasi-gozumuz-uzerlerinde-ahlaksizliga-gecit-vermemekte/>

46 See. <http://bianet.org/bianet/siyaset/226569-erdogan-rabbimizin-yasakladigi-her-tur-lu-sapkinligi-sergileyenlere-karsi-tavir-alin>

47 See. <https://www.cumhuriyet.com.tr/haber/diyanetten-cuma-hutbesi-escinsellik-ve-nikah->

hate speech has become widespread and digital violence against LGBTI+ persons has been committed in line with this statements implying homosexuality brings diseases along with it.

According to the report published by Kaos GL Association in line with its media monitoring activities named “How did the Diyanet’s khutbah reflect on the media?”⁴⁸, the articles published in media after the khutbah, in this process, are evaluated as follows: *“we observed that two issues related to LGBTI+, which are not usually the main topic in public opinion, became a public issue with the statements of senior political and official officials. One of these two is Love 101, which is being broadcasted on Netflix, a paid tv show and movie viewing platform, and the other is the statements of Diyanet’s chairperson Ali Erbaş, who sees homosexuality and “adultery” as elements that need to be fought against. These issues were discussed within the scope of the two other dominant topics of the public agenda, the Istanbul Convention and the multi-bar debates, and were used as proof of the “danger” of the Convention to society and the “unacceptable attitudes” and “uncontrollableness” of the bar associations. When we look at the articles, we see that the subject is discussed mainly in speculative, baseless sentences. Conspiracy theories about everything can be easily circulated around an artificial “enemy” and anyone connected to or allegedly connected to it. Rather than rationality, we see a journalism that is intended to create instant, negative, strong emotions.”*

As this report addressed, the debates on Istanbul Convention arguing that the family institution is destroyed and homosexuality is justified took a place in this period and the discussions in politics on Turkey’s withdrawal from the convention have found its place in the media. Turkey’s withdrawal from the convention would increase existing inequalities and the cancellation of Law No. 6284 would eliminate the application mechanisms of survivors of violence.

The Covid-19 pandemic period has also been a negative process in terms of protecting and defending the rights of other vulnerable groups and making the existing problems of these groups more invisible. A large number of persons lost their jobs, their salaries were cut due to the

[siz-yasama-hastalıkları-beraberinde-getiriyor-1734976](https://www.kaosgl.org/en/single-news/after-the-khutbah-of-diyanet-lgbti-s-were-shown-as-hostile-on-the-media)

48 See. <https://www.kaosgl.org/en/single-news/after-the-khutbah-of-diyanet-lgbti-s-were-shown-as-hostile-on-the-media>

inadequacy of the measures applied for the closure of their workplaces, and they faced unpaid leave or had to leave their jobs. During the Covid-19 process, the home environment has made LGBTI+ persons and women to be more vulnerable to violence.

The Covid-19 process has also been a process that led to violations of rights for trans women. For example, on November 9, 2020, 18 trans women were detained by the police on the pretext of pandemic bans. On December 2, 2020, Istanbul Bayram Sokak was closed for entrance and exit, 9 trans women living there were detained and they were not allowed to enter their homes.⁴⁹

The COVID-19 pandemic is summarized in the report published by Muamma LGBTI Association and Kaos GL Association: “The Exit from the Normalized State of Emergency is Possible with Solidarity! Outcome Report of the LGBTI+ Organization Workshop, October 24-25, 2020” as follows⁵⁰:

“Then, the pandemic has begun... While the global crisis caused by the spread of the new type of coronavirus (Covid-19) continues, governments’ statements of “We are on the same ship” continue to be one of the main discourses of combating the pandemic. The first detected case in Turkey was announced on March 11. Since then, the government has taken and implemented a number of measures under the leadership of the Ministry of Health and the Ministry of Internal Affairs in order to prevent the spread of the virus. While the Ministry of Health calls citizens to stay at home, workers in many lines of work are forced to go to work. The Covid 19 story of Turkey, which can be summed as “Everyone has their own state of emergency”; also causes serious problems for LGBTI+’s, who are currently the most vulnerable in the country, who have serious problems in accessing rights, and whose rights to life are systematically violated.

Aside from inequalities in access to the right to healthcare and employment, increased domestic violence as an outcome of being forced into homes, LGBTI+’s also became the target of various hate campaigns during the epidemic.

49 See. <https://kaosgl.org/haber/bayram-sokak-ta-trans-kadinlar-bir-kez-daha-gozaltina-alin-di-polis-sokagi-kapatti>

50 See. <https://kaosglidernegi.org/images/library/outcomereportlgbtinitatives.pdf>

According to the Pandemic Report⁵¹ published by the Association for Social Policy, Gender Identity and Sexual Orientation Studies (SPoD) in June, which includes the association's experiences in various fields of work in the first three months of the COVID-19 epidemic; there was a hundred percent increase in discrimination and violence based on gender identity and sexual orientation following the Friday Khutbah of the Religious Affairs Administration (Diyanet) Chairperson Ali Erbaş, which targeted the LGBTI+'s and people living with HIV.

The data of the Young LGBTI + Association's "The State of the LGBTI+ Community in the COVID-19 Outbreak"⁵² research also reveals the extent of domestic violence. According to the report, 42 of the participants who stated that they were subjected to more than one form of violence said that they were subjected to domestic violence (all kinds of physical, sexual, psychological, economic, etc. violence from one or more people living in the family or home). Emotional violence, economic violence, verbal violence, physical violence, sexual violence and cyber violence are found as prominent types of violence. Even though the calls to stay at home and quarantine are correct and appropriate to prevent the spread of Covid-19; It can create new problems for LGBTI+'s, who are not able to stay at home or who are likely to be subjected to violence by family members when they stay at home. The government or relevant ministries do not have an action plan to solve these problems.

In addition to the risk of violence, discrimination in accessing the right to healthcare becomes a more vital issue during the pandemic; there are major problems based on the facts that trans' who are in gender confirmation or adaptation period cannot go to hospitals and have to postpone the procedures regarding their processes, LGBTI+'s living with HIV cannot continue their hospital checks, and refugee LGBTI+'s who have problems in accessing their right to health are not even able to quarantine themselves.

LGBTI+'s are among the groups that experience discrimination in employment the most; face the fear of losing their job, unemployment

51 See. <http://www.spod.org.tr/TR/Detay/50128/4/spod-pandemi-raporu-cikti>

52 See. <https://gencigbti.org/2020/09/02/covid-19-salgininda-lgbti-toplulugunun-durumu-aras-tirma-raporu-yayinlandi>

and loss of income. LGBTI+ sex workers who do not have social security experience the most intense financial income loss. On the one hand, the coronavirus and on the other the loss of income. LGBTI+'s are one of the groups that most affected by the near cessation of the service and entertainment industry. While all these are happening, hate campaigns targeting LGBTI+'s are also spreading.

In recent years, besides the ban decisions of the Governorates and District Governorships, the statements and practices of high-level public officials targeting LGBTI+ have been systematized. In the early days of the pandemic, school principals posted messages targeting LGBTI+'s on the instructions of the Regional National Education Directors in WhatsApp groups that were created to organize online education on quarantine days, hate campaigns were launched on social media over a homosexual character on Netflix, the Chairperson of RTÜK's (Radio and Television Supreme Council) discriminatory statement, Diyanet's hate khutbah and various ministers defending it. The process that started with these events stretched to the Pride Week. While #onurhaftası (Pride Week) was on the TT list, the tags #YallahHollandaya (Back to Netherlands) and #LGBTFaaliyetleriDurdurulsun (Stop the LGBT activities) were launched. In the first days of the coronavirus pandemic, #YallahHollandaya and #LGBTFaaliyetleriDurdurulsun tags, which are the last step of the campaigns that called for the ban of LGBTI+ activities and the ban of LGBTI+ organizations, remained on the TT list for a long time. With these tags, calls for boycott of companies supporting LGBTI+ rights have become widespread. Among the accounts participating in the hate campaign, there were also highly influential accounts approved by Twitter. Women and Democracy Association (KADEM) continued its hate speech that had already become its common practice. A call was made to "kill homosexuals" from the İhvan's TV channel in İstanbul. All these are just a small part of the hatred towards LGBTI+'s during the pandemic... Since 2015, the bans have not been limited to Ankara and İstanbul. Although a comprehensive and indefinite ban as in Ankara did not spread to other provinces; Pride Week or Pride Parades were banned in İzmir, Mersin and Antalya in various years. Event-based bans have restricted the freedom of association of LGBTI+'s in many cities to say the least."

In addition, the Survey and Study Report on the Impact of Covid-19 on Groups Subjected to Violation of Rights Based on Gender prepared by the Istanbul Political and Social Research Association (ISTDER)⁵³ summarized the restrictions and prohibitions imposed on LGBTI+ persons in the Covid-19 process with the direct testimony of the survey participants as follows:

"Since the NGO studies are stopped, it was not possible to produce a discourse against these discourses. The Covid process prepared a unique ground for rights violations. For example, the workload of working women at home increased significantly during times of quarantine. We hear of cuts in their salaries, as well as an increase on the duty to provide support for their dependents. At the same time, this process was a period in which violence and murder against women increased. Although the state should provide protection for women, the practices provided by the state that left perpetrators unpunished, made women more vulnerable. The discussions on the Istanbul Convention and the withdrawal process will make this situation worse in hate cases against women and LGBTI+ persons. In addition, the current discrimination against LGBTI+ persons has increased exponentially. Access to drugs and hormones by regular users was disrupted. It made the persons desperate who could not access their hormones, routine tests, and could not receive psychological support during the gender confirmation process. Especially sex worker cis and trans women have become more vulnerable to coronavirus when working in the unregistered area, as their access to reproductive health and protection methods was restricted. Many sex workers had economic problems because they could not work. We observe that they are pushed into poverty because the state does not have protective and supportive activities for those who are unemployed and without income. On the other hand, sex workers working on the streets could not work during the curfews, and their access to healthcare and basic services was restricted. Inadequate public health systems for LGBTI+ persons bring stigma and discrimination and lack of support in access to health services. Many LGBTI+ persons cannot apply to hospitals for health problems due to the risk of discrimination they will face in the hospital. Even if LGBTI+ persons living with HIV can obtain their routine medicines from the pharmacy, their process

53 ISTDER, "Covid-19'un Toplumsal Cinsiyet Temelli Hak İhlaline Uğrayan Gruplar Üzerindeki Etkisi Anket ve Çalışma Raporu, 2020. Retrieved from: https://a9c4cc5b-c94f-43c3-8cdf-ab4e-3690e66f.filesusr.com/ugd/d70c58_2eea08e60e9c4ad6b475da3291be25a7.pdf

are disrupted when the viral load measurement time comes. They have to delay the standard measurement time. HIV diagnosis confirmation tests cannot be performed, or delays are experienced even if these are performed. This delays diagnosis and treatment. In the working and employment situation of LGBTI+ persons, concealment becomes a reality of life both in the private and the public sector. Discrimination is observed in recruitment and employment processes, and they are exposed to hate speech. LGBTI+ persons, who are vulnerable and insecure about employment, are among the groups faced with the risk of losing their jobs most, as well as women, during the Covid period. Since LGBTI+ persons are automatically considered single, they are exposed to more overtime hours and they have to prove themselves through continuous work. LGBTI+ persons working in the entertainment sector, on the other hand, cannot meet their basic needs, such as health and accommodation, due to economic inadequacy due to the closure of bars. For LGBTI+ sex workers, this is a process that goes with the dilemma of being broke or working by putting their health at risk. As sex workers work without social security and in informal employment and they cannot work without physical contact, their earnings are interrupted. It is not possible for every sex worker to be in virtual or online services. There are many sex workers who have insufficient education level and cannot use computers and internet. It is obvious that forced stay at home measures will create serious security risks for many LGBTI+ persons. We have seen cases in past where the perpetrators were families in hate murders. LGBTI+ persons who do not have a home or who are studying are at risk of possible domestic violence when they return to their family homes. Again, the vast majority of LGBTI+ survivors of hate crimes do not report the violence they are subjected to because they are seriously afraid of their families and law enforcement officials, and due to the fact that they do not trust court and other state mechanisms which discriminate them. We can easily say that under conditions where going out is restricted within the scope of the measures taken against the virus, LGBTI+ persons who are subjected to any kind of violence in the house will hesitate to report this violence. On the other hand, while Covid-19 policies restrict movement in all areas of society, since LGBTI+ non-governmental organizations being forced to work online, this restricts the means of intervening in possible violence cases. With the closure of the nightlife venues and the events of LGBTI+ NGOs that play an important role in socializing and gathering of LGBTI+ persons going online, the feeling of loneliness increases in LGBTI+ persons. As all processes come to a standstill, refugees are also kept at border gates

for indefinite time, and this expose them to risks of health and discrimination. The statements made by the president and president of religious affairs as hate speech and marginalization, the statements of conservative newspapers targeting LGBTI+ persons as the cause of diseases, caused us to be exposed to hate speech and digital violence in our online work and in social media. We observe that our field is getting narrower. Now there are discussions on the Istanbul Convention. While the Istanbul Convention imposes the obligation on signatory states to prevent violence against women, to protect them against violence, to prosecute acts of violence and to establish support mechanisms for survivors, as well as to develop gender-responsive and inclusive policies. For this reason, it becomes a scapegoat for the conservatives, who describe it as a convention that breaks down the family while spreading homosexuality. While femicide and hate crimes are so widespread, media organs foster this anti-democratic discourse by their news. In the pandemic, hatred especially against LGBTI persons increased. With Diyanet's statement showing LGBT persons as the source of epidemic diseases, we have seen the reflection of hatred in every field. We have seen that this hate is trying to be spread through social media campaigns. We have seen this hatred spread by the president and all institutions of the country. This has deeply shaken my faith in the country and my trust in the state. I felt marginalized. When the NGOs that I could get support from stopped working, I felt stuck with the feeling of loneliness. LGBTI+ persons were thoroughly marginalized; the pride week links were sabotaged and removed by YouTube. There was a serious lynching on social media and it was not possible to seek rights because there was no protection mechanism”.

In countries like Turkey where LGBTI+ persons are not recognized by law and protected before the law, such bans and restrictions are the reality of life, it is important to raise awareness on LGBTI+ persons and especially aging LGBTI+ persons while making them visible and to raise up the voice in that regard.

One of the dynamics that makes LGBTI+ persons invisible is a system that sticking them into a life formed with the practice of “existing for someone else”. Realizing our own existence and uniqueness becomes difficult in such a system.

According to Simone De Beauvoir, we only notice our existence when the others call us, just as we realize that we are old. While being elder

should be treated as a part of life, we deny it.⁵⁴ This denial causes the person to repress the existence- “I” and to project itself as the view of others (Cited by Judith Butler, p. 44).⁵⁵

However, according to Heidegger, since we know that we will die as a facticity, we must take our existence in the world with determination by living the moment. We are thrust into a set of circumstances, and freedom lies in choosing to embrace our thrown possibility.⁵⁶ According to Hegel, the self is aware of its self only as a distinct entity through the eyes of another self. The self seeks for the moment of identification with the other. “Persons come to know themselves through the image they suppose others hold of them. This image is positive or negative depending on who that person is, where they stand in society, and so forth, and gives rise to familiar stresses as individuals strive to assert their free individuality against the objectifying images that others have of them”.⁵⁷

Jane Fonda sums up the perception of system and freedom in her book “My Life So Far” as, although nobody is perfect, as a child, you are not aware of this and you always see yourself as flawed. You think you are not successful enough. If you do not have a partner or are not married, you will get the idea that you do not exist. In this case, you try to do everything to prove yourself that you exist and satisfy those around you.⁵⁸

Liberation and visibility and recognition can be possible on the condition that the standards of the country we live change. Toros Güneş Esgün summarizes this situation in terms of women as an effort to find an answer to questions: when does a woman get old and can an old woman be free beyond the aging of the body and the impositions of society. It is possible by not looking the same with the feared one, by leaving the ugly repetitions behind, by using repetitions that create the new, by

54 Beauvoir, Simone de. *La Vieillesse* (Coming of Age). 1970

55 Butler, Judith. *Sex and Gender in Simone de Beauvoir's Second Sex* : Yale University Press. Retrieved from: <https://www.jstor.org/stable/2930225>

56 Glen L Sherman (2009) Martin Heidegger's Concept of Authenticity: A Philosophical Contribution to Student Affairs Theory, *Journal of College and Character*, 10:7

57 Hegel, Georg Wilhelm Friedrich. *Phänomenologie des Geistes* (Phenomenology of Spirit).1807

58 Fonda, Jane. *My Life So Far*. Random House. 2005.

establishing a different relationship with the past and by turning the face to the future and goals. However, although the old woman can continue to engage in and produce in the world without being stuck in the past, her practical freedom can only be attained by change of the world she shares with others”⁵⁹.

In this invisibility grip, aging LGBTI+ persons and LGBTI+ elders have special needs and unique challenges are encountered by them. Ursula Konnertz states that aging is a temporal process, is the constitutive element of the bodily state of existence, while being elder is a state which is affected by many external determinants.⁶⁰ One of the leading points of these external determinants, as the cumulative inequality theory⁶¹ discussed by Kenneth Ferraro states that the inequality accumulates over the life course and it leads to problems experienced in adulthood, that means childhood conditions have an effect on the adult health outcomes.

Life practices of the elderly, not being accepted by the family, discrimination in social life, obstacles in accessing services cause elder LGBTI+ persons to struggle with loneliness, ageism, financial difficulties and health problems. However, these difficulties become more stratified depending on the gender identity/ sexual orientation of LGBTI+ elders, and social exclusion, economic barriers, barriers to access to services and health become deeper. Aging LGBTI+ persons have unique needs and face unique challenges. The lack of resources and understanding seen among senior care providers is challenging for LGBTI+ elders. Often they have to conceal who they are, which often causes their quality of life to decline. The research on “Experiences and Attitudes of LGBT Older Adults Ages 45-75”⁶² conducted by SAGE reveals profound concerns about aging, including remaining independent, loneliness in older age, a fear of judgment from society and healthcare providers leading the concealment of the identity, and the loss of support systems and physical attractiveness.

59 Esgün, Toros Güneş, “Çirkin Tekrarlar”ı Bırakmak: Tante Rosa, Yaşlılık ve Beauvoir”, Cogito, Hasta Bir Dünyada Yaşlanmak” Issue:98, YKY, p. 72

60 Konnertz, Ursula. *Alter und Geschlecht*, Freiheit, Gleichheit, Geschwisterlichkeit : Beauvoir und die Befreiung der Frauen von männlicher Herrschaft. Berlin : Dietz Vlg Bln , 2009 , pp. 85-98

61 Ferraro, Kenneth & George., Linda , Handbook of Aging and the Social Sciences, Eighth Edition, Academic Press, 2015. p. 488

62 SAGE, Experiences and Attitudes of LGBT Older Adults Ages 45-75, Retrieved from: <https://www.sageusa.org/wp-content/uploads/2018/05/sageusa-out-visible-lgbt-market-research-full-report.pdf>

According to the results of a project called Aging with Pride, the Main Inequalities Between LGBTI+ Elders are listed as follows:

- Higher risk of social isolation compared to heterosexuals
- Income is not proportional to education
- More lifetime discrimination and victimization
- In lesbians and bisexual women: high risk of disability, cardiovascular disease, being overweight, poor overall health; in gay and bisexual men: twice as likely to live alone, higher risk of cancer, HIV risk; in transgender elders: higher rates of discrimination, risk of victimization, mental illness, poor health, less support; in bisexual elders: higher stigmatization, less likely to coming out, less income, less risk of support
- In older ones with low-income and low-education levels: High risk of health inequality, limited access to health and support services” (Kocabiyik, 2018, p.32).

Considering the studies, the problems faced by LGBTI+ persons in their senior years can be briefly listed as social isolation, barriers to access to health and care services, low income and loneliness. All these problems cause a decrease in the quality of life of persons.

According to the research results made by SPOD in Turkey⁶³, the concerns of LGBTI+ persons regarding their senior years are; deprivation of fundamental human rights, social security, loneliness, care and deprivation of the right to establish a legal family.

The lifelong and current victimization of LGBTI+ persons and the effect of these experiences on the quality of care and life should not be forgotten by gerontological practitioners. It should be highlighted again and again that LGBTI+ persons can feel worn out more easily before reaching the age of 65 in line with the health challenges they faced or they may face.

63 SPOD-Sosyal Politikalar Cinsiyet Kimliği ve Cinsel Yönelim Derneği (2014) “Türkiye’deki LGBTİ bireylerin Sosyal ve Ekonomik Sorunları Araştırması”. Retrieved from: <http://www.spod.org.tr/SourceFiles/pdf-20181122164556.pdf>

When the literature in that regard is reviewed, it can be observed that there are almost no academic studies on LGBT Aging except for the Aging issue of Kaos GL magazine in Turkey. In Turkey, the issue of care is addressed through the family and home care model. The care of the elderly and the patients become an issue that laid a burden on women in the heterosexual family order. The care service that should be provided by the state falls on the woman in the family order. While reviewing the rights, of the elders, the rights of LGBTI+ persons and the intersectionality of these two fields in the laws and regulations in Turkey, we observe very little reference as regards the rights of the elders. There is no reference to LGBTI+ rights. In the international arena, decisions and academic studies on this intersectionality are very limited and incomplete.

No rights are defined in the Constitution regarding the rights of the elders. Even, age discrimination is not covered in the article on the prohibition of discrimination. Age discrimination is not prohibited by the Constitution, the definition of age discrimination is introduced only in Law on Human Rights and Equality Institution of Turkey.

In Turkey, being an elder is addressed in the context of medicalization, social services and retirement. Inheritance law may also be on the agenda here, but although inheritance law is related to elders, it is not directly only a subject of it. International recommendations refer to the right to independent living, participation, self-realization and dignity in relation to elder persons. There are very few international decisions and practices directly related to LGBTI+ elders.

Under the Article 10, Equal Protection Clause prohibiting discrimination, of the Constitution of the Republic of Turkey, "Age discrimination" is not provided as a protected category, but there is a regulation can be seen below that the special measures to be taken for elders shall not be considered as the violation of the principle of equality:

"Measures to be taken for children, the elders, persons with disabilities, widows and orphans of martyrs as well as for the war invalids and veterans shall not be considered as violation of the principle of equality"

Other regulations regarding age in the Constitution are as follows:

Article 59 – The State shall take measures to develop the physical and mental health of Turkish citizens of all ages

Article 61 – ... The seniors shall be protected by the State... The State shall take all kinds of measures for social reintegration of persons in need of protection. With this aim, the State shall establish the necessary institutions or facilities, or designate bodies in that regard.

Some of the other regulations included in various laws regarding the elders are as follows:

Law on Metropolitan Municipalities

Article 7- Metropolitan municipalities shall have the duties... to:

v. Manage and develop health care centers...cooperate with universities... and civil society organizations in the provision of such services;

Regulation on Social Service Centers

Article 7 - (1) The duties of these centers are...

ç) In order to ensure the persons with disabilities and elder persons to participate effectively in social life... to ensure cooperation and coordination between ... voluntary organizations in this field.

Here it should be noted that NGOs are not consulted during such duties. Elders are equated with invalids and persons with disabilities, and the General Directorate of Services for Disabled Persons and the Elderly of the Ministry of Family, Labor and Social Services perceives the elderly and the persons with disabilities as persons in need of care and protection. This situation both renders persons with disabilities having disabilities not caused by the aging invisible, and creates the perception that being an elder is a period full of disabilities. Although there is intersectionality between them, those are areas that must be separated from each other. The policy of the state here is shaped by what it understands from disability. Definition of disability is actually refers to persons having impairments, activity limitations, restrictions in participation or having the possibility of the development of these; the persons who are affected by attitudes and environmental barriers that may hinder their full and effective participation in society on an equal basis with others due to various levels of impairments. However, in the legislation they are still referred as the handicapped, the crippled, dependent and the disabled, as a result of a policy of victimization (the term disabled was introduced

in Abdullah Gül's presidency period, the ministry now uses the term: special needs, but these terms are also wrong).

The same is the case for the elders; they are addressed as the victims. The category of acceptable service recipients is developing here. With the perception of stereotypes on elders as grandfather, grandmother, uncle, aunt, which are not right, the services are provided as a duty of gratitude in which while one elder receives service, the other is deprived from it. Since these are the persons who are acceptable in social policies, LGBTI+ persons are not covered in these. When HIV status is also taken into account, discrimination become deeper.

Not having infectious diseases and test results for HIV are listed among the conditions of admission to Darülaceze, which provides nursing home services being run by the state⁶⁴. In practice, this regulation can be challenging for HIV+ LGBTI+ elders.

It is known that there is discrimination faced in accessing services from time to time. However, according to Article 257 of the Turkish Penal Code, refusal of a physician to perform the duty without providing a reason is a crime. Being LGBTI+ and being HIV+ cannot be considered legitimate reasons (it is the article on the misuse of public duty. Causing any loss to an individual by acting contrary to the duty shall be sentenced to a penalty of imprisonment for a term of six months to two years). Article 11 of the Patient Rights Regulation emphasizes that the patient has the right to be diagnosed, treated and maintained according to the requirements of modern medical information and technology.

Based on this, it is possible to say that LGBTI+ persons also experience problems in terms of accessing services. In Turkey, as in many European countries, any policy is not produced for LGBTI+ elders, the services are not provided for special cases by service providers and there is no initiative in civil society for LGBTI+ elders for their access to health/shelter/care services.

There are countries like Canada, Australia, USA and UK where situation is much different when compared to Turkey. There are many nursing homes, social service centers and non-governmental initiatives and

64 See. <https://www.darulaceze.gov.tr/Kabulislemleri/Kabulislemleri>

programs which take into account the special needs of elder LGBTI+ persons, which organize their institutional structure accordingly, which meet their basic needs while not leaving the elders in a state of social isolation. Kaos GL Human Rights Program Assistant Damla Umut Uzun has a detailed article in Aging Issue of Kaos GL Magazine⁶⁵ on this subject, this article reveals the differences in approaching aging process of LGBTI+ persons between Turkey and the some countries.

According to Damla Umut Uzun: “How Should an Inclusive Service for Elderly LGBTI+ Persons Be? As LGBTI persons grow older, they experience concerns such as health, financial and emotional safety, and they are also exposed to an extra discrimination and exclusion by institutions and individuals within the heterosexist system. Therefore, all social service areas such as health, accommodation, transportation and care services should be arranged in a way that LGBTI+ elders can access without any discrimination, and if necessary, specific programs should be initiated for them. For this, first of all, LGBTI+ inclusive strategy should be adopted by transforming the heterosexist structure of the institutional structures that provide these services”. In the same article, Damla Umut Uzun provides some examples around the world in that regard (Uzun, 2018, p. 35).

Other examples around the world, including these examples, will be addressed in the following chapters. The next chapter will provide a framework in which LGBTI+ aging will be assessed in depth.

65 Uzun, Damla Umut (2018) “Dünyadan örnekler: Yaşlı LGBTİ’leri kapsayıcı bir hizmet nasıl olmalı?”, *Kaos GL Magazine*, Issue160, pp. 34-38. Retrieved from: <https://www.kaosgl.org/gokkusa-gi-forumu-kose-yazisi/dunyadan-ornekler-yasli-lgbtleri-kapsayici-bir-hizmet-nasil-olmali>

AN IN-DEPTH ASSESSMENT ON LGBTI+ AGING

The total population of LGBTI+ persons in Turkey and in the world who are open and proud or closeted cannot be known and measured. However, it is known that the first generation initiated the LGBTI+ movement during the 80s and 90s and the following generations are growing old, and their retirement processes and need for care will become more visible in the next twenty years.

In this part of this report book, the various needs and importance of aging LGBTI+ persons, the status of service providers, the impact of the historical process on their future life and the health problems they may face as a result of this will be assessed.

While making this assessment, four conceptual frameworks will be used. The first of these is the theory called as minority stress model⁶⁶ suggesting that sexual and gender minorities are exposed to unique stress related to stigmatization and prejudice and that this stress leads to adverse health outcomes in life course. This theory addresses the negative effects of behaviors on LGBTI+ persons such as sexual orientation-based attacks, of discrimination faced in daily life, of concerns about denial of service, of concealment of identity and internalized stigmatization especially on their health status.

According to Meyer, this model addresses whether these negative effects on health can be ameliorated by resilience and support at the individual and community level while addressing the physical and mental changes in personal growth and identity development⁶⁷ (Meyer, 2015). The second theory is the life-course approach focuses on the principle health outcomes that vary along ages and developmental periods. The

66 Hendricks, M. & Testa, R.J. (2012). A conceptual framework for clinical work with transgender and gender nonconforming clients: An adaptation of the Minority Stress Model. *Research and Practice*, 43(5), pp. 460-467.

67 Meyer, I. H. (2015). Resilience in the study of minority stress and health of sexual and gender minorities. *Psychology of Sexual Orientation and Gender Diversity*, 2(3), pp. 209-213.

life course theory also takes a historical perspective, examining how events at each life stage can influence later stages, both from biological, social, individual aspects and cultural, contextual, environmental aspects⁶⁸(Cohler, 2007). The third theory is intersectionality approach addressing the lives in the context of other factors such as social identities, statuses, areas of residence⁶⁹. The fourth theory, which will be used in this report book, is the social ecological model theory, which deals with the effects of family, relationships, society and state policies on individual health status and life practice.

According to Foglia and Fredriksen-Goldsen, in terms of the social ecological model, most of the disparities experienced by elder LGBTI+ persons are influenced at the relationship and community levels as they involve the impact of interpersonal relationships, the neighborhood environment, employment, and health care. These disparities include psychological problems, disability status, discrimination, and a lack of access to a healthy aging process and to health services⁷⁰ (Foglia & Fredriksen-Goldsen, 2014).

From the perspective of the life course and social ecological model theories, there are differences between LGBTI+ persons, who are growing old or who are elders knowing the Stonewall period, knowing the 90s in Turkey where discrimination against LGBTI+ persons were deeper, and young LGBTI+ persons living today. Due to the stigmatization, discrimination and ill treatment brought by these years where homosexuality was criminalized, cursed, considered as a disease, as causing the corruption in the society in general and moreover, when it was perceived as a psychosocial disorder; aging LGBTI+ persons tend to conceal their SOGIESC. In order to address the intergenerational differences between these aging LGBTI+ persons and young LGBTI+ persons and cis-hets as well as the differences of the life practices among LGBTI+ persons, this model is used in this report book as a framework to explore the factors that affect the health and wellbeing of LGBTI+ elders.

68 Cohler, B.J., & Hammack, P.L. (2007). The psychological world of the gay teenager: Social change, narrative, and "normality" *Journal of Youth and Adolescence*, 36(1):pp. 47-59

69 Gamson, J. & Moon, D. (2004). The sociology of sexualities: Queer and beyond. *Annual Review of Sociology*, 30(1):pp. 47-64

70 Foglia, M. B., & Fredriksen-Goldsen, K. I. (2014). Health Disparities among LGBT Older Adults and the Role of Nonconscious Bias. *The Hastings Center Report*, 44(0 4), pp.40-44

While the social ecological model examines the interplay between individual, relationship, community, and societal levels that influence the wellbeing and health, the individual level includes a person's biological status, age, education level, minority status etc.; the relationship level involves partners, friends, and family. According to Fredriksen-Goldsen, the community level is comprised of employment, neighborhoods, and other environments; the societal level includes cultural norms, health policies, and social policies that affect the promotion or obstruction of individuals and groups⁷¹ (Fredriksen-Goldsen, et al, 2014).

In line with this model, individual status, relationship status, community status and societal problems, the systems with which the individual interacts in the social life constitute the first focus. In order to cope with the capacity of the individual and the problems faced, the systems around the persons are taken into consideration. In the second focus, the interaction of the individual with the systems and the relationship with the needed resources, services and opportunities are examined.

From these aspects, the primary focus is on the problems faced by aging LGBTI+ persons are loneliness and isolation, discrimination and health challenges that are the reflection of these two; in the second focus, labor life can be addressed in the context of not being legally recognized, not having access to social services and right to health, exclusion from social inclusion and social policies.

Loneliness and isolation: Under this, the issues of being perceived as “useless” by the society, stereotypes, loneliness and isolation, lack of family support and therefore not being able to receive care should be evaluated. The effects of LGBTI+ persons’ childhood and growth processes on adulthood should be evaluated here.

A large portion of LGBTI+ children cannot come out in their family and in the immediate environment or they are deprived of community support if they come out or their SOGIESC is understood.

71 Fredriksen-Goldsen, K. I., Hoy-Ellis, C. P., Goldsen, J., Emlet, C. A., & Hooyman, N. R. (2014). Creating a vision for the future: key competencies and strategies for culturally competent practice with lesbian, gay, bisexual, and transgender (LGBT) older adults in the health and human services. *J Gerontol Soc Work*, 57(2-4), pp. 80-107.

Compared to their cis-heterosexual peers, LGBTI+ persons live with less family support and are subject to forced loneliness. In such comparison, it can be said that the rate of LGBTI+ persons living with partners is lower. According to Fredriksen-Goldsen (2011), compared to heterosexuals, the vast majorities of LGBTI+ persons live alone and have problems in concealing their identities because they cannot embrace their identities, which leads to their isolation from society⁷². This causes LGBTI+ persons to be deprived of support mechanisms as they are deprived of the support of the family of origin, as they grow old. It is possible for LGBTI+ persons to create this support mechanism themselves. Here, too, the concept of family of choice comes into play. On the other hand, this becomes difficult to establish at a later age the “family of choice” which consists of trusted persons and friends. This creates a challenging situation for elder LGBTI+ persons, according to Zians.⁷³ The creation of this family of choice can become even more difficult in rural and suburb areas. This brings along the process of deprivation of peer support and solidarity and other protection mechanisms for LGBTI+ persons who age in place outside of metropolitan areas.

Discrimination: Discrimination is a practice that manifests itself in the discourses, attitudes, and behaviors that LGBTI+ persons encounter or may encounter in their life courses. LGBTI+ persons may be discriminated not only on account of their sexual orientation or gender identity, but also on account of the characteristics of the person, such as ethnic origin and physical characteristics. These multiple discriminatory practices can lead to psychological, economic and verbal abuse, as well as assault and hate murders. In order not to be exposed to these and due to fear of discrimination/stigmatization, LGBTI+ persons have to conceal their identities. Since they conceal SOGIESC, when they grow older, it is not possible for them to enjoy right and specific services.

Health Challenges: The fact that aging LGBTI+ persons are forced into loneliness due to being deprived of support mechanisms and that they are forced into the concealment of SOGIESC lead poorer health status

72 Fredriksen-Goldsen, K. I., Kim, H.-J., Emler, C. A., Muraco, A., Erosheva, E. A., Hoy-Ellis, C. P., Goldsen, J., Petry, H. (2011). *The Aging and Health Report: Disparities and Resilience among Lesbian, Gay, Bisexual, and Transgender Older Adults*. Seattle: Institute for Multigenerational Health.

73 Zians, J. (2011). *LGBT San Diego's Trailblazing Generation: Housing and related needs of LGBT Seniors*. The San Diego Lesbian, Gay, Bisexual & Transgender Community Center

in comparison to cishet counterparts and lead them to be vulnerable against physical and psychological distress. Especially the psychological problems are common in the persons who do not have a personal support network.

According to Fredriksen- Goldsen (2012), “living alone has been linked to poor mental health and cognitive impairment”⁷⁴. Although aging gay men and lesbians have higher rates of psychological distress than their heterosexual counterparts ⁷⁵, those who live with a partner reported better physical and emotional health and less loneliness.⁷⁶

According to a study conducted by Cleveland Clinic⁷⁷, common health disparities among aging LGBTI+ persons and LGBTI+ elders are: high blood pressure, high cholesterol, diabetes, heart disease, HIV/AIDS, cancer, obesity, substance use (tobacco, alcohol and drugs), STDs, negative health outcomes due to long term hormone use, higher rates of disability, hepatitis, asthma, arthritis, osteoporosis, abnormal liver function, long-term effects of gender confirmation surgeries, high risk for stroke, eating disorders/bulimia, depression, anxiety, panic disorder, substance use disorders, obsessive compulsive disorder, phobic disorders, suicidal thoughts and actions, PTSD. In addition to this, a study conducted by Harvard University has shown that sexual and gender minority groups are at higher risk for dementia and alzheimer.⁷⁸

Labor life: Problems experienced by aging and elder LGBTI+ persons in the field of labor life and employment due to discriminatory practices and lack of access to equal conditions can be summarized as economic weakness, problems in gaining independence, in living one’s potential, problems in participating in education, culture, recreation and spiritual life,

74 Fredriksen-Goldsen, K. I., Emlert, C. A., Kim, H. J., Muraco, A., Erosheva, E. A., Goldsen, J., & Hoy-Ellis, C. P. (2012). The Physical and Mental Health of Lesbian, Gay Male, and Bisexual (LGB) Older Adults: The Role of Key Health Indicators and Risk and Protective Factors. *Gerontologist*.

75 Wallace, S. P., Cochran, S. D., Durazo, E. M., & Ford, C. L. (2011). The health of aging lesbian, gay and bisexual adults in California. Policy Brief UCLA Cent Health Policy Res(PB2011-2), pp. 1-8.

76 Grossman, A. H., D’Augelli, A. R., & Hershberger, S. L. (2000). Social support networks of lesbian, gay, and bisexual adults 60 years of age and older. *Journals of Gerontology - Series B Psychological Sciences and Social Sciences*, 55(3), pp. 171-179.

77 See. <https://my.clevelandclinic.org/ccf/media/Files/nursing/conference-continuing-education/geriatric-care-of-aging-lgbt.pdf?la=en>

78 See. <https://www.health.harvard.edu/womens-health/sexual-and-gender-minorities-face-unique-health-risks>

prevention, lack of encouragement and of harmonization of participation processes, lack of education support, low salary, low pension, not being able to benefit equally from loans. Especially in access to education and labor life, trans and gender diverse persons have to face more problems than LGBs and heterosexuals.

Not being recognized legally, not being able to claim for rights: In countries like Turkey where LGBTI+ persons are not recognized by law, where laws and regulations are not harmonized, where marriage equality do not exist; the enjoyment of inheritance rights, access to justice and to benefit from the referral mechanism for remedies is not possible for aging LGBTI+ persons. The mechanisms in which LGBTI+ elders who are exposed to discrimination practices and ill treatment can claim justice are blocked in this way.

Not being able to access social services and right to health: The inability to access social services and right to health by aging and elder LGBTI+ persons are exacerbated by not being covered by private health insurances and supplementary health insurances, not being covered by family protection and poverty prevention social protection programs. According to Fredriksen-Goldsen (Fredriksen-Goldsen et al. 2013), LGB elders are less likely to have health insurance and more likely to face financial barriers to healthcare than do their heterosexual counterparts.⁷⁹ Also, having to disclose the identity and possible discriminatory practices prevent LGBTI+ persons from benefiting from health services and social services.

Exclusion from social Inclusion and social policies: Urban perception and social policies have been prepared for cis-heterosexual citizens who are not with disabilities. Hence the lack of community support for aging and elder LGBTI+ persons; deprivation from social inclusion and from nursing homes and housings integrated into the rest of the city and health programs for healthy aging are among the most common problems. According to a study published by the Williams Institute in 2016, LGBTI+ elders need to be recognized by the laws as a greatest social need group from a policy perspective, in order to open important funding avenues to prioritize services for and research of LGBTI+ elders. Other policy

⁷⁹ Fredriksen-Goldsen, K.I., Kim, H-J., Barkan, S.E., Muraco, A., Hoy-Ellis, C.P. (2013). Health disparities among lesbian, gay, and bisexual older adults: Results from a population-based study. *American Journal of Public Health*, 103(10), pp. 1802-1809.

needs important to LGBTI+ elders are anti-discrimination legislation and expanding the definition of family to include families of choice and to recognize the marriage equality. LGBTI+ elders are a growing population likely in need of more frequent health care and social support. From a service perspective, culturally sensitive training for health care and social service agencies and professionals that provide support to elders could be critical in alleviating the experiences of discrimination in seeking healthcare and professional help.⁸⁰

Whether it is a center, a health institution, a workplace or a whole city, there is a need for regulations to include LGBTI+ persons in all policies. According to Kevin Urda, aging providers need to provide culturally competent services for LGBTI+ elders in order to reduce their fear of discrimination and to encourage them to access needed services. Medical providers, such as doctors and nurses, get little or no training in school on SOGIESC issues, and there are little continuing education programs or in service trainings. In case of the physical trainings cannot be provided due to lack funding, inexpensive online trainings need to be created and offered to meet this need, especially in rural areas. All professionals working in all sectors would benefit from LGBTI+ responsive sensitivity trainings that would give them a better understanding of the LGBTI+ community's medical and psychosocial needs. Many social services agencies seem to resist acknowledging that some issues are particular or more prominent in the elder LGBTI+ population. When they comment that services are provided to all elders, regardless of their sexual orientation, they fail to acknowledge that some of their elders might be LGBTI+ persons. When they do not ask for SOGIESC on intake forms, it promotes the fiction that all the applicants are cis heterosexual. When LGBTI persons do not feel comfortable sharing personal information about themselves to health care providers that may be relevant to their care, the shared decision making process is compromised. Shared decision-making and an appropriate plan of care can be possible when patients trusting personal details of their lives to their healthcare professionals. Health care workers need to create a welcoming, non-judgmental environment that fosters collaboration, not marginalization, with LGBTI+ elders.⁸¹

80 Choi, S.K. & Meyer, I.H. (2016). *LGBT Aging: A Review of Research Findings, Needs, and Policy Implications*. Los Angeles: The Williams Institute

81 Urda, Kevin, C. (1998). *LGBT Aging: The Approaching Silver Wave*, George Mason University

According to urban planning study published by the Office of Massachusetts State Governor in the USA in 2019⁸², a new city plan to be made to cover all segments of the society, including LGBTI+ elders, persons with disabilities and Alzheimer patients, should be supported by laws and regulations, health and social service providers, organizations and services, housing facilities, and all services that affect their life course. With the policies, the society and an inclusive legal system to be developed in this regard, the stigmatization against aging and elder LGBTI+ persons in the current system will be eliminated. Growing up of young LGBTI+ persons in such a system will eliminate the problems they may face by their families and society.

82 See. <https://www.aarp.org/content/dam/aarp/livable-communities/livable-documents/documents-2018/action-plans/massachusetts-state-action-plan-2019.pdf>

FINDINGS OBTAINED BY THE STUDY AND RESEARCH AND NOTES FROM ONLINE ACTIVITIES

The activities conducted within the scope of the study between 1 July 2020 and 28 February 2021 were identified as follows: Online Research on Rights and Issues of Elder LGBTI+ Persons and Collecting Good Examples Domestically and Globally (July, August 2020); Online Training on HIV and Elder LGBTI + Persons (28 September 2020); Online Training on Law and Elder LGBTI + Persons (19 October 2020); Online Meeting on Solidarity and Living Cooperatives and Elder LGBTI+ Persons (16 November 2020); Elder LGBTI+ Persons and Social Policies Meeting organized with Kaos GL (26 November 2020); Online Meeting on Elder LGBTI + Persons in the Context of Human Rights, Civil Society-Aging Studies (30 November 2020); Online Meeting on Elder LGBTI+ Persons in the Context of Social Services (14 December 2020); to share the information of the project and the report book with the field: “Lubunya is Ageless”- Early New Year’s Meeting & Online Party (25 December 2020); Online Consultation and Strategy Meeting (January 2021); Distribution of Materials Produced and Media Coverage.

The first one of these activities was conducting “Online Research on Rights and Issues of Elder LGBTI+ Persons and Collecting Good Examples Domestically and Globally.

1. Online Research on Rights and Issues of Elder LGBTI+ Persons and Collecting Good Examples Domestically and Globally (July, August 2020)

17 May Association brought together good examples from all over the world and information about the rights and problems of elder LGBTI+ persons in its research conducted on July and August 2020. These examples around the world consist of retirement communities, nursing homes, rv parks from USA and Canada; apartment complexes/residences/

others from USA; NGO Examples Around the World; communal living models and centers providing services for elder LGBTI+ persons around the world and networks and other best studies on LGBTI+ aging.

The common point in the examples that can be seen below and in the studies conducted by the NGOs is that; instead of the one-size-fits-all approach for elderly persons to pursue their lives in accordance with their rights, these examples are focusing on the individual characteristics of the elderly, ensuring the accessibility and usability of the structural environment with which the elderly interact in terms of their participation in daily life and social relations. The other common point in those examples are also the fact that they are created with such a planning and design for independent and equitable use, focusing on the expectations, imaginations, needs of all users. Based on the importance of ties with friends, not breaking the ties with life and of participating in activities when growing old, many LGBTI+ friendly or LGBTI+ specific life centers that provide services for LGBTI+ persons have been established in the world.

Some of these structures are shared below, in order to provide an inspiration to the works and studies that may be made one day in Turkey in the future.

EXAMPLES AROUND THE WORLD

1. (USA, Canada) Retirement Communities, Nursing Homes, RV Parks

- a. Fountaingrove/Fountaingrove Lodge, is a retirement community located in Santa Rosa, California and it is one of the first community for elderly LGBTI+ persons with its continuous class of services. It consist of spacious and well-designed apartments with an allotted patio and balcony for every unit owner. The kitchens are full-sized and equipped with high-end facilities and appliances. Fountaingrove lodge also have wide areas for fitness centers, a salon and day spa, gardens, swimming pools and as well as parking garage for residents. It is a luxurious, full-featured LGBTI+ retirement center. The residents can move in being fully active and independent. Pets are welcomed. This LGBT-friendly community is one of the most beautiful communities on the list. From gourmet dining and concierge services to spa treatments and housekeeping, the professional staff caters to residences' every need including special services for alzheimer

and dementia patients. The activities held there include chocolate parties, wine nights, golf tournament and pride week activities.

- b. Seashore Point, is located in the Massachusetts/ Provincetown as a residential community for LGBTI+ persons, 55 years of age and over. It has designed houses with a convenient access to a full range of amenities and personal medical services. One-bedrooms and two-bedrooms can be chosen in every unit. This center features a restaurant style private dining rooms, a multipurpose function room, a fully-equipped fitness center, a library, reserved parking lots and it is a pet-friendly community. There is a wellness center. Should health needs arise, the residents can avail health or companion services in their houses or can use rehab center. It offers a full schedule of activities where the residents can enjoy restaurants, arts, cultural events and festivities in the town.
- c. Carefree Cove, is a lesbian and gay seniors' log houses community in Boone/North Carolina known as "High Country", where the residence can enjoy the view of Appalachian mountains. The community offers the natural assets in the forest. Its amenities includes the clubhouse and trails for walking and biking.
- d. A Place For Us, is a new LGBTI+ housing community that recently opened after two decades of work located in the border of Cleveland and Lakewood, Ohio. It consist of one and two-bedroom spacious apartments with professional staff that offers a 24-hour emergency maintenance. Amenities include the business center, community room with kitchenette, controlled access buildings, fitness centers, a library, a laundry room on every floor, meditation rooms, spacious closets and fully-equipped kitchens. It is a pet-friendly community.
- e. Spirit On Lake, is an urban living located at Minneapolis, Minnesota that supports LGBTI+ seniors. It consists of 46 units and an underground parking. Community amenities include laundry facilities, units for persons with disabilities, fitness centers, indoor and outdoor pools, playgrounds, clubhouse and bicycle trails. It accepts housing vouchers⁸³ from the government in order to provide the LGBTI+ seniors free stays.

83 "Housing Vouchers": are the the vouchers that are given to low-income persons by the goverement, or those with illnessess and disabilities, in finding safe and affordable or free housing in the private market

- f. Rainbow Vista is a LGBTI+ retirement community located at the Gresham, Oregon. It offers housing and many amenities at affordable prices such as theater rooms, guest rooms, billiard rooms, fitness centers, BBQ/grilling area, a library for the residents. It also offers activities that include lunches and monthly dinners at their local restaurants and a monthly movie night in their very own theater rooms. They also allow the residents in taking care of pets. It offers studio and one-bedroom apartments. They provide no medical or assisted living services.
- g. Discovery Bay Resort, is a luxury hotel-style LGBTI+ retirement community located in the downtown of Kelowna /British Columbia, Canada. It offers the atmosphere of the Lake Okanagan. There are also miles of waterfront walkways and trails. Community amenities include two pools, sauna and fitness centers, clubhouses with pool tables, TV room. It has also another branch located on the North Olympic Peninsula, about halfway between Sequim and Port Townsend, Washington, which is a small women-only development featuring small manufactured homes of about 400 square feet and RVs. The residents have many options for recreation, outdoor activities like kayaking, birding, hiking, biking, swimming. The community also offers common gardens, clubhouse and market, meeting room etc. Pets are allowed.
- h. Stonewall Gardens Assisted Living, is the first center offering all kind of services for elderly LGBTI+ persons. Stonewall Gardens has another branch located in Palm Springs, California. It is made up of 24 bungalow-style apartments with 3 different types which are the studio apartment, one-bedroom apartment and a shared deluxe studio apartment. It offers wide range of services including the 24-hour staffing to help the daily living activities of the residents, in order to cover their personal care, special dietary needs, regular healthcare. The services also include weekly housekeeping service. The amenities are cafe area, activity rooms, seating areas, laundry rooms, common areas inside and out for different recreational activities and events. It is a pet friendly space. Residents enjoy group outings like going to the theater, shopping, dining out, etc.

- i. Birds of a Feather, was founded in 2004 as a community for elderly gays and lesbians close to New Mexico, Santa Fe . Residents enjoy nature trails for walking and hiking and horseback riding.
- j. The Resort, Carefree Boulevard, is located in Fort Meyers, Florida, is a elderly queer women-only community of manufactured homes and recreational vehicles . The Resort includes more than 50 acres with over 250 homes and RV lots. There are beautiful vistas, meticulous common areas for swimming, outdoor living, and plenty of activities for resident.
- j. The Pueblo, is a women-only mobile house and RV park in Apache Junction, Arizona and is for residents who are 55 years of age and older. It provides fun events for residents and natural environment.
- k. The Palms of Manasota, Palmetto, Florida, is the first retirement community in America to openly welcome LGBTI+ seniors. It is located in the Tampa Bay area between St. Petersburg and Sarasota. There are two areas or phases, one with 21 stand-alone homes and another with 2 condos and duplex units.

2. USA-Apartment Complexes/Residences/Others

In recent years, the number of low-income retirement apartments that are friendly to elderly LGBTI+ persons has increased. These facilities are government-subsidized and require low income qualifications for entry. In most cases, rent is calculated on a sliding scale based on about 30 percent of the renter's income. Most of them were filled via a lottery system. These apartment complexes are as follows:

- a. John C. Anderson Apartments is located in Philadelphia, Pennsylvania. This facility is urban LGBTI+-friendly apartment community for seniors 62 years old and up. Each one-bedroom apartment has an open floor plan and modern kitchen, a community room, outdoor community patio, library. Pets are allowed.
- b. Townhall Apartments is located in Chicago, Illinois. It is part of an affordable housing initiative in Chicago, offering permanent housing and supportive services for persons at risk of homelessness and/or living with HIV/AIDS. The facility has been around for 3 years and is a

safe place for LGBTI+ seniors. Units are simple, low-cost but clean. It is located in the area where LGBTI+ persons live mostly in Chicago. It has services for LGBTI+ persons, 55 and older. The housing complex features 79 units with mix of affordable one-bedroom and studio apartments in Chicago's LGBTI+ district. It is the success of a joint 25 million USD project between Heartland Alliance, the anti-poverty group that developed and manages the property, and Center on Halsted, Chicago's LGBT resources and cultural center that provides programming services. It has a long waitlist. There is a full-time social worker. The activities held in its Rainbow Room. The building also has a fitness and computer area. The facility provides special services for LGBTI+'s living with HIV, LGBTI+ with disabilities.

- c. Crotona Senior Residences, is a 65,000 square foot, mixed-use, 7-story, 82-unit residence for elderly LGBTI+ persons backed by SAGE in Crotona Park North in the Bronx. This building features a laundry room, community room and terrace with gardening plots. Its Great Room hosts daily meals and recreation activities.
- d. Ingersoll Senior Residences, with its 16-story, 145-unit building, it is located on Brooklyn's Myrtle Avenue. It is New York City's first affordable LGBTI+ friendly senior housing development. It is created in partnership with SAGE.
- e. North Park Senior Apartments, has 76 apartments for 55 + LGBTI+ senior residents in San Diego. It is located near the Rapid Bus Line, the Regional Bike Corridor, and shopping, restaurants and job centers. North Park Senior Apartments is 100% ADA accessible with lots of community. On-site resident services are provided by The San Diego LGBT Community Center.
- f. Mary's House for Older Adults, is located at Anacostia Road, Washington., Mary's House for Older Adults bills itself as a model for housing celebrating the whole person as they age for everyone. The 15-unit, LGBT-friendly facility's goal is to meet the emotional, recreational, social and other similar needs of older adults through health and wellness programming, hydrotherapy coordination and social based services.
- g. Triangle Square, is located in Los Angeles, Hollywood. A slightly

different take on the traditional retirement communities listed so far, Triangle Square was designed to provide homes for persons in need of a more affordable housing option. There are 96 units for lower-income seniors and 34% are designated specifically for seniors living with HIV/AIDS or who are at risk of homelessness. The building features a pool, lounge areas and common laundry facilities for LGBTI+ seniors. This facility was built by the city of Los Angeles, Redevelopment Agency, Housing Department, and the Housing Authority with help from SunAmerica. It is the initiative of Gay & Lesbian Elder Housing The Gay & Lesbian Elder Housing's (GLEH), whose mission is to improve the life experience of LGBT seniors and HIV/AIDS communities by developing affordable housing, providing comprehensive care and ensuring a brighter future for the LGBT elder community. \$20.3 million, 104 apartment-facility serves residents of the building and the entire LGBT community with social services, classes and cultural events.

- h. Anita May Rosenstein Campus, is under construction, just four blocks from Triangle Square in Hollywood. It is the project of SAGE and Los Angeles LGBT Center. It will break ground as the nation's first intergenerational LGBT senior and youth housing complex. The development will feature 100 units of affordable housing for older adults, 100 beds for homeless youth, 35 units of permanent housing for younger persons, new senior and youth centers and a kitchen to feed homeless youth and older adults.
- i. 55 Laguna, was opened in March 2017 in San Francisco as the city's first affordable, LGBT-welcoming housing for residents over 55. The idea for the project was born nearly 20 years ago, in 1998, as Rainbow Adult Community Housing. 55 Laguna was developed through a strong partnership between Openhouse (formerly Rainbow Adult Community Housing) and Mercy Housing who acts as the developer and property manager. The scheme is made up of 40 units which include 10 studios, 26 one-bedroom and 4 two-bedroom accommodations. Allocation for these units was decided by a lottery in which there appear to have been over 1,800 entrants for the 40 units. It is also home to the Bob Ross LGBT Senior Center. Fifty-seven percent of the residents are persons of color identified themselves as LGBTI+.

3. NGO Examples Around the World

SAGE-National LGBT Housing Initiative

It is an initiative aiming to provide elderly LGBTI+ persons with housing services nationwide. It tries to ensure LGBTI+ persons to find safe spaces to live when they aged, where they will be treated respectfully and compassionately. It is addressing these challenges on several fronts by building LGBTI+-friendly housing in New York City; advocating nationally against housing discrimination; training eldercare providers to be LGBTI+ culturally competent; providing trainings to LGBTI's on housing rights; helping builders to replicate LGBT-friendly housing. This initiative is supported by the Calamus Foundation and Citi Community Development. For more information, see.

<https://www.sageusa.org/what-we-do/national-lgbt-housing-initiative/>

HAAG-Housing for the Aged Action Group

Housing for the Aged Action Group is working towards the Rainbow Tick accreditation. The Rainbow Tick is a national accreditation program for organizations that are committed to safe and inclusive practice, and service delivery for LGBTI+ persons. The Rainbow Tick Accreditation Program supports organizations to understand and implement LGBTI safe and inclusive service delivery and provides national recognition for those that meet the Rainbow Tick Standards. The Rainbow Tick Accreditation Program is a voluntary program and aims to assist organizations to move from LGBTI-friendly to LGBTI-inclusive while reassuring LGBTI consumers and staff that an organisation is aware of, is responsive to and is understanding of their needs. Organizations wishing to receive a Rainbow Tick are required to undergo accreditation against the Rainbow Tick Standards, owned and developed by Rainbow Health Victoria (formerly GLHV).

SAGECare certification

SAGE (Services & Advocacy for LGBT Elders in America) offers SAGECare. The SAGECare program trains care providers on how to better understand the unique needs of the LGBTI+ community. SAGECare works to ensure there are skilled nursing facilities, health care organizations, assisted

living communities, hospice care, long-term care and more. LGBT-friendly facilities with SAGECare certification provide an example for the other facilities in transforming themselves into safe space for LGBTI+ seniors.

LGBT Aging Advocacy

National Resource Center on LGBT Aging The National Resource Center on LGBT Aging is the country's first and only technical assistance resource center aimed at improving the quality of services and supports offered to elderly LGBTI+ persons. For more information, see.

<http://www.lgbtagingcenter.org>

SageUSA

Services & Advocacy for Gay, Lesbian, Bisexual & Transgender Elders (SAGE) SAGE is a national organization that offers supportive services and consumer resources for LGBT older adults and their caregivers, advocates for public policy changes that address the needs of LGBT older persons, and provides training for aging providers and LGBT organizations, largely through its National Resource Center on LGBT Aging. For more information, see.

www.sageusa.org and <https://www.lgbtagingcenter.org>

Lambda Legal

Lambda Legal Founded in 1973, Lambda Legal is the oldest and largest national legal organization whose mission is to achieve full recognition of the civil rights of LGBTI+ persons and those with HIV through impact litigation, education and public policy work. For more information, see.

<http://www.lambdalegal.org/>

National Coalition of Anti-Violence Programs' National LGBTQ Training and Technical Assistance Center- The National Coalition of Anti-Violence Programs (NCAVP)

It coordinates the National Training and Technical Assistance (TTA) Center on LGBTQ Cultural Competency. The NCAVP Training and Technical Assistance Center is available for direct service and advocacy organizations seeking answers, support, and strategies to become inclusive of and accessible to LGBTI+ survivors. For more information, see.

<http://avp.org/resources/training-center>

The National Gay and Lesbian Task Force

The mission of the National Gay and Lesbian Task Force is to build the power of the LGBTI+ community from the ground up. It does this by training activists, organizing broad-based campaigns to defeat anti-LGBT referenda and advance pro-LGBT legislation, and by building the organizational capacity of the movement. For more information, see.

<http://www.thetaskforce.org/>

National Center for Transgender Equality

The National Center for Transgender Equality (NCTE) is a social justice organization dedicated to advancing the equality of trans+ persons through advocacy, collaboration and empowerment. For more information, see.

<http://transequality.org/>

FORGE: Transgender Aging Network (TAN)

FORGE was founded in 1994 in Milwaukee, Wisconsin, and provides peer support to everyone in the trans+ community. For more information, see.

<http://forge-forward.org/aging/>

4. Communal Living Models and Centers Providing Services for Elder LGBTI+ Persons Around the World

a. USA:

Village Hearth Cohousing

It is an 55+ intentional communal neighborhood for LGBTI+s and allies in Durham, North Carolina. The age range of residents is 55 to 73. It is a project of a retired couple lasting 13 months. It is the first cohousing community to receive financing from National Cooperative Bank. The plan was to finish the construction on April 2020 but it is still under construction. The Village Hearth Cohousing development includes 28 single-story accessible homes on a 15-acre wooded site. The community will include a 2,600-square-foot common house with a kitchen, dining/

meeting room, sitting area with a gas fireplace, laundry room, exercise studio, and art studio. There are also plans to build a separate workshop and storage building, along with a dog park, gardens, walking trails, and fire pit after residents move in. To date, 25 homes have been purchased. Village Hearth Cohousing will also welcome the allies among straight buyers, for the value of being good neighbors. Homes range in price from \$299,000 to \$409,000. There will also be a few units available for rent. For more information, see.

<https://www.villagehearthcohousing.com>

b. UK:

Tonic Living

It is a plan of communal living practice. The aim is to provide a safe space for elderly LGBTI+ persons of various backgrounds who have had similar experiences. This project, which aims to eliminate the discrimination, lack of support and loneliness experienced by elderly LGBTI+ persons in meeting the needs when they are aged, is planned to be implemented in London soon with the supports received from charities. For more information, see.

<https://www.ageing-better.org.uk/blogs/new-models-community-are-needed-give-lgbt-persons-good-later-life>

London Older Lesbian Cohousing

It is a project for lesbians in London, which aims the same goals as Tonic Living. It is planned to proceed with the same aims. The timetable has yet to be announced.

- In addition to those, Manchester City Council has also recently announced its plans to create a housing community for LGBTI+ seniors, although a timetable has yet to be announced. Residents will be able to rent or buy homes, and there will be a trained care personnel for the needs of the residents. In the implementation of this project, the City of Manchester works with Stonewall Housing and the local LGBT Foundation, as well as with the government's Homes and Communities Agency.

c. Germany:

Lebensort Vielfalt

It is a LGBTI+ community that opened in Berlin in June 2012. It is the first community in Germany to enable LGBTI+ persons to establish a common life openly. It contains 20 flats, a counseling center and a public restaurant named Wilde Oscar.

Another community with the same name is Lebensort Vielfalt (LoV), managed by the Schwulenberatung Berlin organization. LoV hosts multinational LGBTI + persons of all ages. The financing of the project was mostly provided by local foundations, donations, sponsorships, private and public loans, and it was built jointly with voluntary LGBTI+s. In this area, which has 24 flats, there is a separate nursing home for elderly LGBTI + persons who need 24-hour support and care. It provides a safe space and socialization opportunity for all LGBTI+s. The consultancy service building, a bar that regularly functions as an entertainment venue, a garden and a large LGBTI+ themed library are also located in this area.

Villa Anders

It is located in Cologne, Germany. This residential area is one of the oldest LGBTI+ residential areas. It was opened in 2009, this residential complex consists of three buildings and 20 apartments, subsidized by the city administration to allow low-income persons to reside there. In this complex, which is open to everyone, the proportion of heterosexuals does not exceed 10%. One third of the residents are LGBTI+ persons over the age of 60, they receive direct support from the municipality.

Initiative Regenbogenpflege

This initiative, launched in 2013 in Frankfurt, was built by the Frankfurter Verband organization together with local organizations and LGBTI+ activists. It has started with the aim of providing appropriate care for Elderly LGBTI +s in Frankfurt. The activists of this initiative have so far launched two LGBTI+ inclusive nursing homes: Julie-Roger-Haus and Sozial-und Rehazentrum West.

Rad und Tat - Offene Initiative Lesbischer Frauen e.V (RuT)

This initiative in Berlin plans to establish a space similar to Lebensort Vielfalt for women only. The RuT- FrauenKultur & Wohnen project targets all women, regardless of age, race and cultural or social origin, gender identity / sexual orientation. The aim is to build a residential community with 80 flats and two nursing homes. They aim to provide services for women who face discrimination based on sexual orientation, age and refugee status. The center will provide accommodation and care as well as educational and cultural events and will act as an information center for lesbians.

d. Spain:

La Fundación 26 de Diciembre

It is located in Madrid. This foundation has been appointed as the head of the centers allocated by the Madrid Solidarity Housing Program and planned to serve 50+ LGBTI+ persons. It is thought that nearly 80,000 elderly LGBTI+ residents live in Madrid. It is aimed to provide safe spaces for both young and old LGBTI +s. The foundation acquired part of the municipal dormitory in Rivas-Vaciamadrid for the construction of this area. There are currently 20 persons staying in this complex inf 120 flats. The construction of sports hall, library, laundry, conference hall, market and restaurant continues. This center, which has a capacity of 230 persons in total, will employ 30 staff who will serve the residents and provide special care for HIV+ persons. For more information, see. https://www.65ymas.com/sociedad/cohousing-lgtbi-un-proyecto-para-envejecer-en-diversidad_4279_102.html

e. Australia:

Older Women in Cohousing, Inc. – WinC

WinC is an organization working on a sustainable shared housing community for older queer women in Victoria, Australia. With grants from Victoria Women's Trust and Lesbians, Inc in 2019, they have taken action to build homes for 20-25 persons, establish permaculture gardens and communal buildings. They plan to start working on cooperatives in the future. The establishment, which is currently at the stage of purchasing

the land, aims to create an area where the kitchen, dining room, music workshop, carpentry workshop, exercise room will be included when the entire construction process is completed.

KitsHarbor

The study initiated by Nancy Nystrom and her partner in 2009 with the goal of buying a place for women and especially lesbians in Bremerton. They are in the process of building an independent living cooperative for women aged 55-78. It has seven residents and 15 women are on the waiting list. All work, modifications and construction are predicted to cost around \$ 400,000. For more information, see. <http://archive.kitsapsun.com/news/local/lesbians-welcome-kitsap-fits-bill-for-a-new-kind-of-elaceful-housing-ep-422945919-358935511.html>

f. Netherlands:

De Rietvinck

De Rietvinck has been an LGBT-friendly care facility for many decades since 1980's. In 2010 it was the first center to receive the Pink Passkey certificate given to LGBTI+ inclusive centers. De Rietvinck has apartments and group homes for persons with disabilities, chronic illnesses, or dementia, as well as day-care for LGBTI+ seniors. It holds regular social gatherings for LGBTI+ seniors. It has a strong connection to the local community with its restaurant, bar, and café serving as a venue for various activities.

Gay Living

Gay Living intends to create several housing communities for aging LGBTI+ persons in the Netherlands. Gay Care works behind this project. Its goal is to develop ten independent projects across the country, suitable for at least 50 apartments. The housing communities would cater to all needs of the aging LGBT residents, including maintaining lifestyle and attending to possible care needs by an LGBT-specific service provider. Gay Living is working on strengthening their connections and networks to local LGBT communities, commencing a survey to deepen their understanding of the future residents' hopes, and actively seeking suitable properties in several cities.

g. Sweden:

Regnbågen

It was opened in 2013 in Stockholm. It is the first LGBTI+ specific housing community, located on the top three floors of an eight-storey mainstream housing complex for older adults. The apartments are open to rent out.

h. Denmark:

Plejehjemmet Slottet

It is the first LGBTI+ friendly nursing home among Copenhagen's municipal nursing homes. Staff was trained on the rights and problems of LGBTI+s and their status was changed in 2014 in order to provide services directly to elderly LGBTI+s. In addition to the services provided without discrimination, various social and cultural activities are organized.

3B

A non-profit general housing association 3B has released plans to build a housing community for 50+ LGBTI+s in Copenhagen. 3B develops and manages housing projects for all regardless of age, ethnicity, etc.; and provides youth housing, care homes, housing for homeless persons, and senior housing. Upon the request from the LGBTI+ community itself, it started a project in 2016 to have a LGBTI+ senior housing community. When it is finished, the housing community will have about 30 homes, not excluding straights.

i. Switzerland:

QueerAltern

This association was founded in Zurich in 2014, an initiative was initiated by this association, seeking a specific joint center project and ways to provide care services for the benefit of the aging LGBTI+ community. Working with the Global Aging Network in the USA, the association aims to raise awareness and conduct studies on the aging of LGBTI+ persons.

i. Brazil:

EternamenteSOU

This organization was founded in Brazil in 2017. It advocates for elderly LGBTI + rights. It opened a nursing home for elderly LGBTI+ s in Florianópolis city on 29 August 2020. Free mental health and legal consultancy services will be provided there. A number of activities such as choir workshops, talks and awareness events are planned to be held within the center. For more information, see.

https://www.kaosgl.org/haber/brezilya-nin-guneyindeki-ilk-lgbti-huzurevi-aciliyor?fbclid=IwAR0HIhr_WUohbKiOV558br1ql2QqlSU6_GZGo6btqEf1HvdoZfvO2VvW4vU

5. Networks and Other Best Studies on Elderly LGBTI+s.

- From USA, Persad Center conducts training, solidarity, counseling, support studies, provides social meeting areas and therapy sessions directly for HIV + elderly LGBTI+s. For example, they organize collective quitting smoking events for ensuring a long life.

(For more information, see. <https://www.persadcenter.org/senioprograms>)

- From USA, SAGE'S NATIONAL LGBT ELDER HOTLINE 877-360-LGBT SAGE's National LGBT Elder Hotline is available 24 hours a day, 7 days a week. Persons can request to speak with someone in English or Spanish by calling 877-360-LGBT.

(For more information, see. <https://www.lgbtagencycenter.org/resources/resource.cfm?r=969>)

- From Australia, Val's Cafe, is a program of La Trobe University aiming the creation of safe and inclusive services that recognize and value older LGBTI persons. For this reason they develop "Aged Care Assessment Service (ACAS) Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) inclusive guide sheets". Val's Café works directly with stakeholders and service providers to foster an understanding of the histories, experiences and needs of older LGBTI persons, and works to build the capacity of services to be LGBTI+ inclusive.

(For more information, see. https://www.bayside.vic.gov.au/sites/default/files/lgbti_guide_sheets_web.pdf)

ACON (AIDS Council of NSW): is working actively in Australia since 1985. They have various studies on HIV/AIDS and on other fields related to LGBTI+s. It is directly funded by the government of New South Wales (NSW). With Silver Rainbow LGBTI Aged Care Awareness Training program for all workers in the aged care sector, they promote a better understanding of the needs of the LGBTI persons, they organize trainings for healthcare centers in Australia within the framework of government programs and try to minimize discrimination. With “Care Coordinators” program, which was established for bringing professionals from various disciplines together in order to provide support to LGBTI+s in the field of HIV, Mental Health, Alcohol use, housing, domestic violence, financial issues and law. Especially for HIV+ Elderly LGBTI +, they have prepared a list of non-discriminatory clinics and doctors (and other healthcare professionals they met during the trainings), in oral and dental health, general health etc., and they always keep this list up to date.

(For more information, see. <https://www.acon.org.au>)

- From Canada, Federal, Provincial, and Territorial (FPT) Working Group is a program implemented directly by the government that tries to ensure development in various fields focusing on elderly LGBTI+s while integrating the states into these studies.

(For more information, see. <https://www.canada.ca/en/employment-social-development/corporate/seniors/forum/social-isolation-lgbtq.html>)

- From Germany, SAPPhO Frauenwohnstiftung, is the first lesbian foundation in Europe, founded in 1997, has the objective of preventing isolation of aging lesbians. In practice, they help in promoting and creating new community-based living opportunities, preserve existing forms of shared living, and support the development and maintenance of lesbian networks by providing meeting centers. They have supported the construction of lesbian housing communities around Germany.
- From Netherlands, COC started the Pink 50+ partnership in 2006 together with Anbo organization. On LGBTI+ seniors. The Pink 50+ is a gay-straight alliance network that brings together persons in raising awareness of the age discrimination of LGBTI + persons.

- From Norway, FRI, a LGBTI+ advocacy organization, manages a network that works to organize late opening meetings, separate and mixed group meetings for all elderly LGBTI+s.
- From Sweden, RFSL (The Swedish Federation for Lesbian, Gay, Bisexual, Transgender and Queer Rights) also organizes similar meetings with similar networks.
- From Denmark, Lesbian Hiking Group is a network of lesbian walking groups and lesbians over 50 years of age organizing hiking/trekking activity every month.
- From UK, Brighton & Hove LGBT Switchboard has a network. It provides consultancy on centers and areas where elderly LGBTI + persons can enjoy their right to life most with the support of local government.
- From Spain, COGAM collective organizes activities such as group dinners, walks, meditation, movie nights, theater and discussions for elderly LGBTI+s through its network.
- From Moldova, GENDERDOC-M has created a support group for around 50 older gay men via its network.
- From UK, Opening Doors London, with its network, regularly makes phone calls or face-to-face visits to elder LGBTI+s through its volunteers and ensures their inclusion in social groups and community activities.
- From Germany, Rosa Paten, via its network and volunteers, organizes activities with elderly LGBTI+s to reduce feelings of loneliness.
- From Finland, SETA provides training to students of social work and medicine, municipal care personnel and social service workers via its network of elderly LGBTI+ volunteers, where they can directly share their experiences. Seta, a national NGO which advocates for LGBTI rights in Finland, created a training programme focused on good practice to overcome discrimination, and encourage participation, education, and lifelong learning. The program includes the "I Wish I Could Tell" training documentary, which makes LGBTI persons' views on aging and elderly care visible, and incorporates the story of 9

Finnish LGBTI seniors who share their experiences. Complementing this is the Rainbow Senior training session, which takes the form of a one-hour training workshop including discussion of ways to create an inclusive, non- discriminating, and safe care environment for LGBTI seniors. The Equal Ageing project has a wide network that includes elderly care service providers, universities, vocational education institutions,

- From Belgium, Het Roze Huis, with its network, organizes trainings for centers that provide care services to eliminate the discrimination that elderly LGBTI + persons experience or may experience.
- From UK, Stonewall Housing helps to find suitable and safe homes with its network used by LGBTI+ of all ages. It promotes housing rights and provides advice and information on housing rights for LGBTI+ persons.
- From USA, Center On Halsted, with its network, runs a home-sharing program and brings persons together to provide affordable housing and support, or to support elderly LGBTI+ persons seeking extra income to cover their living expenses.
- From Switzerland, Spitex Goldbrunnen, with its network of expert care providers, provides home care services to elderly LGBTI+ persons and the services are covered by health insurance.

Some additional good examples/best practices below are provided in line with the related article of Kaos GL Human Rights Program Assistant Damla Umut Uzun⁸⁴:

“There are 5 principles that can be applied for an inclusive strategy according to the best practice guidelines/accommodating older gay, lesbian, bisexual, trans and intersex persons of GRAI Organization, which works to improve the quality of life of LGBTI+ elders in Australia since 2005. These principles are important in that they clearly describe the problems experienced by elderly LGBTI+ persons and provide solutions to these problems.”

84 Uzun, Damla Umut (2018) “Dünyadan örnekler: Yaşlı LGBTİ'leri kapsayıcı bir hizmet nasıl olmalı?”, *Kaos GL Magazine*, Issue: 160, pp 34-38. Retrieved from: <https://www.kaosgl.org/gokkusa-gi-forumu-kose-yazisi/dunyadan-ornekler-yasli-lgbtileri-kapsayici-bir-hizmet-nasil-olmali>

These principles are listed in the article as follows:

“Principle 1- Inclusive and safe environment: Provide an inclusive environment, where LGBTI+ persons feel physically, spiritually and emotionally safe. An inclusive and safe environment reflects a commitment to the physical, spiritual and emotional wellbeing of LGBTI persons by safeguarding them from discrimination and prejudice. For example, in an ideal nursing home in Australia, rainbow flags, magazines and books on LGBTI+ issues are provided in common areas for elderly LGBTI+ persons to feel at home. Training activities are organized for the employees of the institution and other elderly persons, from LGBTI+ basic concepts, to transition period and coming out later in life and HIV awareness. In fact, they are assisted if they want to participate in the LGBTI+ Pride.

Principle 2- Inclusive communication: Another important way for elderly LGBTI+ persons to feel comfortable and safe is to use the environment in accordance with their needs. For example, again in Australia in nursing homes, it is expected from those centers to use appropriate language that is respectful and aligned with how a person identifies themselves by respecting their privacy, to use a gender-neutral and non-discriminatory language respecting alternative families of choice and long-standing relationship status, to ensure all staff are equipped with the skills and knowledge required to provide rehab/psychological support when needed.

Principle 3- LGBTI-sensitive practices: This process is for providing best practice through knowledge and understanding of the impact of an elder LGBTI+ persons' past experiences, culture practices, beliefs and expectations in order to the delivery of LGBTI+-sensitive practices. For example, when seniors apply to the institution, the inclusive language to be used in the application / evaluation / need assessment forms, the options that include the person's chosen family or partner, and ensuring the confidentiality of their information is the first step of these practices. Later, in the light of this information and evaluations, necessary organizations and LGBTI+ organizations can be contacted for cooperation and a peer support mechanism can be established within the institution by introducing elderly LGBTI + persons to each other in line with their requests.

Principle 4-Staff education and training: It is among the principles that all staff in the institution, including the nurses responsible for the care of the elderly, social service specialists who provide the necessary consultancy, psychologists, healthcare workers, transportation staff and administrative staff, to have sufficient knowledge and skills to work with LGBTI+ persons. As stated before, use of appropriate language, being informed about LGBTI+ culture and history, keeping this information confidential when necessary, communicating appropriately with elderly LGBTI+ persons and their families / friends, having the necessary information about the special health conditions of intersex and trans persons and employing LGBTI+ staff are among the best examples of this requirement.

Principle 5- LGBTI+ inclusive institutional policies and procedures: To transform LGBTI+ inclusive regulations and practices into a policy and strategy within the institution. For example; to include experts from LGBTI+ organizations in the board and advisory boards of the institution; creating guides and brochures for the staff and other residents of the institution and making them available to everyone at all times; periodic inclusion training in case of staff change; Establishing the necessary procedures for employees in this regard and keeping the complaint mechanisms / satisfaction forms to be consulted when necessary within the organization.”

Within the same article, the researches of York, McGill and UQAM Universities in Canada are also mentioned. While these surveys indicate that the majority of nursing homes do not have special arrangements and inclusive activities; special social activities for LGBTI+ persons are among the practices that can be considered as good examples. Such good practices gain importance in dealing with the psychological effects of discrimination, which is a reality for LGBTI+ persons throughout their life, and to eliminate loneliness, which has a risk of increase in old age. Alice's Garage Celebrate Aging program launched in 2016 in Canada to celebrate aging and build respect for the elderly can also be included among these good practices. Within the scope of the program, there are also projects aiming to empower elderly LGBTI+ persons. The project, which provides artistic activities that enable elderly LGBTI+ persons to express their own stories, appears as an important practice against the destructive effects of loneliness/ isolation and lifelong discrimination.

More information about some examples provided in this article is as follows:

“SAGE (Advocacy and Services for LGBT Elders): SAGE is the oldest non-governmental organization in the USA, founded in 1978, specializing in elderly LGBTI+ persons. In order to increase the quality of life of elderly LGBTI + persons, it provides supportive services to the elderly and to persons who provide care services, especially in terms of meeting their housing and healthcare needs; organizes advocacy activities to develop social policies across the country on this issue; It provides training and technical support to service providers with its extensive literature center on the aging of LGBTI+ persons; Thanks to the SAGECare center, it provides cultural competence trainings and acting as an umbrella organization, it organizes capacity building trainings for other organizations working in the same field. In addition to these, while improving the oral history skills of elderly LGBTI + persons with the SAGEStory program, they make them empowered socially, while also making the society contemplate on by sharing these experiences.

LGBT Health & Wellbeing: As the name suggests, this NGO was established in Scotland in 2003 to improve the health and life of LGBTI elderly persons and to prevent social isolation and discrimination. In addition to providing psychological counseling with experts to regulate the mental health of the elderly, they also organize many physical activities for LGBTI elderly groups to socialize, such as art workshops, yoga classes, tea talks, group meetings for LGBTI+ persons with disabilities, gardening, late coming out meetings, etc.

Alice’s Garage: Celebrate Aging is a program launched in Canada in 2016 to challenge aging and build respect for the elderly in society. Within the scope of the program, besides projects focusing on “old age and love”, “old age and sexuality”, there is also a specific project for LGBTI elderly persons. This project, named Alice’s Garage, aims to empower LGBTI elder persons across the country and promote healthy aging. This project gets its name from Alice Anderson, who opened a car mechanic in 1919 due to her interest in cars despite all social judgments. Later, she teaches many school-age girls how to drive and repair cars. The project, inspired by Alice’s empowerment of women despite the difficult conditions she lives in and creating opportunities for them by respecting their abilities, aims the same regarding LGBTI elderly persons. In the project, the stories of LGBTI elders are included in short films,

documentaries and photographs, in order to break the social prejudices, to share experiences with young persons and to raise awareness on being elderly within the LGBTI community. The themes of the studies include lesbian love, gay and bisexual men from past to present, Pride Parade stories of LGBTI elders, of trans and non-conforming elders, etc.

LOVE Project (by ACON organization): The LOVE Project, which aims to integrate LGBTI elders into society better for them to socialize more creatively, brings together many groups across Australia. In addition to these, the project, which supports LGBTI elders in the field of health, paves the way for exchange of experiences between peers, while trying to keep individuals socially active and enables the elderly to form a community within each other. Social groups among this project are: Sydney gay-lesbian choir, gay dance groups, bowling club without prejudice, hiking / tennis / swimming teams, gay and lesbian defense sports groups, gay fathers club, lesbian moms club, 55+ transgender club, etc.

The LGBT Aging Issues Network (LAIN): This is a network created by the American Society on Aging (ASA), which was established in 1954 to increase the quality of life of the elderly, and aims to raise awareness in this field. LAIN mainly focuses on institutional and interpersonal professional development and dialogue through publications, conferences and research so that elderly LGBTI+ can access housing, healthcare, long-term care and other services. With its extensive literature on old age of LGBTI+ persons, seminars, webinars and many other educational activities they organized by including nursing homes and government institutions in those and in that regard LAIN can be considered as one of the best examples in the field of advocacy.

Age is Not a Condom: This creative-name of initiative supported by a social media campaign and accompanying events launched in the USA in 2014 by the ACRIA organization, which conducts research on HIV+ and AIDS. The campaign aims to create a perception in the society that sex is a way of aging better against the myths that the elderly do not have an active sexual life in general, and to raise awareness of all elderly persons against sexually transmitted diseases, regardless of sexual orientation and gender identity. Everyone is encouraged to be tested on the National HIV Test Day, which is part of the campaign. Being Sexy After 50 campaign aims to draw attention to these issues with various posters on social media, with questioning the perception of sexy created by the society, the acquired

knowledge in that regard and active sexual life after the age of 50.”⁸⁵ (Uzun, 2018, pp. 36-37).

For other associations not mentioned in this report, see. <https://www.lgbtmap.org/file/improving-the-lives-of-lgbt-older-adults.pdf> &

<https://ilga-europe.org/resources/thematic/multiple-discrimination/age-and-lgbti>

2. Online Training on HIV and Elder LGBTI+ Persons (28 September 2020)

One of the fields of studies of 17 May Association is HIV / AIDS studies. The first activity of 17 May Association in the field of HIV was to attend “Living Politics: Remembering HIV/AIDS Activism Tomorrow” which was the concluding conference of the EUROPACH project held in Germany/Berlin between 12-13 September 2019. The founders of 17 May Association also participated in the “HIV and Anti- Discrimination Stakeholder Workshop” hosted by Kaos GL. After these two events, 17 May Association determined its approach to the HIV field and realized that HIV should not only be considered within the scope of a right to health, but also should be considered as an issue of equal citizenship, and decided to focus on the “HIV issue” from a broader perspective. Within the scope of the project subject to this report book herein, on 28 September 2020, 17 May Association conducted “Online Training on HIV and Elder LGBTI+ Persons”⁸⁶. In this training, to which 78 participants applied, first of all, the examples from the world were discussed.

While collecting these examples, the difficulties experienced in the field were summarized as follows, by dividing HIV+ LGBTI+ elders into groups within the information obtained by the intersection of the HIV/AIDS and LGBTI+ elders: *persons who were infected earlier in life and are aging with the disease; the newly /recently diagnosed, the newly infected or the ones who do not know their HIV status yet.*

⁸⁵ Uzun, Damla, Umut, *ibid.* pp. 36-37

⁸⁶ See. <https://kaosgl.org/en/single-news/from-living-with-hiv-to-aging-with-hiv-say-no-to-discrimination>

The following points were provided in the rest of the facilitator's presentation:

"The main challenges faced by the LGBTI+ elders are the fact that many healthcare providers might not administer HIV tests assuming that LGBTI+ elders do not require testing because they do not have any sexual lives; and that LGBTI+ elders do not apply to healthcare services due to the fear of discrimination and early HIV detection remains minimal among them; and therefore they are deprived of the opportunity of early detection of HIV. It is also possible that the many symptoms of HIV are often casually misconstrued as symptoms associated with aging. Since health service providers do not have sufficient training and skills, LGBTI+ elders cannot express themselves openly to doctors. HIV+ LGBTI+ elders who do not know where to receive peer support may experience social isolation. Solutions to these problems can be; to provide special or inclusive health services and centers for HIV+ LGBTI+ elders where the staff are well-trained; to organize trainings with an emphasis on fundamental rights in order to prevent discrimination in the existing health system, and to conduct raising awareness studies on sexual health among LGBTI+ elders; to establish social support networks.

SAGE organization, Persad Center and ACON can be provided here as good examples/best practices from the world. SAGE, which works in this field, has a 24/7 hotline in English and Spanish. Persad Center, on the other hand, organizes training, solidarity, counseling, support studies and provides social meeting areas, therapy sessions and collective test activities directly for HIV+ LGBTI+ elders. For example, they organize collective quitting smoking events for ensuring a long life. The SETA organization from Finland provides trainings for LGBTI+ elders as well as social service and healthcare professionals, students, teachers and elderly care service providers. In these trainings, they are broadcasting the training documentary named "I Wish I Could Tell" that incorporates the story and experiences of nine Finnish LGBTI+ elders. It is like the Turkish documentary "My Child". Complementing this, there is also Rainbow Senior training session (including discussion of ways to create an inclusive, non- discriminating, and safe care environment for LGBTI elders). ACON (AIDS Council of NSW): is working actively in Australia since 1985. They have various studies on HIV/AIDS and on other fields related to LGBTI+ elders. It is directly funded by the government of New South Wales (NSW). With Silver Rainbow LGBTI Aged Care Awareness Training program for all workers in the aged care sector, they promote a better understanding of the

needs of the LGBTI persons, they organize trainings for healthcare centers in Australia within the framework of government programs and try to minimize discrimination. With “Care Coordinators” program, which was established for bringing professionals from various disciplines together in order to provide support to LGBTI+s in the field of HIV, Mental Health, Alcohol use, housing, domestic violence, financial issues and law. Especially for HIV+ Elderly LGBTI +, they have prepared a list of non-discriminatory clinics and doctors (and other healthcare professionals they met during the trainings), in oral and dental health, general health etc., and they always keep this list up to date. It is possible to find many more good examples around the world. However, the situation in Turkey is as follows:

Especially in terms of the right to health, although not directly LGBTI+ elders, there are constitutional rights and the right to receive services for elders in general. Under the Article 10, Equal Protection Clause prohibiting discrimination, of the Constitution of the Republic of Turkey, “Age discrimination” is not provided as a protected category, but it is stated that the special measures to be taken and positive discrimination for seniors shall not be considered as the violation of the principle of equality: “Measures to be taken for children, the elders, persons with disabilities, widows and orphans of martyrs as well as for the war invalids and veterans shall not be considered as violation of the principle of equality” According to Article 59, the State shall take measures to develop the physical and mental health of Turkish citizens of all ages, and encourage the spread of sportive activities among the masses. Article 61 states that the seniors shall be protected by the State. State assistances and other rights and benefits of the seniors shall be regulated by law. The State shall take all kinds of measures for social reintegration of the ones in need of protection. With this aim, the State shall establish the necessary institutions or facilities, or designate bodies in that regard.

Some of the other regulations included in various laws regarding the elders are as follows:

Law on Metropolitan Municipalities

Article 7- Metropolitan municipalities shall have the duties... to:

v. Manage and develop health care centers...cooperate with universities... and civil society organizations in the provision of such services;

Regulation on Social Service Centers

Article 7 - (1) The duties of these centers are...

ç) In order to ensure the persons with disabilities and elder persons to participate effectively in social life... to ensure cooperation and coordination between ... voluntary organizations in this field.

Here it should be noted that NGOs are not consulted during such duties. Elders are equated with invalids and persons with disabilities, and the General Directorate of Services for Disabled Persons and the Elderly of the Ministry of Family, Labor and Social Services perceives the elderly and the persons with disabilities as persons in need of care and protection. This situation both renders persons with disabilities having disabilities not caused by the aging invisible, and creates the perception that being an elder is a period full of disabilities. Although there is intersectionality between them, those are areas that must be separated from each other. The policy of the state here is shaped by what it understands from disability. Definition of disability is actually refers to persons having impairments, activity limitations, restrictions in participation or having the possibility of the development of these; the persons who are affected by attitudes and environmental barriers that may hinder their full and effective participation in society on an equal basis with others due to various levels of impairments. However, in the legislation they are still referred as the handicapped, the crippled, dependent and the disabled, as a result of a policy of victimization. The same applies to the elders; they are addressed as the victims. The category of acceptable service recipients is developing here. With the perception of stereotypes on elders as grandfather, grandmother, uncle, aunt, which are not right, the services are provided as a duty of gratitude in which while one elder receives service, the other is deprived from it. Since these are the persons who are acceptable in social policies, LGBTI+ persons are not covered in these. When HIV status is also taken into account, discrimination become deeper. Not having infectious diseases and test results for HIV are listed among the conditions of admission to Darülaceze, which provides nursing home services being run by the state. In practice, this regulation can be challenging for HIV+ LGBTI+ elders.

It is known that there is discrimination faced in accessing services from time to time. However, according to Article 257 of the Turkish Penal Code, refusal of a physician to perform the duty without providing a reason is a crime. Being LGBTI+ and being HIV+ cannot be considered legitimate reasons. Article 11

of the Patient Rights Regulation emphasizes that the patient has the right to be diagnosed, treated and maintained according to the requirements of modern medical information and technology.”

The facilitator also provided the information on the limited number of services of the local municipalities or of some NGOs where LGBTI+ elders can benefit from in Turkey as:

“In the polyclinic of Şişli Municipality located in the building of Health Affairs Directorate in Feriköy, STI counseling service for LGBTI+ persons, free and anonymous tests are provided every three months for LGBTI+ persons regarding HIV, Hepatitis and similar sexually transmitted infections. An interpreter can be provided during the meetings and there is no age limit. Moreover, Pozitif-iz Association provides an opportunity to be tested in a private laboratory in Fatih, Istanbul within the scope of their project on Facilitating HIV Testing and Diagnosis Process for LGBTI+ Individuals, There are also Çankaya Municipality Public Health Center, opened in June again; Beşiktaş Municipality Voluntary Testing and Counseling Center; Mersin Metropolitan Municipality Voluntary Testing and Counseling Center; Konak Municipality Voluntary Testing and Counseling Center; Bursa Municipality. Persons can call Pozitif-iz to learn how these centers work in the Covid-19 period. The Positive Solidarity Initiative (Pozitif Dayanışma) can also be called, this group actively engages in peer counseling and conducts activities regarding providing information on social media. Associations such as Pink Life and Red Umbrella are currently half closed, but their members are provided with free condoms upon request. As 17 May Association, we would like to expand our work, which we are in the third month, in the future, to carry out new studies to solve the problems and to be among the good examples from the world.”

After the speech of the facilitator, Defne Güzel, who has been working on HIV/AIDS field for a long time as a HIV activist, made a presentation on the following topics: the past and present course of HIV, the situation in Turkey, the problems faced, HIV activism and studies made in the field:

“There are three ways for the transmission of HIV. These are; the transmission by pregnant person to fetus, transmission by blood transfusion and by unprotected sexual intercourse. The rate of transmission during pregnancy has decreased to 0.5% with appropriate treatment before, during and

after birth, as well as with sperm washing technique. We can see that 77% of pregnant persons could access to appropriate treatment in 2015. It is important not to use the same injectors during blood transfusion. In addition, condom is a 100% effective option in preventing sexually transmitted infections. In addition to these, sharing pool, sharing dishes, mosquito bites, kissing, hugging, cat scratches etc. do not cause HIV transmission.

Compared to the past, today, HIV situation has changed a lot. Persons living with HIV with one or a few drugs used a day now continue their lives as healthy as everyone else. Thanks to these drugs, which we call antiretroviral, HIV cannot be completely eliminated from the body, but virus copies can fall below 20. For this reason, the immune system cells of the persons can rise up to the same level before HIV infection.

Today, HIV drugs are freely available as they are covered by SSI insurance in Turkey. In addition, those who do not have this insurance can benefit from the general health insurance service free of charge by paying the monthly healthcare premiums. However, as a result of the income test made for persons who do not have financial means, drugs can be accessed free of charge.”

Defne Güzel later discussed the issue of U=U and prophylaxis as follows:

“Regular use of drugs does not only ensure a healthy life as everyone else, but also there is a phenomenon we call U=U which is referred in the literature as “Undetectable=Untransmittable. According to the studies, in U=U, the persons do not have the ability to transmit HIV, even in unprotected sexual intercourse. In a scientific study where 77,000 persons including HIV-positive individuals of all genders, sexual orientation and gender expressions having unprotected sexual intercourse with HIV-negative persons, were evaluated; no transmission could be detected from HIV positive person to HIV negative person. This situation shows us that persons living with HIV continue their lives in a healthy way and their ability to transmit HIV can be eliminated. In other words, it is important to be tested, diagnosed and to start medication.

Today, HIV diagnosis is determined as a result of blood tests performed in private hospitals, private laboratories, state hospitals and anonymous test centers. These centers cover the services provided by the municipalities and are available in Istanbul, Ankara and Bursa. There is no symptom that can

be called a symptom of HIV. Since symptoms like flu are seen after infection, these can be misconstrued by persons and doctors and the link between these and HIV may be ignored. For this reason, it is important to have a test every three or six months.

In addition to U = U, there are also drugs that we call prophylaxis, that can be used before or after the risky contact that can cause HIV transmission, but no regulation exist in Turkey about it. Sometimes, when the doctors take the initiative, persons or healthcare professionals can access these drugs, but there is no legislation in that regard.”

Defne Güzel, on problems in access to healthcare stated that: “Lack of access to prophylaxis is one of the biggest challenges in accessing healthcare. In addition to this, it is necessary to mention here the high costs of condoms. In addition, private insurances do not cover HIV, which stands out as another prominent problem regarding HIV. In addition, persons living with HIV face discrimination by healthcare professionals on account of HIV status. If the person living with HIV is LGBTI+ person, the discrimination increases even more. Although access to medicines seems easy, unregistered foreign nationals are unfortunately unable to access medicines. Although this is not the case for registered ones, regardless of whether they are registered or unregistered, in health institutions, they all face discrimination on account of race. If foreign nationals are diagnosed before the health insurance, the insurance does not cover the drugs. At this point, problems are faced especially by foreign students. While they do not know about insurance system in a country they have just arrived, they may not be able to benefit from medicines because the deadline for applying insurance can be expired meanwhile.

Considering these reasons, we can say that regulations should be made urgently in order to provide access to medicine for foreign nationals and immigrants, and urgent regulation should be made for access to prophylaxis and regarding condom prices. In addition, healthcare institutions should enforce institutional policies that will address the well being of HIV positives, immigrants, LGBTI+ persons and persons with disabilities and that will end discrimination by addressing all kinds of discrimination by serious sanctions.”

After that, Defne Güzel evaluated the areas of discrimination, activism and HIV and LGBTI+ elders as follows:

“If we evaluate the discrimination more specifically on account of HIV; I can say that as you know, those living with HIV from the past to the present are exposed to discriminatory attitudes. HIV and AIDS are used as means of intimidation. Current medical developments are deliberately ignored, and HIV is seen as something causing death and used as a means of social oppression. Since the eighties, it has been attributed to LGBTI+ persons. Or it is seen as a disease brought by Russians and as the sex worker disease. There are rumors that HIV positive persons leave syringes sometimes in bar toilets and sometimes in movie theaters. HIV positive persons and the groups perceived as having the potential to be HIV positive are pushed into ghettos. HIV is seen as filthy issue and is separated from the pure ones; society sacrifices those living with HIV to stay pure. Persons living with HIV are feared, those living with HIV are isolated, exposed to violence and insults, and even murdered. Today I can easily say that; HIV is not a crisis, but those living with HIV are in a state of social crisis. Persons living with HIV are unfortunately disclosed, threatened, forced to share their status, exposed to mobbing and dismissed from their jobs by unsubstantiated test requests.

Regarding the activism I can say that, although the prejudice against HIV becomes widespread, activism in the field of HIV has also developed from past to present. The first non-governmental organizations contains doctors working in the field of HIV in Turkey were mostly working with the aim of fighting against AIDS. However, in 2000s, these NGOs were replaced by NGOs established by persons living with HIV, which we can call positive NGOs. These positive associations have been continuing their activities especially in Istanbul and Ankara since the year they were founded, on the problems, needs and demands of persons living with HIV. In the eighties, persons living with HIV were called as “queers” as an insult. When the HIV cannot be considered independent of LGBTI+ movement and queers, today LGBTI+ organizations in Turkey also organize activities and events in the field of HIV while updating their policies in a way to include HIV positive persons.

There is actually an organized struggle from past to present against the discrimination against HIV positive persons. As a part of this struggle, while the masculine and problematic language of medicine is gradually transformed, a policy that centers persons living with HIV is also developed. Today, a support that is as important as drug support for persons living with HIV is to provide spaces without discrimination where persons living

with HIV can come out whenever they want, because the problems, needs, demands and stories of those living with HIV are unique. These stories and experiences strengthen and transform human rights policies. For this reason, it is necessary to think more about what we can do against discrimination against persons living with HIV. In addition to all these, peer counseling and social services positively affect the lives of persons living with HIV. Providing a social service that covers persons living with HIV, and training of persons living with HIV as peer counselors that can come out and be volunteer to provide consultancy contribute to the elimination of the feeling of loneliness while ensuring access to necessary social services for those living with HIV.

Today, the discussions on aging with HIV are ongoing in the world. The populations living with HIV are just growing old. This situation brings some needs with it. Unfortunately, persons living with HIV cannot benefit from nursing home services in line with the regulation. There is an urgent need to make an regulation about this. Moreover, considering the family bond that cis heterosexuals can establish, HIV positive LGBTI+ persons do not have such opportunities. LGBTI+ persons face many problems such as financial difficulties and loneliness while creating alternative family models where they can grow old together. In addition, the conflict between generations reaches a remarkable level. For this reason, it is necessary to conduct studies on access to health, participation in life and psychological well being of LGBTI+ persons who are aging with HIV.”

Finally, in line with the “Report On The Human Rights of LGBTI+ Persons Living With HIV”; Defne Güzel finalized the presentation as stating the following:

“We started working with Kaos GL and the 17 May team in June 2020. Within the scope of this study, we conducted in-depth interviews with 10 HIV positive LGBTI+ persons and evaluated and reported the outcomes of the interviews. In a short time, the report will be published and will be available on the website of Kaos GL. We have built this report as a qualitative report where HIV-positive individuals can tell their stories and where human rights violations can be monitored. Finally, I want to share the findings we provided in the report and I want to conclude my speech by providing our recommendations.

Findings:

- *There are not enough channels where LGBTI+ persons living with HIV can tell their stories anonymously or openly. During the interviews, the participants often expressed their positive feelings as they had the opportunity to review their experiences, to tell their own stories, and for their stories to serve a purpose.*
- *Participants stated that they would not be able to take legal action in case of violations of rights they were subjected to or might be subjected to, that this could negatively affect their careers or they could not apply the judicial procedures due to the danger of being victimized.*
- *Regarding potential discrimination, it has been observed that in some cases, participants do not consider the violations of the rights as a violation of their rights or give up their practices due to the risk of a violation of rights. As an example, we can provide the statement of a participant who gave up enrolling in swimming pool because the test is required.*
- *The participants have expressed different opinions on LGBTI+ organizations and HIV organizations. Most of the participants do not find the studies of LGBTI+ organizations, HIV organizations, other NGOs and the counseling capacity of these organizations sufficient on HIV.*
- *It has been reported that healthcare professionals often cause violations of the rights of LGBTI+ persons living with HIV in accessing health. Based on the statements of the participants within the scope of the study, LGBTI+ persons living with HIV are very likely to be exposed to LGBTI+ phobia and HIV phobia in healthcare centers.*
- *It is also prominent in the statements of the participants that they face issues led by healthcare staff in hospital processes regarding their medical issues other than HIV on account of their HIV status.*
- *Participants mostly stated that they do not trust the authorities and institutions. They express their negative opinions about the Diyanet's sermon provided on 24 April 2020 related to those living with HIV, and they stated that such sermons make them feel bad and make their lives even more difficult.*
- *The inadequacy of HIV-related school and university curricula was frequently emphasized. Participants reminded that up-to-date information on HIV should be disseminated among the society and*

relevant professionals. They stated that the HIV issue should be included in the curriculum the, the awareness on HIV of society and especially the healthcare staff should be raised and that more academic studies should be conducted in the field of HIV.

- *It is observed that those living with HIV are frequently exposed to discrimination in their social lives by their families, partners, friends or colleagues.*
- *When the participants were asked what they think about HIV, they stated that they have embraced their HIV status, they were conscious about it, they did not remember that they were living with HIV most of the time until they face discrimination by the society while reminding them their HIV status.*

Recommendations:

- *During the development of the legislation and public policies that concern LGBTI+ persons living with HIV, appropriate conditions for their participation should be created in which they can share their experiences and their requests.*
- *The principle of equality and non-discrimination contained in the Constitution, Turkish Penal Code, Law on Human Rights and Equality Institution of Turkey and the Labor Law should cover clearly the sexual orientation, gender identity, sex characteristics and health status as the protected characteristics. Legislation, institutional capacity and policies regarding hate crimes should be developed in line with the recommendations and standards of rights-based organizations and the Organization for Security and Co-operation in Europe.*
- *LGBTI+ persons living with HIV should be empowered to take legal action against the violations of their rights. In that regard, necessary procedural and institutional arrangements should be made in order to minimize the disclosure or other violations of rights during the judicial procedures.*
- *Rights-based psychosocial supports should be integrated into public policies so that LGBTI+ persons living with HIV can continue their life without restricting themselves due to the risk of discrimination. In that regard, LGBTI+ persons living with HIV should be empowered especially in the field of employment.*

- *LGBTI+ organizations, HIV organizations and other NGOs should build their own capacities in order to provide appropriate counseling and guidance to LGBTI+ persons living with HIV.*
- *Considering that the right to health is one of the most fundamental rights, discrimination against LGBTI+ persons living with HIV should be completely prevented.*
- *HIV-positive persons should not be restricted from access to healthcare because of their illnesses other than HIV, on the pretext of their HIV status, and their applications to the healthcare system should be welcomed without subjecting them to any discriminatory treatment.*
- *Existing institutions and authorities should strengthen themselves in the field of HIV and human rights, and should not provoke the society by using HIV as a tool of hate speech. In order to guarantee and promote the human rights of LGBTI+ persons living with HIV, institutions and authorities should develop legislation and policies.*
- *Education and curriculum should be updated in the field of HIV. HIV should be included in the curriculum and the number of studies conducted on the rights of persons living with HIV should be increased.*
- *LGBTI+ persons living with HIV should be empowered against the discrimination they face via social services provided by the public and civil society.*
- *Academic and cultural studies should be conducted in order to ensure the history of HIV and LGBTI+ movement to be covered by the social memory with the help of up-to-date information and a rights-based discourse.*
- *Prejudices against HIV should be eliminated, persons living with HIV should not be exposed to the violations of rights, the literature on HIV should be updated, and policies focusing on persons living with HIV should be implemented urgently.”*

See. The Report On The Human Rights of LGBTI+ Persons Living With HIV prepared by Defne Güzel:

English: <https://kaosgildernegi.org/images/library/hiv-lgbti-eng.pdf>

Turkish: <https://kaosgildernegi.org/images/library/hivleyasayanlgbtiterraporu2020.pdf>

3. Online Training on Law and Elder LGBTI+ Persons (19 October 2020)

Within the scope of the project subject to this report herein, 17 May Association, conducted “Online Training on Law and Elder LGBTI+ Persons” on 19 October 2020⁸⁷. In this training, to which 34 participants applied, under the facilitation of Yıldız Tar, Media and Communication Program Coordinator of Kaos GL Association, Lawyer Yasemin Öz made a presentation on the current situation regarding the rights and issues of LGBTI+ elders in Turkey, regulations and practices, international regulations for elderly rights, problems and recommendations for solutions.

In this training, first of all, Yıldız Tar, from Kaos GL and 17 May Association, talked about their work in the field of LGBTI+ aging and the problems they identified in that regard. Tar stated, *“We have an assumption that the LGBTI+ movement is a young movement, but we need to break this assumption a bit. Is it really a young movement? If so why and how did this happen?”*

Stating that it is an assumption that the LGBTI+ movement was initiated by young persons in the 90s, Tar continued as follows:

“However, what we see in our oral history study in Patikalar and in the previous issues of Kaos GL magazine is that there were not only young persons in the movement, around it, in meetings, as it is now. However, we think this is because the persons who are still in action from that period are the young persons of that period. However, at that time, there were of course elderly LGBTI+ persons who were associated with the movement, but their break with the movement tells us a lot about the ageism of the movement. Consequently, today’s problems were actually problems of the movement in the past, but so far it has not been addressed in such a comprehensive way.”

Tar, who stated that *“Growing older is taking away your right to speak”*, also stated that in the studies, being an elder is generally considered from the perspective of care and social service in a limited way: *“However, approaches*

⁸⁷ See. <https://kaosgl.org/haber/17-mayis-dernegi-nden-cevrimleri-hukuk-ve-yasli-lgbti-lar-egi-tim-toplantisi>
<https://kaosgl.org/haber/yaslanmak-hayatiniz-uzerindeki-soz-hakkinizi-elinizden-almamali>

to sexual orientation and gender identity in the context of sexuality, sexual life, self-expression and realization are not addressed either separately or in the context of care services.” Tar also mentioned that:

“Being an elder is not just a matter of body and transformation of the body. It is highly social, it is a process surrounded by discrimination and cultivated through certain mechanisms. By narrowing aging to “being in need of care”, in fact sexuality turns into an issue attributed to youth. On the other hand, with aging your voice over yourself and your life are taken away. Perhaps the most important of the aims of our work is the effort to claim the right to speak. The effort to struggle so that aging does not lead anyone to a life where they have less say over their own life..”

After Yıldız Tar, Att. Yasemin Öz made a speech and talked about the report of 17 May Association named “The Report on LGBTI+ Elders and Situation In Turkey and Around the World” as:

“The place of national and international legislation for LGBTI+ rights of the elderly examples of good practices in the world and Turkey, and possible solutions are discussed in this report while including academic studies and recommendations in this field. The report aims to shed light on the protection of LGBTI+ persons, who may face discrimination in all areas of life, against other forms of discrimination, as well as the human rights problems of being an elder.”

Yasemin Öz provided an introductory speech on the report as “A cohort of lesbians, gays, bisexual, intersex and transgender, intersex and gender diverse persons came together for enjoying the freedom of association in the mid-90s, most of whom were the activists and university students in their 20s. Following the 25 years of struggle, since this generation initiated the movement aged around fifty years of age, a set of challenges and needs in addressing LGBTI+ aging have been taken into account during agenda-setting studies of the movement. Despite the fact that there was a small number of trans women acting together before the LGBTI+ movement was initiated, that LGBTI+ generation was almost invisible and thin on the ground. For this reason, it was not possible to include LGBTI+ aging studies on the agenda unless the aging of the generation initiated the movement started to become apparent. KirkindanSonraLubunya/40+ LGBTI+ Initiative, organized under 17 May Association, was born for meeting this need.

The LGBTI+ movement, which has experiences of getting the results of its struggles over a period of ten years, takes into account the human rights of LGBTI+ elders as an urgent matter and started the process of strategy determination and the road map. The growing negative stance taken against LGBTI+ persons by the regulations and public policies has revealed once again that, the studies to be conducted on LGBTI+ aging for identifying the needs of LGBTI+ elders and the ways to meet those needs, will not be taken into consideration by public authorities in the near future. LGBTI+ persons will have to seek the solution themselves for their needs.

LGBTI+ movement has taken the first steps for collecting the information and exchange of ideas in order to meet the needs in the related field, since there was no study conducted in Turkey in that regard. Moreover, at a meeting held with LGBTI+ activists on 14-15 December 2019, an initiative was formed to identify problems and solutions. At this meeting, the heteronormative nature of social services, discriminatory barriers in accessing the right to housing, inter-generational communication barriers, barriers to access support and care mechanisms, and double-whammy discrimination were identified as the major problems.

To find the solutions of these problems, the significance of disseminating the information on the good examples and good legal frameworks was accentuated in this meeting and by the studies of 17 May Association. The terminus a quo of this report is the national and international regulations, good examples and academic studies in the field of aging. In addition to that, this report provides recommendations on meeting the needs of LGBTI+ elders while highlighting the rights of LGBTI+ elders.

The report only includes regulations in the field of aging. However, the practices regarding inheritance rights gaining importance with aging become an indispensable item on the agenda of the LGBTI+ movement. It is observed that there is an increasing demand for getting information from LGBTI+ organizations regarding inheritance rights. Turkey's Civil Code and Constitution are regulated in a way that is just recognizing the legal rights of heterosexual family structures by ignoring other forms of civil partnerships. From time to time, this situation severely limits and worries LGBTI+ persons, who experience violent exclusion by their assigned families, regarding the disposition of the owned assets at the time of death. According to the Civil Code, all persons, including LGBTI+ persons, as testators, are not wholly free

to dispose of their entire estates as they please. The law limits their freedom in favor of their close relatives, by means of the reserved portion, even by a valid will. The succession here is divided in two parts: an imperative fraction “the reserved portion” and “the available portion”. The available portion can freely be given to anyone or institution assigned by a valid will. There are only two ways and regulations that can be used indirectly for free disposition of the owned assets to persons and institutions at the time of death other than those who have the right for reserve portions. The first of these is the Right of Usufruct regulated under Article 794 and the consequent articles of the Civil Code, and the second of these is the Contract on support for life regulated in Article 611 and the consequent articles of the Civil Code. Although inheritance right is not an issue that only concerns the elderly, it turns into one of the issues that can be addressed in case of LGBTI+ elders. Although it lies beyond this report’s scope, it constitutes one of the issues that should be considered in studies on LGBTI+ aging. This report highlight the importance of the protection of LGBTI+ persons who may face discrimination in all areas, against other forms of discrimination, including the violations of human rights of elders. Among these problems, new forms of discrimination such as the aforementioned reserved portion in inheritance law attract the attention.”

Att. Yasemin Öz said that there are very few regulations in international laws and regulations regarding elder LGBTI+ persons, “However, in general, we could find very few examples about aging and elderly persons. And this is not only the case for Turkey; but also is an issue we saw in the international arena. Aging is an issue that is brought up on the agenda of the United Nations so late.”

Oz stated, “Due to the fact that cisgender and heterosexual family model protected by the Constitution gains importance in public policies of Turkey, elder care is a service imposed by state on households and on women in terms of social values. On the other hand, it is a common situation that we frequently encounter that the unmarried family members have to bear the whole burden of elderly care in line with the social values. Therefore, we can easily assume that LGBTI+ persons also bear elderly care burden since Turkey does not have marriage equality. It can be said that the low level of economic aids provided by the state to those who provide care for the patients and the elderly in recent years reflect an understanding of keeping the women at home, sending them back to their proper place in patriarchal terms by producing solutions with minimum cost, rather than thoroughly undertaking and covering financially.”

According to Yasemin Öz: *“In Turkey’s legal framework having limited number of legal regulations for LGBTI+ persons, there is no legislation for elderly LGBTI+ persons.*

Public policies towards LGBTI+ persons gradually follow a course towards restricting fundamental rights and freedoms. Istanbul Convention’s provisions prohibiting discrimination on SOGIESC (sexual orientation and gender identity) in domestic violence cases are used for justifying Turkey’s possible withdrawal from the convention as requested by the conservative wing of the government. The Istanbul Convention, which includes regulations to prevent discrimination against LGBTI+ persons in case of violence, has not yet been fully adopted by the domestic law, and no changes, regulations and practices protecting LGBTI+ persons have not yet been implemented. However, even the state’s theoretical commitments not applied in practice can form the basis for LGBTI+ exclusionary politics and discussions. There is no practice implemented regarding the LGBTI+ inclusive social services such as counseling centers, shelters, etc., which should be put into practice for protection against violence in line with the Istanbul Convention. In summary, there are no positive LGBTI+ inclusive public policies in practice in Turkey that LGBTI+ elders can take advantage of. In connection with this, there is no policy intended for LGBTI+ elders in many countries of the world, nor in Turkey. Services for special needs are not provided by service providers and private initiatives of NGOs to ensure elderly persons to access healthcare / housing/ care services are provided in a limited way.”

Yasemin Öz in summary stated that there is no LGBTI+ inclusive positive public policy in practice in Turkey that LGBTI+ elders can take advantage of and there is no policy in practice for the sake of LGBTI+ elders.

Referring to international regulations and practices on elderly rights, Yasemin Öz stated:

“First of all, it should be noted that there is no international regulation on protecting the rights of elderly LGBTI+ persons yet. In order for LGBTI+ elders to enjoy their existing rights equally without discrimination on account of SOGIESC and to cover their special needs, international and intergovernmental organizations such as United Nations (UN), European Union (EU) and the Council of Europe (CoE) and International Labor Organization (ILO) have introduced regulations and general recommendations in the field of aging.

Even if there is no specific prohibition of discrimination has not been imposed on behalf of LGBTI+ elders, LGBTI+ elders should be able to benefit from these international regulations within the scope of human rights without discrimination.”

Regarding United Nations Conventions on the Rights of the Elderly, Yasemin Öz argued that:

“In spite of the fact that there are various conventions adopted by UN on the survivors of discrimination, women, children and persons with disabilities from the groups that need special protection, there is no convention adopted yet on the rights of the elderly. The UN’s regulations on the elderly are generally made up of the provisions that are indirectly referred to in the regulations specific to the other groups. The mentioned regulations and studies regarding the dates of adoption are respectively as follows; United Nations Universal Declaration of Human Rights (1948), International Covenant on Economic, Social and Cultural Rights (1966), Declaration on Social Progress and Development (1969), World. Assembly on Aging (1982), the United Nations Principles for Older Persons (1991), Copenhagen Declaration on Social Development (1995), International Year of Older Persons and International Plan of Action on Ageing (1999), United Nations Millennium Declaration (2000) and the UN Second World Assembly on Ageing (2002)”.

Based on the United Nations Principles for Older Persons dated in 1991, Oz talked about the rights to independence, participation, access to care, self-fulfillment and dignity as: “It should be noted here that the right to self-fulfillment includes sexual orientation and gender identity.”

In conclusion, Oz stated that: “I recommend you all to read this report. As can be seen in the report, no legal arrangements, practice and public policy for the elderly LGBTI+ are available in Turkey, and the ones on the elderly in general are not comprehensive to meet the needs of the elders. Even international regulations for older LGBTI + persons are still very much in their infancy and there are no global practices that fully meet the needs in the field. International regulations on elderly LGBTI+ are extremely limited. For example, there is no national policy for the requirements of Council of Europe Recommendation CM/Rec (2014)2 covering elderly LGBTI+ persons. In this sense, there is a serious gap or even an absence in the national fora as well as in the international fora. In addition, as clearly stated in Regulations of

Darülaceze as a precondition for admission to this state-run facility, “The persons should not have a mental disorder, the persons should not have an infectious or a contagious disease”, also constitute a risk that may create discrimination in practice. Although the international regulations regarding elderly LGBTI+ are limited in number, international criteria, standards, practices and regulations in the field of old age should be adapted by being LGBTI+ inclusive and should become national regulations and should put into practice.” and then Yasemin Öz shared the recommendations for solutions in summary mentioned in the related report as follows:

“Regarding the elderly LGBTI+ which is currently largely invisible in Turkey, which is however rapidly became visible as a social group in later years, our recommendations for LGBTI+ organizations and for private sector and the central and local governments have been discussed in detail at the meeting held by 17 May Association. The prominent issues in that regard are as follows.

- *The approach of the state and private sector to the rights of the elderly leads to violation of rights rather than protecting them. Considering that other social background characteristics accompanying old age determine this stage’s conditions, the studies on multiple discrimination should be increased and aging experiences specific to LGBTI+ identities should be reviewed.*
- *To prevent the state from being the only service provider in the field of social services and facilities, to encourage multidisciplinary expertise and competition, and to pay attention to the cooperation with public, non-governmental organizations and private sector in accordance with the principle of protecting the pluralism; to ensure supervision mechanisms between these organizations are essential.*
- *In times of crisis like a pandemic, groups that face discrimination for life are the first ones to be abandoned. It has once again been observed that being elderly or LGBTI + is one of the areas where the most discrimination is experienced in the Covid-19 pandemic.*

Recommendations provided within the scope of the identified problems and obstacles are divided in two as;

I- General recommendations

II- Key Recommendations

I- General Recommendations:

- *Central government should adopt and bring into force the regulations, practices, standards and criteria in the field of rights of the elderly introduced by the United Nations, the Council of Europe, the European Union and international organizations such as the International Labor Organization into the domestic legislation in a way to cover LGBTI+ persons.*
- *Central government should adopt and bring into force the regulations introduced by the United Nations Principles for Older Persons and UN Committee on the Elimination of Discrimination Against Women (CEDAW); General recommendation No. 27 on older women and protection of their human rights, 16 December 2010, CEDAW/C/GC/27 in a way to cover LGBTI + persons and should harmonize the regulations and practices in domestic law.*
- *Local administrations should adopt the LGBTI+ inclusive approach in social services such as nursing homes and healthcare, and should monitor the needs of elderly LGBTI+ persons by evaluating them from various aspects such as self-expression and socialization*
- *The private sector should adopt LGBTI+ inclusive approach in the services it offers for the elderly and should monitor the needs of elderly LGBTI+ persons by evaluating them from various aspects such as self-expression and socialization.*

II- Key Recommendations:

- *With regard to old age as a phase, studies should be carried out to create the necessary ground for persons to design their own aging years throughout their lives. In summary, the adoption of pension plans suitable for the conditions of each social group by the state and the private sector should be ensured.*
- *To be able to express and realize sexual orientation and gender identity should be considered within the scope of the right to self-realization and the right to physical and mental integrity, the areas should be provided for expressing SOGIESC at all ages by making the necessary arrangements to remove the obstacles in enjoyment of these rights.*
- *The necessary changes should be ensured in the legislation to prohibit the discrimination based on SOGIESC and age and in all regulations starting from the Constitution.*

- *The fact that the right to privacy includes the immunity of sexual life should enter into force in practice.*
- *Research and studies should be conducted to establish rehab mechanisms against the mental and physical damage that lifetime discrimination may cause on LGBTI + persons.*
- *The mechanisms should be ensured for elderly LGBTI+ can access to home care and institutional care without being exposed to discrimination. It should be ensured that the institutional care and home care to be provided as complementary services rather than substitute services and those should be determined in line with the needs of the persons. Institutional care should be provided by both the public and private sector and NGOs.*
- *Considering the fact that the construction of social services and care services on a family basis restricts the access of LGBTI+ persons to these services, the construction of care services mechanisms should be ensured based on persons rather than family in the context of the “right to private life”.*

To read the full report written by Yasemin Öz, see. The Report on LGBTI+ Elders and Situation In Turkey and Around the World:

English: <https://www.17mayis.org/images/elder-lgbtiplus-eng.pdf>

Turkish: <https://www.17mayis.org/images/yasli-lgbtiarti-turkce.pdf>

4. Online Meeting on Solidarity and Living Cooperatives and Elder LGBTI+ Persons (16 November 2020)

Within the scope of the project subject to this report book herein, on 16 November 2020, 17 May Association conducted “Online Meeting on Solidarity and Living Cooperatives and Elder LGBTI+ Persons.”⁸⁸ This meeting, to which 28 participants applied, was held by the facilitation of Umut Güner, General Coordinator of Kaos GL Association, one of the founders of 17 May Association and with the presentations of Tezcan Eralp Abay, General Coordinator of STGM and Att. Yasemin

88 See. <https://kaosgl.org/haber/yasli-lgbti-lar-icin-dayanisma-kooperatifleri-etkinligine-kayit-lar-basladi>

Öz. In this meeting, idea of establishing a cooperative was addressed in terms of LGBTI+ persons; what is a cooperative, why it is important as a social community, and the legal basis and possibilities of establishing a cooperative were examined.

In providing the opening remarks, Umut Güner stated that: *“As 17 May Association, the decision of reviewing the cooperative models was made at the meeting we held last December. While looking at the issue of how we can organize together because we want to grow old together, we also focused on the possibility of a cooperative model. The question of whether we can establish a joint cooperative in our senior years brought us today to this event. Yasemin will share the legal basis of cooperative models, whereas Tezcan will explain whether a cooperative is a NGO or what is its place among NGOs. What kind of opportunities it can provide, at which points it can turn into obstacles will be evaluated”.*

Then, Yasemin Öz stated that the legal and technical aspects of the cooperative issue should be taken into consideration. Then Yasemin Öz provided information about the legislation in this regard as: *“Cooperatives are similar to associations but these are different structures. Construction cooperatives and construction activities come to mind when we talk about cooperative models in Turkey. We may also need such a cooperative model in the future. It may be necessary to establish a construction cooperative to establish a communal life. Since the law on associations was not easy in the past, women’s organizations established at that time initiated their work as cooperatives. One of them was Amargi, which was later liquidated. It is very difficult to liquidate cooperatives in comparison to associations. It has multi stages and it is a long process. Now I am working as the lawyer of Film Mor cooperative.*

There are three types of cooperatives. There is no structure in the law mentioned as Solidarity and Living Cooperatives.

1. Agricultural Cooperatives: It is a structure established by farmers come together to unite their goods and solve their trade related problems. It is under Ministry of Agriculture.

2. Construction Cooperatives: It is for constructing buildings, is under the former Ministry of Public Works and Settlement.

3. *Other Cooperatives: Any structure that does not fall into these two categories.*

Cooperatives, just like Foundations, are structures formed by providing capitals. There are limits for this and this capital can be paid in cash or as committed capital. All cooperatives used to be under the Ministry of Trade and Industry. The type of cooperative we may establish will also be under this. The legal structures of cooperatives are regulated by the Cooperative Law. There are also materials such as regulations, but the law is the main reference.

What is a cooperative? It is a legal entity. It emphasizes the protection of interests, not for a specific purpose such as providing community service like associations or for a specific purpose such as education and development like foundations. Associations cannot engage in any economic activity other than lounges, it is prohibited, unlike the cooperatives. Either labor or monetary contribution is made in the cooperations. It can provide credits to its components.

According to Cooperatives Law No 1163 Article 1, A cooperative is defined as a body with variable members, variable capital and legal identity that is established by natural and public legal entities and private administrations, municipalities, villages, societies and associations in order to ensure and maintain certain economic interests and specifically the needs of their members toward professional life and living standards by means of mutual assistance, solidarity and service as trustees to each other.

This is its difference from foundations, you can transfer your capital to someone in the cooperative, the capital does not increase in the foundation.

The conditions for establishing a cooperative are regulated in the law as follows, it can be established by 7 persons like associations, it has a memorandum of incorporation specifies its goals and way of work. While the establishment in the associations is ensured when the statute is delivered, the process in the establishment of cooperatives is different. Instead of the notary process, a contract is signed in the presence of the authorized officer:

On Establishment, Article 2 states that: A cooperative shall be established under a Memorandum of Incorporation to be signed at least by 7 members. The memorandum must be signed in the presence of authorized personnel

at the trade registry office. The undertakings, in the Memorandum of Incorporation, of the building societies and other cooperatives the scope of which includes the transfer of immovable properties, to the effect that immovable properties will be transferred to members are deemed as valid irrespective of other official procedure. In establishing cooperatives, the capital of the cooperative may not be limited to a certain amount.

Here the article tells us that a property will be allocated when the cooperative is established. Capital can be increased.

Associations are established with the statute, cooperatives are established with the permission of the ministry, registration and announcement. The Article 3 regulates this:

On Permission, Registration and Proclamation, Article 3 states that: The Memorandum of Incorporation shall be submitted to the relevant Ministry. Should the Ministry permit the establishment, it shall be registered with the local Trade Registry Office and proclaimed accordingly. The particulars to be registered and announced are as follows: The date of the Memorandum of Incorporation; the objects, the field of activity and the duration, if any, of the cooperative; the title and the registered office of the cooperative; the capital of the cooperative, and the minimum amount paid in return for the cash portion thereof and the value of the share of each membership; that the membership share certificates are straight certificates; what the capital in kind and the valuable assets taken over consist of and the values designated for them; how the cooperative shall be represented and audited; the names of the members of the Board of Directors and the persons authorized to represent the cooperative; how the announcements by the cooperative shall be made and how the decisions to be made by the Board of Directors shall be notified to the shareholders, where a provision is made on this matter in the Memorandum of Incorporation; branch offices of the cooperative: Cooperatives can establish branch offices within and out of the country, should they deem it necessary. Branch offices shall be registered with the local registry authorities of the city they are established in, with reference to the registered head office thereof.

It can be stated here that the cooperative will remain open for 5 years as a construction cooperative and then it will be liquidated. For example, when one of the partners provided the land for the buildings to be built in the

cooperative, the value of this land is included in the memorandum. Other parts are technical details. These are not conditions that will give us an idea of what kind of cooperative we can establish, but rather are more technical explanations.

On the Provisions to be Contained in the Memorandum of Incorporation, Article 4 states that: The Memorandum of Incorporation of the cooperatives has to contain the provisions pertaining to the following particulars: The name and the registered head office of the cooperative; the purpose and the field of operation of the cooperative; the states and conditions that result in the gain or loss of the position of membership; the value of the shares of the members and the way the cooperative capital is paid; cash payment of at least one fourth of the cash capital; whether the members shall deposit capital in kind or not; the state and the degree of responsibility of the members with regard to the liabilities of the cooperative; the duties, authorities and responsibilities of the managing and auditing organs of the cooperative and the way they are elected; provisions concerning the representation of the cooperative; the ways to calculate and utilize annual income/expenditure differences; the names, surnames and the residence addresses of the founders.

We can skip this article.

On Requirements for Membership and Number of Members, Article 8 states that the natural persons should be able to use their civil rights in order to be eligible for acquiring cooperative membership. The natural and legal entities wishing to become a member shall apply to the Board of Directors of the cooperative along with a written notice documenting that they fully agree with the provisions of the Memorandum of Incorporation including all rights and duties specified therein. Should the cooperative be assigning certain personal responsibilities or additional payments, other than its own assets, to its members, then the intention to become a member shall be valid solely on the condition that such liabilities are agreed upon in writing. Board of Directors is obliged to inspect whether the members and those applying for membership are eligible as per the requirements specified in the Memorandum of Incorporation. In case of construction cooperatives, the number of housing units, offices (or work places), and members shall be established by the General Assembly. The Board of Directors cannot enroll members exceeding the number specified by the General Assembly.

According to this article, you should have a mental health; membership cannot be possible by means of a guardian. For example, it is checked whether the partners with whom you established the industry cooperative are indeed persons from the same industry. This is not about the type of cooperative we think of. If we establish a cooperative and want to increase the number of members, we have to make a decision in the general assembly. As with associations, we have the right to withdraw.

On Freedom of withdrawal from membership – indemnity, Article 10 states that each member shall have the right to withdraw from membership. In case the act of withdrawal endangers the presence of the cooperative, a provision stipulating that a fair indemnity is paid to the cooperative by the withdrawing member can be included in the Memorandum of Incorporation.

For example, you have established a construction cooperative; the landowner has a high share in the cooperative and would like to withdraw. Maybe this withdrawal will cause the cooperative to dissolve. An indemnity can be possible in case the act of withdrawal endangers the presence of the cooperative.

On Restriction of withdrawal from membership, Article 11 states that the exercise of the right to withdrawal from membership can be restricted under the Memorandum of Incorporation up to a maximum term of 5 years. A provision can be made in the Memorandum of Incorporation stipulating that any members can withdraw from membership prior to the end of this term provided that they have justified and important reasons. The engagements promising that a member can in no way withdraw from the cooperative are invalid.

These are the conditions to regulate that you always have the right to transfer your membership.

The conditions for leaving the cooperative cannot be as soon as possible unlike the withdrawal from the membership in the associations. There is a property here. But there is also flexibility. For example, to the cooperative you have committed 100 thousand lira, the law says that you must pay one fourth in advance. You gave 25 thousand; you want to leave without giving 75 thousand without transferring anyone the membership. Since the cooperative does not want to bear this damage, it does not accept it. Here the article 13 comes into play:

On Notice period and time of withdrawal, Article 12: A member may withdraw only as of the end of the fiscal year and with a prior notice of at least 6 months. Should a shorter period be specified in the Memorandum of Incorporation, then withdrawals within the fiscal year may be permitted.

On Abstinence from accepting withdrawal from membership, Article 13: Should the Board of Directors abstain from accepting the withdrawal of any given member from membership in spite of a withdrawal request made in compliance with the Memorandum of Incorporation, the member shall notify his/her request of withdrawal through a notary-public. The withdrawal shall have been realized as of the date of such notice.

On Death of the member and transfer of membership, Article 14: The status of membership shall be terminated upon the death of a member. Pursuant to the provisions stipulated in the Memorandum of Incorporation, the status of membership can be passed on to the heirs of the late member (Amended on 6/10/1988 - 3476/ art. 3: The membership is transferable.) Membership may be transferred. If the person taking over the membership is eligible for membership, the Board of Directors shall accept the membership of such person.

This is not the case in the association, but just like the foundations, the share is left to the male heirs after the death of the cooperative member. You transfer your share to someone, but if that person does not meet the conditions, the cooperative do not have to accept this. For example, if the person who takes over the share in the grocery cooperative is not a grocery store, the membership is not accepted.

On Rights and Liabilities of the Members Article 18 states that: It is obligatory for the membership rights of each member to be represented with a deed of membership issued to the name. The title of the cooperative, the name and surname and business and residence addresses of the owner of the bill and the dates of entering into and parting from the cooperative shall be included in the said deed of membership. The holder of the deed of membership and the persons authorized to represent the cooperative shall sign these particulars. The money deposited or withdrawn by the member shall be recorded in the order of time. If these records are related to the money paid by the cooperative, the member shall sign the related documents. The signed deed of membership shall be regarded as a receipt for payment. The said

deed of membership may be prepared in the form of a membership account book, on the condition that it includes the Memorandum of Incorporation. The deeds of membership shall not be regarded as valuable assets, but only as documentary evidence.

If there is a profit, it is distributed among members at the end of the year. Like in Torku cooperative. The money earned from the sale of the products is distributed according to the rates of shares. This will not happen in the cooperative we can establish, but perhaps such a structure can be established. Special products about LGBTI+ persons can be sold to and profit can be distributed in line with the shares at the end of the year. Other parts are technical details.

On Membership Shares – Personal Creditors, Article 19 states that: It is required to collect at least one membership share from every member entering into a cooperative. The Memorandum of Incorporation may permit the collection of more than one share by a member within a maximum limit to be specified in the Memorandum of Incorporation. The value of a single membership share is 100.000 TL. Those entering into a cooperative may subscribe a maximum of 5000 shares (2). Several shares may be represented on one single deed of membership. The shares not represented by deeds of membership shall be regarded as equivalent to 100.000 TL. The loan demands of each cooperative shall be responded with priority by the banks, institutions, or companies, depending on the field of operation of such cooperative. The personal creditors of any member may only seize the amount equivalent to the share of the member arising from the interests and income-expenditure differences and the share to be paid to the member upon the dissolution of the cooperative.

This hundred thousand mentioned here is actually 100 new Turkish Liras. One partner can buy 5 shares while the other can buy 10 shares. Maximum 5000 shares can be purchased. In case to be engaged in cooperative on women labor or on construction cooperative by buying a land, this can create an advantageous situation in terms of obtaining loans. While companies may be subjected to seize of shares, cooperative shares are not directly seized.

On Obligations and Responsibilities of The Members, Article 27 states that: The amount of money that can be paid by the members for the shares undertaken shall be specified in the Memorandum of Incorporation. The

cooperative shall ask the fulfillment of these obligations from the members indebted with capital or other payment obligations through letters submitted personally or delivered via registered mail or, if this is not possible, by notices, specifying a reasonable term. The membership of those who failed to satisfy the first call and who failed to perform their obligations within one month following the second call shall be automatically terminated. The termination of the membership of such persons shall not require relieving of the same from the debts arising under the Memorandum of Incorporation or otherwise.

It is possible to say that the amount of share is not 100TL, but 1000 TL. In case of a member who does not pay the share, you do not need to chase after. The members who does not fulfill the obligation, for example, the member paid 2500 TL from the commitment of 10000 TL, the debt of 7500 TL are requested from the member twice, then membership is automatically terminated without prejudice to the debts.

There are boards in cooperatives like in associations and the related article is as follows:

On Cooperative Organs, General Assembly, Authority, Article 42 states that: The General Assembly is the organ with highest authority representing all members. The General Assembly may not transfer or renounce from its power to: modify the Memorandum of Incorporation; elect the members of the Board of Directors and Auditors as well as the Board of Liquidation, where necessary; decide upon the division of the operating account, balance and, where necessary, income - expenditure difference; acquit of the Board of Directors and Auditors; decide upon the items left to the discretion of the General Assembly by law or in the Memorandum of Incorporation; establish the methods to be followed in the purchasing and selling of an immovable asset as well as the nature, location and the maximum price of the immovable asset to be purchased and minimum price of the property to be sold; (Add: 6/10/1988 - 3476/Art. 9) determine the performance method for manufacturing and construction works.

When you want to establish a cooperative, these are the conditions. These are the differences from associations and foundations. These are the general framework of shares and transfers. The government commissioner comes to the General Assemblies. Associations do not have this. The state has more control, as the cooperatives are perceived as trade based. Associations

are more flexible in this sense. If you want to establish a communal life or a solidarity-based structure, the association structure is not suitable for the establishment of this structure, as economic activity is limited in associations. A structure towards the establishment of rainbow cooperative can be discussed. "

After the presentation of Yasemin Öz, Tezcan Eralp Abay shared his experiences about cooperatives and the factors that should be considered in the context of cooperatives as follows:

"I have had lots of experiences about cooperatives in the past. It is possible to establish 23 different types of cooperatives in Turkey. Registration procedures are carried out in 3 public institutions. Ministry of Agriculture, Ministry of Industry, Ministry of Commerce. Reflections on the idea of cooperative for communal life appear in the middle of the 19th century. It is the main idea of utopians like Robert Owen. It is to create an economic rationality in competition and outside of the current economic order. The idea of cooperatives, the utopian stage of cooperatives, is an attempt to build another rationality against the existing economic order. After unsuccessful attempts for various reasons, the so-called scientific and real cooperatives were overcome and the stage of cooperatives as we know today has been reached. For us, this is a nostalgic thing. There used to be school cooperatives. They were liquidated as a result of neoliberalist policies. Business initiatives took their place. Student protests at METU were launched against canteen cooperatives. There are also agricultural and construction cooperatives. Basically we understand these as cooperative models. As in the 18th-19th century, Mithat Pasha had attempts to protect the Muslim business managers from non-Muslims. This was tried as an attempt for the creation of alternative rationality and development model, this failed then there is an attempt to Ziraat Bank in Turkey. As I experienced 4 model of these, the story is cooperative models in Turkey resulted in the failures mostly. In fact, cooperatives are the courage stories to take a step not to fear from failure. So real cooperatives are attempts to create rationality in that regard. The current economic order is competitive. It is based on the competition among laborers, employers and capital owners among themselves. It is based on the competition of generations. Cooperatives are structural initiatives based on solidarity that gives birth to the current economy without targeting political rationality. Cooperatives are a business of building solidarity, but it is a

business of building an economic solidarity. If building political solidarity is a priority, then we come to the realm of freedom of association. It is mostly the subject of associations. It is more convenient to compare the cooperative with companies rather than with associations and foundations. A cooperative is a company built with a different rationality. In fact, according to the law, it is a joint incorporated company. The main purpose of this company is to become a powerful actor by organizing solidarity. It is to move forward with solidarity to achieve its goals. This solidarity has two dimensions. The cooperative builds solidarity in order to cope with the competitive environment in which it is included. It builds this by creating an economy of scale. There is no commune alone, if everything is more expensive in the market in buying and selling goods alone, if dairy farmers pay you less when you sell milk alone, those reasons bring persons together. You have to get together so that the market becomes monopsonic. Here, first of all, it is better to look under which legal entity a common collective will can act, from the perspective of which one will be more suitable for our purposes. For example the purpose behind nearly all of the women's cooperatives in Turkey is to develop the social and economic status of women. Here, when such a general purpose is determined, what is social and what is economic becomes unclear, in fact, this is not actual purpose. Therefore, determining what is really basically intended here is the first step. In comparison to association, cooperative is an extremely complicated and complex form of organization. Cooperative is a complex structure, so is the legislation, its management, tax order, and employment order is complex. Every year the government commissioner comes to the general assembly, which is held in every year in cooperatives, whereas a general assembly meeting is held every three years in associations, Associations in Turkey is extremely simple and powerful forms of organization after the amendment made in the law. It also provides more legal protection. It is necessary to mention the point that distinguishes a successful cooperative from a successful association. The association is a group of persons coming together for a common purpose. If the organizational model and purpose are in harmony, the association is successful. What makes the cooperative successful is its successful business model. This is the reality of the cooperative world. It is aimed at earning income or at reducing expenditure to increase incomes. The reason why the new generation cooperatives fail is that these do not have a successful business model when these are initiated. Persons who come together in an association can pay the costs among themselves.

Rent and expenses are paid by membership fees. The relationship that the member establishes with the cooperative is not to finance the cooperative, but to improve own living conditions by the cooperative or to be financed by the cooperative by creating economies of scale in input, output or production. The expectation of the member of the association and the cooperative is not the same, if the same is the management phase may be a problem. While membership cannot be transferred in the association, it can be transferred in the cooperatives and the heirs can obtain the membership. Your relationship as a shareholder is a static relationship, it is determined from the beginning. The area for freedom to act is also narrow, like in the companies.

Many construction cooperatives in Turkey were established as well as incorporated companies having the same mission. Orta Anadolu Construction Company (Or-an) has created a district region in Ankara. It is a mass construction project. It is a company established by a number of academics, architects etc. which can also be done with a cooperative structure. Cooperatives are somewhat similar to associations as well as to companies. There are differences in some respects. Cooperatives have a specific purpose written in the memorandum in the establishment. Studies are carried out for this purpose. Companies have only one goal, which is to make profit. The voting right is the same in cooperatives; it varies in line with the rate of share in companies. There is also a difference between associations, companies and cooperatives in terms of tax law. Associations are not taxpayers. In this respect, it would be more correct to compare the cooperatives with economic enterprises of the associations, liable to corporation tax. There may be some exceptions in cooperatives. There are issues such as reserve funds, patronage dividend, exceptions to dividends. Cooperative is an economic enterprise that does business with its own members. It is to reduce the costs of its members or increase their income. Transactions with its own members are exempt from tax. When buying milk, it buys from members for three pennies and sells for five, and allocates money for management throughout the year. At the end of the year, it deducts the operating expenses from these extra two pennies. In fact, it can pay four pennies to the members. This extra one-penny constitutes the dividend here. This can also be deducted from tax. It has three advantages; to create an economy of scale, to create democratic control in the administration about decisions, to provide tax exemptions.

After a wave of general cooperative movement, a new generation of so-called social cooperatives or platform cooperatives has been rising in last ten years in Turkey. The General Directorate of Cooperatives of the Ministry of Commerce also welcomes this model. Currently, this does not have any legal status. New sub-categories such as public benefit cooperatives and non-profit cooperatives are emerging. It may not distribute its profits to its members if it is arranged in its own memorandum. The General Directorate of Cooperatives organized a social cooperative train. İhtiyaç Haritası is a cooperative. These two had a campaign. There is a possibility of regulation of social cooperative structure in Turkey. In return for this in the world, the regulations on social cooperatives provides other advantages. "Başka bir okul mümkün" was first an organization and then became an association. The association was the example of the idea; the example of the practice became a cooperative. Cooperatives that provide solidarity inside and ensure competitiveness outside can be successful.

Let me give you some examples. A textile workshop was established in Erzincan together with the women. While thinking about what to do in an economy of scale, we started to manufacture shalwars. It is a widely consumed product. When there was an economy built there, someone brought shalwars from China to sell in Tercan. We could not compete with the prices of those. We in the end liquidated the textile workshop, the machines were sold and the dough kneader machines were purchased. Because we could not strengthen the economic status, we wanted to strengthen labor productivity.

As another example, we entered a niche market with a box workshop in Osmaniye. We produced boxes made from velvet for 10 euros for a company that sells shoes to Prince Charles. The governor or the others visited us. Women were mentioned on the news. Here the competition between villages made that cooperative unmanageable. The machines were sold and the money was distributed. It is necessary not to depart from the principle of competition outside, solidarity inside. To build the democratic administration is important here. "Genedos" and "Başka bir okul mümkün" are the best examples of cooperatives in that regard."

In this meeting, 17 May Association evaluated alternative joint options for aging and LGBTI+ elders in the experience of aging, in line with the statements of the spokespersons provided above.

5. Elder LGBTI+ Persons and Social Policies Meeting organized with Kaos GL (26 November 2020)

Within the scope of the project subject to this report book herein, on 28 September 2020, 17 May Association conducted “Elder LGBTI+ Persons and Social Policies Meeting” which is organized together with Kaos GL⁸⁹. In this meeting, to which 28 participants applied, the researcher activist Ali Alp made a presentation on academic studies, how to address age in line with sociological perspectives, age as a social identity, discrimination experiences, results from literature review, social policy and social service axis of good examples from abroad, possibility of adaptation of these examples into Turkey. Participants also shared their experiences and impressions on these issues in the meeting and had the opportunity to evaluate them together. The statements of the spokespersons under the title of “Elderly/ LGBTI+ Aging” can be summarized as follows:

Firstly, talking about the purpose of the meeting, Alp stated that *“First of all here; We will talk about Aging and Age, I will present a literature review based on certain themes, and after the presentation, we will have a small workshop for 20-25 minutes on What We Think and What Can We Do?”* Then Alp shared the quote: *“If we are lucky, we all get old... (Diana Spencer)”* and provided the content of the presentation by stating that the presentation will include the findings of the literature review with its references as:

“A Little Brainstorming

Elderly, Aging & Being LGBTI+ Elder

Social Groups/ Networks and Organizations

Psycho-Social Well-being

Health and Care Services

Dementia and HIV

Recommendations for Inclusive Social Policies and Service Development

International Organizations Examples”

In the brainstorming chapter, Alp asked *“What do you think awaits us in our future years? What is old age? What kind of a relationship is there between being elder and LGBTI+?”* to the participants; while emphasizing that the first focus should be the age while addressing the elderly and aging process.

89 See. <https://kaosgl.org/haber/vasli-lgbti-lar-ve-sosyal-politikalar-toplantisina-davetlisiniz>

Alp stated, *"Although the concept of age is actually addressed medically and psychologically, the concept of age has taken its place in the sociology arena, especially in the last 40-50 years, with current studies. The elderly is actually considered an adjective, and growing old is a condition."* The titles like *"In sociology how the social positions of individuals who started to get older are shaped; discrimination and exclusion (ageism), deterioration of bio-psycho-social welfare (well-being), retirement"* were among the titles Alp discussed.

Alp summarized the main topics in aging studies as follows:

"Social Isolation

Health and Care Services

Dementia

Retirement and Insurance

Social Networks

Civil Rights..." and then shared the literature review on Elderly and LGBTI+ with the participants as follows:

"Fredriksen-Goldsen and Muraco (2010) found that queer theory is explicitly used in the studies with the rate of 2%, it is recommended to increase work with older groups, increase intergenerational studies (visibility-concealment-negligence).

Birren, 1999, emphasizes "there are more data, less theory".

At the same time, considering the meaning of sexual orientation and sexuality for LGBTI+ persons, the meaning of old age changes with the aging process According to Meisner and Hyne (2009), old age starts at 35 for gay men and after the age of 40 (44), it is called as "later life" period.

Goldsen and Muraco express that LGB individuals with high self-esteem and better financial conditions experience a higher quality aging process. As a positive approach, they also state that the open LGBs have a more comfortable old age.

Other studies show that gay men earn more money in their senior years, while lesbians have less money, but have more social networks and partner welfare (Grossmann).

Butler and Hope (1999) state that not being able to benefit from partnership rights, low income, lack of economic safety and lack of social support mechanisms are higher than heterosexuals in LGBTI+ elders.

As Positive/Constructive element: Grossmann states that social isolation will be less with organization and visibility.

Maria Brown states in *The Rhetorical Silence*, 2009 as:

Developing models for empowerment is important for elder LGBT persons. Because, LGBT elders begin to alienate from their organizations/social networks as they get older, and they express that they cannot benefit from heteronormative structures (many social service authorities). “

After that, Alp discussed the title of *Social Networks/Groups and Organization* and provided the following references:

“In a study conducted by Leahy and Chopik in 2020, they found that as the individual social groups and networks of LGBTI+ individuals increased, the size of depression and anxiety decreased. In a study conducted in 2010 on the subject of Psycho-Social Well-being, Chae and Ayala stated that elderly LGBT had higher rates of depression and stress than their cisgender and straight counterparts. They observed that psychological conditions also brought directly other medical indications.”

Brown and Jones stated in their 2016 study that suicide rates of transgender individuals increase with age.” Alp continued by talking about health and care services as follows: “Erdley, Anklam, and Reardon (2014) refer to the differences in aging experiences of LGBTI+ elders and the manifestations of barrier of these differences in social service practices as:

Being invisible

Ageism

Homophobia / Heterosexism

Loneliness and absence of cohabited individuals

Urban-rural mobility

Poverty

Unmarried couples who are living together are deprived of joint pension and investment rights.

In a need analysis conducted by Shnoor and Berg-Warman (2019) with LGBTI+ persons aged 55+ in Israel, The findings of this study showed that %35 of the participants are afraid of coming out to health and social service providers while %30 to them refrain from disclosing the information about their lives which constitute barriers to receiving help”.

Alp then stated, “When the literature is considered, it is seen that researches on elderly trans persons and Gender non conforming persons in health and care services are on the agenda. Especially in terms of elderly trans persons, the neglect and the lack of needs determination are brought up on the agenda. Fredriksen-Goldsen et al., 2011, found in their study that 40% of applications for healthcare made by trans persons were denied .

Kattari and Hasche (2015) emphasized that studies should be carried out with healthcare personnel in terms of both old age and gender on discrimination and harassment against trans persons in healthcare services.” Alp then evaluated dementia and stated that: “Dementia can be considered as the presence of a group of symptoms that affect social skills like senility, dissociative identity disorder, extreme forgetfulness. Just as the information produced for LGBTI+ persons in the field of aging is rare, the studies on dementia both in the context of academic studies and social services / policies are also rare.

According to the Alzheimer’s Association’s 2012 report, it is stated that more than 350,000 LGBTI+ persons are affected by dementia.

In the context of LGBTI+ persons, as Price (2012) reported, behind the loss of identity, there is the intersectionality of the concepts like dementia sexuality, stigma and disease.

The manifestations of these on LGBTI+ persons are, according to McGovern;

Increased the economic burden in advanced stages and not being able to meet it,

Increased isolation due to loss of self and not remembered/blurred memories.

Psychological stigma and change of perceptions for LGBTI+ persons born before and after the 1950s and the results of these. According to Fredriksen-Goldsen et al., the difficulties for caregivers of LGBTI+ persons who experience dementia are listed as follows; while conducting evaluations and interviews,

it is important to use a non-discriminatory language and to carry out and follow-up regular bio-psycho-social checks, especially of marginalized groups.

Attitudes and behaviors are the current status of caregivers on issues such as management and stress management.

Help-Seeking: Denial of care, not recognizing the caregiver, caregiver's coping methods should be expanded

Cultural differences must be taken into account

A non-discriminatory language should be used while conducting evaluations and interviews, and regular bio-psycho-social controls should be carried out and monitored, especially of marginalized groups.

Secondary support should be provided to the caregiver

Appropriate caregiving companies and organizations should be selected while their support is requested.

Multi dimensional advocacy and capacity building studies needs to be done”.

Alp's statements under the title of HIV, Aging and Being LGBTI+ elder are as follows:

“According to Shick et al. (2010), sexuality is ignored in aging and therefore a chain of violation occurs in terms of sexual health. The use of Viagra is increased and the persons suffer from chronic conditions, there is intergenerational difference and visibility problem.

In a study conducted by Fisher et al., it was observed that STIs are increased in the elderly, just as in the younger generations. They stated that there are more STI cases observed in gay and bisexual men compared to lesbians and bisexual women.

It is stated in the literature that elder LGBTI+ persons constitute a risky group for STIs due to situations such as having less awareness of sexual rights than young LGBTI+ persons, the difficulty of coming out due to generation difference, and of reporting risky behaviors (Ritter and Ueno, 2018).

Mentioning about End-Of-Life Preparations, Alp stated, “The concept of chosen family for LGBTI+ individuals appears to be an important concept

in the context of care and social support mechanisms. For this reason, Vries et al. (2020) state in their study that Canada's definition of next-of-kin is established from a heteronormative perspective."

Regarding Inclusive Social Policies and Social Service Practices, Social Service and Social Policy Recommendations, Alp provided the following reference and provided recommendations as follows:

"Erdley, Anklam and Reardon (2014) argue that:

- a) The definition of GAP (Gay Affirmative Practice) for all LGBTI+ individuals should be expanded*
- b) Annual forums and symposiums should be held*
- c) The studies to be done together with LGBTI+ organizations, organizations engaged in aging studies, academicians and healthcare professionals should be increased*
- d) Elder LGBTI+ persons should become actors and they should be empowered.*

Recommendation: Current regulations should be reformed and gaps should be identified in order to develop laws/social policies specific to LGBTI+ persons

Recommendation: Activities should be held aimed at changing the cultural / social perceptions of healthcare workers and social workers in health services (societal awareness / self-awareness = two biased)

Recommendation: It should be ensured that not only sexual orientation and age, but also other social identities such as socioeconomic status, ethnic origin, disability are included in academic studies.

According to Social service professor Liam Cancannon (2009); Anti-discrimination care policies were produced in a regulation issued by the British Ministry of Health in 1993 with a charter, and sexual orientation was included in this regulation.

Considering this regulation, Cancannon (2009) suggests some themes in social policies to be developed for elder LGBTI+ persons:

- *Empowering LGBTI+ elders*
- *Anti-pressure practices in social services*
- *Addressing life stories*
- *Including the language of policy texts on the agenda*
- *To ensure that policy makers bring up the isolation and invisibility of LGBTI on the agenda*
- *Budgeting in line with different social identities*
- *NGO Support*
- *Being the voice of LGBTI+ persons”*

Alp concluded the presentation by providing some good examples from the world as: *“As good examples, the studies of GLEH & SAGE-National Resource Center on LGBT Aging can be mentioned. SAGE is an organization that has been working since 1978 and conducts important advocacy work on Aging & LGBTI. Their areas of practice are: Advocacy for Elderly LGBTI+, HIV and Aging, Long Term Care, Hotline, National LGBT Housing.”*

This event, which took place with the partnership of 17 May Association and Kaos GL, came to an end after the free evaluation and Q&A section on the social policies, where the participants and spokespersons discussed the mentioned issues together.

6. Online Meeting on Elder LGBTI + Persons in the Context of Human Rights, Civil Society-Aging Studies (30 November 2020)

Within the scope of the project subject to this report book herein, on 30 November 2020, 17 May Association conducted “Online Meeting on Elder LGBTI + Persons in the Context of Human Rights, Civil Society-Aging Studies.”⁹⁰ In this meeting, to which 32 participants applied, with the facilitation of Civil Society Capacity Building Expert Murat Çekiç; Özlem Yalçınkaya, General Manager of 65+ Elder Rights Association made a presentation where current situation and studies in the intersection of elders and LGBTI+ persons in the context of general human rights were addressed.

90 See. <https://kaosgl.org/haber/insan-haklari-baglaminda-yaslilik-toplantisi-30-kasim-da>

Firstly, the facilitator Murat Çekiç made a speech on the legislation in Turkey and the international instruments on human rights of LGBTI+ elders as follows:

“There is small number of studies made on the LGBTI+ aging in Turkey and in the world. As the report of the 17 May Association on law and LGBTI+ elders shows, there is no legislation or international standard on the subject.

There are nearly no standards in the world regarding elderly rights. No international binding convention has yet been prepared regarding elderly rights. Turkey is party to 8 of 9 UN's human rights conventions. The only convention Turkey is not party to from these is the International Convention for the Protection of All Persons from Enforced Disappearance. In the near future, a binding tenth fundamental convention in the world is expected to be published on the rights of the elderly. A study group has been established within the UN since 2010, its name is an open-ended study group, discussing how they can create a binding convention/human rights document together with both UN member states and non-governmental organizations.

While there is such a gap for the elderly, there is also a gap in international law regarding LGBTI+ persons, there are almost nothing about it. Several convention-based committees within the UN have advisory general comments/recommendations.

Sexual orientation is mentioned within the scope of Istanbul Convention-Council of Europe Convention on preventing and combating violence against women and domestic violence, which is highly discussed in Turkey. Apart from that, international law has completely ignored the situation. Although the human rights framework protects all persons in general, it is far from providing serious protection for LGBTI+ persons and the elderly in particular.

For this reason, it is becoming increasingly important to discuss two groups that seem so different from each other. Because everyone can be a member of these two groups at some point. When we look at it, we can talk about age-based discrimination in international law so far. Age-based discrimination is mentioned in an international convention as International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families.

Two articles of CEDAW Convention on the Elimination of All Forms of Discrimination Against Women cover the concept of age. Apart from that, there are different regional structures: age differences are mentioned in the African Charter on Human and Persons' Rights. The concept of age is mentioned in the Charter of Fundamental Rights of the European Union and American Convention on Human Rights. However, it is not possible to talk about a genuine protection.

The situation is no different than this in Turkey. We cannot talk about a special protection legislation and measures package for the elderly. Here, different but intersectional concepts come into play. There is no legal framework that speaks of groups such as older women, LGBTI+ elders, elder persons with disabilities, neither at the international nor at the national level.

In fact, what is interesting is that when a newly established LGBTI+ association wants to do a research, it only comes up with just a couple of concepts and documents about elderly rights and these are limited. The first time such a compilation is made in Turkey. This work of the 17 May Association was the first study that almost completely reviewed and compiled the international and national legislation on not only LGBTI+ people, but also on all elderly people. This shows us how this situation, the deficiency of it and the fact that this is not being discussed is chronic and critical.

By working on this 17 May Association succeeded, but this is not a coincidence. All over the world and also in Turkey LGBTI+ persons are getting older, aging like all other people. There are different reasons for this, some say that the social welfare state is successful, some say that it fails. Human lifespan extends. The average age and survival rates of people all over the world not only in Turkey are improving. However, great needs arise. Whereas in the past, we only associate old age with a state of disability, demand for social care or with the right to health. Nowadays, other needs and other rights of the elderly are started to be mentioned gradually, especially in social welfare states and all over the world.

For example, South Korea is a very interesting example for researchers of elderly rights. South Korea is one of the countries with the best healthcare system in the world. You can enjoy serious comprehensive healthcare services until you die. However, while healthcare is so good, the concept of social support and social security is almost non-existent. People are expected to be

cared for by their children after aging. There is such a culture, which is very similar to that of Turkey. People grow old and their children take care of them. However, when the social structure changes after the 90s, gradually children start not to look after their parents after they get older. The streets of South Korea are full of elder people who are in great poverty, trying to find cheap food but still have access to unlimited health care. In Seoul and other major cities of South Korea now have elderly neighborhoods. They have to built solidarity and economic cooperation within each other.

In countries like Japan, on the other hand, the elderly have started to struggle for their right to work, especially to end the discrimination against the elderly in labor life. This is also the case goes for countries like Canada and France. Therefore, the concept of elderly has gone beyond those old paradigms and frameworks of discourse.

Especially until the 1980s, when it comes to LGBTI+ people, aging seemed a far and unreachable process. Research studies conducted in developed western economies show us that LGBTI+ persons are also getting older. There are many more elderly LGBTI+ persons. And these persons experience very serious problems in the aging state and process compared to cishet elders. For example, they face more physical and mental health problems. They chronically face exclusion, discrimination, and inability to access services and these manifest themselves much more strongly in senior years. These lead to serious and life-threatening physical and mental health problems. Likewise, elderly LGBTI+ people often do not benefit from situations such as the fact that traditional parents are being cared for by their children, since LGBTI+ persons do not have children and grandchildren. LGBTI+ persons are completely excluded as such care is imposed on the family by the state and imposed on their family members.

Housing is a serious problem for LGBTI+ people, especially when they grow older. Elder people have less access to services. Elder people have less access to social support groups. This situation occurs exponentially for LGBTI+ persons.

For example, there is a study conducted with around 2500 LGBTI+ persons in this field by a university in the USA. More cigarette and alcohol addiction is seen in LGBTI+ persons after the age of 50 compared to their peers and cishets. They face more depression-based, loneliness-based health problems

and the risk of chronic diseases in LGBTI+ persons over 50 is higher than in those who are not LGBTI+ person over 50. The basis of this is social isolation, the discrimination faced in the entire health system, chronic health problems, not being able to benefit from the services provided to cisgender, exclusion, and the emergence of these more with aging.

Several other studies show that LGBTI+ elders have never spoken with their physicians and healthcare providers about their sexual orientation and gender identity. Hence, this also points out to a concealment, exclusion or inability to self fulfilment within the health system.

It has been determined by a few studies that cancer types such as prostate cancer and breast cancer that are likely to occur in old age are common among LGBTI+ persons. These two types of cancer are actually cancers that can be diagnosed much earlier with methods such as regular physician check-ups, regular examinations, and self-examination, or may not appear directly related to the quality of life. The fact that these are seen higher among LGBTI+ persons as they get older again shows us the discrimination in the health system.

We may not want to associate with HIV as many workers in the field in Turkey but there is a situation about HIV+ LGBTI+ persons. The aging issue is very new in HIV+ persons. A new generation is coming that has been HIV positive for 20-30 years who is now over 50. Today, issues such as the fact that how HIV drugs reduce HIV are discussed, but nobody knows what existing HIV drugs will bring with aging or what will and will not be the side effects of the aging process. No study has been conducted in this area because aging and HIV is a completely new issue. Generations are emerging, so there is no data available.

Again, regarding LGBTI+ persons, there is the issue of choosing your own family, setting up your own family, the issue of family of choice and family of origin. Being able to choose your own family is also a great challenge. With persons with who you can build a chosen family are not always around. While LGBTI+ persons have access to services when they live in big cities although it is limited, research studies exclude LGBTI+ persons in rural areas completely.

Discrimination against the elderly is extremely compatible with discrimination against LGBTI+ persons and there is a strong link between them. This poses

an obstacle to the question of what will happen to LGBTI+ persons as they get older". After Murat Çekiç's presentation, Özlem Yalçınkaya, as the General Manager of 65+ Elder Rights Association, talked about the association's work and the perception of old age and why studies on old age are important as follows:

"When this association (65+ Elder Rights Association) was founded, it brought up something innovative and unspoken on the agenda. This was a very new step for those working in the field of human rights in Turkey. As difficult as access of elderly people is in terms of services and rights in this association, the issue of elderly rights is very difficult in the field of human rights. We are trying to bring up this on the agenda by struggling. This is also because we are a country with chronic human rights problems.

The subject is an issue that needs to be addressed in a holistic way, but it is an issue that is ignored in the context of human rights. This field has just started to be talked about. Our association was founded 6 years ago, as one of the pioneers of this field. However, everyone thinks that we were established at the time of the pandemic period. Because many people realized that there is a matter of 65+ in pandemic and quarantine period and that they have rights. Actually, they perceived 65+ persons as if they just come out this year, as if they did not exist 6 years ago. Pandemic showed it clearly to everyone that there is something called 65+ and this created crystallization. Since its foundation, the association has basically been trying to ensure the rights of the elderly. Because the myth of the young population, i.e. Turkey is a young country, have come to the end. The topics like who are the elderly, what kind of services should be developed for elderly people, what is their rights, how should decision-makers, local governments, civil society and service developers have a relation with elderly people, what are the specialties specific to elderly services, are the topics that few people know about.

At the same time in line with geriatrics, geriatric psychologist, gerontologist, the subject such as social services specific to elders in Turkey is newly developing area We can also see this in the research studies and literature. Recently, aged care services have started to enter the field of social services. Secondly, life expectancy gets longer and as life expectancy after 65 got longer, so-called long-term care insurance, which is the case for in various countries around the world but not for Turkey, slowly began to be included in the agenda of both decision makers and the health sector. This is a long-term

issue, not a one-time study. It is a work that is prone to changes in itself. The association says from the very beginning that the elderly are not a monolithic group. Total decisions and implementations cannot be made about 65+ persons; it is not a group that can be addressed with total judgments. When geography, sexual orientation, gender identity, physical condition, cognitive capacity, class are added to this, old age is something newly added to the these until that person comes to that age. For example, LGBTI+ persons go through various processes and at the same time they can be persons with disabilities, workers, poor, etc. while they may be elder at the same time.

There are three things we deal with old age. First of all, medicalization, the right to health in old age and access to health are of course a fundamental right, rights that must be attained, but when it comes to services for the elderly, it is an important problem that it is based only on medical services and trying to keep the person stable in terms of general health. Most of the elderly associations are established for the subjects like type of cancers, alzheimer, dementia, etc. For this reason, they are supported by major player companies in the medicine and pharmaceutical industry. This is of course an important area, but it is not an area that can be addressed alone. In fact, this is too serious study and should not be left only to doctors, for example, ensuring the hospitals to be age-friendly. They can only be one of the parties at this round table. Other chairs should include social sciences, human rights areas, service areas, city, architecture, etc.. This is the field that requires multidisciplinary studies. Aging is an area that needs to be addressed in a holistic way.

The second is to accept that old age is a natural phase of life due to the prolongation of human lifespan. This is harder than we think, because the anti-aging approach and industry, advertising, cosmetics and even the medical sector, pharmaceutical companies, sports, fitness, clothing and all the industries you can think of are all about making us look younger than we are while postponing aging. Here aging is a situation that should be postponed and hidden when it happens to us, it is defeat. Regardless of how fit we are, how good looking our faces are, we will be 65+ in the end. Accordingly, even if we hide cognitive and physical changes with cosmetics, we will be experiencing aging as much as everyone else. On the other hand, this aging is a kind of final phase, a process that in which we will die after that, a process right before death, the last stage of life after we recognize the aging. It should be delayed and pushed forward as much as possible. It should be hidden as much as possible to refrain from being burden on others.

As the human lifespan extends, we will be able to live maybe one third of our lives after 65+. Of course, it is also related to how quality our life is. Being 65+ may not mean to withdraw from life, to die a little later, to leave for death. It is not easy to overcome the fear of aging and death brought about by the anti-aging approach and the existential crisis. We know that the phobia of aging and old age is strongly imposed on us by these sectors. Look at the advertisements and the selected photograph from this perspective, photographs on elders are always identical with photographs on poverty: lost teeth, wrinkled hands, shadow of former self. These are of course the stages of old age, but that is not all. But the provided models are given so that you never go there, stay at the moment and invest your money in it. In a photograph I saw recently where there were two hands leaning against each other. Wrinkled one on one side and a mainstream stereotypical hand on the other side. The message it gives is actually the younger hand is beautiful and should be maintained, while the wrinkled hand is a defeat and not beautiful. I am expected to do my best to ensure my hand wrinkle as late as possible. This is both a class thing and something that will determine our approach to ourselves when one day we get older.

When a LGBTI+ child, a child who grows up with heteronormativity and acquires homophobia from the social environment and the media, realizes the SOGIESC while living in heteronormativity, this child has internalized homophobia and this can become challenging in terms of self identification and coming out processes. In fact, it is possible to say that this is very similar in aging. Over the years, we embrace, internalize and be exposed to such an ageism that when one day it happens to us, we first become unmerciful against ourselves. Therefore, knowing that I am elder and I have rights, I am experiencing some cognitive and physical changes and I should be included in city and environment policies, is not as easy as we think. Taking into account the grassroots, the elderly are not a group that claims their rights. Elder people also see themselves as a group that, to a large extent, should think that they no longer have rights, that they should not raise up voice. When you ask about their demands, they make requests for their grandchildren and the others. Because they do not see themselves as subject individuals, they no longer consider themselves as the subject of the process. Subjectivity and the elderly becoming the central subject of this process is one of the step should be taken. In the pandemic, many elderly people saw the importance of empowerment as a rights group and they should not be deprived of rights

in such a process. It was the first time they got angry. Because most of the previous deprivations and inequalities were something that naturally occur for them. They thought that impoverishment, deprivation and loneliness are the realities of old age where they cannot reach everything very much, if possible, they should die without causing any trouble to anyone, the big decisions and great sacrifices made during the pandemic period caused the reaction from the elders against being forgotten at home, they said that we were contributing to this life.

Another aspect of medicalization is economism. Elder shop workers are encountered because of the young population are less in the previously mentioned countries. In Turkey, if this happens you get angry to shop owners while being sorry for the elders due to the fact that they have to work at that age, it is a reaction due to cultural dynamics.

One of the most important situations of old age is isolation. There is also retreat to a space that is expected to be together with their peers. The issues that elderly should be in the decision mechanisms, being subject, being the subject of the issues, and mainstreaming the aging field, being able to call the elderly as elderly are important topics. In order to refrain from calling the elderly as elderly, centers such as the great plane trees (wise plane trees healthy aging centers) are opened, as if It is like an insult to call the elders as elders. In this sense, the elderly movement has a lot to learn from the persons with disabilities and women's movement. 15 years ago when you said woman, it was corrected. A similar situation seems to be case for the word: elder. You are explaining the elder to other people and expect them to guess the word: elder without using the word itself, as if you are playing the Taboo game. This is actually the reality of life.

The family, children and grandchildren issues for LGBTI+ persons are valid for all the elders. You can see the lonely elders mostly in Maraş, when we look at it, most of them have traditional families in fact. When it comes to migration to the cities, working conditions, and working outside the home for long hours, the elderly cannot actually stay in the city where they live in order to contribute to informal domestic labor, and their children migrate to other cities to work. Having children used to be perceived as the preparation for old age. When you had a child, you were making an investment in preparation for aging. Somehow that children would take care of you. But it is not the case for today, even for the middle class generation who has an average nuclear

family, this is not a guarantee of senior years both in terms of economy and living standards. Everything that is the case for LGBTI+ persons is also the case for everyone else. Growing old alone is a right. When the city or the countryside envelops the person in a way that allows them to grow old alone, many elderly people leave because they have to go with their children. We see this as a displacement. The elders actually want to continue living in the neighborhood where they have lived for years. But somehow they will not be able to live alone, maybe they will move hardly and perceive the world more slowly. If food service is brought from outside, if there are intergenerational interaction centers, if there are places suitable for them, if there are not great plane trees but centers that provide decent aged care services, they can continue to stay alone in that city for a long time. But because these do not exist, they are imprisoned in a city, maybe in a small apartment, where the whole day everybody is at work. They do not know how much of their life will be spent like this. But they have no other chance in Turkey, there is no other option for them. As the cognitive change develops in the elderly and as the human lifespan extends, you cannot leave the care of a child to a single person from the family. Since elders now live with their children, the system and decision makers act without knowing the elders, relying on their goodwill knowledge and skills. We do not know the elders well either. One of the biggest crises during the quarantine period was that people who were constantly working outside were locked at home with the elders. We saw this anxiety in the relatives of the elders. That is why we consider the area of preparation for old age as an important area. Old age reminds us that we will grow old, and this may not be the end of the world and be a defeat. It can be a natural phase of our lives or even something to be celebrated. This phase of my life can also be pleasant and beautiful if I am prepared to accept it as natural phase and if I accept that I will experience changes depending on it. More importantly, when I have such a relationship with my aging and my own senior years, the elders in my life are actually affected from this perspective. The current relationship built with the elders is experienced as if it would never happen to us. These are the main issues.

It is very important for the elderly to remain autonomous for as long as possible and not to be dependent. This is actually a somewhat intertwined field in terms of economy and services. How should I grow old? We need to define a general well-being. It can never be left to doctors alone, it cannot be reduced to medicalization. We say without loneliness, impoverishment and

deprivation. There are elderly people who are isolated and do not leave their home for years simply because the stairs of their homes are not suitable for them. The elders around were noticed at the time of the pandemic. Local governments also said this. As the lifespan expands, the number of potential voters and consumers increase, this has started to be brought up on the agenda of capitalism. The elders will continue to consume medicines and become customers for a long time. Therefore, as the human life extends, this field begins to be on the agenda not only in the field of human rights but also in all other sectors.

We see aging as a right. We care about the ability to live alone as long as one chooses. We recommend aging in place. If they do not prefer it, we recommend that services be handled in a way that include their own old age and natural changes in a way that they are not displaced. We do not develop such a discourse that no elder should live alone. When we say without isolation, we mean that the necessary services can be brought to their home when necessary, system should be aware of them and provide the means of intergenerational interaction while living alone or with others both in the local level, in the countryside or in other places in the city, we think that it should be ensured by developing solutions not with the central government but with the local government.

What I mean by impoverishment is that where income drops by thirty percent at best with retirement pensions, I am not talking about insecure and undocumented workers here but those also should be considered. Even for the middle class and those with income, aging is a process that requires preparation. This is why the issue of impoverishment in elders is very important. Long-term care insurance issue is also now started to be included in Turkey's agenda.

Deprivation is another issue. Deprivation covers isolation, inability to actually access the service when you can live life normally. While life is flowing faster outside, the elders no longer try to go to the other side of the street because they cannot find enough time to cross due to the timing of green light.

Even the demand that free transportation cards given to 65+ people are not used during working hours reinforces this approach. So it is said do not be around during rush hours. It is said that there are people who go to the doctor, who leave their homes for various reasons, those who go to earn

money, the elders should go out after these people. From the outside, it is seen that studies conducted on the elders should be made for their relocation to indoor places.

It is also important to meet the medical, social, psychological, economic and legal needs that will respond to physical and mental and cognitive changes. The issues of law on elders, legal capacity, proxy, which come to the fore with dementia and Alzheimer are controversial issues discussed in civil law. They cannot use the car but can continue to vote; there is no balance between these in Turkey. All decisions are up to whoever takes care of that person.

The elders should not be exposed to discrimination and abuse. They are also vulnerable to fraud and abuse. In the pandemic period, women's organizations said the house is not a safe space for everyone, and it is also the case for the elders. There have been cases of abuse both economically and physically against the elders. As well as financial abuse by their relatives, the most vulnerable group to fraud is the elders. Legal practices should also be enforced against violence and abuse against the elders.

There is the subject of successful aging in a healthy and active life as complementing the anti-aging, but those who want to stay active and in life need to find this opportunity. Health is a fundamental right, if a person does not leave home, that service should be brought to home. Providing this opportunity by the city and local governments should be provided as an urban design, starting from the directorate of technical works to strategic units. Intergenerational interaction should be provided rather than keeping the elders with their peers indoors. If the person wants to continue to learn and produce and to continue working and staying in life, it is possible to create different working models if long working hours are not suitable for their physical and cognitive status. There are examples of this in the world. These services are facilitated and are provided for those who demand these.

Life choices of elders must also be respected. In order for them to maintain this, life should be facilitated and a dignified living and aging should be ensured. The elders are vulnerable to degrading treatment by their relatives, etc.. When a human rights convention is prepared for all these, its legal area will be expanded. It is necessary to transform the services of local governments into age-friendly and rights-based services."

Following Özlem Yalçinkaya's presentation, Murat Çekiç mentioned the documentary study named *"Tosurviveonthishore"* as *"A study where trans and non-binary elder people share their experiences. I recommend you take a look at this study"*.

After the speeches of the spokespersons, the Q&A section took place in the meeting. Firstly, one of the participants commented that *"Ageism in the view of young people against elders at the entrance of the places, although the elders go these places for the same reasons of young persons. There are also differences among LGBTI+ persons."* Özlem Yalçinkaya stated on this comment as *"We made it a rule to tell the elders that you cannot go there. The cities made this as a rule in the pandemic. It is said that there are prohibitions, you cannot use these places or public transportation"*

Then, one participant asked, *"Should there be a mixed or specific service delivery for aging and elder LGBTI+ persons?"* and the evaluation made by the spokespersons on this question were provided as follows:

Özlem Yalçinkaya stated, *"There should be models that covers the differences, not isolate the persons and special services, options should be provided. We are not talking about areas where everyone is taken into consideration as homogeneous, but there shall be centers where inclusive services shall be provided"*.

Murat Çekiç stated, *"There are also centers that built self-solidarity with the chosen family perspective. There are centers prepared by NGOs for LGBTI+ persons. There is Center on Halsted in Chicago in USA. This is where LGBT doctors establish an association in the early 70s, and this center was established by this NGO. They established it considering the fact that LGBTI+ persons receive less service. There is a health center inside, and a shelter for those who are homeless. For those who have more money, they have established a center like Darülaceze with better conditions. The income gained by this is used in providing shelters to LGBTI+ people who are homeless. Since they have to establish solidarity among themselves, they also establish such centers for their elders. This is not the case for Turkey but these are in countries such as USA, Canada, Netherlands. A service comes out of the community in itself."*

Umut Güner stated, “We are not talking about a homogenous group of elders as Özlem said, that differences should be taken into account. LGBTI+ persons may prefer to be with the persons like them, but all services should be provided inclusive for all. They may be LGBTI+ elders who are already staying in mixed centers; it is an illusion that we assume everyone as heterosexual. The provision of services assuming everyone is heterosexual also creates a problem. The language used by social workers can also be exclusionary in itself, they ask questions assuming that everyone breed and has grandchildren. Employment of elders and young persons is also problematic. I think that there is ageism while opposing discrimination based on inexperience and age against young people. What is called performance in job openings is measured with being young. I was very happy when I saw someone who is 65+ HIV+ in 2006 because it was seen before as a process ending with death. Seeing this can also turn into a success story.”

Özlem Yalçinkaya lastly stated on this question as, “these services should not be provided out of necessity. If persons want, there should be institutions that include them, but if they still want to stay with the familiar persons, let them stay together. Companies like Mercedes are trying to ensure the employment of elders but it will not be easy to ensure the elders to get back to work where Turkey is struggling with the surplus of university graduates and economic imbalances. It is useful to start this issue by discussing it with some companies. We need to discuss how work models specific to the elders can be developed whether in the factory as blue collars or in office as white collars or if intermediate models in which the connection with former workplaces is preserved somehow.

Other questions and comments from participants were about the centers not accepting HIV+ persons and the perspectives of insurance companies in Turkey against HIV. Murat Çekiç on this subject stated, “Failure to receive payments through Insurance is the case for Turkey. There are regulations in the world to ensure persons benefit from these equally. Due to the fact it is still currently associated with infectious diseases where very broad authority provided to the insurance companies, there is no initiative in Turkey in that regard. There are even ECtHR decisions against UK where the Court highlighted the inequalities in practices, but there is nothing in Turkey”. Then the meeting ended with Umut Güner’s comment as “there are branch offices in Turkey of companies providing insurance services for LGBTI+ persons around the world, those should be investigated”.

7. Online Meeting on Elder LGBTI + Persons in the Context of Social Services (14 December 2020)

Within the scope of the project subject to this report book herein, on 14 December 2020, 17 May Association conducted "Online Meeting on Elder LGBTI+ Persons in the Context of Social Services"⁹¹. This meeting, to which 76 participants applied, was held by the facilitation of Prof. Dr. Özlem Cankurtaran from Hacettepe University Department of Social Services and with the presentations of Dr. Gülçin Con Wright from Ted University Department of Sociology and Social Worker Yusuf Adem Uzun. In this meeting, the general context of gerontology and the sociology of aging, the intersectionality between age and sexual orientation/gender identity, the dilemmas of aging LGBTI+ persons in the definition of beneficiaries of social services, social service studies and possible case examples from the field were discussed.

Gülçin Con Wright highlighted the following points in her presentation:

"I had the chance to get multiple PhDs in Gerontology / Sociology. Therefore, the issue of aging has always been an important issue for me. While studying the intersections of family, aging and gender within sociology, I give my priority to this subject. I was very excited when I learned that 17 May Association was carrying out such a study. Because it is a very pioneering field of study. Therefore, I am excited to speak under this topic today, and I am feeling a bit shy because a professor and an expert working in the field of social work are among us today. Our participants may find it odd that I do not have a social service background, but what I will tell today may offer us a different perspective. This is what I want to do within the time period allocated for me here. To draw the subject to the discipline of social sciences such as psychology, sociology or political science, including social services after all. Then to look at the social policies a bit. Because although the name of this meeting is "Elder LGBTI + Persons in the Context of Social Services", we all know that it has a background before coming to social services. I want to explain what is happening in sociology, which is my discipline. I would like to provide some definitions, including gerontology, and how the system is founded on the basis of inequalities. I thought of mentioning two issues. The first is to have a discussion on identities, focusing on language and discourse,

91 See. <https://kaosgl.org/haber/sosyal-hizmetler-baglaminda-yasli-lgbti-lar-toplantisi-14-aralik-ta>

while addressing intersectionality. Secondly, to discuss how social policies developed in Turkey from a macro sociology, a more systematic overview. Then we can talk about the social policies based on which social services are provided.

On the first point, that is, while discussing how language and discourse create certain identities and create some negative discourses brought about by those identities, I want to address the language itself. When we say elder LGBTI+ persons due to the language use in Turkish, the emphasis is still on being LGBTI+ in comparison to English. We can also talk about how there will be differences among the elder persons in terms of sexual orientation and gender identity in aging studies. This is very important because intersectionality is still not settled in persons' minds. In the report published by the 17 May Association, there was an emphasis on this with the reference to the article written by Berkant Çağlar. There are groups among LGBTI+ persons and none of them are homogeneous. While emphasizing why it is not homogeneous, the age identity does not come to the mind.

When age is mentioned, there is a perception that everyone knows what is meant. This is such a perception in which we call age as not an identity but as a natural phenomenon. The subject that I emphasize in my classes is that 'no, it is not a natural phenomenon, it depends on what you consider as a basis when defining age'. This is also necessary when discussing social policies. Generally, chronological age is meant in the definition of old age. Turkey also takes into account chronological age of 65+ in reference to social policy and social services. Whether or not to benefit from the services we observed during the pandemic period is directly parallel to whether or not you are over 65 years old. If you are 64 years old, you cannot use the services, but you may be outside during the pandemic, but if you are 65 you can use the services but you have to stay inside.

Chronological age is actually not the only thing that determines a person's own age identity, because there is also a concept that we call biological, psychological, subjective, and even more prospective age which is a concept not translated into Turkish yet. Therefore, when we talk about the aging process of LGBTI+ persons, we cannot consider age as a natural and well-known phenomenon. In this case, the center in this intersection will be again LGBTI+ persons, age may be overlooked here. However, even if we consider age identity only on chronological age, it differs within itself. The needs and

opinions about life of persons aged 65, 75 and over 80 will not be the same. So, I wanted to address this identity issue first.

One of the reasons we discuss this is that there is the following discourse about what can be done for LGBTI+ persons or LGBTI+ elders in queer social work and social services discussions: There is too much false information, what we think we know is wrong, there are discriminatory language and practices. This can be the case both for social workers in the field, and it is also the case in production of knowledge in academic arena, if we need to make a self-criticism as academics. There is a tendency not to see the differences. The differences between the elders are not observed, there is a situation of homogenization. Or we may tend to emphasize differences too much, constantly trying to emphasize how different elder persons or LGBTI+ persons are from other groups. When it comes to the stage of providing solutions, it is aimed to be more inclusive, to recognize the existence of other identities, to include and not to exclude all. These are important issues. In the field of social services, we still have a certain definition of beneficiary in discussions on providing services to different groups. When we consider the society as a homogeneous group for a moment, the beneficiary is usually the middle age group, the working group, the more active and more contributing ones to the society, and those who contribute more to social security by working. The elders are defined as more idle persons not working laying burden on the social security system. This is where heteronormativity comes into the play. While discussing all the definitions of rights or to whom the services will reach, the part that we never open up for discussion is defined over heteronormativism, sexism and a certain age group in our minds. The academy and social sciences disciplines also contribute to this.

I also teach sociology of the family. While defining the family, there may be a tendency to fall into common dominant discourses. Ageist and automatic heteronormative discourses are at the center of the discussion. As the secondary group, extra intersectionalities such as the elderly, LGBTI+ elders, Kurdish elders, and elder persons with disabilities are addressed. We are trying to cope with this this in the identity debate. With the perspective of being a sociologist, I am in favor of drawing a more macro and systematic perspective to recommend solutions. Here, too, social policies come into play. Research and knowledge produced by social sciences lies behind these. As sociologists, we must be aware that all the work we do, or the work of social

workers working in the field, go back and feed social policies. Social policy in Turkey is not based on a rights-based approach. It is based on family. The problem created by the social policy provided on the basis of the family and by the resulting social services is the specific and very narrow definition of the family. It is defined as heterosexual, defined by blood ties and defined over kinships gained by marriage. In Turkey you can only have a marriage with the opposite sex and it is difficult for you to make the family members you chose recognized before the law. The group exposed to the inequalities brought about by this narrow definition of family is not only LGBTI+ persons, but many groups suffer from this narrow definition of family, because they are not included in the social policy definitions. The problems of LGBTI+ persons with their families of origin cause them to be deprived of many rights.

Since state provides a structure of family as having strong ties sufficient in itself, LGBTI+ persons in Turkey even before aging may not be eligible for the tutelage rights through their mothers and fathers, this can cause the accumulation of inequalities. According to the life course theory that we use a lot in gerontology, when you get older, you do not suddenly be exposed to inequalities, your disadvantages come as accumulating. LGBTI+ persons are subject to inequality and discrimination throughout their lives, and these are accumulated and brought to the stage considered as senior years. On the other hand, when we think of white, Anglo-Saxon, heterosexual persons, they have the capacity to cope better with the disadvantages they face throughout their life. They may have more resources to cope with these. A person who has been subjected to inequality and discrimination throughout life is not capable of coping with other disadvantages that are added to the old age. But it also creates resilience. When they are exposed to a lot of discrimination, they can also develop a strong capacity against new discrimination.

It can be seen that since social policies in Turkey are developed based on family, aging LGBTI+ persons cannot be covered by these policies. However, even if they are not LGBTI+ persons, there is a service model formed parallel to the employment of persons who are defined as elders. Starting from elderly care to the grandchildren care pension, a premium payment condition is required. There are also inequalities created by this. We see the inequalities that LGBTI+ persons are exposed to in the field of employment and that continues throughout their lives. It is a fact that they may not benefit from these employment-based services as they get older. The services which are

not rights-based lead to need-based delivery of services. Here, too, you constantly have to prove your needs to the state. To demonstrate that you are capable of using the services, you are expected to constantly prove that you do not have a certain amount of money, that family members do not want to take care of you, that you have a disability or health problem. Of course, there are special needs of the elders. There is also this debate within the feminist movement. Even though there is equality between persons, that does not mean we do not have differences. This applies to both LGBTI+ persons and the elders and their intersectionalities. Of course, there are special needs and must be constantly considered. But first, after a rights-based social policy is determined, services for special needs should be provided. When I say this at the macro level, it means that we should break this system, which is based on almost unequal discourses, and set it up from the beginning. This debate exists in the social work and sociology literature, although this seems revolutionary and impossible. There is a lot of debate, especially in critical social work theories about how queer theory can contribute to social work. Yunus Kara has a study named 'Queer Social Service Possible?'. Queer theory has an advantage, it is not just a theory to eliminate the inequalities that will occur over certain identities at the point we choose as a target for ourselves just like in feminist theory and movement. Rather, it is such a theory that while trying to get over sexism or transphobia, it addresses transphobia as parallel to racism and class discrimination. It offers a systematic, inclusive and holistic solution in its recommendations. I think such a future design would be much more beneficial."

In summary, in her presentation, Gülçin Con Wright explained how LGBTI+ elders are not included in the context of social policy. She explained the fact that construction of a family based, needs-based, employment-based social policies in connection with the heteronormative structure creates problems. In conclusion, she highlighted that queer social work should be discussed as a recommendation for solution. Then social worker Yusuf Adem Uzun, based on own observations, mentioned the following issues about the field of social work and the problems that may be encountered in the field:

"I graduated from Hacettepe University, I am one of Özlem Cankurtaran's students. I have been working in the field for 8-9 years. I work in the field of elders, children and persons with disabilities. In the field I want to discuss

with you today, whether there are social service models offered to elders, whether or not they are offered separately to LGBTI+ persons? What is its place in theory and law, and what problems can we encounter in the field in practice?. This will be the content of my presentation.

In Turkey there is a certain service model we all see and hear about it closely, which is the nursing home service model, that is, the residential institution care service model. One of the most common service models offered to the elder persons in Turkey is this model. Then, if you are a person with any physical or mental disability, in the context of your disability, you can benefit from nurseries and from a small number of facilities, think of it as a care center for children, provided in day care centers for the elders, especially where the dementia alzheimer group can live in a safe area during the day while returning home to their family members at the evenings. You have the right to benefit from care institutions if you are 60 and over in Turkey on the condition that a number of other criteria are met. If you are over the age of 65, you have the right to benefit from the economic aids in Turkey. There are such criteria; we have an age criterion of 60 in terms of benefiting from nutritional services, healthcare services and institutional care, and age criterion of 65 in terms of benefiting from aged care services, which we call 2022 in terms of economic support. When we look at the laws, for LGBTI elders, there is no discrimination in accessing services. However, the absence of such discriminatory treatment in the law does not mean that there is no discriminatory treatment in practice. We do not talk about such a distinction from the constitution to the following regulations, there are only age criteria for nursing homes. It is also possible to benefit from the nursing home when it is determined that you have a socio-economic inadequacy and that your basic needs such as care and accommodation are not met. Under the law, it does not discriminate whether you are heterosexual or LGB.

Where we encounter problems arises at the point where the practitioners apply the law as well as their attitudes. There are two main problems I observe in the implementation of social services. We make a mistake in the assessment made through judgments or ascribing values to our applicants, namely the persons we work with, the elderly, the persons with disabilities, children or other special groups. As a result of such an assessment, rather than making an assessment in line with the information, we made a mistake in the decision-making process. The

second mistake and other ethical problem is that we instrumentalize the persons we work with. These two main problems are very common and cause violations of rights by practitioners while implementing the law. To make a correct assessment does not mean that making an assessment attributing a value to the situation the applicant is in. Without taking any information as a basis, without evaluating the conditions in the interview that social workers make with the applicants, a positive or negative assessment is made here. If I am making my decision based on this assessment, this may lead to a violation of rights. Secondly, if the basis in the decision-making process is sometimes legal, moral, religious and cultural norms, it can lead to violation of rights when delivering the service. What should the employees in the field choose so that this does not cause a problem and violation of rights? It is a subject that was also emphasized in the classes, but it becomes very important in the field. When determining the conditions and special needs of the person, it is necessary to take their rights as basis. Making an information-based assessment based on human rights and social justice instead of norms can prevent violations of rights. However of course, not everything in the field can work so practically.

For nursing homes, referrals are made from the hospitals, the police or through the application of another person who thinks that there is a person in need without asking the consent of that person. You may or may not approve the admission of individuals to the institution by looking at whether they meet the criteria or by looking through norms in mind. With prejudices, the possibility of rejection may arise at the end of the meeting made one-on-one with the applicant. Or, when they are invited to the committee, it may be necessary for social workers to struggle to ensure that the assessment is made without being stuck to the norms. Although there is no difference between LGBTI+ persons and other elderly persons, this may pose an obstacle to admission to the institutions. It may be possible for persons to experience some problems after the acceptance process on account of sexual orientation and gender identity. Prejudices among other residents can also be an obstacle to persons staying in centers. This can lead that applicants need to struggle; this may lead to violation of their rights. This situation may also be case for HIV+ elders. There may be an assessment made with the perception that the elderly do not have sexual life. There may be discrimination due

to lack of information. In-house trainings should be given to eliminate this. We should not give up on struggling.

There are laws in Turkey ensuring the persons to benefit from aged care services regardless of gender identity of the persons since there is no reference in laws about SOGIESC for accessing the services. But the problem can arise in terms of persons who practice the law and those who reside in the centers. “

Following the presentation of Yusuf Adem Uzun, in the end of the meeting, Özlem Cankurtaran summarized the recommendations for solutions as follows in line with the experience sharing between the participants of the meeting: *“Although it is an advocacy profession, the social work profession is hard and emotionally challenging. Being exposed to discrimination may occur when LGBTI+ and HIV+ persons are accepted in centers. We need to make the social work queer. It is possible that this can be initiated in social work by queering the genders and sexualities and opening up these for discussions with social workers and students. By ensuring the questioning the assessments in the heteronormative system, it is possible that all areas will be easier. Social work should be constructed as an intersectional intervention area. In the service provision of social services, queering genders should be made as much as possible. An egalitarian and anti-discriminatory ground must be established in different areas in anti-oppressive practices. The fact that social workers can raise up voice for the others who are oppressed is gaining importance in the absence of an anti-discrimination law providing recognition before law in Turkey, where marriage equality for LGBTI+ persons is absent and where all marriage processes are perceived as an investment to the senior years.”*

This event came to an end after the free evaluation and Q&A section on the social work, where the participants and spokespersons discussed the mentioned issues together.

CONCLUSION AND RECOMMENDATIONS

Within the scope of the “Elderly LGBTI+ Project” between 1 July 2020 and 28 February 2021, the activities conducted are as follows: Online Research on Rights and Issues of Elder LGBTI+ Persons and Collecting Good Examples Domestically and Globally (July, August 2020); Online Training on HIV and Elder LGBTI + Persons (28 September 2020); Online Training on Law and Elder LGBTI + Persons (19 October 2020); Online Meeting on Solidarity and Living Cooperatives and Elder LGBTI+ Persons (16 November 2020); Elder LGBTI+ Persons and Social Policies Meeting organized with Kaos GL (26 November 2020); Online Meeting on Elder LGBTI + Persons in the Context of Human Rights, Civil Society-Aging Studies (30 November 2020); Online Meeting on Elder LGBTI+ Persons in the Context of Social Services (14 December 2020); ; to share the information of the project and the report book with the field: “Lubunya is Ageless”- Early New Year’s Meeting & Online Party (25 December 2020); Online Consultation and Strategy Meeting (January 2021); Distribution of Materials Produced and Media Coverage.

In this report book herein, 17 May Association has addressed that instead of the one-size-fits-all approach for elderly persons to pursue their lives in accordance with their rights, how the individual characteristics of the elderly can be focused and how the accessibility and usability of the structural environment with which the elderly interact in terms of their participation in daily life and social relations can be ensured. It also assessed the influences on the daily lives of such planning and design for independent and equitable use focusing on the expectations, imaginations, needs of all users. Based on the importance of ties with friends, not breaking the ties with life and of participating in activities when growing old, 17 May Association provided herein this report the good examples covering many LGBTI+ friendly or LGBTI+ specific life centers and NGOs that provide services for LGBTI+ persons established around the world to inspire the studies that can be done in the future in Turkey.

17 May Association has evaluated the fields of law, HIV/AIDS, human rights, cooperative models, social policies and social services in the online activities organized within the scope of the project and tried to shed light on the problems and initiatives that can be built in these areas.

This report book is the very first study conducted on aging and elder LGBTI+ persons in Turkey. In accordance with the principle of equal citizenship, this study has developed recommendations that will ensure LGBTI+ persons to age in place properly and healthily. Complementing the recommendations provided by the spokespersons of the online activities mentioned in the former chapters, the other recommendations are provided as follows:

- The rights of LGBTI+ elders are human rights. The state should form the norms regarding human rights at the level of laws and transform them into the parliament's discourse. Discrimination should be prohibited in all legislation and regulations, not just in the constitution.
- International human rights mechanisms, states and the private sector's approach to elders and elderly rights lead to violations of rights rather than protecting these. In order to prevent the public and the state from being the sole authority and monopoly while creating the demands, It is necessary to ensure that inspection mechanisms to be established while giving importance to the cooperation between the public, civil society and private sector
- As a stage, it is necessary that persons shall be able to design their own senior years and the necessary ground for this should be established.
- Expressing and embracing sexual orientation and gender identity covers an important part of the right to self-realization and fulfillment. In this context, it is necessary to provide areas that can ensure persons to express themselves at all ages and to remove the obstacles against this. In the context of discrimination and equality, SOGIESC and age may be requested to be covered by laws and regulations.
- Regulations should be provided regarding the right to privacy and the sexual inviolability.
- For LGBTI+ persons, lifelong discrimination can have devastating effects at all ages. At this point, even at the point where LGBTI+ elders are not directly discriminated, traces of lifelong discrimination

can be felt. Remedy mechanisms should be established against the mental and physical damage that life-long discrimination may cause.

- The mechanisms should be ensured for LGBTI+ elders can access to home care and institutional care without being exposed to discrimination. It should be ensured that the institutional care and home care to be provided as complementary services rather than substitute services and those should be determined in line with the needs of the persons. Institutional care should be provided by both the public and private sector and NGOs.
- Considering the fact that the construction of social services and care services on a family basis restricts the access of LGBTI+ persons to these services, the construction of care services mechanisms should be ensured based on persons rather than family in the context of the right to private life.
- There should be joint studies made with bar associations about justice mechanisms for violations of rights faced.
- Health service providers should be provided with trainings on preventing discrimination in healthcare services. A map of doctors who are responsive and respectful to rights should be created.
- Employment and social policies should be developed in a way to cover aging and elder LGBTI+ persons.
- Social services should be developed in a way to cover LGBTI+ persons and to ensure the development of special services for them. The scope of health insurances should be investigated and the treatment processes of LGBTI+ elders living with HIV or gender confirmation or affirming processes for transgender persons should be covered by the insurance options.
- LGBTI+ elders need to be recognized by the laws as a greatest social need group from a policy perspective, in order to open important funding avenues to prioritize services for and research of LGBTI+ elders. Other policy needs important to LGBTI+ elders are anti-discrimination legislation and expanding the definition of family to include families of choice and to recognize the marriage equality. LGBTI+ elders are a growing population likely in need of more

frequent health care and social support. From a service perspective, culturally sensitive training for health care and social service agencies and professionals that provide support to elders could be critical in alleviating the experiences of discrimination in seeking healthcare and professional help.

- Whether it is a center, a health institution, a workplace or a whole city, there is a need for regulations to include LGBTI+ persons in all policies. Aging providers need to provide culturally competent services for LGBTI+ elders in order to reduce their fear of discrimination and to encourage them to access needed services. Medical providers, such as nurses, get little or no training in school on SOGIESC issues, and there are little continuing education programs or in service trainings. In case of the physical trainings cannot be provided due to lack funding, inexpensive online trainings need to be created and offered to meet this need. All professionals working in all sectors would be provided with LGBTI+ responsive sensitivity trainings that would give them a better understanding of the LGBTI+ community's medical and psychosocial needs.
- Many social services agencies seem to resist acknowledging that some issues are particular or more prominent in the elder LGBTI+ population. When they comment that services are provided to all elders, regardless of their sexual orientation, they fail to acknowledge that some of their elders might be LGBTI+ persons. When they do not ask for SOGIESC on intake forms, it promotes the fiction that all the applicants are cishets. When LGBTI persons do not feel comfortable sharing personal information about themselves to health care providers that may be relevant to their care, the shared decision making process is compromised. Shared decision-making and an appropriate plan of care can be possible when patients trusting personal details of their lives to their healthcare professionals. Health care workers need to create a welcoming, non-judgmental environment that fosters collaboration, not marginalization, with LGBTI+ elders.
- A new city plan to be made to cover all segments of the society, including LGBTI+ elders, persons with disabilities and Alzheimer patients, should be supported by laws and regulations, health and social service providers, organizations and services, housing facilities,

and all services that affect their life course. With the policies, the society and an inclusive legal system to be developed in this regard, the stigmatization against aging and elder LGBTI+ persons in the current system will be eliminated. Growing up of young LGBTI+ persons in such a system will eliminate the problems they may face by their families and society.

- The common point in the examples that can be seen and in the studies conducted by the NGOs from the world is that; instead of the one-size-fits-all approach for elder persons to pursue their lives in accordance with their rights, these examples are focusing on the individual characteristics of the elders, ensuring the accessibility and usability of the structural environment with which the elders interact in terms of their participation in daily life and social relations. The other common point in those examples are also the fact that they are created with such a planning and design for independent and equitable use, focusing on the expectations, imaginations, needs of all users. Based on the importance of ties with friends, not breaking the ties with life and of participating in activities when growing old, many LGBTI+ friendly or LGBTI+ specific life centers that provide services for LGBTI+ persons have been established in the world. The centers existing now in Turkey and the centers to be built in future in Turkey should be developed in the light of the good examples and principles from the world.
- Today, the discussions on aging with HIV are ongoing in the world. The populations living with HIV are just growing old. This situation brings some needs with it. Unfortunately, persons living with HIV cannot benefit from nursing home services in line with the regulation. There is an urgent need to make an regulation about this. Moreover, considering the family bond that cis heterosexuals can establish, HIV positive LGBTI+ persons do not have such opportunities. LGBTI+ persons face many problems such as financial difficulties and loneliness while creating alternative family models where they can grow old together. In addition, the conflict between generations reaches a remarkable level. For this reason, it is necessary to conduct studies on access to health, participation in life and psychological well being of LGBTI+ persons who are aging with HIV.

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