THE UNIVERSITY OF CHICAGO

WHAT WE BECOME TOGETHER: IDENTITY, ELDERCARE, AND GENERATIONAL REWORLDING IN SAN FRANCISCO'S QUEER COMMUNITIES

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Abstract

This dissertation investigates how LGBTQ+ elders in San Francisco navigate aging, care, and relational life amid shifting cultural, economic, and institutional terrains. Drawing on two years of ethnographic fieldwork with queer seniors, community organizations, and volunteers between 2022-2023, it foregrounds the lived experiences of older LGBTQ+ adults who face intersecting challenges of isolation, displacement, declining health, and institutional neglect. San Francisco's history as a queer sanctuary and its present as a gentrified, bureaucratically managed city provide the terrain for exploring how care is practiced, improvised, and stratified within and among LGBTQ+ subgroups. Across this landscape, I argue that queer elders are not simply recipients of support but active participants in reshaping kinship and care under conditions of uncertainty.

At the heart of this project is a theoretical framework that draws together insights from queer theory, critical kinship studies, and the anthropology of care to interrogate how relationality is structured by precarity, improvisation, and institutional mediation. I engage with theorists such as Judith Butler, Sara Ahmed, Lauren Berlant, and Lee Edelman to ask what kinship becomes when it is no longer anchored in futurity, legality, or reciprocity. Building on and complicating concepts like chosen family and fictive kinship, I introduce the notion of ad hoc kinship to describe the contingent, often asymmetrical caregiving relationships that arise not from deliberate choice but from shared social positioning, need, and proximity. This concept threads through but does not dominate the dissertation, which more broadly considers how queer life endures, and at times falters, within systems that alternately enable and limit care.

Each chapter focuses on a distinct but interrelated aspect of queer elder experience. Chapter 1 introduces ad hoc kinship through grounded ethnographic encounters and situates it within the broader history of mutual aid, volunteerism, and the AIDS crisis. Chapter 2 examines intergenerational tensions and shifting linguistic politics within LGBTQ+ communities, analyzing how older adults navigate changing norms around gender and recognition. Chapter 3 interrogates the promises and limits of intersectionality and institutional inclusion, tracing how bureaucratic care systems reconfigure the terms of relational life. Across these chapters, the dissertation argues that aging queer people assemble lives and support systems that challenge normative expectations of kinship, care, and coherence—offering not a triumphant narrative of resilience, but a textured account of how people make do, make kin, and make meaning of aging queerly.

Table of Contents

LIST OF IMAGES ..... **III**

ACKNOWLEDGEMENTS ..... **IV**

INTRODUCTION **1**

The Field Site 6
Theoretical Framework 14
Population, Fieldwork, Sample, and Methods 26
Dissertation Structure 38

CHAPTER 1 BEYOND CHOSEN FAMILY: AD HOC KINSHIP AND LGBTQ+ ELDERCARE **45**

Introduction 45
Rethinking Kinship 51
LGBTQ+ Senior Care Networks in San Francisco 55
Care in Response to Crisis 59
Chosen Families and Volunteer Programs 63
Boundaries and Limitations of Volunteerism 76
A Queer Model for Diverse Elder Care Contexts 83
Conclusion 84

CHAPTER 2 WHAT COUNTS AS RESPECT: QUEER ELDERS, PRONOUNS, AND THE POLITICS OF RECOGNITION **86**

Introduction: Becoming Mae 86
Historical Context: The Foundations of LGBTQ+ Advocacy 95
The Politics of Pronouns: Recognition and Resistance 99
Case Study: The Transgender Training Institute Seminar 115
Inclusion by Exclusion: Queer Elders and Institutions 118
Pathways to Understanding: Bridging the Generational Divide 121
Conclusion: Reimagining Queer Solidarity 123

CHAPTER 3 UNEVEN LEGACIES: GENDER, IDENTITY, AND INEQUALITY IN LGBTQ+ AGING **127**

Introduction: Stratified Aging and the Limits of Identity-Based Care 127
I. The Conditional Privilege of Older Gay Men 129
Surviving the AIDS Crisis 130
Lasting Chosen Families *135*
Intergenerational Intimacy and Recognition *136*
II. Fractures in Lesbian Aging 140
The Vanishing Lesbian Infrastructure *141*
Economic Precarity and Aging Alone *146*
Butch/Femme Displacement and Cultural Loss *151*
The Challenges of Dating and Community Engagement for Older Lesbians *156*
III. The Compounding Marginalization of Trans Elders 159
Medical Complications from Early Transition Surgeries *161*
The Limits of LGBTQ+ Inclusion for Older Trans People *163*
IV. Institutional Frameworks and Their Discontents 165
Unintentional Exclusions *167*
IV. Policy Considerations and Structural Reforms for LGBTQ+ Aging Services in San Francisco 172
The Absence of Intergenerational Bridges for Lesbians and Trans Seniors in San Francisco 175
Conclusion: Toward a More Inclusive Model of Queer Aging 178

CONCLUSION **182**

REFERENCES **193**

List of Images

Image 1 Tenderloin Emergency Initiative Situation Report: Operational Period 16 3/28/22-4/3/22 for the 300 Block of Hyde Street (City and County of San Francisco, 2022) 10

Image 2 A billboard in the Tenderloin supporting the effort to recall DA Chesa Boudin taken on April 22nd, 2022. "Tenderloin residents 'aren't particularly upset that there are drug sales happening there..." 12

Image 3 "AROUND HERE, WE TEND TO IMPROVE WITH AGE" One of a series of signs representing different groups and characters from around the Tenderloin. Taken April 19, 2022. 15

Image 4 Recruitment poster. 36

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Introduction

On a warm afternoon in June of 2022, a crowd of several hundred has gathered in San Francisco's Dolores Park to celebrate the resilience and contributions of trans people in the ongoing struggle for rights and recognition. I'm here as a volunteer with a local LGBTQ+ organization for the first in-person Trans March since the Covid pandemic began. The sun is briefly making it warm enough to be outside in a t-shirt before the fog starts rolling in. A few folding chairs line the front perimeter, but most attendees are standing or sprawled across picnic blankets. Someone is handing out trans flag stickers. There's a charged joy in the air—laughter, small talk, the rustle of shifting bodies and anticipation. The pink, blue, and white of the trans pride flag decorates everything: signs, hats, folding chairs, and the stage itself.

I'm standing next to several trans seniors, including JoAnne, a White woman in her late 70s, seated in a wheelchair beside me. She's dressed up for the day with her makeup carefully applied, a styled blonde wig, rainbow streamers wrapped around her chair, and a small trans pride flag in her hand. Her oversized sunglasses give her the air of an aging movie starlet.

A young woman stands in front of the microphone on the dais, her voice amplified by speakers: "We are here today because of the trans ancestors who fought so we could be visible. We walk in their footsteps." The crowd applauds. There are whoops, cheers, the sharp clack of folding fans.

But beside me, I catch JoAnne grimace. Her lips tighten. She doesn't clap. Later, she tells me, dry but pointedly: "I don't want to be the ghost at the party. I'm not in the ground yet! They talk about us [older trans people] like we're all ex-Presidents: alive and well and superfluous." She laughs as she says this, indicating that she recognizes the triviality of the speaker's words, but it's clearly a heartfelt sentiment. Her irritation lingers, not with malice, but with the quiet

exhaustion of being repeatedly misrecognized. It isn't the language that stings, but what it elides, a sense of powerlessness over the legacy and relevance of transgender seniors. This moment carries affective weight, not just as individual discomfort, but as a relational orientation shaped by years of surviving institutions, events, and shifting community ideals. These affective tensions—ambivalence, weariness, the joy and pain of being seen or ignored—are central to how queer generations meet each other.

I was struck by her assertion, not because it was especially loud or divisive, but because of how it registered as a subtle displacement. A reminder that being honored can sometimes feel like being disappeared; that generational recognition isn't always reciprocal; that history, even in its celebratory forms, can be a site of erasure as much as of pride. JoAnne's frustration isn't just personal. It points to larger questions about queer memory, about who gets to inhabit the present as a subject, and who is quietly relegated to the background. As sociologist Sara Ahmed suggests, emotions stick to histories, bodies, and futures, circulating between people and shaping what recognition feels like. "Emotions are not 'in' either the individual or the social, but produce the very surfaces and boundaries that allow the individual and the social to be delineated as if they are objects" (Ahmed, 2004, p. 10).

This dissertation begins from such moments, minor but telling, where generational tension flickers into view, where institutional scripts and communal affect collide, where being seen is not the same as being recognized, and where the terms of queer belonging are being constantly negotiated, sometimes uneasily, across age, history, identity, and experience.

What JoAnne's comment elucidates is the broader issue this project seeks to trace: how intergenerational tensions within LGBTQ+ communities illuminate recursive patterns. These are looping, self-reinforcing dynamics through which queer identities and collective memories are

navigated and reimagined over time. Drawing from Karl Mannheim's (1952) theory of generational "fresh contact," as expanded by anthropologist Jennifer Cole in her ethnographic work "Fresh Contact in Tamatave" (2004), I take seriously the idea that new generations do not passively receive historical narratives. In my fieldwork, these dynamics surfaced in how younger queer activists invoked past struggles such as HIV/AIDS, Stonewall, and the Compton's Cafeteria Riots, while sometimes overlooking the perspectives of those who lived through them. New generations engage in interpretive acts that can reinterpret, repurpose, or even inadvertently obscure the experiences of those who came before them, particularly queer elders, whose lives are marked by trauma, survival, and adaptation.

Yet the concept of fresh contact becomes more complicated when applied to queer communities, which lack traditional modes of biological reproduction and lineage. Unlike most social groups that transmit values, practices, and memories through familial structures, queer communities rely on alternative modes of cultural reproduction—peer mentorship, chosen family, activist networks, and communal learning—to maintain continuity and forge generational relationships. These non-normative forms of transmission make fresh contact less predictable and more improvisational, creating distinct dynamics of generational tension and exchange.

Without clearly defined rites of passage or formalized structures for intergenerational knowledge transfer, queer communities often rely on ephemeral, situational, and identity-driven encounters to sustain cultural memory. These modes of cultural reproduction are neither linear nor guaranteed. For example, mentorship may emerge informally in activist spaces, nightlife venues, or digital platforms, resulting in uneven access to generational knowledge and community history. But these reconstructions happen in the shadow of loss. The generational rupture created by the AIDS epidemic left significant absences: stories untold, mentorships

unformed, bodies buried too soon. In the absence of inherited scripts or structured remembrance, younger cohorts often attempt to bridge these gaps through speculative world-building. These acts generate both innovation and friction, particularly when newer interpretations bump up against older ways of knowing or are perceived to overwrite the embodied knowledge of queer elders. In such conditions, the act of "fresh contact" is rendered speculative, uneven, and improvisational.

Building on this, Ian Hacking's (1999; 2006; 2007) "looping effect" helps explain how institutional and activist categorizations recursively shape, and are reshaped by, individual identities. As institutional categories, activist discourses, and communal labels evolve, they do not merely describe queer life, they help constitute it. Individuals internalize, resist, or transform these frameworks, feeding back into the classificatory systems from which they arose. This dynamic is especially vivid in queer communities where terms like "demisexual," "queer," or "transgender" not only emerge from activist and academic spaces but are also shaped through lived experience, online discourse, and generational dialogue. Hacking's looping effect underscores that queer identity is not a static inheritance, but a mutable, contingent, and interactive becoming. In San Francisco, this was evident in the fluid usage of labels like "nonbinary" or "genderqueer" among younger community members, whose evolving self-identifications often circulated back into activist, clinical, and policy spaces, thereby reshaping the very terms that first named them.

Queer theorist Lee Edelman's (2004) critique of reproductive futurism—his argument that queerness resists the heteronormative imperative to reproduce the social order through the figure of "the child"—further complicates generational analyses. In my research, this tension emerged in subtle but telling ways. At commemorative events, younger queer speakers often

honored “trans ancestors” while older attendees, still very much alive, felt consigned to history. Such gestures revealed how queer futurity can flatten living memory and reinscribe temporal exclusions even within activist spaces.

If queerness resists the normative temporality of futurism, what then becomes of generational succession in queer life? Rather than seeing intergenerational tension as a breakdown, I frame it as a generative disturbance. These tensions index the impossibility of seamless transmission in the absence of normative temporalities and simultaneously point to the creative and resistant strategies through which queer worlds are remade. Elders and youth alike participate in this process, not as subjects fixed in time, but as agents embedded in an ongoing negotiation over meaning, belonging, and recognition.

While much of this introduction highlights generational dynamics, or how queer communities negotiate history, identity, and belonging across age cohorts, it is important to emphasize that this is also, fundamentally, a study of aging. The temporal frictions I describe are not just about how generations relate to each other, but about how queer elders live and make sense of aging itself in a landscape marked by shifting norms, institutional ambivalence, and uneven care. Aging here is not a stable backdrop for intergenerational contact; it is an active, affective, and embodied process shaped by loss, adaptation, and the struggle to remain legible in a world that often equates visibility with youth. To understand queer generational tension is to understand queer aging, not as decline, but as a mode of endurance, refusal, and ongoing negotiation.

While Edelman argues that queerness resists the idea of the future by refusing the figure of “the Child,” that didn’t always hold true in my research. Several of the lesbians and gay men I interviewed were parents, and their experiences complicated the idea that queerness is always

outside of futurity. For them, parenting didn't mean embracing normativity. It often came with its own forms of struggle, improvisation, and marginalization. Their stories show that queer relationships to the future aren't uniform. They're shaped by gender, context, and the different ways people build and sustain family over time.

These frameworks—Mannheim/Cole's fresh contact, Hacking's looping effect, and Edelman's critique of futurism—offer more than abstract theory. Together, they provide a lens for understanding how queer intergenerationality operates not as a smooth continuum of inherited knowledge, but as a recursive site of friction, reinvention, and contested memory. Yet these tensions are not always overt. They surface in the interactions of daily life, through care work, finding one's place in the community, uneven access to recognition, and the affective labor of navigating institutions. In San Francisco, where symbolic visibility often coexists with structural neglect, queer elders live these tensions in embodied and intimate ways. This dissertation argues that intergenerational tension is not only a condition of queer social life, but also a generative lens for understanding how belonging, memory, and survival are lived, negotiated, and remade across time in the ordinary, yet affectively charged terrain of queer aging.

The Field Site

San Francisco, long mythologized as a queer sanctuary and crucible of LGBTQ+ activism, moved through 2022–2023 in a state of what often felt like decline. The Chronicle published myriad articles worrying about a potential "doom loop." While the city's symbolic role in the queer political imagination remained culturally intact, the material realities of queer aging in the city told a different story. For many elders, especially those in neighborhoods like the Castro, SoMa, and the Tenderloin, this period was defined not by liberation but by abandonment

due to public health concerns arising from Covid-19. The promise of safety from the virus coexisted with the threat of disappearance. Care networks frayed. Familiar spaces closed or were drastically changed. The infrastructure that scaffolded queer survival—public transit, street-level services, social venues—became tenuous, irregular, or altogether absent.

Covid didn't start the crisis, but it accelerated the fragmentation. Downtown emptied out as remote work persisted, office towers sat vacant, and small businesses shuttered. The Castro, while still iconic, saw significant changes during this period. Longtime establishments like Harvey's restaurant closed after nearly three decades (Royal Scribe, 2023), and Queer LifeSpace, a mental health clinic serving LGBTQ+ clients, faced eviction threats (Hayes, 2024). Although the neighborhood has shown signs of business recovery, with reports indicating a 2.14 ratio of openings to closures as of early 2024 (D'Onfro & Truong, 2025), these shifts have not reversed the broader pattern of fragility. The temporary closure of institutions like the Castro Theatre for extensive renovations further disrupted neighborhood life (Bartlett, 2023). For queer elders, especially those on fixed incomes or managing chronic illness, the loss of accessible, walkable infrastructure created new forms of isolation. Public transit became harder to rely on, and vital services thinned out or shifted locations.

If the Castro illustrates how cultural memory can become fragile, the South of Market (SoMa) neighborhood revealed what happens when queer infrastructure is reshaped by economic forces. Known for its leather bars, queer nightlife, and historically significant LGBTQ+ spaces, SoMa underwent rapid gentrification. The closure of The Stud, one of San Francisco's oldest LGBTQ+ bars, in 2020 marked the end of an era (Gaiser, 2020). Despite the creation of the Leather and LGBTQ Cultural District in 2018 to protect the neighborhood's unique history (Lampert & Meronek, 2021), ongoing development pressures continued to displace residents and

venues. For many queer elders who had found refuge and recognition in SoMa, the shift toward luxury development and tech expansion signaled not renewal, but erasure.

While SoMa's transformation unfolded gradually under the weight of gentrification, the Tenderloin experienced a more immediate and intensified collapse in which economic marginalization, substance abuse, untreated mental illness, and queer aging intersected in daily crisis. A historically low-income neighborhood where vice has long been tacitly permitted and where many queer people have lived and aged, it became a flashpoint for overlapping crises. The breakdown of care systems was even more visible. Fentanyl overdoses surged, encampments expanded, and street-level economies for drugs and stolen goods grew more extreme. Harm reduction efforts like the Tenderloin Center surfaced briefly to provide a low-barrier, city-run facility offering food, rest, overdose prevention, and referrals to health and housing services for people experiencing homelessness and substance use in the Tenderloin (Moench, 2022). For many, it was a rare space of respite, but one that offered no durable solution. Many queer elders in the Tenderloin who had lived through the AIDS epidemic recognized the signs of government neglect. The Tenderloin Center's brief existence highlighted a politics of temporary care: showy, short-lived, and difficult to access.

Aging while queer in San Francisco during 2022–2023 highlighted the gap between the city's symbolic gestures and its material realities. Queer elders were frequently recognized in name, celebrated in public, and invoked in community narratives, yet many were simultaneously struggling to secure affordable housing, supportive care, and basic stability. Public recognition often coincided with private loss, as familiar spaces such as clinics, gathering sites, and neighborhood venues disappeared or became inaccessible. In a city known for queer history, older LGBTQ+ people were increasingly cast as symbolic figures, valued for their legacy more

than their ongoing participation. This moment exposed how survival in older age demands not just resilience but a constant negotiation with uneven care, selective history, and the complicated terrain of visibility (de Vries, 2013; Ahmed, 2004).

In December 2021, San Francisco's Tenderloin neighborhood was thrust into the center of city politics when Mayor London Breed declared a 90-day State of Emergency, launching what became known as the Tenderloin Emergency Initiative (TEI). Addressing the situation in the Tenderloin, Breed highlighted the intensity of the issue when she controversially stated that San Franciscans needed to be "less tolerant of all the bullshit that has destroyed our city" (Eskenazi, 2021). This move came after months of intensifying public concern about drug overdoses (particularly those involving fentanyl), encampment proliferation, and what city officials described as "human suffering on the streets." Framed as a public health crisis requiring immediate, coordinated intervention, the initiative was both unprecedented in scope and deeply polarizing. For many residents, including longtime Tenderloin community members, the emergency order was both a promise and a threat. It brought new resources into a long-neglected neighborhood but also invoked a carceral logic of order, discipline, and surveillance.

The heart of the initiative was the Tenderloin Center, initially branded the Tenderloin Linkage Center, which opened in early 2022 in United Nations Plaza. The space operated as a hub offering food, medical care, overdose response, and referrals to substance use treatment. Over the eleven months that it was open, the center reported over 60,000 visits and reversed more than 300 overdoses on site (City and County of San Francisco, 2022). Yet the promise of the center as a bridge to care and stability proved difficult to realize. Fewer than 1% of visits led to verified enrollment in behavioral health or treatment programs, and critics questioned whether the initiative offered real pathways out of homelessness and addiction or merely pushed the crisis

out of view (Sjostedt, 2022; Eisen, 2023). Even worse, city officials later acknowledged that drug use occurred openly within the site, and allegations emerged regarding lax oversight that may have allowed drug sales to take place within the facility's vicinity (Moench, 2022).

For those of us living and working in the neighborhood, the Initiative's tactics were both highly visible and ambiguous. Outreach workers, emergency services staff, and public health teams marched the streets, offering bottled water, Narcan, and referrals to services. Simultaneously, San Francisco Police (SFPD) patrols increased significantly, particularly around identified "hot spots." This dual action, offering care and imposing control, was palpable in daily street life. The sidewalks were cleaner, and encampments were reduced in some areas, but there was also increased police action that heightened anxiety among unhoused people wary of arrest or displacement (RescueSF, 2022). Oftentimes, efforts to improve one street simply pushed the problems to another area nearby.

OP 16 Priority Locations:

Data tracked via point-in-time site assessment between 0730-0930 daily except weekends, which may vary in time.

300 Block of Hyde

Date	Problem behaviors	Drug activity	Tents	Power taps	Problem vehicles	Trash or debris present	Muni shelter issue	Ambassadors or outreach teams present	Illegal vending
3/28	8	25	0	N	0	Y	N/A	N	Y
3/29	4	35	0	N	0	Y	N/A	Y	N
3/30	3	7	0	N	0	Y	N/A	Y	Y
3/31	10	14	0	N	0	Y	N/A	N	Y
4/1	12	21	0	N	0	Y	N/A	Y	Y
4/2	12	16	1	Y	0	Y	N/A	Y	Y
4/3	14	22	1	Y	0	Y	N/A	Y	Y

Image 1 Tenderloin Emergency Initiative Situation Report: Operational Period 16 3/28/22-4/3/22 for the 300 Block of Hyde Street (City and County of San Francisco, 2022)

The 300 block of Hyde Street, situated near the center of the Tenderloin, became a microcosm of the contradictory presence of chaos and efforts at control. The block was identified as a "priority location" for tracking the effects of the TEI. Weekly reports provided updates on

the conditions of six priority locations in the neighborhood (Image 1) (City and County of San Francisco, 2022). Known for its heavy foot traffic and high density of drug sales and use, Hyde Street became a target for intensified law enforcement, as well as a testing ground for public-private "activation" strategies. Between October and December 2022, arrests for drug sales in the Tenderloin rose by 80% compared to the same period the year prior, with a significant number occurring on or near Hyde Street. By spring 2023, over 200 arrests for possession with intent to sell had been logged since the start of the year, many within a few hundred feet of the intersection of Turk and Hyde (Breed, 2023).

Reflecting residents' dissatisfaction with the rising crime, worsening street conditions, and increased number of overdoses during the Covid pandemic years, the 2022 recall of District Attorney Chesa Boudin marked an inflection point in San Francisco politics. Elected on a progressive platform focused on decreasing incarceration, Boudin became a lightning rod for public frustration over visible decline on San Francisco streets, especially in the Tenderloin. His removal by voters signaled a shift away from progressive reforms toward more punitive approaches, reflecting residents' growing support for enforcement-driven policies. In this climate, efforts like Mayor Breed's Tenderloin Emergency Initiative gained momentum, reinforcing a return to policing as the primary tool for addressing street-level disorder (Knight, 2022).

I lived on the 300 block of Hyde Street throughout the research period and can attest to the bedlam that characterized the neighborhood during my stay. When my Mum and I first pulled up to the building at the corner of Hyde and Ellis Streets in January 2022, it was a chaotic scene—tents lined the curbs on both sides of the street with dozens of people gathering on the sidewalks, some nodding out. The smell of roasted aluminum foil and the acrid stink of drugs

being prepared created small clouds as one tried to navigate through the crowd. Garbage, feces, and used drug paraphernalia were everywhere and collected near the curb. Most mornings, residents had to play hopscotch around piles of human waste and step over homeless men and women. The smell of stale urine was ever present. Some mornings I was confronted by individuals with their genitals exposed actively defecating on the sidewalk. Needles, crumpled bits of foil, and empty half-pint liquor bottles would be strewn across the walkway. I witnessed emergency services personnel attend to numerous overdoses and carry away the bodies of those they couldn't save.

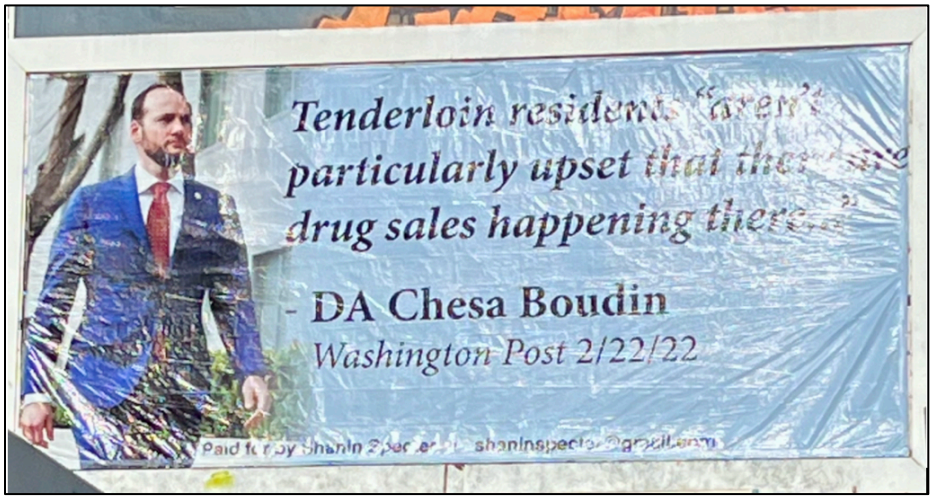

Image 2 A billboard in the Tenderloin supporting the effort to recall DA Chesa Boudin taken on April 22nd, 2022. "Tenderloin residents 'aren't particularly upset that there are drug sales happening there..."

Scenes like these became the dominant narrative in national media portrayals of San Francisco during this period, even though the most visible homelessness and open-air drug use was largely concentrated in specific corridors of the Tenderloin, SoMa, and parts of the Castro and the Mission. A visitor might not even encounter these conditions, as they were often contained to the city's most economically marginalized neighborhoods. Still, for most residents, it was hard to ignore how these dynamics spilled into everyday life. On nearly any Muni ride, whether a bus, train, or streetcar (though blessedly not on the iconic cable cars), it was common

to see people smoking drugs, yelling and mumbling out of drug-induced psychosis or untreated mental illness, or dragging carts of belongings with pets in tow. These scenes were worryingly commonplace and contributed to low ridership numbers in the years after the Covid lockdowns. On one late night bus ride, we had to pull over as a friend and I fought with a man who was verbally harassing a trans woman. The police came but did nothing except take the man off the bus.

Experiences like that bus ride brought up deeper questions for me, not just about public safety, but about how and where I felt most at risk. My own relationship to fear had been shaped long before I moved to San Francisco. I've been a victim of violent assault several times in my life, once having a gun held to the back of my head and pistol-whipped on a university campus in Durban, South Africa. These experiences have resulted in post-traumatic stress that has made venturing out of the house or apartment a sometimes-trying ordeal that can result in avoidance behaviors and isolation. Yet, I was less afraid living in the Tenderloin for these two years than I often had been in Hyde Park, Chicago because the threat of physical or gun violence was so low. Gun violence and physical attacks were rare events in the neighborhood, although I did witness gang members attacking individuals near Civic Center on one or two occasions. The drug dealers who worked on the blocks around my building were generally quite polite, came to know me as a resident, and often called me "papi" when we spoke.

The more frightening parts of the Tenderloin were those streets where fewer people gathered. The chaos and crowds centered on Hyde Street seemed to act as a form of a "community eye:" a form of informal surveillance and social awareness that emerged through constant interaction among neighbors, dealers, addicts, workers, and the homeless. In contexts marked by economic precarity, vice, and a diverse populace, this type of everyday visibility

fosters a sense of safety, accountability, and even belonging. The concept echoes Samuel Delany's (1999) *Times Square Red, Times Square Blue*, where he describes the spontaneous, cross-class interactions that once defined pre-gentrified Times Square. These encounters created informal systems of recognition, connection, and shared space. Hyde Street functioned in a similar way. It wasn't ideal, but it worked well enough for many of us to feel safer there. During the Emergency Initiative, there were notably more social work teams and police officers speaking to those who were living or collapsed on the streets. Throughout my time in San Francisco, a Ninth Circuit Court of Appeals injunction stymied the city's ability to remove encampments or more forcefully remove people from the streets if they did not have sufficient shelter beds available for the homeless (S.F. City Attorney's Press Office, 2024). For six weeks during the TEI, the sidewalks were power washed with virucidal cleaners most days and trash was collected more often from the curbside, but the effort made little difference in the longterm and the situation largely continued once the Initiative ended.

Theoretical Framework

San Francisco, and especially the Tenderloin, formed a complex yet deeply contradictory backdrop for my research, highlighting the dissonance between symbolic recognition and tangible neglect that queer elders navigated daily. These tensions strongly shaped my fieldwork, even as the lives of the elders I worked with reflected a broad range of experiences. Some were entangled in systems of care, housing, or health services while others were financially secure, socially connected, and aging with relative ease. Across the spectrum of my interlocutors though, the same basic questions emerged about how care is organized, how recognition is extended or

withheld, and how community is navigated in the face of changing norms and institutional uncertainty.

It is from within this context that my central research questions took shape. What happens to queer aging when the systems meant to sustain it are unstable, conditional, or absent? More specifically, I explore three interrelated questions:

(1) What forms of kinship and caregiving emerge when normative family structures are unavailable and institutional supports are uneven or temporary?

(2) How do generational frictions over language, gender, and political values shape affective belonging, social legibility, and inclusion in queer community spaces?

(3) In what ways do gendered histories of visibility, labor, and recognition inform how older gay men, lesbians, and trans elders navigate aging, access care, and confront erasure?

Image 3 "AROUND HERE, WE TEND TO IMPROVE WITH AGE" One of a series of signs representing different groups and characters from around the Tenderloin. Taken April 19, 2022.

This section outlines the theoretical scaffolding of the dissertation, bringing queer theory, age studies, and ethnographic experience into conversation. It draws together Edelman's critique of reproductive futurism, Mannheim/Cole's generational theory, Hacking's looping effect, and my own formulation of "ad hoc kinship" to explore how queer aging and queerness are recursively shaped through institutions, memory, and identity. Rather than treat these frameworks as discrete, I show how they converge to help us understand queer elders not as passive recipients, but as active participants in reshaping the present.

Lee Edelman's analysis of reproductive futurism in *No Future: Queer Theory and the Death Drive* (2004) underscores how contemporary societies prioritize continuity, stability, and normative family structures primarily symbolized by "the Child." According to Edelman, the figure of "the Child" serves as an ideological anchor representing innocence and vulnerability, thereby legitimizing societal imperatives for generational succession, reproduction, and the perpetuation of normative family and social structures. Queerness, in Edelman's formulation, inherently challenges this futurist paradigm, not by proposing an alternative future but by refusing the logic of futurism altogether. That is, by resisting prescribed familial expectations, reproductive norms, and linear narratives of progress and continuity. He further develops his critique through psychoanalytic theory, particularly the concept of the "death drive," articulating queerness as fundamentally disruptive and subversive. Queer identities, he argues, actively destabilize established social norms, cultural conventions, and futurist aspirations, embodying resistance to assimilation and embracing ambiguity, instability, and radical redefinitions of social existence. The refusal to orient one's life toward futurity is therefore not merely oppositional. It becomes a radical critique of how value and life are structured within neoliberal and heteronormative paradigms.

This framework resonates strongly in my fieldwork with queer elders, many of whom find themselves outside of reproductive scripts by necessity as much as by choice. Their lives, marked by HIV/AIDS survivorship, community displacement, and aging outside of conventional kinship arrangements, embody a mode of living that challenges the cultural insistence on the child, the future, and the legible family. Their survival itself becomes a rupture in reproductive futurism. Rather than orient themselves toward legacy in the traditional sense, many articulate their presence as refusal. That is, not just lingering, but improvising a form of survival that unsettles expectations of disappearance. LGBTQ+ elders don't just persist, they trouble the very structure of time, aging queerly in defiance of progress, stability, and erasure.

While Edelman frames queerness as a refusal of futurist temporality, Mannheim (1952) shifts the focus to how generational location shapes collective meaning-making over time. His concept of "fresh contact" emphasizes the active role that successive generations play in interpreting, reconstituting, and ultimately transforming existing cultural traditions and societal norms. Mannheim proposes that each generational cohort encounters inherited cultural meanings not passively, but through a lens shaped by their distinct historical and sociocultural circumstances, actively reconstructing these meanings and practices through their collective experiences.

Jennifer Cole (2004) expands upon this concept explicitly in her article "Fresh Contact in Tamatave," employing detailed ethnographic analysis of generational encounters within postcolonial Madagascar. Cole examines how younger generations in Tamatave interact with inherited social structures, traditions, and historical narratives shaped by colonial and postcolonial influences. Through examples from youth experiences with new economic opportunities, shifts in social aspirations, and changing family structures, she illustrates how

Malagasy youth reinterpret and reshape established meanings to reflect their contemporary realities and aspirations. Her analysis underscores how each generation's unique historical and social circumstances significantly influence their reinterpretation and negotiation of communal identities, leading to dynamic processes of continuity, transformation, and innovation within the community.

The concept of fresh contact offers a lens through which we can view queer elders not simply as vessels of memory but as active agents in the reconstitution of meaning. They do not merely inhabit the past, they reshape it. Their life stories reveal an engagement with cultural inheritance that is anything but passive. Stories are reworked, meanings recontextualized, and collective narratives reshaped in light of contemporary concerns. Rather than aligning neatly with dominant discourses or community scripts, their reinterpretations expose the uneven landscape of queer continuity.

To deepen this generational and institutional analysis, I draw on Ian Hacking's concept of the looping effect, introduced in his medical anthropology writings including *The Social Construction of What?* (1999) and "Making Up People" (2006). This framework offers insights into the dynamic interactions between individual identities and social categories constructed by institutional, medical, activist, and social discourses. Hacking developed this idea through analyses of various categories, including psychiatric classifications and social identities, highlighting how the application of such categories influences individuals' subjectivity and behaviors. He argues that the act of categorization is neither neutral nor purely descriptive. Instead, it actively shapes how individuals understand themselves and engage with their social environments. As people react to these imposed labels, either accepting, resisting, modifying, or

rejecting them, their responses alter the original categories, creating an ongoing cycle of reciprocal influence and redefinition.

The looping effect thus emphasizes the fluid, dynamic, and interactive nature of identity formation, underscoring a continuous negotiation between individual agency and external social and institutional classifications. As queer elders interact with caregiving structures, LGBTQ+ organizations, and shifting identity politics, they are repeatedly categorized, assessed, and positioned as objects of care, nostalgia, or marginalization, but they are not passive within these interactions. In resisting or reworking these imposed categories, they feed back into the institutional discourses that shaped them. The meaning of "elder," "survivor," or "queer" does not remain static but is transformed through interaction. It is here that identity formation reveals itself not as an endpoint but as an ongoing negotiation, one that involves personal agency, historical trauma, and bureaucratic classification alike.

Bringing this theoretical constellation—Edelman's reproductive futurism, Mannheim/Cole's fresh contact, and Hacking's looping effect—into conversation with the lived realities of LGBTQ+ elders in San Francisco illuminates how queer aging unfolds not just across time, but through encounters with care infrastructures, institutional classification, and improvisational kinship. Individuals like Eddie, Max, and Mae exemplify these dynamics: resisting assimilation, reinterpreting communal scripts, and actively reshaping the terms of identity and support.

Rather than offering sanitized portraits of queer survival, my respondents' narratives insist on complexity. Many of these elders became political out of necessity, through activism during the AIDS crisis, or by virtue of simply refusing to disappear. Their lives index forms of relationality that do not easily fit into linear or teleological models of social progress. In this

way, they don't just recall history, they live its afterlives, often in cluttered apartments filled with medical equipment, queer ephemera, and stories that no longer have obvious interlocutors. What emerges is not preservation, but participation: elders engage actively in the recursive redefinition of queerness, responding to and reshaping the uneven terrain of intergenerational contact.

Simultaneously, queer elders embody Mannheim's generational theory of fresh contact, actively interpreting, recontextualizing, and redefining established communal histories, memories, and identities through their generationally specific experiences. The process is uneven, sometimes traumatic. What gets remembered or forgotten is structured by the kinds of lives elders have led and the constraints under which they continue to survive. The narratives they impart are less about continuity and more about interruption, contradiction, and reconfiguration. These generational reinterpretations not only preserve but modify existing cultural frameworks, facilitating ongoing dialogues within queer communities about identity, belonging, and representation. Queer elders exemplify Mannheim's theory of generational reinterpretation. Their lives reshape inherited narratives, making memory a dynamic, contested, and politically charged site of queer world-making. Through storytelling, silence, and contradiction, queer elders generate narratives shaped as much by survival as by rupture, thereby reshaping what memory and identity can mean in queer communal life.

Hacking's looping effect becomes especially visible in the institutional sites where care, identity, and recognition intersect. Many elders I spoke with were deeply aware of how their identities had been shaped, either constrained or enabled, by diagnostic categories, funding priorities, and fluctuating activist rhetorics. Institutional caregiving programs often rely on scripts of vulnerability or resilience to justify their existence, scripts that elders learned to navigate, perform, or quietly resist. In turn, their participation or refusal reshaped these

categories from within. Identity, here, is not static. It is relational and embedded in systems that can both recognize and misidentify. The looping effect is not a theoretical abstraction. It plays out in intake forms, funding applications, group discussions, and intergenerational exchanges.

In all these moments, whether in describing past political protests, the negotiation of a care plan, or relating to younger queer people, elders are doing more than recalling the past. They are remaking it. And in that act, they are also remaking queerness: not as a fixed identity, but as an ongoing, looping, and affectively charged process of becoming.

Hacking's concept of the looping effect deepens our understanding of identity formation across generations, particularly in relation to recent shifts in LGBTQ+ identification. Rather than emerging in isolation, these identities are shaped through recursive engagement with existing categories, institutional scripts, and generational reinterpretation.

Hacking reminds us that these categories are dynamic mechanisms of social interaction. The more they are used, claimed, debated, rejected, and/or reclaimed, the more their meanings shift. As increasing numbers of people identify under the expanding LGBTQ+ umbrella, the categories themselves evolve. They take on new emotional and political meanings, often in contrast to previous iterations. Identity, in this framework, is not a private truth waiting to be revealed but a socially mediated project continuously transforming in relation to institutional rationales, activist discourses, and interpersonal interactions. That is the looping effect: categories make people, and people, in turn, remake categories.

These changes inevitably lead to tension, especially in intergenerational space where identity becomes a contested terrain. For queer elders who survived crises like the AIDS epidemic or who fought for legibility in a time when identification was more dangerous, the contemporary proliferation of labels and frameworks can feel both alienating and disorienting.

The historical struggles they endured, often rooted in embodied risk, medical observation, and social stigma, may not translate into the contemporary semantics of affirmation or the aesthetics of online visibility. In some cases, their experiences are accidentally flattened or rendered obsolete by the current emphasis on gender fluidity, intersectionality, and linguistic precision. The past is not always intelligible in the present's language.

This theoretical approach also provides a nuanced analytical lens for examining generational tensions within queer communities. Mannheim's generational theory highlights how different generational cohorts encounter, interpret, and renegotiate communal narratives, frequently leading to significant intergenerational disagreements regarding authenticity, identity representation, and collective priorities. Fresh contact helps explain these divergences, not as failures of understanding, but as differences shaped by distinct temporal, political, and affective contexts. These tensions are rooted in differences in lived experiences, historical contexts, and political sensibilities that shape a generation's available identities. Each generational cohort encounters conceptions of "community" and "identity" through the lens of its specific historical moment. What is possible, important, or even identifiable changes radically over time. As such, generational conflict within queer communities is not merely ideological but affective and material. We can see it in conversations about pronouns, in arguments about pride parades, in debates over which histories get remembered and which are "unremembered" (Castiglia and Reed, 2012). As a result, younger and older generations often differ in their interpretations of significant historical events and their meanings, which in turn sparks debates about how to commemorate, represent, and incorporate queer histories and identities within contemporary community norms. These aren't just differences over language. They are negotiations over legitimacy, recognition, and belonging.

Ian Hacking's looping effect further clarifies the reciprocal and iterative nature of these generational interactions, demonstrating how younger and older community members continually influence each other's identities, expectations, and roles through ongoing processes of categorization and reinterpretation. Hacking's framework highlights that generational identities are dynamic concepts, continuously evolving through interaction, dialogue, and conflict between age cohorts. For instance, as younger activists introduce new categories and identities emphasizing gender fluidity, inclusivity, and intersectionality, these ideas also impact older generations, who may adapt to, reinterpret, or resist emerging discourses. Older generations' historical experiences and activism, in turn, significantly shape younger activists' perspectives and strategies, generating continuous feedback loops. The looping effect isn't just theoretical. It's lived in everyday encounters between generations who are both made by and making the terms of their identities.

Intergenerational tension within queer communities is not a breakdown but a mechanism of transformation. These frictions compel reassessment of norms and identities, fueling the ongoing redefinition of queerness itself.

Such tensions compel communities to reassess established ideals, priorities, and norms in light of evolving social and political realities. Rather than indicating ruptures or breakdown, these conflicts illustrate processes through which collective norms, historical narratives, and community identities are continually reassessed and renegotiated. In my fieldwork, these tensions surfaced in group meetings, in disagreements over language, and in the abstract terrain of memory and desire. These moments are not simply indications of division; they push queer communities to critically examine assumptions that have reified over time. Cole's (2004) interpretation of fresh contact illustrates how each generation's distinct historical experience

shapes distinct perspectives and expectations, creating inevitable disagreements and debates across age cohorts. Younger queer people, coming of age in an era of increased discourse over gender fluidity, intersectionality, and social media visibility, encounter established narratives with suspicion rather than passive acceptance. Older generations, in turn, encounter these reassessments with a mix of curiosity, critique, and fatigue. Some feel threatened by the pace of change. Others express relief at encountering a novel language of subjectivity that is more fluid and customizable. In either case, identity is not simply passed down. It is re-evaluated, adjusted, and sometimes mourned. Reading intergenerational tension as mere conflict risks missing its generative force as a creative tension through which queer futures take shape.

Simultaneously, Hacking's looping effect reveals how these generational interactions function as recursive processes: new identity frameworks proposed by younger generations influence older generations, who may reinterpret their identities and histories in response. Conversely, the historical insights and lived experiences of older generations inform and reshape the frameworks adopted by younger cohorts. These are ongoing recalibrations, not merely linear exchanges. Through these dynamic interactions, community identities remain fluid, adaptable, and responsive, integrating historical legacies and contemporary experiences into evolving narratives. Thus, generational tensions become productive sites of dialogue and transformation, essential for sustaining and renewing queer community cohesion and identity.

This recursive interaction is not just intellectual, but material. I saw it in community center programs where younger staff members attempted to design inclusive spaces but unknowingly reinscribed ageist assumptions, and in intergenerational roundtables where elders brought their pasts into the room only to find them unrecognizable by younger participants

thinking in a different register of harm and care. These moments of missed connection are not failures, but evidence of the improvisational, contested nature of queer world-making.

Recent phenomena, such as the rapid increase in young people identifying as LGBTQ+ and the notable rise in interest in gender-affirming care among adolescents assigned female at birth, also invite careful analysis through this integrated theoretical framework.

Mannheim and Cole's fresh contact helps explain how younger generations, encountering LGBTQ+ identities in vastly different sociocultural contexts compared to their predecessors, interpret and redefine these identities significantly. These youth are encountering queerness in conditions that differ profoundly from those that shaped earlier generations—conditions marked by visibility, algorithmic sorting, and heightened public discourse. The amplified visibility and accessibility of LGBTQ+ narratives and resources through digital media and social platforms provide new interpretive frameworks, facilitating greater exploration and adoption of diverse sexual and gender identities among youth. Their identifications are shaped not just by access, but by cultural saturation. Queer identity has, in some circles, become a default rather than a deviance.

Yet, it is crucial to approach these rapid increases with critical consideration. While expanded visibility and acceptance of diverse identities represent positive cultural shifts, this trend may also indicate superficial engagement, potentially reflective of transient cultural fascination rather than sustained, deeply felt identification. As LGBTQ+ identity becomes more legible, and in some contexts more palatable, it can elide the significant material and social realities endured by historically marginalized groups, particularly gay and transgender individuals whose identities continue to provoke systemic discrimination and violence. The widespread identification among younger cohorts, while fostering broader cultural acceptance

and allyship, could inadvertently obscure the realities of those facing tangible social and economic repercussions due to their LGBTQ+ identities. And yet, even this ambiguity is telling. It speaks to the circulation of identity as affect, aspiration, and social currency.

This helps explain the political backlash against queer visibility. Queerness continues to threaten dominant imaginaries grounded in reproduction and continuity, making its expansion both culturally transformative and ideologically disruptive.

Thus, by integrating Edelman's critique of reproductive futurism, Mannheim's generational reinterpretation theory, and Hacking's looping effect, this dissertation positions intergenerational tension as a constitutive force within queer communal life, not a sign of its failure. Queer identities and memories do not pass smoothly through time. They loop, rupture, and reconfigure. They are transmitted not through biological inheritance but through stories, miscommunications, gestures of care, and moments of grief. In this process, elders are not static repositories of the past, nor are youth simply architects of the future. Both are implicated in the ongoing labor of queer becoming. This synthesis ultimately demonstrates that generational friction within LGBTQ+ communities is not merely a social challenge to be resolved, but a generative dynamic through which queerness itself is made, unmade, and remade across time.

Population, Fieldwork, Sample, and Methods

In the United States, LGBTQ+ seniors are a vulnerable population both for their age status as well as their non-normative sexualities and/or gender identities. Research by Fredriksen-Goldsen et al. (2015) found that LGBTQ+ seniors are more likely to live alone compared to their heterosexual and cisgender peers, with 39% of LGBTQ+ older adults (those who were 50 years of age and older) living unaccompanied versus 28% of heterosexual older adults. While living alone is not necessarily a marker of social disconnection, the disparity

between queer elders and their cisgender/heterosexual counterparts in terms of social isolation presents a troubling situation: almost 50% of LGBTQ+ seniors express feelings of isolation, compared to just 20% of heterosexual seniors (Fredriksen-Goldsen et al., 2011). Queer seniors are also twice as likely to be single and less likely to have children than their non-LGBTQ+ counterparts (28% of queer-identified individuals over 55 compared to 68% of heterosexuals) (Family Equality Council, 2018). The exact figure can depend on factors like age, geographic location, and life experiences within specific social and legal contexts.

Disparities in rates of illness, along with discrimination in healthcare settings and housing, indicate that this population needs specialized policy and community support to thrive. LGBTQ+ seniors have higher rates of hypertension, HIV, and cardiovascular diseases, and are 2.5 times more likely to suffer from depression and anxiety (Fredrikson-Goldsen et al., 2013). Addressing these health inequalities is made more difficult by the fact that 34% of older LGBTQ+ adults report experiencing discrimination when accessing healthcare services (ibid.), which can lead to a 30% higher risk of poor health outcomes (Fredrikson-Goldsen, 2011).

Along with fears of discrimination in healthcare settings, queer seniors are also at an economic disadvantage, with one in three living at or below the poverty line compared to one in five among heterosexual seniors. Considering this wealth gap and with 60% of LGBTQ+ seniors expressing concerns about being treated differently by medical professionals, it becomes clear that this population faces significant barriers to accessing equitable, compassionate, and culturally-competent care, both within clinical settings and at home (SAGE, 2017).

These disparities show up not only in national statistics but in the everyday lives of LGBTQ+ elders. To understand how these issues play out on the ground, I used a method that could trace both large institutional patterns and the small, everyday dynamics of care, kinship,

and survival. My methodological approach was primarily ethnographic, integrating participant observation, in-depth interviews, and ethnographic storytelling to vividly capture the complex realities of LGBTQ+ aging in San Francisco. Immersing myself within community centers, residential spaces, and everyday social interactions allowed me to witness firsthand not only the explicit narratives shared by queer elders but also the subtle, often unspoken dynamics of caregiving, kinship, and communal survival that characterize their daily lives.

Ethnography is particularly effective for exploring LGBTQ+ aging because it foregrounds the intricacies and contradictions inherent in elders' experiences—realities that quantitative or more detached methodologies might overlook. Through ethnographic practices, I was able to trace how queer elders negotiate intersecting systems of marginalization, resilience, and institutional neglect. Ethnographic storytelling, informed by participant observation and in-depth dialogue, enables me to amplify elders' own voices. It makes visible the rich, contested, and layered meanings they assign to aging, community, identity, and belonging within the broader social and political fabric of contemporary San Francisco.

Central to my research methodology was extensive ethnographic fieldwork conducted primarily at two sites in San Francisco: the SF LGBT Community Center ("the Center") and HomeSpace. Both organizations served as main hubs for the research, enabling me to explore LGBTQ+ aging through participant observation, informal conversations, and semi-structured, in-depth interviews.

The SF LGBT Center, situated at the intersection of Market Street and Octavia Boulevard, aims to function as a central node for the queer community in San Francisco. Unlike many LGBTQ+ centers in other US cities, the Center does not offer a comprehensive array of clinical, social, and legal services. This is largely because San Francisco's non-profit landscape

grew out of grassroots organizing during the HIV/AIDS crisis in the 1980s and 1990s. The services that are often centralized in a single LGBTQ+ center in many cities are, in San Francisco, handled individually by a vast array of single-focus non-profits. Many people are surprised to learn that the SF LGBT Center was only incorporated in 1996 and opened its 35,000-square-foot facility in March 2002 (SF LGBT Center, n.d.). The building itself is a contemporary structure of glass and steel and houses a diverse array of programs that cater to the intersecting needs of the local LGBTQ+ population.

My research here included volunteering as a Friend Desk Worker, in which we were tasked with providing referrals for the various needs of in-person community members and responding to email requests for such services. I also worked closely with the Community Programs team and took on responsibilities that included: researching and compiling resources for the influx of Russian-speaking individuals who came to the city after fleeing the war in Ukraine and Russia, helping to organize social and fundraising events, and updating a master list of available services that is used for compiling referrals for community member needs. I gained the title of Super Volunteer for the array of tasks that I handled. The Center Staff is extremely hardworking and reflects the diversity of the wider LGBTQ+ community of the city. While the Center did not explicitly focus on working with seniors, there were often older community members who required referrals and assistance seeking services.

In speaking with members of the queer community who are not associated with the Center, I was often told that they did not consider the Center as a place where they would gather or seek assistance. They mentioned that after the Center first opened, it was a useful resource where one could stop in to enjoy a cup of coffee at the in-house café or join groups such as a Gay 20s group that simply offered a non-alcoholic monthly event for men in their twenties to meet

and chat. There was previously an array of such meet-ups that catered to different age groups, identities, and backgrounds. Over time though, these groups were stopped and the café was closed down. The Covid pandemic caused the Center to lock its doors to meet Covid protocol requirements and to mitigate the amount of mentally ill individuals who would enter and create issues for volunteers and staff members. Narcan was always kept on hand for overdoses, which was occasionally required for addicts who passed out in the bathrooms or on the sidewalk.

Discussing the Center with individuals who remembered what it was like when it opened, the common complaint was that, over time, the Center had essentially become a triage space for people experiencing homelessness, drug addiction, and/or mental illness. As such, many community members chose to stay away, which had the effect of deepening the problem. As a Front Desk Worker, I can attest that the Center, at least through its Community Programs Department—the most public-facing division of the organization—was a frontline non-profit where homeless, addicted, and mentally ill individuals could enter and receive immediate assistance.

A large part of being a Front Desk Worker involved dispensing tents, clothes (underwear and socks mainly), food, and toiletries. A common refrain from community members who no longer came to the Center was that giving out these items simply kept the "non-profit industrial complex" in San Francisco functioning, rather than addressing the underlying issues that could decrease homelessness, get people off drugs, or compel people to seek mental health services. In a sense, this is somewhat true. In fiscal year 2022, San Francisco contracted with over 600 nonprofit organizations, allocating approximately $1.7 billion for safety net services, including support for families, homelessness and housing assistance, senior and veterans' services, and workforce development (City and County of San Francisco, 2023). Former Mayor Willy Brown,

in a CNN interview in 2023 on the topic of San Francisco, famously stated, “Homelessness is not designed to be solved. It is designed to be perpetuated. It is to treat the problem, not solve it” (Sidner, 2023). All I can say is that yes, some non-profits use a large part of their budgets to pay their staff, with little of the funding going to the service they are tasked with providing. With over 600 non-profits receiving city funding in 2022, there is an argument that many services are being duplicated. The current mayoral administration of Daniel Lurie has promised to provide more oversight of taxpayer dollars going to non-profits. The staff at the Center were certainly not being paid salaries that make it easy to live in the Bay Area, yet they are providing services for the community that often take a heavy emotional and psychological toll.

My main volunteer activities during the research period took place at HomeSpace, a 501(c)(3) organization originally intended to assist seniors with accessing affordable housing in San Francisco. Two friends, both older lesbians, became concerned about the future of aging for the LGBTQ+ population as the AIDS crisis was becoming more manageable. In 1998, they founded HomeSpace to support older LGBTQ+ individuals by providing opportunities to make social connections and build community. In 2012, the San Francisco City Planning Commission approved construction of the nation’s largest LGBTQ+, low-income housing project. By 2016, the founders’ vision was realized with the opening of the residences at a location in the Mid-Market district close to the Castro. This was soon followed by the construction of a new residence, two doors down from the original building. By 2019, both buildings were occupied by residents and in 2020, HomeSpace opened a Community Center between the two residences. Unfortunately, due to the pandemic, the community center was largely unused until early 2022, with full programming only being realized in mid-2023.

The parameters for accessing this housing are stringent and focus on providing care and resources to the worst off. (The Board of Directors of HomeSpace believe that by lifting up those at the bottom, they are better able to support the entire queer senior population of the city. In practice, this results in several problematic issues that will be addressed in later chapters.) For the first building, residents must be 55 years or older, and at the second location residents must be 62 or older. Individuals are only selected for the housing program if their income does not exceed 50% of the Area Median Income (meaning half of the households in a region earn more than the median and half earn less than the median). Of the 117 units at HomeSpace, 15 are set aside for formerly homeless individuals and 14 others are reserved for formerly homeless with HIV. While I was working with HomeSpace, they received funding and permits to construct a 15-story residential tower close to their existing campus. The new building will be able to house 250 more residents.

A key element of HomeSpace' success is their use of a volunteer system that is disaggregated and adaptive to the needs of community members. While HomeSpace provides housing for some seniors, they ultimately serve over 1,000 community members throughout the city by assisting with housing issues, social programming, navigating technology, transportation, home-delivered meals, in-home care, and case management. This is complemented by online and in-person discussion groups for different demographics and social events that are open to all members, including Drag Bingo, Rainbow Lunches, Intergenerational Brunches, and assistance with attending events like Pride, in which the organization always has a large contingent leading the parade.

HomeSpace's biggest source of labor is the volunteer program, with over 500 volunteers signed up to assist LGBTQ+ seniors throughout the city. HomeSpace uses an app called

MonAmi to post volunteer opportunities. Volunteers can see the task that is requested, the name and identities of the senior in need, their preferred contact method, and the date and time that the task needs to be completed by, or the time at which the task needs to happen for scheduled events like taking someone to an appointment. The opportunities are extremely varied, but the most common requests are for grocery delivery, assistance getting to appointments, help with packing groceries from a foodbank each week and delivery of those groceries to seniors signed up for the program, and helping to set up or host events at HomeSpace. The organization also connects seniors with volunteers to serve as Friendly Visitors (or Callers for those that just want someone to speak with by phone). I completed many tasks as a volunteer that do not fall into these categories though, including conducting repairs at HomeSpace, filling in for receptionists, picking up clothing for someone in hospital, ordering items online for technology-averse community members, and acting as a tech assistant for online group meetings. When completing a job for a specific community member, volunteers are usually asked to help with other needs, which could include moving furniture, organizing medications, cleaning, or helping someone navigate technology. The app records your activities and each completed task makes a happy digital plant grow. For people who do not or cannot use smartphones, each task is also texted to volunteers.

In terms of my research participants, I conducted 43 structured, in-depth interviews, capturing a wide range of narratives from LGBTQ+ elders, caregivers, organizational staff, and volunteers. Of these, 22 were with gay men, 16 were with lesbians, 4 were with transgender women, and 1 was with a trans man. While I initially sought participants over the age of 65, I quickly realized that many LGBTQ+ people in San Francisco begin to experience the effects of older age past 55. This is partially because of longterm HIV survivorship, which can lead to

earlier physical and cognitive declines. The effects of lifetime economic and social marginalization can also lead to premature aging.

The in-depth interviews reflect the broader demographics of San Francisco in terms of ethnicity, socio-economic backgrounds, and housing status. White individuals made up the majority of the sample. Among participants of color, Asian Americans (primarily of Filipino and Chinese descent), Hispanic individuals (mostly of Mexican background), and Black participants (about evenly split between African Americans and African immigrants) were represented in roughly equal numbers, together comprising about half of the interviewees.

I became friends with many of the interview participants and so my interactions with them often extended far beyond what was collected in official research interviews. While some participants had the financial means to age in place and support themselves until end of life, the interview sample includes more participants who rely on government subsidies or who are living close to the poverty line than the larger San Francisco senior population. This is again largely due to lifetime economic and social marginalization experienced by many participants. It is also likely the result of the organizations I worked with and my own socioeconomic and social standing. I certainly have various levels of privilege due to different aspects of my identity, but at the age of 40, I've still never earned over $50,000 a year and I have a deep empathy for the experience of financial precarity.

This focus emerged not only from participant demographics but from the form of the fieldwork itself. My research centered queer aging as it unfolded in relation to economic precarity and uneven access to care in San Francisco's urban core, especially in neighborhoods like the Tenderloin, SoMa, and the Castro. While not all of my interlocutors faced financial instability, the research disproportionately engaged those whose aging experiences were shaped

by structural vulnerability, housing precarity, and reliance on community-based services. This was not incidental. It reflected the organizations I partnered with, the neighborhood I lived in, the areas I frequented, and the social networks I engaged with during fieldwork. There are certainly affluent queer elders in the Bay Area, some with homes in places like Tiburon or Presidio Heights, but they were less visible in the spaces I moved through. This project, therefore, does not offer a representative account of all older LGBTQ+ lives in the Bay Area. Many of my interlocutors were subject to material constraints and relied on institutional supports. But many others were also solidly middle class and a few were extremely wealthy.

These formal interviews were complemented by dozens of informal conversations shared during volunteering, at bars, at line-dancing events, and in spontaneous moments after workshops or meals, which offered insights into participants' day-to-day lives and emotional characters. More information about the informal interactions and venues where I spoke with LGBTQ+ elders as well as queer people across the age spectrum will be discussed throughout the chapters and explicitly in the conclusion. I also documented over 300 hours of participant observation across events, workshops, meetings, and daily routines at both the Center and HomeSpace. These engagements helped create a robust ethnographic archive through which to analyze how aging, identity, kinship, housing insecurity, and institutional care practices intersect in the lives of queer elders. The interviews resulted in over 400 pages of transcription. I employed a hybrid coding approach that combined inductive and deductive methods applied using Atlas.ti software. This allowed me to identify emergent themes from participant narratives while also engaging with pre-established concepts drawn from queer theory, aging studies, and medical anthropology.

To capture a broad and diverse range of individuals for the research, I utilized a variety of recruitment methods. Volunteering with LGBTQ+ organizations was particularly beneficial for recruiting participants. Most interviewees were excited about the project and as a result,

Image 4 Recruitment poster.

snowball sampling was also an important factor in meeting new potential respondents. I also joined and posted to an array of LGBTQ+ Bay Area Facebook groups. Recruitment flyers were placed at LGBTQ+ organizations and social venues in San Francisco, Oakland, and Berkeley. I also reached out to a variety of healthcare workers and gerontologists at the University of California, San Francisco and Zuckerberg San Francisco General Hospital.

Throughout this process, I remained attentive to the ethical dimensions of my work and my own positionality. As someone who shares overlapping identities with many of my participants, I approached the field not just as a researcher, but at different times as a friend, co-witness, and community member. I regularly reflected on my presence in the field, the power dynamics involved in knowledge production, and the responsibilities that come with documenting lives shaped by both resilience and systemic neglect. Rather than approaching fieldwork as extractive, I aimed to cultivate relationships rooted in reciprocity and mutual care,

recognizing the ways in which research itself can become a form of relational labor and community engagement. Specific ethical concerns, particularly with regard to institutionally-mediated relationships are discussed as part of Chapter 1.

My positionality, as with anyone's, offered both access to and exclusion from different venues, groups, and organizations. Being a gay man gave me a degree of access to gay men and their social worlds that I could not expect from lesbians and trans people. My age (37-39 years old during the research period) often helped me garner acceptance with seniors that may not have been available to a younger researcher. Prior to the research period, I was concerned that being white would hinder my ability to connect with people of other ethnicities. However, this was generally not the case and I found a degree of interest and openness from Asian American, Hispanic, and Black individuals that was reassuring. I did find that connecting with the Black LGBTQ+ community in Oakland was complicated by my racial identity. Language barriers restricted my ability to speak with certain members of the Chinese-American and Hispanic communities. Through building rapport with both staff and community members at LGBTQ+ organizations and personal friendships with members of the LGBTQ+ community, the range of individuals I was able to interact with was extremely diverse. That being said, some lesbians and trans people were suspicious of my role as a researcher, sometimes seeing my efforts as extractive. Some questioned whether a gay man could fully understand the experiences of lesbians or trans individuals. These instances were, fortunately, a rarity.

I identify as non-binary/male or what is sometimes referred to as mascflux or mascfluid. In general, I present as male but have never fit well into the prescribed boxes offered by traditional American configurations of "male" or "female," and was never strongly encouraged to do so by my parents or others growing up. I am privileged by the fact that I can "pass" as

straight in some circles and masculine in gay male contexts. This is not something I aim to do, but experiences with violent assault have made me conscious of how to adapt to a variety of settings that may not be welcoming otherwise.

Certain aspects of my character clearly helped me build rapport or increased my credibility with various interlocutors. That is, being sexually uninhibited, understanding the personal complexities of being an addict, and having familiarity with having and being around mental illness often discernibly helped my respondents feel more relaxed and willing to discuss various aspects of their own lives. At the risk of sounding self-congratulatory, I was also put at an advantage in certain situations by being a somewhat attractive young(ish) guy, being well-educated, and by having experience living in a variety of international and domestic locales. While I am certain there are other personal qualities that helped or hindered my endeavors, I am likely unaware of them and those stated here should suffice as a protestation of my overall positionality while in the field.

My role in the field and the relationships it shaped forms the backdrop to each chapter that follows. While the form and focus of each vary, they are all grounded in the ethnographic contexts I've described. What follows is not just a presentation of data, but an effort to understand queer aging as it was lived and negotiated across different institutional and interpersonal settings.

Dissertation Structure

The dissertation unfolds across three chapters. While each chapter centers on a distinct thematic focus—kinship, generational tension, and gendered disparity—they are united by a broader concern with how institutional systems, shifting cultural norms, and uneven access to care shape the everyday experiences of queer aging.

Chapter One examines the institutional scaffolding that mediates queer caregiving networks, asking what forms of care emerge when conventional family ties are absent and community services are unevenly distributed. Through close attention to housing programs, healthcare crises, and the exhausting circuits of paperwork and compliance, I show how queer elders cobble together fragile support systems within and against the constraints of social service infrastructures. What I term "ad hoc kinship" refers to the kinds of caregiving relationships that arise near the end of life not through deliberate choice or enduring affinity, but through proximity, need, and shared identity. These are kinship formations born of urgency and shaped by who is available rather than who is ideal. Drawing on Kath Weston, Marshall Sahlins, Carol Stack, and recent work on queer mutual aid, I argue that these networks take shape within the gaps and contradictions of institutional care. They are improvised in response to need, sustained through relational labor, and shaped by the constraints of organizational structure and uneven support.

The chapter is anchored by the story of Eddie, a gay elder living with multiple chronic illnesses whose daily life depended on an ever-shifting constellation of volunteers, social workers, aging peers, and tenuous family connections. His case exemplifies how ad hoc kinship sustains queer elders in the absence of institutional reliability or familial support. Eddie's story makes visible how queer caregiving relationships, though often deeply felt, are shaped and constrained by the nonprofit structures and professional boundaries that both enable and limit their formation. As chosen families age, the burden of care falls increasingly on volunteer labor and informal ties.

Ultimately, this chapter argues that ad hoc kinship offers a critical lens through which to understand not only how queer elders survive amid the failures of formal care systems, but also

how we might reimagine the broader landscape of eldercare itself. These improvised, often tenuous caregiving arrangements reveal both the ingenuity and the precarity of aging in queer community. They are held together by shared history, urgency, and relational labor rather than normative structures of family or formal institutional contract. Rather than treating these networks as peripheral or inconsequential, I argue that they deserve recognition as legitimate, if fragile, forms of kinship that demand structural support. Policies must move beyond the assumption of nuclear families or paid caregiving models and begin to engage seriously with the care work already unfolding in queer communities. In tracing these dynamics, I call for a more expansive, structurally supported vision of kinship that accounts for the uneven conditions under which queer caregiving unfolds in an urban setting like San Francisco.

Chapter Two examines the generational frictions that arise through language, gender, and politics in contemporary queer community spaces. These tensions surfaced frequently during my fieldwork at the Center and HomeSpace, where older and younger LGBTQ+ participants navigated intergenerational programming that was as much about negotiating cultural shifts as it was about building solidarity. Rather than framing these conflicts as misunderstandings or failures of empathy, I approach them through the frameworks of performativity, affect, and language politics. Drawing on Susan Stryker and Judith Butler, alongside linguistic and cognitive research on language acquisition in older adulthood, I explore how shifts in gender discourse and linguistic norms can leave some elders feeling alienated, scrutinized, or left behind. Sara Ahmed's concept of the "affect alien" and Deborah Cameron's work on verbal hygiene are used to frame these dynamics as not just about knowledge gaps, but about moral evaluation, emotional labor, and the politics of being seen as trying hard enough. In conversations where elders voiced confusion, hesitation, or resistance around evolving gender language and younger participants

expressed exhaustion and frustration, I trace how language becomes both a site of generational rupture and a demand for compliance. Elders in these moments did not simply represent the past. They revealed the tensions of the present moment and complicated neat narratives of queer advancement and inclusion.

Chapter Three turns to the gendered dimensions of LGBTQ+ aging, highlighting how older gay men, lesbians, and transgender elders experience aging in distinct and often unequal ways. Drawing on Margaret Cruikshank's critique of heteronormative aging frameworks, as well as Kimberlé Crenshaw's foundational work on intersectionality and more recent critiques of identity-based approaches to policy and care, I examine how institutional logics shape the visibility and distribution of support among queer elders. While older gay men in San Francisco often maintain intergenerational networks and remain embedded in queer social life—benefits shaped by historical caregiving structures formed during the AIDS crisis and enduring cultural scripts of gay male sociability—these advantages are not universally shared. Working-class gay men and those with limited social capital face substantial vulnerability. Older lesbians are more likely to encounter economic insecurity and social isolation, due in part to the erosion of lesbian-specific spaces and shifting gender norms that have unsettled former sources of recognition and belonging. Trans elders face some of the starkest challenges, including medical neglect, economic marginalization, and exclusion from both mainstream aging services and newer modes of queer activism. These disparities are not merely demographic but structural, reflecting how intersectional frameworks are taken up unevenly within institutions and how care is differentially distributed across categories of gender, generation, and historical legibility.

Taken together, these chapters trace how queer elders endure and adapt in the face of structural neglect, generational conflict, and institutional ambivalence. This project is not just

about documenting hardship, but about illuminating the practices of care, resistance, and world-making that arise within these constraints. In a city that continues to celebrate its queer past, this dissertation asks what it takes to survive queerly into the future, and who gets left behind in the process.

Beyond detailing the ethnographic dynamics explored in each chapter, this dissertation contributes to queer kinship studies, medical anthropology, and aging research by introducing new concepts, methodological insights, and grounded reflections on care and survival. Rather than framing queer aging as a demographic trend, this project understands it as shaped by relational labor, vulnerability, and the day-to-day practices that make survival possible. These practices are often informed by histories of collective trauma and community responses. Most notably, the enduring legacy of the AIDS epidemic shaped not only who survived, but how caregiving, kinship, and memory came to be structured.

One of the central theoretical contributions of this project is the articulation of ad hoc kinship, a term I use to describe caregiving arrangements that are neither fully institutional nor entirely discretionary. Instead, they are forged through circumstance, proximity, shared identity, and practical necessity. These are not enduring chosen families or formal caregiving contracts. I examine the affective and logistical labor these relationships require, along with the burnout, ethical tensions, and institutional challenges they often involve.

While improvised kinship formations reveal how care is organized under conditions of constraint, they do not fully capture the affective and ideological frictions that unfold between generations. These tensions, arising from language, politics, and recognition, mark another crucial axis of queer aging. For many older trans women in the study, aging was not just about

accessing care but about remaining legible in shifting gender landscapes. Their stories highlight how recognition and exclusion are constantly negotiated in light of changing community norms.

The dissertation also intervenes in how we think about generational tension in LGBTQ+ communities. Rather than framing intergenerational conflict as a failure of empathy or reactionary thinking, I view it as a structural and affective dimension of queer social life. Drawing on Mannheim's concept of generational consciousness and linguistic research on ideological uptake, I explore how elders and younger queer people often bring profoundly different expectations to conversations around recognition, identity, and political belonging. These differences reflect deeper disconnections in knowledge, experience, and ways of understanding social change. Many elders feel caught between the shifting terrain of queer discourse and the moral expectations it now carries, while younger people often express exhaustion with being asked to teach, explain, or tolerate what feels like willful resistance. In these moments, queer elders are not simply relics of the past, but figures who trouble sanitized and straight-forward narratives of progress and inclusion.

These theoretical concerns rely on a method that could attend not only to institutional structures and historical narratives, but to the subtle moments through which queer aging unfolds in everyday life. Over the past several decades, queer care networks in San Francisco have transitioned from grassroots mutual aid to increasingly institutionalized forms of support. While this shift has brought stability, it has also introduced bureaucratic constraints that reshape the ethics and availability of care.

Methodologically, this dissertation demonstrates the power of ethnography to illustrate the layered, often contradictory realities of queer aging. Through two years of participant observation, interviews, and fieldwork at sites like HomeSpace and the SF LGBT Center, I

traced how care is practiced, negotiated, and sometimes withheld in everyday life. Ethnography illuminated the informal systems and everyday work that support queer elder survival. It also captured the emotional complexity of caregiving. This approach reflects the ability of ethnography to resist abstraction, attend to contradiction, and observe lived realities.

Practically, this research offers insights for reimagining caregiving systems that too often rely on invisible labor while offering little in return. By documenting how institutions lean on volunteerism, informal support, and kin-like ties without supporting them better, I argue for policy frameworks that recognize the care already happening in queer communities. This work also speaks to intergenerational engagement, urging solidarity rooted not in nostalgia, but in material reciprocity and shared political commitments. In these ways, the dissertation contributes not only to academic debate but to broader conversations about what it would take to build livable futures for LGBTQ+ people growing older.

Further policy recommendations and practical implications for caregiving institutions, service providers, and community-based programs are explored in greater detail across the dissertation's chapters. These interventions emerge directly from the ethnographic material and speak to the structural changes needed to support queer elders and caregivers more effectively.

This project does not attempt to produce a unified theory of queer aging, nor does it frame aging as a narrow demographic issue. Instead, it traces how elders navigate care, generational conflict, and institutional relationships through practices that are improvised, contingent, and adaptive. The chapters that follow trace how these dynamics unfold unevenly across kinship, gender, and generation, asking what forms of responsibility, recognition, and survival become possible in their wake.

Chapter 1
Beyond Chosen Family: Ad Hoc Kinship and LGBTQ+ Eldercare

Introduction

Arriving in San Francisco as an eager student of anthropology, I am both nervous and excited to begin research activities. I am unaware that one of my first duties as a volunteer with HomeSpace, a nonprofit housing and community center that works with LGBTQ+ seniors in the city, would also become one of my more intense relationships with a respondent. On a gusty, grey weekday in February 2022, I traversed the Civic Center plazas between my Tenderloin apartment and the mid-Market area where Eddie, a 57-year-old White gay man, lives in a recently constructed high-rise of glass and steel overlooking Market Street, the City's main thoroughfare. Half a dozen floors up and through a maze of hallways, I'm approaching Eddie's place.

For once appreciative of the face mask that I'm wearing and which are still required in most spaces in San Francisco, the aroma of warm garbage has me slightly dreading the task at hand: making a grocery list with Eddie, picking up those groceries at Trader Joe's a couple Muni stops away, and bringing them back. I turn a corner and see a door with three full garbage bags resting outside of it—Eddie's place. I question how the neighbors put up with the stink but assume someone must dispose of the bags relatively frequently. I knock and hear an excited "Come in!" from the interior. Eddie keeps the door unlocked because it's an exertion for him to walk across the apartment. Entering, I'm instantly overcome with an olfactory blend reminiscent of a neglected hospital ward: spoiled food, the acid tang of digestive upset, and the unmistakable and instantly aversive aroma of illness. I try to get my bearings and keep from being too dismayed as Eddie trundles over to say "Hello!" He's a shorter man with a round belly, milky

blue eyes, and a big grin dotted with missing teeth. He has a few wispy grey hairs on his bald pâte, and his voice is oddly evocative of Winnie the Pooh as he asks me about myself.

We take seats at a high-top table covered with papers, office supplies, and prescription instructions. The entire apartment is in a state of disarray. Besides his mobility issues, he has also lost much of his vision and uses accessibility features to navigate his phone. The carpeting throughout is unevenly scattered with bits of food, scraps of paper, and other detritus—a mess that Eddie can neither see nor clean up himself. There'd be no hope of simply vacuuming it up; the bits are ingrained in the plush. Every surface is scattered with random ephemera and objects that Eddie uses throughout the day or accrues at his medical appointments and nurse's visits. Around the kitchen are larger scraps of food as well as cups and plates half-cleaned. Shining through this clutter are various dummy heads wearing sequined masks, colorful boas, and feathers like one might see at Carnivale.

"I used to produce costumes for theater shows," he tells me. "I made costumes for the opera, for drag queen friends, all sorts of events!" He gets an obvious thrill telling me about some of the more risqué burlesque events he worked on. Despite his disheveled appearance and apparent illnesses, he's still a charmer who gets a kick out of making bitchy puns using local politicians' names (London "Broil") and evaluating male celebrities.

Eddie didn't just ask for help—he invited me into his routines. He teased me about being a "gerontophile in sheep's clothing," joked about his own condition with theatrical flair, and insisted I sit down and share tea even if we both knew I didn't have the time. "You've been promoted to assistant," he told me once, waving a sock in my direction like a scepter. These weren't just signs of dependence—they were gestures of mutuality, of shaping a space together.

He gave me stories, laughter, a kind of consent to see him up close. It wasn't symmetrical care, but it was relational. It mattered.

Assembling the grocery list takes some effort since Eddie is clearly a bit high on prescription pain killers and, I assume, cannabis given the large water bong sitting on the table between us. I help by checking what items he has in stock and what might be spoiling. He asks for strawberries, chicken broth, Gatorade, two gallons of water, pickled ginger, ice pops, and wafer cookies. His childlike attitude is reflected in his gastronomic predilections. He's also limited in what he can eat by his medications.

We go over the list five times to make sure he's remembered everything. Before heading out, I'm asked search for his wallet in the bathroom. It's a large room but with no window. There are bath products and medications scattered everywhere along with various support bars to help Eddie get off the toilet and out of the shower. Returning with the wallet, I'm told to search for his EBT card. It feels oddly intimate and invasive to be looking through a stranger's cards and credentials.

We agree that I'll give him a call from Trader Joe's if there are any issues with the grocery shopping. I end up spending half the trip on the phone with him because the store is out of some products, and this affects other items on his list. By the end of it, I'm carrying two bags that, with the weight of all the liquids, weigh about thirty pounds apiece. I'm sweating profusely as I return to Eddie's apartment. He's excited to have fresh foods in the house and is clearly enjoying chatting with me. I sit back down at the table after putting the groceries away in the refrigerator. Eddie is busy trying to read a prescription bottle.

"What are these ones?" he asks, holding a blister pack of tablets out toward me. "And these?"

I'm rather astonished at this haphazard system of medication management. Explaining what one set of pills does, he mentions that he's been HIV positive for twenty years, a longterm survivor. It's diabetes that caused his loss of sight and painfully swollen legs, hence the compression socks. Despite these ailments and their attendant symptoms, Eddie is gregarious, witty, and very much concerned with current affairs in the city and its gay community. Before he became too ill, he volunteered intensively with LGBTQ+ organizations in San Francisco, I learn. (I would be reminded of this months later when I come across his photo at a non-profit that I worked with.) He speaks about his work with these "orgs" as though he's headed back to volunteering later that day. And he tells me about an opera performance coming up that he's looking forward to attending with his boyfriend, a man in his late twenties from Brazil. I'm surprised by this, not because of the apparent age difference, but because I'm left wondering why the boyfriend doesn't seem to offer more assistance. Eddie tells me about his niece that often comes to stay from out of town as well, and the parade of nurses and social workers who are always visiting him. I find it hard to imagine these people would let him remain in such a squalid apartment without vacuuming, wiping down the kitchen, or getting his medications organized. Everyone's busy with their own lives, I suppose.

Eddie's story highlights the ways that LGBTQ+ elders in San Francisco build support networks in later life in the absence of traditional family structures or sustained chosen family arrangements, through reliance on what I refer to as ad hoc kinship. Ad hoc kinship differs from biological kinship, chosen family, and even fictive kinship by emphasizing the ways caregiving relationships emerge out of a combination of necessity, circumstance, and shared social positions, particularly identities shaped by marginalization and community affiliation. Unlike chosen family, which is explicitly intentional, or fictive kinship, which implies a deliberate

inclusion within family boundaries (such as godparents), ad hoc kinship is marked by the contingent interplay of chance, need, and LGBTQ+ identity. Individuals find themselves bound together by circumstance, being in the same community, facing similar forms of marginalization, or connected through institutional networks rather than deliberate choice. By emphasizing improvisation and practical responsiveness, ad hoc kinship highlights how individuals navigate uncertain circumstances and construct meaningful relationships that serve immediate, pragmatic needs. This approach draws upon anthropological and sociological scholarship on caregiving, queer relational practices, and mutual aid, illuminating how supportive ties dynamically arise under conditions of shared precarity.

The concept of ad hoc kinship builds upon foundational queer kinship studies, particularly Kath Weston's influential examination of chosen families. Weston (1991) described the formation of kin-like bonds among queer people as conscious responses to estrangement from traditional biological families. Unlike chosen families, ad hoc kinship does not primarily arise from explicit intention but rather from situational necessity and immediate practical responsiveness. It resonates more closely with Carol Stack's (1974) notion of fictive kinship, which highlights the formation of reciprocal care relationships among marginalized groups experiencing socioeconomic precarity. Recent scholarship (Levin et al., 2020; Plaster, 2023) further supports the significance of mutual aid within queer communities, emphasizing how caregiving networks often arise spontaneously out of urgent needs rather than planned affiliations. This scholarship reinforces my observations of institutional contexts shaping queer kinship, as mutual aid networks are frequently formalized through nonprofit structures, shifting the nature of care and altering kinship dynamics.

It is essential to place these relationships within broader historical transformations, specifically the shift from informal mutual aid common among queer communities in the 1980s and 1990s to increasingly formalized structures today. The rise of NGOs and community-based organizations reflects a significant shift in how queer communities organize care and mutual support. Unlike earlier networks, which relied heavily on informal solidarity and interpersonal intimacy, contemporary practices often involve bureaucratic frameworks, professionalization, and institutionalized protocols. My ethnographic experiences with NGOs in San Francisco that work closely with LQBTQ+ elders illustrates these tensions: while institutionalization enabled more consistent and structured support, it simultaneously introduced new constraints, hierarchy, and altered relational dynamics. The spontaneity and immediacy characteristic of earlier mutual aid forms became partially supplanted by institutional processes and the power relationships inherent within them.

Thus, "ad hoc kinship" precisely names relational formations that emerge at the intersection of institutional constraints, immediate practical necessity, and contingent social encounters. These relationships are neither entirely voluntary nor solely defined by institutional pressures; instead, they reflect a nuanced and context-sensitive relationality shaped concurrently by organizational structures and urgent lived realities. Throughout this chapter, and explicitly in subsequent chapters, I connect the concept of "ad hoc kinship" to broader academic conversations within queer studies, kinship theory, and mutual aid scholarship, highlighting how institutionalization both restricts and creates distinct possibilities for relationality.

Through two years of ethnographic engagement with LGBTQ+ seniors in San Francisco (2022–2023), it became clear that these elders rely extensively on diverse formal and informal care networks. Eddie's experience, marked by isolation, mobility issues, vision loss, and

dependence on volunteer caregivers, exemplifies the critical role of ad hoc kinship in bridging caregiving gaps. Despite San Francisco's relatively accessible medical and social services, bureaucratic rigidity frequently impedes marginalized seniors' ability to access care, exacerbating their vulnerabilities and necessitating ad hoc solutions.

Ultimately, this chapter argues that ad hoc kinship provides a valuable conceptual framework not only for understanding the lived realities of LGBTQ+ seniors but also for rethinking eldercare models more broadly. As global populations age and traditional family structures evolve, recognizing and supporting these informal caregiving relationships is increasingly vital. Integrating ethnographic narratives and theoretical insights, this chapter contributes to ongoing academic discussions on queer kinship, mutual aid, and aging, advocating for inclusive policies attentive to diverse caregiving configurations.

Rethinking Kinship

Conceptions of kinship outside of biological relations are nothing new in the ethnographic record. Emile Durkheim addressed the reality of kinship as a social construct, asserting that "kinship organization expresses something completely different than genealogical relations…. It essentially consists in juridical and moral relations sanctioned by society. It is a social tie or it is nothing." (1898). Surveying the ethnographic record on *What Kinship is— and is Not,* Marshall Sahlins (2013) provides myriad examples of non-biological kinship structuring across cultures. He argues that, whether biologically, juridically, or socially constructed, kinship relies on a “mutuality of being,” meaning that individuals within a kinship group are intrinsically part of each other's existence, sharing a deep sense of belonging and interconnectedness. This mutuality of being can be organized genealogically or socially: “One may be kin to another by being born on the same day (Inuit), by following the same tabus (Arawete), by surviving a trial at

sea (Truk) or on the ice (Inuit), even by mutually suffering from ringworm (Kaluli)" (68). Through whatever circumstances or social positioning are used to form kin bonds, Sahlins is clear: "kinship is culture, all culture" (89).

When I first began volunteering to help Eddie, a longtime San Francisco resident, I quickly found myself navigating more than just practical caregiving tasks. Eddie's vibrant past, filled with creativity, costume-making for theater, and drag culture, contrasts starkly with his present-day challenges of mobility issues, deteriorating vision, and increasing isolation. Yet, beyond his individual story, Eddie's experiences illustrate a broader phenomenon: LGBTQ+ elders frequently rely upon intricate networks of care that do not neatly align with traditional familial categories or even established queer kinship concepts such as chosen families. To better capture these relationships, I propose the concept of ad hoc kinship.

Anthropologists and queer theorists have long documented diverse forms of kinship beyond biological ties. Kath Weston's foundational notion of "chosen families" (1991) emphasizes intentional relationships formed among queer people, often in response to rejection or estrangement from legal and biological families. These chosen networks, rooted in conscious choice and emotional bonds, continue to be essential sources of support. However, through my ethnographic encounters, I observed relationships among queer elders that diverge from this intentionality. Many connections emerge spontaneously, driven by immediate practical needs and shared experiences of marginalization rather than by deliberate, sustained choice.

Anthropological literature on fictive kinship further enriches an understanding of how non-biological ties expand caregiving networks and sustain marginalized communities, underscoring kinship as inherently flexible and socially constructed rather than biologically predetermined. Carol Stack's ethnography, *All Our Kin: Strategies for Survival in a Black*

Community (1974), vividly depicted how fictive kin structures within marginalized communities create vital, informal networks of economic and emotional support, enabling survival amidst precarity and systemic neglect. Similarly, contemporary scholarship highlights the centrality of mutual aid within queer communities, illustrating how these networks spontaneously emerge from shared vulnerabilities and pressing, pragmatic needs. For instance, Levin et al. (2020) describe how queer and transgender youth spontaneously form caregiving relationships, driven by immediate experiences of familial rejection, health crises, and housing instability. Likewise, Plaster's (2023) recent ethnographic study on informal support networks among runaway and homeless youth in the Tenderloin underscores how these queer youth rely on mutual aid systems that are at once informal, precarious, and vital to their daily survival.

These insights from anthropological and queer kinship studies directly illuminate my conceptualization of ad hoc kinship, which emphasizes relationships arising out of immediate circumstances and necessity rather than deliberate choice or stable institutional arrangements. Crucially, recent research in the realm of trans social theory (Aizura et al., 2020) demonstrates how institutionalization, through nonprofit structures, social services, or formal caregiving programs, often transforms queer kinship practices. Institutional frameworks may reinforce ad hoc kinship by providing legitimacy and stability, yet simultaneously alter their fundamental character through bureaucratic procedures, hierarchies, and administrative constraints. Thus, ad hoc kinship emerges as a particularly dynamic and nuanced relational formation, shaped by a complex interplay of institutional pressures and immediate practical realities, illuminating both the resilience and constraints faced by LGBTQ+ elders navigating systems of care and mutual support.

While Carol Stack's (1974) findings closely parallel the caregiving practices I observed, they still imply a degree of intentional inclusion into familial networks. In contrast, ad hoc kinship underscores spontaneity and contingency, arising from immediate practical demands, proximity, and institutional circumstances rather than deliberate choice alone. Recent queer scholarship on mutual aid (Levin et al., 2020; Plaster, 2023) aligns with my observations, noting how caregiving often emerges organically out of urgent necessity, rather than through premeditated kinship arrangements. Even though ad hoc kinship diverges from biological or intentionally chosen kin structures, it still frequently employs metaphors and terminology—such as "caregiving," "elder," "queer family," or sibling lingo—that echo biological kinship, thus emphasizing kinship's socially constructed nature.

My research also addresses how historical shifts, specifically the institutionalization of queer mutual aid through NGOs and community-based organizations, transform caregiving dynamics among LGBTQ+ elders. Whereas earlier queer support networks thrived on informal solidarity, intimacy, and spontaneous mutual aid, today's caregiving is increasingly managed within structured, bureaucratic systems. My experience volunteering with community organizations made clear that institutionalization simultaneously stabilizes and constrains caregiving relationships. The introduction of hierarchical procedures, professional caregivers, and institutional protocols has reconfigured the very fabric of queer relational practices, sometimes limiting spontaneity and intimacy.

Eddie's daily reality vividly exemplifies ad hoc kinship in action. His care is provided by a diverse array of actors—volunteers, social workers, biological relations, peers, and healthcare professionals whose interactions are predominantly shaped by urgency, shared vulnerabilities, and proximity rather than intentional and stable familial bonds. Thus, ad hoc kinship

encompasses a fluid and pragmatic network responding dynamically to the immediate needs of aging queer individuals in an urban environment.

Throughout this chapter, I integrate theoretical discussions, personal narratives, and ethnographic insights to examine how ad hoc kinship sustains LGBTQ+ elders in San Francisco. By theorizing these contingent caregiving networks, I argue that ad hoc kinship not only provides essential, if often tenuous, support for marginalized seniors but also exposes the structural gaps and ethical tensions embedded within volunteer-driven eldercare. As chosen families age alongside one another and formal institutions impose bureaucratic constraints, ad hoc kinship emerges as an improvisational mode of care—necessary, yet precarious, shaped by urgency rather than longterm stability. At the same time, reliance on volunteer labor raises critical questions about sustainability, uneven access, and the emotional toll on both caregivers and care recipients. These dynamics complicate the prevailing narratives of resilience and mutual aid, underscoring the need for policies and institutional frameworks that recognize and reinforce the caregiving work already happening within queer communities. In tracing these complexities, this chapter argues for a more expansive and structurally supported vision of kinship, one that attends to the evolving realities of aging while resisting the erasures and exclusions that continue to shape the terrain of eldercare.

LGBTQ+ Senior Care Networks in San Francisco

San Francisco is an urban hub with a rich LGBTQ+ history and a well-resourced non-profit landscape that can provide LGBTQ+ seniors with access to medical, financial, and social resources largely unavailable across the United States, barring major urban centers. The city has long been recognized as a locus of LGBTQ+ activism and community formation. From the gay liberation movement in the 1970s to the response to the AIDS epidemic in the 1980s and 1990s,

San Francisco's history is intertwined with LGBTQ+ resistance, resilience, and mutual support. Many aging LGBTQ+ individuals were directly involved in these historical movements, which provided them with deep connections and community ties that continue to be important today. These networks often serve as alternative support systems for those who lack traditional family structures. This legacy also led to the establishment of numerous LGBTQ+ organizations and services that specifically cater to the needs of this community, such as HomeSpace and the SF AIDS Foundation. Aging LGBTQ+ individuals benefit from these culturally competent services, which often provide housing assistance, healthcare, social support, and peer-led activities.

This deep history of activism, community formation, and mutual support is inseparable from the collective trauma and resilience forged during the AIDS crisis, a defining period that profoundly shaped the lives and perspectives of many LGBTQ+ seniors in San Francisco. The gay male population in the United States was literally decimated by the virus, with 10% of gay men succumbing to HIV/AIDS by the time effective treatments became available in 1996 (Rosenfeld, 2018). This experience has left lasting trauma but also forged profound bonds and solidarity among survivors, many of whom continue to support each other as they age.

The crisis also influenced how LGBTQ+ seniors understand and approach caregiving. Many were caregivers or received care during the height of the epidemic, which shaped their expectations of care as they age. This shared history creates a sense of solidarity but also carries an emotional burden, as older LGBTQ+ individuals often relive these traumas while dealing with the realities of their own aging. Many people assumed they would die from AIDS and failed to plan or save for later life. Having faced discrimination and neglect from mainstream healthcare during the AIDS epidemic, many LGBTQ+ seniors are cautious when accessing medical services. Their experiences have produced a strong culture of healthcare advocacy within the

LGBTQ+ community, but mistrust of healthcare workers and government agencies as well as persistent trauma from the AIDS crisis remain significant barriers.

While the AIDS epidemic shaped how LGBTQ+ seniors approach caregiving and healthcare, the economic realities of aging in San Francisco can complicate such efforts. San Francisco's status as a tech and economic hub has led to skyrocketing housing prices and living costs, which disproportionately affect aging LGBTQ+ individuals, many of whom rely on fixed incomes. This economic pressure often forces them to move away from historically safe and supportive neighborhoods, resulting in social isolation and displacement. Areas like the Castro, once seen as a haven and cultural center for LGBTQ+ people, have become increasingly gentrified. Older queer neighborhoods, like the Tenderloin (the city's Transgender District) and Polk Gulch, experienced an increase in open-air drug dealing, homelessness, and crime during the Covid-19 pandemic that has made it more difficult and dangerous for seniors to leave their homes. These street issues have caused many businesses to abandon the Tenderloin, further isolating its residents. This displacement erodes the sense of community and historical continuity that many aging LGBTQ+ individuals relied upon. Losing these familiar spaces also makes it harder for seniors to access the services and social networks that were once centered in these neighborhoods. Queer elders who face economic insecurity may struggle to access affordable housing, healthcare, and other essential services. This economic reality shapes their aging experiences, often limiting their ability to remain independent or access culturally competent care.

San Francisco's reputation as a progressive city has made it a magnet for LGBTQ+ people, including older adults who may have relocated to find a more accepting and affirming environment. The city's generally inclusive attitude allows many LGBTQ+ seniors to live openly

and authentically, which positively impacts their well-being. However, while SF is often progressive, aging LGBTQ+ individuals may still face ageism within queer spaces that prioritize youth and visibility, an issue addressed in later chapters. This can create a sense of exclusion or invisibility for seniors, making it challenging to find support and connection even within their own community.

The rapid evolution of gender and sexuality norms in recent years can be alienating for some older LGBTQ+ individuals who feel disconnected from contemporary conversations and expectations around pronoun usage and non-binary identities. The generational gap creates tension and a sense of separation, as older individuals feel their identities and histories are being overlooked. Some older LGBTQ+ people feel disconnected or judged by younger generations who advocate for contemporary gender politics and norms that feel unfamiliar or unrelatable. Simultaneously, the historical and cultural context of San Francisco fosters strong intergenerational relationships within the LGBTQ+ community, with older individuals often mentoring younger generations and passing down knowledge of past struggles and victories. These intergenerational connections serve as vital support networks and provide a sense of continuity and community belonging.

Due to its long history of LGBTQ+ advocacy, San Francisco has developed a robust infrastructure of specialized services for queer seniors, such as housing programs, healthcare services, and community centers. These resources provide essential support tailored to the unique needs of aging LGBTQ+ individuals, offering spaces where they feel safe and understood. Organizations like HomeSpace, which focus on housing and supportive services for LGBTQ+ seniors, play a crucial role in mitigating the effects of economic and social vulnerability. The presence of such organizations means that many aging LGBTQ+ individuals in San Francisco

can access more culturally competent and affirming care than they might elsewhere. Despite these services, there are still barriers for LGBTQ+ seniors, including long waitlists for affordable housing, transportation difficulties, and bureaucratic challenges when accessing healthcare. The historical context of activism has led to a distrust of institutions for some, making community organizations even more crucial as intermediaries.

Care in Response to Crisis

San Francisco's network of non-profits, clinics, and social programs for the LGBTQ+ population, and particularly seniors, is a result of unfortunate, yet necessary actions taken in response to the AIDS crisis of the 1980s and 90s. The disease was first diagnosed in San Francisco in 1981, and case numbers grew exponentially in the proceeding years. By 1995, 20,530 of the estimated 58,000 gay men in San Francisco had been diagnosed with HIV (Katz, 1997). Ronald Reagan's administration was slow to address the "gay cancer" that was spreading throughout queer enclaves in the United States, famously taking until 1985 to acknowledge the outbreak and not publicly addressing the issue until 1987. The modest media coverage that was given to HIV/AIDS during this time cast the disease as a boogeyman with no clear cause or treatment.

Max, a White gay man in his seventies who has lived in the Bay Area for close to fifty years, worked as a physician during this time and described the strange circumstances of working in healthcare and being a gay man, stating:

> I think it's the thing that for my generation is just so sad. I was alive during all of that, but I remember a few things in the newspaper, maybe my parents mentioning one or two things. It was like everybody just didn't notice if you weren't a part of the gay community. It's so weird now looking back; it's like, oh, 10% of the male population died. And it's like, I don't know how society has that happen and doesn't notice it.

This sense of enduring a plague amidst a seemingly oblivious public and a neglectful government is extremely strong among older generations of queer people, with many viewing the Republican Party as passively encouraging the outbreak and disregarding the loss of life. Lacking government assistance or public concern, Bay Area LGBTQ+ individuals and grassroots organizations stepped in to provide essential care, support, and advocacy.

The caregiving networks established during this time laid the foundation for the informal care systems that LGBTQ+ seniors rely on today. Support groups for those coping with AIDS-related illnesses grew organically as the need for information sharing and emotional support increased. Prior to this time, gay men and lesbians shared an uneasy alliance, coming together politically to call for recognition and acceptance of gay lives. The two groups were often at odds, with gay men resisting having women in gay male spaces and often denying them roles in the activist organizations that arose prior to the 1980s. With the advent of HIV, however, lesbians stepped up, often becoming primary caregivers for friends, partners, and community members with HIV/AIDS, providing nursing care, housing, and emotional support. Sophie, a White lesbian in her late sixties, described the efforts by women in the AIDS crisis, telling me, "We were nurses, social workers, cooks, everything. And we didn't ask for anything in return because we were all in the same boat." These women also organized fundraising for the cause, mobilized resources through organizations that provided HIV/AIDS education, legal aid, and medical services. They created and dispersed safer sex information, with many lesbians in healthcare fields taking up the care of AIDS patients early in the pandemic when little was known about the disease and fears of contagion were rampant.

As governmental and medical support for HIV/AIDS patients increased in the late 1980s, the caregiving networks established during this time had laid the foundation for the informal care

systems that LGBTQ+ seniors rely on today. The crisis had decimated the community but also fostered a culture of resilience, mutual aid, and caregiving that extended beyond biological ties and embraced chosen families, friends, and community members as essential pillars of support.

Will and his husband Sam, a White gay couple in their seventies, reflected on their involvement in early support groups during the AIDS crisis, with Sam stating: "It wasn't just about helping people who were sick; it was about building something that could sustain us all through the worst of it. Those bonds never disappeared." The trauma of this era instilled a sense of urgency to create systems of support for the various vulnerable subgroups of the LGBTQ+ community, including seniors, particularly those without traditional family structures. With the introduction of effective immunotherapy treatments in 1996 that largely made HIV a manageable syndrome, community care organizations and political action groups were able to shift their focus to other concerns for queer people, such as aging, homelessness, and discrimination.

The impact of HIV/AIDS on the LGBTQ+ community reflects the struggles of other marginalized groups faced with inadequate or nonexistent governmental and institutional support. Cathy Cohen, in *The Boundaries of Blackness: AIDS and the Breakdown of Black Politics* (1999), describes how, in moments of crisis, marginalized communities have historically been forced to create their own systems of care and support, challenging not only systemic neglect but also the boundaries of what is considered kinship, activism, and survival. For LGBTQ+ individuals in San Francisco during the AIDS crisis, this meant developing caregiving networks that not only addressed immediate needs but also redefined kinship and survival. These networks emerged as lifelines for those abandoned by their biological families and disregarded by institutionalized healthcare. Sam, reflecting on this time, told me:

> When so many of us were dying, we learned how to take care of each other because no one else would. That's what kept us alive—not the system, but the people who showed

> up. We built a family out of necessity. Every meal shared, every hospital visit—it was all about creating something that could hold us together when everything else was falling apart. I remember watching my friends die because their families wouldn't even come near them. We became each other's family, and for a lot of us, that's still true now.

Sam's words illustrate how chosen families, as alternative kinship networks, were formed out of necessity and the roles and responsibilities that individuals took up in service of one another. These relationships, rooted in mutual care and shared struggle, became the backbone of AIDS caregiving networks. They not only provided practical support, such as meal preparation and companionship, but also created spaces of emotional safety and solidarity.

In the years since the AIDS crisis became manageable, San Francisco has changed immensely, transforming from a bastion of counterculture activism to a global hub for technology, drastically altering the city's social and economic landscape. While the city remains a haven and symbol of LGBTQ+ liberation, the rising cost of living and gentrification have displaced many queer seniors from neighborhoods that once provided them with safety, community, and access to resources. As young workers flocked to the city for high-paying jobs in the technology industry, historically LGBTQ+ neighborhoods like the Castro and SOMA (South Of MArket) became more expensive, pricing out many seniors on fixed incomes who relocated to less expensive neighborhoods or cities in the Bay Area. This displacement exacerbates social isolation among seniors but also disrupts easy access to care and resources.

The lesbian community, with less wealth and a smaller community than gay men, has been particularly affected by these shifts. Neighborhoods like North Beach, once known as a lesbian enclave, have undergone immense gentrification that has erased these communities. There is no longer a single explicitly lesbian bar in the city confines. Sophie, who was heavily involved in caretaking during the AIDS crisis, was forced to move out of the Mission to the East Bay due to rising rents. She is part of a larger trend of the lesbian community abandoning the

city for less expensive housing in East Bay cities like Oakland and Berkeley. Feeling isolated and alone, she explained her situation stating: “I lost my home, but more than that, I lost my community. Everything was there—my friends, my support, the places I felt safe. Now I have to start over somewhere new, and it’s not easy at my age.” Sophie’s experience illustrates the tangible effects that gentrification can have on marginalized communities, who often face the dual challenges of relocation and a loss of community ties. The AIDS crisis fostered a culture of caregiving and resilience that continues to provide resources and community for seniors in San Francisco, even as gentrification and displacement puts more pressure on these networks. The efforts of the nonprofits discussed in this chapter advocate for more sustainable and inclusive solutions to these issues but are themselves at risk of being priced out by increasing rents.

Chosen Families and Volunteer Programs

Oftentimes, the most important element of care networks for LGBTQ+ seniors is the chosen family. Many queer elders experienced rejection from their families of birth and cannot rely on traditional family supports as they age. In this absence, LGBTQ+ peoples have formed families of close friends, loved ones, and peers not bonded by blood relations but by shared values, mutual care, and acceptance. As previously discussed, chosen families became instrumental during the AIDS crisis and have remained the main means of support for many LGBTQ+ individuals as they enter later life. In old age, chosen family members often serve many of the same functions as they did during the AIDS epidemic: assistance with daily activities, transportation to and from appointments, and emotional support. This arrangement has several benefits beyond the material and emotional though, with chosen families transcending traditional family roles. Reflecting the social networking of support during the AIDS crisis, members of chosen families take on caregiving tasks based on availability and need rather than

prescribed social roles (that generally place the onus of care on adult children, particularly women). Chosen families, again because of necessary adaptations during the AIDS epidemic, operate on reciprocity wherein caregiving is mutual and adaptive to the needs of the group's members.

Chosen families are particularly important for transgender individuals, who are often discriminated against from within the LGBTQ+ community and have accrued less lifetime wealth due to employment discrimination. All the older trans women that I spoke with had performed sex work earlier in their lives since they were unable to find employment due to their nonnormative gender identities. Several still met with clients to make ends meet. Mae, a White trans woman in her late 70s who has lived in the Tenderloin neighborhood for over fifty years, relies heavily on her chosen family for everyday needs or when crises occur. Members of her family network are mostly other older trans women but also include drug dealers on the street that she's come to know, along with a variety of social workers and clinicians who work as her case managers. She described the importance of this network, stating:

> I've always believed family is who shows up for you, not who you're related to. My friends have been my family for decades now, and I wouldn't have made it this far without them. We've all made a pact to look after each other as we get older. It's not always easy, but we know no one else is going to do it for us.

While I was living in the Tenderloin on the other side of the block from Mae, her friend's apartment burned down. Mae and others in their chosen family banded together to provide housing, donate clothing, cook meals, and assist with navigating the bureaucracy of subsidized housing. Her friend was also an older trans woman whom Mae had known for forty years and who used to work the streets with her. Mae couldn't help herself when describing the situation and cattily mentioned that her friend had a harder life than she did because she struggled to achieve a convincing femininity. While Mae was simply making an offhand comment, her words

also hint at a difficult truth for many older trans women: older age has made it more difficult to inhabit the feminine ideal they hope to achieve. Breast implant surgeries and other transgender medical interventions conducted in the 1970s, -80s and -90s often have not aged well or have resulted in other medical issues.

Mae is largely hermitic at this point, mentioning that, “I always used to be overdressed, which if I was going out, made sense. But those times were not every day. It got to the point I wouldn't go out unless I had a face on because my security comes from doing that.” The only time she did leave her apartment with me, she dressed all in black, including a veil. She felt that looking “sort of witchy” would dissuade miscreants from approaching her. To achieve the level of femininity that she seeks takes a lot of time nowadays, and so she often stays at home. This self-isolation is reinforced by her diagnosis with chronic obstructive pulmonary disorder (COPD), which makes it so she can barely walk half a block before needing to rest against the wall.

Mae and her friends’ situation highlights one of the major challenges associated with relying on chosen families: family members are usually friends and peers who are likewise navigating older age. To operate as a form of caregiving and emotional support, chosen families necessarily require some individuals to be healthy enough to perform the required tasks. For older LGBTQ+ individuals with chosen families composed of peers from their own age cohort, the support network can begin to break down as members simultaneously face declining health, limiting their ability to provide care. The informal nature of chosen family relationships often creates legal barriers that can complicate access to healthcare information, formal caregiving coordination, and decision-making for loved ones. Sam touched on this issue, telling me, “It's hard to take care of someone when you're also dealing with your own health issues. We're all

getting older, and it's not easy." Without younger individuals to assist with caregiving, chosen families often struggle to provide adequate care for one another in later life. As gaps in the caretaking abilities of chosen families increase with age, and particularly for individuals who do not have a robust chosen family network, volunteer programs can provide vital assistance.

Volunteer assistance is a crucial means for providing culturally competent care and companionship for LGBTQ+ seniors who might otherwise lack support. In later life, as chosen family members age along with their peers, volunteers are a convenient and trustworthy way to address the shortfall. Perhaps most importantly, volunteers provide social connection that can alleviate social isolation, a major issue for many seniors. For community members who face mobility issues or lack access to transportation, volunteers can act as trusted aids to provide practical assistance, low level caregiving, and companionship. Volunteer programs also act as a means for intergenerational contact that offers benefits to both parties: seniors get assistance and support while the younger person might become a sort of mentee and learn about how the LGBTQ+ community has evolved or how to inhabit a queer identity.

Some community members and volunteers form lifelong bonds that transcend their prescribed organizational roles. Max, a gay man in his seventies mentioned earlier, worked as a physician and has sizeable wealth. He has opened his home to several volunteers who needed housing over the years. His will leaves the majority of his estate to HomeSpace. Other seniors have bequeathed their apartments to volunteers or have provided financial assistance to a volunteer in need. Like the seniors, many younger volunteers have been rejected by their families of birth or have experienced discrimination, substance abuse disorders, or mental illness that has disadvantaged them. This intergenerational contact also allows for social reproduction in which the norms, mores, and ideals of earlier queer people can be passed on to the next generation, an

important occurrence for a group that does not biologically reproduce themselves. By assisting one another across generations and donating to LGBTQ+ organizations, the queer community can maintain wealth, knowledge, and resources within the group.

In the absence of traditional family or chosen family support, volunteers act as surrogate kin for LGBTQ+ seniors through ad hoc kinship. For queer elders, especially the old-old, chosen families can begin to fragment in later life as family members age together simultaneously and are less able to provide the mutual care and support that they once did. As people die, the situation becomes more precarious. Eventually, a person may no longer be able to rely on chosen family members or may outlast their chosen kin. In these situations, I observed seniors becoming reliant on assortments of nurses, clinicians, social workers, HomeSpace staff, and volunteers who became their caregivers and social contacts. For elders who had few remaining friends but were in good health, volunteers often become their main source of sociality and continued contact with the queer community. Ad hoc kinship is what happens when seniors are no longer able to choose their kin and come to rely on a somewhat haphazard formation of aids, often partially or wholly constituted through membership in the same group: the LGBTQ+ community. The connections are certainly less intentional than other forms of kinship and often more tenuous, but these relationships can also involve strong emotional bonds and be extremely intimate, particularly when the senior being cared for is approaching death.

Eddie, who was described at the beginning of this chapter, could not have stayed in his home and would have experienced a much more isolated and under-resourced existence had it not been for volunteer assistance through HomeSpace. He is fortunate to be enrolled in programs that subsidize his housing and pay for all his medical needs. He gets picked up and dropped off for his various appointments by the same program that provides his healthcare coverage. Nurses

visit almost daily to change the dressings on his legs or check his vitals. He could opt to be dropped off at the HomeSpace Community Center for day programming and meals, which he used to do more often when his vision was better and it was easier for him to walk. He spends a significant amount of time telling me about his boyfriend and the events they're planning to attend together as well as the restaurants and performances that he and his niece like to go to when she's in town. I left his apartment that first time assuming he was well taken care of and had a strong social network to turn to in desperate times.

Over the next couple months, I became HomeSpace' go-to volunteer for visiting Eddie. I picked up groceries for him several more times, took him art supplies from HomeSpace so he could make a Pride poster before the parade in June, and went to a medical equipment supplier across town to get him a custom walker. We became friendly and he liked to make jokes about my research, suggesting I'm a "gerontophile in sheep's' clothing." I told him he should be so lucky. A month after our first visit and several more grocery shopping expeditions, the HomeSpace Volunteer Coordinator called me to say that Eddie was taken to hospital the night before and could I pick up some clothes and essentials from his apartment. She said that I was the person most involved in his life so it might be best if I were the one to do this. I agreed to pick up his keys from their offices, go to his apartment, pack some clothes, and bring them to him at the hospital. I found myself wondering how his boyfriend doesn't have access to his apartment and where he was when his partner was taken to the emergency room.

Later that same month, I was asked to visit Eddie at a recovery center for seniors in Pacific Heights. When I arrived, he was busily instructing a nurse and two attendants about where to put his things and what he wanted for groceries. Despite his loose hospital gown and the IV pole he was using to support himself while standing, he had an imperious air that kept

everyone obedient. For how weak he seemed in the hospital, he had certainly regained his vigor and was clearly enjoying being the object of so much fuss.

A week later, once Eddie returned home to his apartment, he gave me a call to ask if I could come over to help him move some stuff around. When I showed up, I was surprised at how different he seemed. He was clearly in quite a bit of pain with his legs and just sat on the edge of his bed while directing me to get water for the tea kettle he now kept on his side table. As I moved around a pile of laundry to make a path for him to navigate the room, he got annoyed with his cell phone. He used accessibility features to navigate the screen but his eyes had gotten worse and his angry jabbing didn't yield the desired results. It was the first time I had seen him frustrated or tired. He said that it was the new pills they had given him that were making it even harder to remember things. We spent half an hour organizing his medications. I had to interpret his prescription instructions and help him take the appropriate doses as well as set up what he'd need to take later that night. This felt like a task that is outside the purview of a lowly volunteer. Once he'd gulped down the four pills that we determined he was due, he said he had one other task he needed help with—getting into bed. Until then, I hadn't been aware of how immobile he had become. I positioned his pillows so he could turn on his bed and lay back. His legs hung off the bed at the knee, bloated with fluid and wrapped in gauze. It took most of my strength to shift each leg up onto the bed for him. I then placed the blankets over him while he requested several ice pops. I grabbed them from the freezer and left them next to him in bed. The pills or the exhaustion must have hit him because he barely answered when I asked if he needed anything else. He said he was good and that his boyfriend would be coming by in two days so he should be okay until then. I once again wondered where this boyfriend was who never seemed to be around when Eddie needed him.

After that time I visited Eddie at his apartment and helped him take his medications and get into bed, I didn't hear from him again. Eventually, I asked one of the HomeSpace Case Managers how he was doing. She went still and wide-eyed, then softly told me that he'd died several weeks ago. She apologized that I had not been told and I said it was okay, that I understood how difficult it is to keep everyone in the loop in the non-profit world. It hurt to find out that my friend had passed away, of course, and it hurt that I was seen as something of a replaceable part in HomeSpace' program. I wondered if Eddie's seemingly non-existent boyfriend had ever stopped by to assist him or if his niece had been in town during his last few days. Eddie and I had become kin, if only for a short time, originally due to our sexual orientation and shared involvement in the LGBTQ+ community, and later because of our shared concern for one another, an appreciation for humorous banter, and my responsibility for some of his caregiving.

Yet, claiming Eddie and I became kin raises critical questions about how caregiving relationships are complicated by institutional contexts. Throughout our interactions, the shadow of HomeSpace shaped, and sometimes constrained, the nature of our connection. Institutional structures, in this case the volunteer roles, guidelines, and professional boundaries put forth by the nonprofit, profoundly influenced our interactions. These organizational frameworks exist to ensure accountability, protection, and clarity, yet they simultaneously introduce ambiguity into caregiving relationships that might otherwise unfold organically.

Upon reflection, I wonder about the extent to which our relationship could be considered genuine kinship, or whether the institutional structure of HomeSpace inevitably rendered our interactions transactional. Was the mutual affection and care we shared strong enough to transcend my role as a volunteer fulfilling assigned tasks? Or did institutional procedures and

role definitions impose subtle yet significant limitations, transforming acts of care into prescribed duties rather than spontaneous, reciprocal expressions of kinship?

As I noted earlier in the chapter, normative ideas about kinship remain tightly bound to heteronormative assumptions about continuity, reciprocity, and reproductive futurism. These assumptions aren't just cultural—they're institutional, legal, and affective. They determine who gets to be seen as family, whose care is legible, and whose forms of relation get erased before they even begin. They shape policies, influence access to resources, and govern emotional recognition. This return to Eddie's story is not an effort to slot what happened between us into a recognizable model of kinship, but to ask what happens when we allow kinship to emerge through contingency, proximity, and improvisation, rather than through scripted durability. I return here to what I've been calling ad hoc kinship—a term I use to describe relationships that arise under pressure, without guarantees, often structured by urgency more than endurance. If anything, I want to pause on the discomfort, the parts that don't add up neatly, and sit with what that tells us about who kinship is meant to serve.

From some perspectives, my relationship with Eddie may not look like kinship at all. It was short-lived, institutionally mediated, and uneven in need and provision. We didn't share blood, a home, a future. There were no holiday dinners, no long histories, no shared photographs for the mantle. But Judith Butler's writing on kinship reminds us that relational legitimacy isn't only forged through biology or law; kinship is made through practices—often messy, asymmetrical ones—that emerge around care, survival, and responsiveness. These are practices shaped by necessity, not always by choice. David Schneider's anthropological critique of American kinship frameworks speaks to this: "American kinship is defined primarily through biogenetic connection and sanctioned by law, not by sentiment or behavior" (1984, 186). When

we default to biology and legality as the benchmarks of kin, we miss the ways people actually live and care. The relationship Eddie and I inhabited may not meet the normative criteria of kinship, but it meant something. That meaning came not from conventional markers of legitimacy, but from navigating need together under strained and uncertain conditions.

Queer kinship often arises in the absence of traditional support systems, emerging in the spaces left by structural neglect, familial rupture, or institutional absence. It is not a fallback, but a form of care that responds to scarcity and the brief moments in which recognition and connection become possible. It's a way of surviving together, even when what holds us is temporary, improvised, or uneven. David Valentine's (2007) work shows how queer and trans folks form what might seem like fleeting or ad hoc ties. They occur less out of failure than as creative, necessary responses to institutional disregard and social thinning. In his ethnographic work with transgender communities, Valentine illustrates how moments of recognition, solidarity, or care, sometimes lasting only a few minutes, can be lifelines in environments that otherwise deny support or safety. These are not incidental or accidental ties, but tactical and affectively charged practices of survival. These bonds are often brief, shaped by intersecting needs and the daily improvisations required to navigate limited support.

Lauren Berlant's (2011) notion of cruel optimism gets at this tension by highlighting attachments to forms of relation that don't promise safety or stability but still offer something to hold onto, something to orient toward, even when those attachments may ultimately disappoint or deplete. People remain attached to affective structures like love, family, and care that are supposed to sustain them, but often don't. These attachments can feel necessary even when they are compromising, exhausting, or structurally unsupportive. Berlant compels us to ask: why do we stay attached to these compromised forms of relationality? And what forms of care and

connection take shape when people have to navigate between what they hope for and what is actually available?

The acts of care that passed between Eddie and I—going on grocery runs, helping him move about and get into bed, talking about his life and work, attending to his personal needs when in hospital—weren't part of some tidy caregiving script. They were gestures that lived in the space between bureaucracy and intimacy. They didn't promise a future. But they were real. They mattered. And they reveal something fundamental about how kinship happens under constraint: not in the guarantee of permanence, but in the insistent, often improvised repetitions of care even when the relation is temporary, strained, or slipping away.

Sara Ahmed builds on this by showing how emotions like love, obligation, and loyalty become "sticky," meaning they adhere to socially sanctioned forms, reinforcing dominant attachments and making alternative modes of care and connection less recognizable. In *The Cultural Politics of Emotion* (2004), Ahmed emphasizes that emotions are not just personal feelings but social practices that align bodies and structures in ways that reproduce power. This alignment contributes to the invisibility of non-normative kinship by attaching legitimacy to only certain types of relational life. Kinship becomes something to prove, to perform, rather than something lived or felt.

Lee Edelman's argument in *No Future* (2004) pushes this further by showing how deeply normative kinship is tied to the figure of "the Child," a symbol of continuity, inheritance, and imagined futures. In this vision, relational value is tied to reproduction and longevity, leaving people like Eddie outside the frame entirely.

What these thinkers reveal, in different ways, is that heteronormative kinship acts as a gatekeeper. It determines who counts. It tells us what gets to be seen. And too often, it fails to

see what's right in front of us. The emphasis on futurity renders queer care unintelligible unless it can be retrofitted into a narrative of progress or productivity.

But queer theory doesn't just critique this sense of failure. That is, the idea that queer kinship falls short because it doesn't conform to dominant expectations of longevity, mutual obligation, or formal recognition. It offers ways of revaluing it. Jack Halberstam in *The Queer Art of Failure* (2011) proposes that we view failure as a refusal of dominant success narratives, including those about family and stability. Queer failure isn't the absence of care or connection; it's a way of relating that doesn't follow dominant timelines or expectations. From that angle, what looks like a failed kinship in Eddie's case—short, institutionally mitigated, emotionally complex—might instead be something else: a practice of care that doesn't aspire to normative form but instead insists on staying connected in ways that don't follow traditional forms. These are relationships that don't build futures in the conventional sense. Instead, they make space in the present for recognition, for attending to one another, however briefly. Queer kinship, in this sense, doesn't promise security. It offers a different ethic, one that values showing up even when things are uncertain, limited, or unresolved.

What passed between Eddie and me didn't follow a template. But it held. It was real. These improvised, asymmetrical, and fleeting forms of queer care are not incidental. They are foundational to how many of us survive. Ad hoc kinship isn't a weak imitation of family; it's what emerges when dominant structures fall short. This kind of kinship tends to arise when other forms of support are gone. What's left, in the form of care routines, brief gestures, and shared histories, is often uneven, makeshift, or partial, but it still matters. It asks that we keep showing up, even when no one calls it family, even when no one is there to witness it, even when the relationship ends. That act of showing up is the kinship. Sometimes, that's all there is.

Scholarly discussions within studies of queer mutual aid offer useful ways of thinking through these tensions. Aizura and colleagues (2020) have described how grassroots mutual aid networks within queer and transgender communities become formalized through nonprofit and social service frameworks, introducing bureaucratic processes that both legitimize and reshape caregiving bonds. This shift often transforms caregiving from an organic practice rooted in necessity and mutual care into a structured service that enforces clear distinctions between the provider and recipient. The introduction of professional hierarchies and structured roles changes the texture of these relationships, replacing the spontaneous, reciprocal intimacy of mutual aid with organized obligations and clearly delineated responsibilities. While these formalized systems can provide stability and access to resources that grassroots efforts may struggle to maintain, they can also impose administrative barriers that limit the flexibility and fluidity that characterize kinship-based care. These constraints raise important questions about the extent to which institutionalized caregiving can foster genuine kinship bonds or whether it inevitably reinforces transactional frameworks of care.

My interactions with Eddie exemplify precisely these tensions. While our bond developed out of genuine moments of intimacy, mutual concern, and emotional rapport, my caregiving tasks were continually mediated by institutional policies, professional expectations, and procedural boundaries. Despite moments of authentic connection, our interactions were fundamentally shaped by my volunteer status within an institutional framework, leaving me uncertain whether the caregiving relationship we shared was genuinely kinship or ultimately transactional.

Thus, ad hoc kinship exists precisely at the juncture between spontaneous interpersonal connection and the constraints imposed by institutional caregiving practices. Eddie's story, and

my own role in it, illustrates the complex ways institutionalization simultaneously validates and disrupts kinship formation. By critically examining these tensions, we gain deeper insight into how contemporary systems of care both support and complicate the relational practices through which marginalized communities sustain themselves

Boundaries and Limitations of Volunteerism

Many of my interlocutors expressed deep appreciation and love for the volunteers who became a part of their lives. For many, it was a significant source of sociality and a way to maintain contact with the queer community. As many LGBTQ+ seniors age, they tend not to participate in the gay bar scene or are unable to get out of the house easily. The Covid-19 pandemic greatly exacerbated isolation for seniors, particularly those who are not technologically savvy. In such situations, individuals who are not fortunate enough to live in an LGBTQ+ housing community like HomeSpace may feel they are disconnected from the queer community by being stuck at home in a majority heterosexual and/or cisgender apartment building or nursing home. In some cases, queer seniors may go back into the closet, fearful of outing themselves to straight acquaintances or wary of being discriminated against by nursing home staff or healthcare practitioners.

Hank, a longtime HIV survivor and Hispanic gay man in his late sixties, was particularly grateful for the social connection and assistance that he receives from volunteers with HomeSpace, stating:

> I don't have anyone else who comes by regularly. Those visits make a world of difference—they remind me I'm not alone. They're not just there to help with groceries or cleaning. They stay and talk. That's what I look forward to the most—just having someone to talk to. I can still do most things on my own, but there are days when just having someone to sit with me is all I need. It's the little things that matter.

Hank has never been interested in going out to gay bars and has generally maintained his contact with the queer community through friends. He lost many loved ones to the AIDS epidemic and suffers from severe depression. He and his partner have physical issues that make it difficult to carry out some tasks, so volunteers assist with errands and chores that make it possible for them to stay in their apartment. The volunteer network also acts as a safety net when Hank self-isolates. He discussed his fears about aging with me and his primary concerns were becoming homeless or how a serious bout of depression might affect him, stating:

> I used to worry about being homeless. If Brian died or we didn't have his income anymore, how I would pay for this place, sell a big mortgage on it? But there's also the thing of what happens if I fall into a deep depression, and I stop reaching out for help. That's where HomeSpace does really well is having volunteers go and do services for people out in the community. For a community that doesn't have kids oftentimes, I mean, if you can triage the community to help with that, it's like, okay, that's a good way to do it. It [the assistance] might not be exactly the way you want. Maybe someone coming to your house that you would rather not, but it's better than being completely isolated.

In a way, volunteers can act as a community eye that periodically checks on older individuals who may otherwise be forgotten or left on their own. As Hank mentioned, the volunteer assigned to you may not be the exact type of person you want around, but in moments of isolation, that interaction is still a significant point of contact to maintain his mental health and retain a sense of community.

While volunteer programs are a lifeline for many LGBTQ+ seniors, they also present unique challenges and ethical quandaries. Volunteers often operate in a grey area between friendship and caregiving, which can lead to emotional strain, boundary issues, and difficulties balancing care responsibilities with one's own employment obligations and personal life. These challenges are particularly impactful within LGBTQ+ communities, in which volunteers may also be peers or members of the same social networks as the seniors they support.

During my time working with HomeSpace, I observed a variety of issues arise between volunteers and the seniors they support, as well as between volunteers and HomeSpace staff. A particularly difficult challenge arises when a community member is unfriendly or is suffering from mental illness that makes it tough to work with them. Lia, a White lesbian in her late 60s, is one such case. I first volunteered to assist her with grocery delivery, which seemed straightforward considering she already had a grocery list composed when I stopped by her apartment on Market Street to pick up her EBT card. However, once I was in the grocery store, I found that some of the items she requested were out of stock. This required us to be on the phone while I shopped for her. When one item was out of stock, that threw the rest of the list into disarray and she became clearly frustrated and had difficulty directing me as to her needs. When paying, several of her items were not covered by EBT benefits, which required another long and complicated phone call while we worked out what she could afford.

When I delivered the groceries, she was clearly wary of having a new and unfamiliar volunteer in her building. She couldn't carry the grocery bags into her apartment due to frailty, and when she invited me in, it was evident that she was hoarding severely. There was only a thin pathway to navigate between piles of newspapers, appliances, non-perishable food items, and whatever else she collected over time. She asked me to place the groceries on top of several four-foot-high stacks near the bathroom. At this point, she was friendlier, but plainly still suspicious of having me around.

When I spoke with HomeSpace staff later about my interactions with Lia, they were aware of the difficulties she faced and subsequently the demands this placed on volunteers. It was known that she had become a shut-in and had problems with hoarding. This tendency had begun before the Covid-19 pandemic but had been exacerbated by the lockdown orders. I was

told that she was single and had become nervous going out alone as a woman in the city. This was an issue that several other lesbian seniors expressed to me, although most women were able to overcome their fears in order to remain socially active and maintain their independence. My interactions with Lia had not been awful, but her confusion and frustration had drawn out the grocery delivery errand and she did not express gratitude the same way as other community members. For a variety of reasons, I did not work with her again, but I still see requests for assistance from her that remain unclaimed on the Mon Ami app.

When a community member becomes a known quantity as someone difficult to work with, they can be passed over by volunteers. It may sound uncaring or callous for volunteers to pass up on opportunities with seniors who demand more patience or attention, but the realities of being a volunteer are already challenging to navigate. That is, most volunteers do not have the luxury of freedom that grad student researchers do. They have their own jobs and families to attend to. A seemingly simple grocery delivery usually takes around three hours to complete, which is a significant cost for those who work full time. Volunteers are already sacrificing time and energy to provide aid, so the prospect of working with anyone who is other than kind or appreciative is a major disincentive.

Once enough volunteers have worked with a difficult community member, or once word has spread among volunteers about what the person is like, they may begin to fall through the cracks, requiring a HomeSpace staff member to step in. This is usually an untenable and unsustainable practice though as most staff members are already overworked, emotionally exhausted, and have other duties to attend to. Much of the staff at HomeSpace are also making a financial sacrifice to work there, with many people working two or three jobs in order to afford the cost of living in San Francisco. They are driven by their belief in the mission of HomeSpace

and deep care for the community, but they must also guard their free time from being overtaken by aiding community members. The burnout among non-profit workers is a well-known issue, and HomeSpace is no different, with many positions being vacated within the first year or two of employment.

Emotional burnout occurs among volunteers as well. This happens not only when working with difficult or unfriendly community members, but also when the demands of volunteering begin to feel onerous and striking a balance between self-sacrifice and self-care feels unmanageable. Cesar, a Mexican gay man in his early seventies who is HIV positive and has been heavily involved in leading discussion groups in San Francisco since the AIDS epidemic, expressed his experiences with the emotional toll of providing care, stating:

> It's a strange feeling, being on both sides. I've spent years volunteering, offering support to others. Now, as I age, I find myself needing that same support. It's a humbling experience, but it also deepens my understanding of the community's needs. It's not easy. Sometimes I feel like I'm giving more than I can, but I know what it's like to be on the other side, so I do my best. But there are moments where it's just too much for me. You want to help, but you also have to take care of yourself. That balance isn't always easy to find.

Cesar received his therapy license after helping to organize and lead discussion groups for people suffering from HIV/AIDS in the 1980s. He has a high threshold for taking on the needs and traumas of other people, but many other volunteers succumb to fatigue more easily and may stop donating their time to care for others. As Cesar mentions, it also becomes more difficult to provide care and support for others when the volunteer themself is likewise navigating health concerns.

Beyond emotional burnout, there are also more pragmatic issues that create limitations for volunteer programs. As I stated before, I was privileged to have the time to commit to a variety of roles during the research period, but most volunteers have limited availability. This

inconsistency can create gaps in care for seniors or means that seniors may have a variety of volunteers assisting them, which can lead to inconsistency among caregiver knowledge of what the community member needs. For seniors like Sophie who are initially wary of strangers, this can be a difficult reality to navigate. She told me, "It's hard to let strangers into your life, even if they're there to help. It takes time to trust, but once you do, it's like having another layer of support."

In some situations, the high turnover of volunteers coming to assist a senior can become exhausting, and they may withdraw from making requests. Similarly, the informal nature of volunteering means that relationships with community members, while deeply supportive, lack the formal boundaries of professional caregiving, potentially leading to ethical dilemmas or discomfort. My experiences aiding Eddie with his medication management and helping him into bed felt questionably intimate at the time and blurred the lines between volunteer and formal caregiving. Another volunteer, a cisgender heterosexual man in his forties, told me about acting as an aid for his neighbor in their apartment building. The man he cares for, Rupert, is a White gay man in his mid-nineties who has lived in his Polk Gulch apartment building for over fifty years. Before being committed full time to a care facility in South San Francisco, Rupert had several falls at home. He would call my friend and ask for assistance getting up. He happened to be in his underwear several times during such incidents and made remarks that my friend felt were sexual in nature. He continues to visit Rupert in his nursing home, but such intimate experiences were uncomfortable for my friend and made him question the limits of what his informal caregiver role should be.

For volunteer programs to be sustainable and responsive to LGBTQ+ seniors' evolving needs, they require increased structural supports. HomeSpace and other organizations serve as

vital facilitators of ad hoc kinship, providing spaces where LGBTQ+ seniors can connect with support systems. These organizations offer more than services; they help cultivate community bonds that act as kinship networks. The limitations of volunteerism that have been discussed reveal a need for additional structural support, such as policies that promote caregiving for non-biological family members and enhanced funding for LGBTQ+ services. The State of California and the City of San Francisco provide generous financial assistance for LGBTQ+ senior services, but this funding can become tenuous in situations like the one currently being experienced by cities and communities across the country. As pandemic era federal emergency funds are expended, many municipalities are making hard decisions about what programs to cut to balance budget shortfalls. Federal programs need to be instituted that provide additional backing for senior services susceptible to state and local budget fluctuations. Policy frameworks that provide legal recognition for chosen family caregivers or offer financial support for those in caregiving roles would make volunteer programs less prone to volunteer burnout and would increase the constancy of volunteer engagement.

The volunteer programs at HomeSpace and other organizations I worked with often provide little training or guidance for volunteers, who, as has been discussed, may be expected to undertake a wide variety of unforeseen tasks in the commission of seemingly straightforward volunteer activities. Showing up to pick up groceries, transport someone to an appointment, or simply acting as a Friendly Visitor can often involve other caregiving tasks that the volunteer was not prepared for. In some instances, the volunteer may be the only point of contact with a community member who has a complicated matrix of physical, emotional, and practical needs. Increased caregiving training from organizations would help to decrease stress in situations

requiring medical or therapeutic expertise as well as establish clear expectations for the scope of volunteer roles to reduce the emotional strain on both volunteers and seniors.

A Queer Model for Diverse Elder Care Contexts

Ad hoc kinship and volunteer caregiving offer valuable insights and potential solutions for addressing the challenges of population aging, not only within LGBTQ+ communities but also among other senior populations worldwide. As societies face increasing longevity and declining traditional family caregiving structures, the informal and flexible networks exemplified by ad hoc kinship may serve as a replicable model for ensuring elder care in diverse contexts. By adapting this concept, communities can cultivate support systems that go beyond familial bonds, leveraging the strengths of shared identity, mutual necessity, and local volunteerism to meet the growing demand for senior care.

For communities experiencing rapid demographic aging, ad hoc kinship offers a way to mitigate the gaps left by shrinking family units and overburdened formal care systems. This approach allows individuals to build caregiving relationships based on immediate needs and shared circumstances rather than longstanding or biological ties. Volunteer caregiving programs, such as those used effectively within LGBTQ+ senior networks, can be tailored to other vulnerable groups, including rural seniors, migrant populations, or economically disadvantaged elders. This model emphasizes flexibility and responsiveness, qualities that can be adapted to different cultural and social settings, ensuring that care networks reflect the unique dynamics and values of their communities.

A broader application of such volunteer networks would require investments in volunteer coordination, caregiver training, and community engagement initiatives. Policies that formally recognize and support non-biological caregiving roles, such as tax credits, caregiving stipends, or

legal frameworks for surrogate decision-making, could further enhance the viability of ad hoc kinship and volunteer caregiving. As governments and organizations confront the rising needs of aging populations, integrating these models into public health and social welfare strategies could alleviate the pressure on traditional caregiving systems while fostering more inclusive and sustainable support structures for seniors globally.

Conclusion

By exploring the interconnected care networks of LGBTQ+ seniors, this chapter highlights the often-fraught balance between resilience and vulnerability that defines the experience of later life for many in this community. From chosen families that offer deep companionship to the ad hoc systems of support created through volunteer programs and community organizations, these networks reflect both the ingenuity and impediments faced by queer elders.

The concept of ad hoc kinship is central to these discussions by illustrating the ways LGBTQ+ seniors come to rely on webs of support that arise from shared community identity and circumstance rather than long-standing intentional bonds. This form of kinship, though informal and at times precarious, fills critical caregiving gaps for elders whose chosen families have diminished as members age alongside one another or who lack traditional biological family supports. Ad hoc kinship offers a distinctive lens through which to view the improvisational, and often unexpected, yet profoundly meaningful relationships that sustain many LGBTQ+ seniors.

The findings here have important implications for policy and practice. To better support LGBTQ+ seniors and their caregivers, we must push for policies that legally recognize and support non-traditional caregiving arrangements, such as chosen and ad hoc kinship networks. This includes expanded funding for community-based organizations, housing initiatives that

prioritize vulnerable populations, and healthcare frameworks that explicitly address the disparities faced by LGBTQ+ elders. Moreover, volunteer programs like those seen in San Francisco must be scaled up and sustained through increased investment in training, resources, and structural supports to ensure their longterm viability.

Looking forward, this research suggests the need for deeper inquiry into how kinship evolves in marginalized communities over time and how care models can be adapted to fit these dynamics. Future studies might examine how technological advancements, shifting cultural norms, and intergenerational connections can further strengthen care networks for LGBTQ+ elders. By continuing to investigate and innovate within this space, we can create a more inclusive and supportive vision for aging, one that honors the diverse ways people find and give care.

Ultimately, the stories shared here are not just about the challenges of aging but about the creativity and persistence required to age with dignity and connection. They ask us to consider a future where care is not contingent on luck, genealogy, or geography but is rooted in equitable policies that support diverse forms of kinship and caregiving. For now, the queer elders of San Francisco show us what it means to face these later years with wit, tenacity, and a deep commitment to one another, reminding us that care, in all its forms, is always a collective effort.

Chapter 2
What Counts as Respect: Queer Elders, Pronouns, and the Politics of Recognition

Introduction: Becoming Mae

Mae, a singular individual in many ways, can also be viewed as representative of what life as a White trans woman in San Francisco has been like over the last six decades. Now approaching her 80s, she has lived in her one-bedroom Tenderloin apartment for over fifty years. As she describes herself, she is "full of piss and vinegar," a highly intelligent woman who gives the sense that you do not want to make her angry. This attitude comes across as less "cantankerous older lady," and more like the bearing acquired by battle-hardened veterans who has faced intense adversity only to come out of it with honed defense skills and an exceedingly dark sense of humor.

She has a round figure and a pale complexion from spending almost all her time at home. When we meet, she forgoes a wig and her bald pate is scattered with short grey hairs. She always wears black muumuus or robes, only bothering to put on makeup when she leaves her apartment. The one time we ventured out to her favorite diner in the neighborhood, Lafayette Coffee Shop, she wore a large-brimmed, black hat and a partial veil. Due to chronic obstructive pulmonary disease (COPD) and other congenital issues, she uses a cane and can only make it half-a-block before needing to lean against a wall to catch her breath. She tells me that this "witchy" styling helps to keep Tenderloin miscreants from bothering her.

I originally met Mae as a Friendly Visitor for HomeSpace. I would order meal replacement drinks for her online and check in each week to make sure she was okay. We instantly took to one another and the deal was that I would bring over cigarettes and she'd provide coffee and cookies. She would usually flick a sedative of some variety across her small

kitchen table toward me at the beginning of our chats, a gesture that felt oddly hospitable, like a pharmacological stand-in for offering tea. She would then tell me about her methods for scoring prescriptions from “croakers.” This was part proud hustle, part theatrical confession. Despite her COPD, we smoked for hours at a time in her dark and cluttered first-floor apartment.

Mae grew up in the South and has a charming drawl that’s reminiscent of a world-weary Blanche DuBois. As a child of the 1950s, she was raised in a world of strict societal constructs around sex roles and the performance of gender. And yet, her mother would dress her up as a girl along with the other neighborhood mothers and their children, for whom this crossdressing was simply seen as a fun way to pass the time. Mae understood her gender incongruence early in life but also knew that she needed to hide it until at least her late teens. When she did come out as transgender (although there was no term readily available at the time) she was surprised at her family’s responses given their Southern Baptist affiliation. Her father was more accepting than her mother, but her family overall was less disapproving than contemporary assumptions about mid-century Southern conservatism might predict. These early contradictions, including the tension between gender play and repression or visibility and discretion, shaped her relationship to femininity for decades to come.

She sees herself as unique among trans women, asserting:

> In my case, my mother had several spontaneous abortions [miscarriages] before she carried me to term. And the only reason she was able to carry me to term was there was a drug that was invented by the Nazis, which, strangely enough, allowed a woman to not abort and carry into full term. But the research found out that it feminizes the male fetus's brain and causes the female fetus to develop full-blown cervical cancer by the time they're 11 or 12 years old. I thought, well, at least I got the best of that!

"My mother went through a lot while carrying me," she explained. "The stress and the hormonal shifts, I truly believe those things shaped me, making my brain more aligned with a female identity." Due to this atypical gestation, she understands prenatal influences as a significant

factor for why transgender individuals exist. "People don't want to acknowledge how much the womb environment can affect who we become," she told me. This theory places Mae in a complicated position: viewing herself as more of a "true female" than other trans women, while also resisting rigid binary categories. For her, gender is deeply tied to biology but not reducible to it. This is a position that refuses both essentialism and ideas of gender as pure social construction.

Mae moved to San Francisco at twenty years old and found kinship among the Tenderloin's overlapping communities of transvestites, transsexuals, drag queens, gay men, and sex workers. She embraced femininity not only as personal expression but as a survival strategy, a way to be seen, to be safe, and to find belonging. "I wouldn't go out unless I had a face on," she said. "My security at the time came from doing that." She originally expressed her feminine self through drag performance, where executing a convincing femininity gained her approval with gay men and offered opportunities for her to meet men for sex work and to obtain money, jewelry, and clothes. Working the street and organizing sex work for other trans women were her main subsistence strategies over the decades.

She faced economic challenges due to her gender identity with societal biases limiting her opportunities for formal employment. Sex work allowed her to meet wealthy men who would support her for periods of time and cover the costs of gender affirming treatments. "The system is set up to keep us away from the divine power," she told me. Her critique of capitalism was shaped not by abstract ideals, but from living at its margins. This view from the bottom allowed her to see American economic life as a machine that extracts and excludes, forcing trans women like herself to resort to informal economies of mutual aid, sex, and survival.

Mae's life story weaves together the contradictions at the heart of this chapter. She perceives gender as fluid, emphasizing that humanity is evolving toward a state where traditional binaries of "male" and "female" become obsolete. "To me, they're fighting against the future of humanity," she remarked, "because I think humanity, if it's allowed to evolve, will become both and neither." In our conversations, she moved effortlessly between discussions of hormone therapy and Biblical metaphysics, gender performance and anti-capitalist conspiracy theories. She is, in many ways, a living archive of trans life and thought before the language of transness existed. Her reflections illuminate not just generational tensions but the layered, sometimes contradictory frameworks through which gender is lived, defended, and imagined over time.

Discussing the terminology of gender variance and her journey to self-understanding, she told me:

> For me, the transition was a gradual thing because the terms developed as the movement developed. When I first came out, I was a "feminine male," then a "drag queen," and then I was a "transvestite," then a "transsexual," and now it's "transgender." [….] So, I mean, the terms are always evolving and changing. So to say, "Well, did you come out?" Not really. It was an evolution. Now, where does an evolution start? For me, I was born female so I never reached a point where I realized I'm a woman. No, no, no…it was an evolution where I was born thinking that I was a girl. At six or seven, they started treating me like a boy. And then I kind of went undercover. I mean, my mannerisms, my look, and my voice was still kind of gayish sounding because it was in between. But as far as being "gay identified?" I never was.

While Mae advocates for a conception of gender as fluid and ambiguous, she often critiqued the ways other trans women portrayed femininity. Her perspective betrays a contrarian stance: one that imagines a non-binary future for all, while also advising other trans folks to work through their transitions without striving for perfect alignment between gender identity and its physical portrayal. She described this complex situation by telling me:

> It's about alignment, dealing with the fact that transgenders have to get aligned—their thinking, their emotions, their physicality—before it's going to run smoothly, or as best it can, which is really difficult. I mean, with science, we can get the physical close. There's

> a word; it's not a nice word: B-L-U-R-S-E. It's a cross between a curse and a blessing. Well, you'd think they'd've come up with a better word, but all blessings have a curse and all curses have a blessing because see, there is nothing in this world that is a hundred percent of anything. It's always got a portion of its opposite.

In this sense, Mae's perspective on gender variance foresees a future of gender fluidity yet also relies on binaries such as yin/yang, and male/female energies. She expressed dismay at trying to keep up with contemporary gender pronouns being used by younger queer people and the opprobrium that follows from misspeaking or misjudging a person's identity. To her, misgendering is the fault of the person being addressed because they are failing at achieving a legible and recognizable gender identity. "We spent decades trying to make the world see us as women or men, and now we're told that doesn't matter," she said. "It's hard to reconcile."

Mae's stance is not simply an idiosyncratic perspective but reflects a broader generational tension within trans and queer politics. On the one hand, she acknowledges that gender is in flux, even arguing that humanity may eventually move beyond rigid sex categories. On the other hand, she is deeply invested in a binary model of transition, one in which femininity is something that must be convincingly performed and perfected. Her critiques of younger trans women who do not fully "pass" suggest a commitment to a model of gender that prioritizes coherence and legibility within dominant social frameworks, even as she expresses an awareness of gender's mutability.

While Mae recognizes that gender is not static, she personally adheres to a framework in which legitimacy is secured through a binary transition. This reflects a historical moment when passing as one's affirmed gender was not just a personal goal but a survival strategy. Her perspective aligns with trans narratives that understand transition as a movement from one stable category to another, where legibility within the gender binary is not simply a preference, but a necessary means of securing recognition.

At the same time, Mae's life story defies any simple division between fixed and fluid models of gender. Her metaphysical orientation, shaped by gestational theory and apocalyptic speculation, leads her to imagine a future in which humanity evolves beyond the binary altogether. In this way, she diverges from many of her generational peers who remain firmly rooted in coherence-based models, aligning with younger queer visions of mutability, at least ideologically. And yet, she also struggles to adjust to novel pronoun conventions and expresses frustration at the idea that her deeply embodied understanding of gender is now seen as insufficient or misaligned.

Mae's story is distinct in its philosophical outlook and confident defiance. She narrates her gender as both biologically grounded and cosmically transcendent. In his critique of reproductive futurism, Lee Edelman (2004) challenges the dominant, heteronormative cultural investment in the future as a site of meaning and redemption, arguing instead for a queerness that resists being tethered to forward-looking political projects. Mae's marginalization within contemporary trans spaces such as being celebrated as an "ancestor" but excluded from full participation, reveals a different kind of temporal tension: not refusal of the future, but a sense of having been abandoned by it. Her story complicates both nostalgic and futurist logics, insisting on the value of remaining defiantly, if uncomfortably, present. But the tensions she embodies echo those expressed by others in this chapter. Like Victor, an older gay man, she worries that the movement she helped shape has rewritten its rules without her. Like other trans women, including Olivia, she feels caught between eras, her past struggles discounted by shifting semantic and political norms. Unlike some queer seniors, whose dismay takes the form of quiet withdrawal, Mae meets these changes with sharp humor and a metaphysical worldview that resists erasure by imagining alternative futures. Together, these respondents' stories illustrate the

complex emotional terrain of getting older as a member of the queer community in 2020s San Francisco. That is, a sociocultural landscape shaped by disputed timelines, vocabularies, and modes of survival. The tensions conveyed through Mae's story, between survival and recognition, binary versus fluid identities, historical legitimacy and contemporary ideological alignment, frame the broader generational dynamics explored in this chapter.

Queer and Trans Politics in Transition

Generational divides in the San Francisco LGBTQ+ community reflect more than changes in vocabulary or activist priorities. For Mae and many of her peers, gender was not a discursive identity, but a performance honed according to considerations of risk—something you had to get right to be safe. As she put it, "We spent decades trying to make the world see us as women or men, and now we're told that doesn't matter." Beneath her words lies a deeper tension: the shift from seeing gender as something one had to get right to survive, to viewing it as a form of self-expression.

This chapter explores how tensions over linguistic precision and identity politics, especially around pronouns, can become emotionally charged sites of tension between younger activists and older LGBTQ+ individuals. While these dynamics are often framed as moral failures or political stubbornness, I suggest they are better understood as mismatches in cultural frameworks, shaped by divergent histories of survival, recognition, and conceptions of queer community.

At the center of these intergenerational tensions is the question of recognition—not only the desire to be seen, but the demand to be understood according to particular cultural logics. In this chapter, I treat recognition not as a stable achievement, but as a historically contingent process shaped by language, identity politics, institutional power, and affect. For older LGBTQ+

people, recognition often meant legibility within binary norms and a way to survive or gain access to care. For younger queer and trans activists, recognition is increasingly linked to fluency in emerging pronouns, ideological frameworks, and practices of disclosure. These differing orientations can generate confusion, frustration, and unintended forms of exclusion.

Drawing on ethnographic fieldwork, critical theories of performativity, sociolinguistics, and rhetorical affect, I argue that contemporary queer discourse, despite its inclusive intentions, can unintentionally marginalize older community members by holding them to new normative standards of language and identity. Concepts such as Judith Butler's performativity and Sara Ahmed's affective economies will help frame how these linguistic shifts shape who feels legible, respected, or alienated, and why. At the same time, I highlight the structural and cognitive challenges faced by aging adults adapting to these changes. Rather than dismissing either side, this chapter aims to create space for empathy, critique, and intergenerational dialogue. As queer and trans communities continue to evolve, so must strategies for coalition-building, recognition, and care.

This critique does not dismiss the importance of linguistic adaptation or intersectional awareness but challenges the moral rigidity and rhetorical extremes that often accompany their enforcement. As Olivia, a Hispanic transgender woman in her late 60s, told me, "It feels like the battles we fought to just exist are being overshadowed by arguments over the right words to use." Similarly, Cesar, a Hispanic gay man in his mid 70s, observed, "I've been out longer than some of these activists have been alive. But now it feels like my experience doesn't count unless I use the right words." Both Cesar and Olivia were heavily involved in care work and activism during the AIDS epidemic. Their sentiments highlight a growing disconnect between

generations, where historical achievements and lived experiences may seem to be sidelined in favor of ideological conformity.

A focus on transgender issues at the national level in the United States has also made discussion of these topics highly politically and emotionally charged. The recent 2024 Presidential Election highlighted the ways that the left and right both sought political capital by focusing on trans rights. Perhaps the strongest television attack ad aired by Donald Trump's campaign sought to frame the Democrats' attention to trans rights as out of touch with the American mainstream and an assault on foundational concepts, such as the biological underpinnings of sex, parental rights, and women's rights to safety and female spaces. The now infamous line that ended the ad states: "Kamala is for they/them; President Trump is for you" (Wikipedia, 2024). With a $17million ad buy, this commercial ran regularly on American televisions in the run-up to Election Day, with particular focus on buying airtime during NFL games and other major televised events (Davis, 2024). The effort cast Kamala Harris' statements in support of trans rights as extreme and in contrast to most Americans' views on the matter. Never mind that Harris' statements highlighted in the ad were heavily decontextualized. For whatever reason, this campaign was highly successful, with pundits positing that it gave the Trump campaign the ultimate push to assume a thin lead in final vote tallies (Tomlinson, 2024).

While the rightwing use of trans and nonbinary issues is likely to increase discrimination and violence against groups that are already at high risk for such occurrences, the popularity of Republican framing on this issue seems to have touched on real concerns and fears among the US electorate. Had Democrats' and LGBTQ+ activists taken the issue to extremes? Would other, less visible tactics to cement trans rights and freedoms have been more successful while also protecting trans and nonbinary lives from becoming a national focus of bigots? Whatever the

answers may be, smaller scale battles over the recognition of trans and nonbinary identities have been occurring within the LGBTQ+ rights movement for decades. Where the struggle used to be between gay and trans individuals in the movement, there is now also discord between older and younger generations of gender nonconforming peoples.

Generational tensions within LGBTQ+ communities are driven by evolving priorities, linguistic norms, and cultural frameworks. These tensions, especially around pronoun usage and ideological precision, reflect deeper historical and tactical shifts in LGBTQ+ advocacy. While these divides can create feelings of exclusion and erasure among older queer individuals, they also present opportunities for fostering intergenerational understanding and solidarity. To build a more inclusive and resilient LGBTQ+ community, activists must reckon with the unintended consequences of their rhetoric and reimagine a politics that honors both the historical struggles of older generations and the innovations of younger ones. This requires moving beyond the binary of progress versus tradition to create a movement rooted in empathy, adaptability, and genuine collaboration.

Historical Context: The Foundations of LGBTQ+ Advocacy

The historical struggles of LGBTQ+ communities offer essential context for the generational tensions explored in this chapter. For many older queer and trans people, survival—rather than semantics—was the primary political goal: fighting for visibility, basic rights, and access to care during the AIDS crisis, often in the absence of institutional support. Sam, a White gay man in his 70s who has worked as a hospice nurse since before the AIDS epidemic began, told me, “We built this movement on the idea that we were stronger together. Now, it feels like everyone’s fighting their own battles instead of focusing on the bigger picture.” His comment

echoes a broader feeling of fragmentation among elders, who often experience the shift from collective action to identity-based politics as both a cultural and emotional rupture.

The activism of the 1970s and 1980s, shaped by direct confrontation with state neglect, homophobia, and the AIDS epidemic, laid the foundation for many of the rights and cultural recognitions that LGBTQ+ people enjoy today. Collective survival was the central political imperative, driving the formation of community care networks and activist coalitions. Yet even in these urgent coalitional spaces, divisions emerged. As Susan Stryker notes in *Transgender History* (2008), the early gay and lesbian movements often misunderstood or sidelined transgender voices, particularly those who engaged with medical institutions as part of their transition. The removal of homosexuality from the Diagnostic and Statistical Manual of Mental Disorders (DSM) in 1973 was a pivotal moment. After that point, gay and trans activists began to pursue increasingly distinct political goals. Stryker explains:

> Gay liberationists who had little familiarity with transgender issues came to see transgender people as "not liberated" and lacking in political sophistication, as being still mired in an old-fashioned "preliberation" engagement with the establishment, as still trying to fit in with the system when what they should really be doing was freeing themselves from medical-psychiatric oppression (2008, 109).

This early fracturing continues to reverberate in contemporary queer and trans politics, especially for older trans individuals who often feel doubly marginalized. That is, excluded from earlier liberationist coalitions and disoriented by the present-day focus on fluidity, precision, and ideological alignment.

For many queer seniors, this sense of erasure is not simply about visibility, but about being asked to re-earn their place in a movement they helped build. As Olivia put it: "First, we had to prove we existed; now we're proving we're still relevant." For her and others, the shift

from fighting for survival to navigating the moral demands of linguistic correctness can feel less like progress and more like displacement.

Judith Butler's theories in *Gender Trouble* (1990) and *Who's Afraid of Gender?* (2024) offer a useful lens for understanding this intergenerational disjuncture. Their argument that gender is not a stable identity but rather a performative effect of repeated acts helped revolutionize queer theory. But it also had the effect of disrupting the very frameworks that earlier generations had relied on to claim recognition. For many older trans individuals, gender was not an abstraction but a hard-won alignment between internal identity and social legibility.

The rise of nonbinary identities and the political emphasis on gender's fluidity can feel, to some elders, like an implicit challenge to their profoundly embodied histories. Many fought to move from one fixed gender category to another, not to abolish the categories altogether. Mae once told me: "They used to call us transvestites, then we were transsexuals, and now we're transgender. Call me whatever you like, just don't call me a man!" Her statement, echoed by many other respondents, reveals not just resistance but exhaustion: a desire to be recognized for the lives they already lived, rather than being constantly reclassified by changing discourses. These experiences reflect a longer history in which psychiatrists, academics, and even fellow queer people sought to define trans identities from the outside. For trans seniors, identity has often meant not just a claim to queerness, but the right to convincingly and safely inhabit the social expectations of womanhood or manhood.

In *Who's Afraid of Gender?* (2024), Butler highlights how resistance to gender fluidity often reflects deeper societal anxieties about destabilizing established norms. What appears on the surface as pushback against pronouns or language is, at a deeper level, a struggle over cultural continuity and ontological security. Cesar put it plainly: "We're not just asking people to

change how they talk, we're asking them to rethink everything they know about gender and identity." His observation points to the intensity of these generational shifts. For those who came of age when recognition meant aligning with normative expectations of gender presentation, today's rapidly evolving norms can produce not just confusion but a sense of personal disorientation. The same discourses that liberate some can leave others feeling erased from the community they helped build.

The generational divide is further complicated by the rise of intersectionality as a dominant framework within contemporary queer activism. First named by Kimberlé Crenshaw (1989), intersectionality helped articulate how overlapping systems of oppression (racism, sexism, classism, homophobia, transphobia) compound one another. Its uptake within queer politics has shifted the terrain from collective survival to what some elders perceive as a complex navigation of positionality and privilege. While intersectional thinking has been crucial for exposing forms of exclusion within LGBTQ+ spaces, it has also, at times, obscured the histories of those whose activism was grounded in crisis, not critique. Sam, a white gay man in his 70s, put it bluntly: "We didn't have the luxury of debating privilege. We were too busy trying to stay alive." His comment doesn't deny the value of intersectional analysis. Rather, it reflects a temporal disjuncture between survival-based organizing and the more academic or discursive emphasis that has come to characterize some parts of contemporary activism. For many elders, the shift feels like a move from solidarity to stratification.

As newer frameworks like gender performativity and intersectionality shape the contours of queer and trans politics today, the challenge lies in how to embrace the present without erasing the past. As both Stryker and Butler make clear, generational tensions within LGBTQ+ communities are not simply interpersonal disagreements. They are deeply structural and rooted

in debates over what counts as visibility, legitimacy, and queer history. Bridging this divide involves more than inclusive rhetoric. It requires reckoning with the complex legacies of survival, identity formation, and recognition. A queer politics that values history but seeks an improved future must make space for contradiction, ambivalence, and the uncomfortable work of intergenerational dialogue.

The Politics of Pronouns: Recognition and Resistance

Pronouns have become a central site of political and ethical concern in contemporary queer and trans activism, seen by many younger community members as a necessary tool for affirming identity and creating inclusive environments. For older LGBTQ+ individuals, however, the rapid evolution of language around gender can feel disorienting. Renee, a White lesbian in her mid 60s, shared, "I try to use the right pronouns, but it doesn't always come naturally. Then I feel judged when I mess up." This feeling of being evaluated or corrected, even when one's intentions are noble, was echoed by many of the seniors I spoke with. Their reflections do not necessarily suggest opposition to inclusive language, but a struggle to keep pace with shifting norms, particularly in contexts where the stakes feel high.

For many younger LGBTQ+ activists, pronouns are more than grammatical markers. They are ethical commitments, seen as essential for validating diverse gender identities. Older queer and trans individuals, by contrast, often describe a sense of disorientation or anxiety around these evolving norms. "We didn't grow up thinking about pronouns," Sam told me. "It's not that I don't respect it—I just don't always get it right, and then it feels like I'm being called out for not caring."

The meaning and function of pronouns have shifted over time. For older trans people like Mae and Olivia, pronouns historically served to affirm hard-won binary identities. Being called

"she" or "he" was not a gesture of ideological alignment, but a way to secure recognition, safety, and belonging. In contrast, younger activists often treat pronouns as a site for challenging binary thinking altogether. This divergence, between using pronouns to stabilize identity and using them to disrupt it, reveals a deeper tension over how gender is understood and enacted.

Judith Butler's theory of gender performativity offers a useful lens for understanding this tension. As Butler (1990) argues, gender is not the expression of an inner truth, but a set of repeated social acts that create the appearance of stability. For many elders, however, pronouns are not abstract. They are part of the labor of becoming legible to themselves and a sign of recognition for those efforts from others. Mae, for instance, spent decades learning how to be seen as a woman in a hostile world. When those discursive rules shift, such as when being correctly gendered is no longer about passing but about fluency in new pronoun schemes, the efforts they once undertook to become themselves and to create a space for trans people in society can feel dismissed or devalued.

Butler's recent writing in *Who's Afraid of Gender?* (2024) extends this insight, warning that efforts toward linguistic inclusion can become exclusionary when they ignore histories of harm or unequal access to emerging norms. Olivia captured this ambivalence when she told me, "Back then, we were just trying to be seen and survive. Now, it's like you're judged for not using the perfect words." Her comment reflects the emotional weight that language now carries, especially for those whose identities were forged through other historical struggles.

Mae's perspective on being misgendered or misread by other people gives some insight into how older trans participants perceive and think about such slights. She described an experience she had on Powell St. near Union Square in the late 1980s. She was walking in between two friends from New York who were cisgender female models. Passing a group of

tourists, one of the men said, “The two on the end but not the one in the middle.” They were debating which of the women were transgender. Mae was surprised in the moment, telling me: “I thought, ‘wait a minute, they clocked these two women as being the drags or the trannies. And then I passed.’” She realized in that moment, thinking:

> Fuck this! Men have always done this to women. It's their one trump card to keep her in line. “Why are you so butch? You act like a man. You think like a man. Don't challenge me. I'm a man.” It's like, oh, okay. So, it's like I tell these [trans] girls when someone calls them a dyke or a boy: “Men have always done this to real women, so the fact that you experience this in your transitioning should not be something that depresses you or causes you to question: “Oh, I'm being clocked!” Maybe you were, but what does it matter? It gives you something to work for and on because very few of us are born as seeming to be the opposite sex with no telltale signs about the sex we really are.

Mae’s nuanced perspective on misgendering reflects the resilience that queer seniors in this study invoke when faced with mockery or adversity. But she also expresses frustration, not only with the open verbal abuse she and her friends encountered, but with the patriarchal system that advances a narrow, idealized femininity. Gender-based policing is damaging to all involved but has long been a tool for men to reinforce their dominance over feminized subjects and to suppress challenges to their authority. In this sense, “being clocked” is not just a personal slight but part of a systemic pattern of gender power dynamics.

Mae’s response to being read or clocked on the street is not outrage or shame. Rather, she reframes the moment as an opportunity for growth and self-affirmation. “It gives you something to work for and on,” she reflects, emphasizing the need for resilience and constant self-improvement rather than internalizing external judgements. In another era (and too often even nowadays) when calling someone out for transphobic abuse or misgendering could result in further denigration or even violence, it was imperative to have a thick skin. She does not disregard the need to strive for respectful and self-affirming recognition from others but views an obsession with perfection as counterproductive and emotionally draining. By telling "these girls"

(younger trans women) not to let misgendering or being clocked upset them, she is advocating for internal empowerment over external validation. This stands in contrast to modern LGBTQ+ political narratives that often frame misgendering as an inherently damaging act. Her perspective implies that focusing on one's own sense of self can mitigate the emotional impact of others' perceptions.

Mae's rationale around this incident provides an indirect critique of the contemporary emphasis on linguistic precision (i.e., pronoun correctness) as the ultimate form of respect or validation. Rather than expressing outrage at the violence of words, she highlights the complexities of identity beyond language and focuses on the lived realities and systemic challenges that trans women face. In a sociocultural and political landscape increasingly shaped by younger activist's concerns, Mae's statement, "what does it matter?" challenges contemporary prioritization of immediate linguistic affirmation, and suggests that personal resilience, self-work, and efforts towards systemic change could be more impactful.

These generational tensions often come to a head in institutional settings. In the senior-care organizations where I conducted research and volunteered, pronoun use was a frequent site of friction. Staff, often younger and themselves queer or trans, worked hard to foster inclusive environments by encouraging correct gendered language. However, this well-intentioned effort could sometimes feel punitive or alienating to elders struggling to adapt.

Some seniors would consistently use the wrong pronouns when addressing other community members or staff. They would then be taken aside and reminded of the proper way to address others. In some instances, repeated misgendering could result in being "written up," which was a vague threat that entailed punitive outcomes I was never able to learn about. It seemed particularly shocking when a trans woman in her late 80s was removed from a group

meeting because she could not adapt to the nonbinary discussant's they/them pronouns. Most of the seniors usually found it easy to use the proper gender and pronouns of trans individuals. When it came to nonbinary individuals or people who performed an ambiguous gender identity though, they could find it difficult to utilize the correct forms of address.

While staff were often patient and committed, some elders felt that the emphasis on linguistic correctness overshadowed their own needs. A fellow volunteer and queer senior himself once told me that he felt the organization we were working with was more interested in creating an ideal space for their staff members to realize and enact their "true selves," rather than attending to the needs and realities of their elder clients. Whether or not this was a fair assessment, it echoed the sentiments of many elders who quietly disengaged from programs they once relied on. As one trans woman told me after a misgendering incident in a group setting: "I wasn't trying to be rude—I just didn't know. But I felt like I was being treated like a child."

Reflecting on the widening gap between her generation's struggles and the priorities of younger queer people, Olivia told me:

> Back then, we were just trying to be seen and survive. Now, it's like you're judged for not using the perfect words. Language changes, I understand that, but it's hard when it feels like you're being left behind in your own community. It feels like they're telling me I'm not trans enough because I don't care about pronouns the way they do. It's like showing up for an exam, but at the last minute the subject matter's been changed.

Many gay, lesbian, and trans seniors I spoke with echoed this sense of moving goalposts, of a movement whose terminology had changed without warning. Victor, a Black gay man in his early 70s, broke down in tears as he recounted how fearful he'd become of saying the wrong thing in community spaces. "I fought for decades to just be me," he said. "Now it feels like I'm doing it all over again with a different set of rules—like someone switched the locks on us. I want these spaces to feel inclusive, but not at the expense of making older people like me feel

unwelcome." These weren't expressions of resentment, but of fatigue, an exhaustion that comes from having fought for legitimacy once, only to be asked to do it again under new conditions, often with less support.

As Karl Mannheim (1952) theorized and Jennifer Cole (2004) expands, generational experience is not inherited whole but pieced together from fragments, ruptures, and "fresh contact" with inherited norms. For queer and trans elders, the shifting rules around language often feel less like continuity and more like a reordering of the world that demands constant renegotiation.

This dynamic also resonates with Sara Ahmed's broader analysis of emotional labor and institutional diversity work. Ahmed (2012) notes that inclusion often comes with affective expectations, certain ways of feeling and responding that mark one as properly aligned with a space. In this framework, older LGBTQ+ individuals are not only asked to adapt linguistically, but to express their understanding in ways that match the intended emotional register of the room or organization.

This sense of emotional dissonance aligns with what Ahmed (2010) terms the "affect alien"—the one who does not respond with the correct emotional cues, who brings discomfort where affirmation is expected. The affect alien is one whose feelings are out of sync with what a space demands. They bring confusion where clarity is expected, or discomfort where affirmation is assumed. Elders like Olivia and Victor become affect aliens in spaces where linguistic fluency is equated with care and political belonging. Their uncertainty, shame, or hesitation is not interpreted as a product of generational difference or structural change, but as evidence of personal failure. Ahmed reminds us that inclusion is never just procedural, it is affective, and it works by rewarding those who feel the "right" way at the right time. For queer and trans elders,

achieving that alignment is not always straightforward, even when their intentions are compassionate.

To be clear, there are the occasional bigoted gay man, lesbian, or unkind trans person who purposefully misgender and degrade gender diverse community members and staff, but these are exceptional cases. I never witnessed anyone addressing others with malign intent in spaces for seniors who were active clients with HomeSpace or the Center. When issues did occur, it was usually with individuals who were attempting to begin receiving services. Because these organizations are non-profits and receive city funding, they are largely open to the public, serving as points of contact to provide social services that go beyond the LGBTQ+ community. Occasionally, someone with untreated mental illness or substance disorders would come in who, when upset, would scream abuses at anyone present. The most patient staff members could sometimes work with these individuals, but they were usually turned out of the door after hurling insults, throwing objects at reception staff, or stripping nude in the lobby. For all that I am offering a critique in this chapter, it needs to be stated that the staff members at these organizations are working long hours for little pay and often little-to-no appreciation. I learned de-escalation skills and methods for working with people experiencing psychoses and drug overdoses that cannot be learned outside of these settings. Staff members are committed, hardworking, and deeply empathetic under circumstances that would test Mother Theresa's patience.

Queer seniors are not choosing to misgender or insult anyone through the utterance of incorrect pronouns, but the stakes of misspeaking are often treated with a level of moral significance that can feel disproportionate to those unfamiliar with the new norms. Olivia suggested as much when she told me: "I get why it's important, but I don't think every mistake is

life or death. That kind of pressure just pushes people away." Her words point to the common refrain amongst trans rights advocates who refer to the correct use of gendered language as a form of "suicide prevention." When the stakes are so high, how can there be any choice but to discipline and isolate perpetrators? For seniors who grew up with little recourse but to endure the constant slings and arrows of homophobic invective though, the performative solemnity and gravity surrounding pronoun usage feels extreme and purposefully vulnerating. They worked and suffered to create a queer culture that could laugh at itself to keep from crying over the extreme abuses they were left to endure by the rest of society.

Cesar touched on this sentiment as we discussed his struggles with adapting to novel pronouns and gendered identities: "I get it, but sometimes it feels like a lot to keep up with. It's not that I don't respect it—I just didn't grow up with this." His statement reflects what I heard from many other participants: it feels to many elders like the rules changed overnight about what words are correct, they are trying to learn and change, but they find it difficult to adjust such a basic form of grammar. These emotional responses are not rooted in resistance, but in the structural and cognitive demands of adapting to rapidly shifting linguistic norms, particularly in high-stakes social contexts.

Research in applied linguistics complicates assumptions about aging and language learning. Jessica Cox (2017), a professor of Spanish and linguistics, found that older adults, especially those with formal education or bilingual experience, are capable of learning novel linguistic structures when given explicit instruction and adequate support. Her study shows that adaptation is possible, but it requires time, repetition, and patience:

> Results demonstrate that across levels of language experience and types of instruction, healthy, educated older adults were able to change their processing strategies for assigning thematic roles from L1- [monolingual] and L2-based [bilingual] strategies to new, more effective strategies in the TL [third language]. Importantly, this change was

> largely maintained two weeks following no exposure to the TL, indicating retention of the new processing cue (2017, 50).

While promising, this kind of learning environment is radically different from the conditions elders face in many LGBTQ+ community settings, where the stakes of language are deeply moralized. Unlike in classrooms, where mistakes are part of the process, public errors around pronouns are often interpreted as harmful acts. Elaine, a White lesbian in her mid 70s spoke to me after an LGBTQ+ seniors discussion group in which she twice misgendered the discussant, reflecting, "I try to use the right pronouns, but it's hard to change habits that are decades old. Sometimes, I don't even realize I've made a mistake." She told me she felt like a "doddering old biddy" for misspeaking, but the discussant was empathetic and the incidents were understood as inadvertent slips of the tongue. In this instance, Elaine castigated herself and felt ashamed, but no punitive measures were imposed. This disconnect between the cognitive needs of older learners and the social dynamics of pronoun use highlights the need for patience and empathetic approaches that acknowledge the challenges older adults face while learning to adapt to these linguistic shifts.

When I tried to gain some clarity on HomeSpace' policies surrounding correct pronoun usage and enforcement procedures in an interview with a Social Worker/Housing Coordinator on staff, I was told that: "These are incredibly intelligent people that absolutely can learn." While this can be seen as a hopeful, anti-ageist claim, it also followed a lengthy discussion of the various cognitive and emotional conditions that HomeSpace community members suffer from—Alzheimer's and long-term HIV-related dementia were just some of the examples. If staff members subscribe to the idea that every senior can adapt to new linguistic forms, then errors necessarily become intentional slights requiring intervention.

The question, then, is not whether elders can adapt, but whether the environments they move through make that adaptation possible. When learning is governed by fear or shame, even the most well-intentioned individuals may withdraw. If pronouns are both ethical and performative, as Butler and others suggest, then we must also ask: What kind of affective and institutional conditions best support the difficult work of linguistic transformation? Without space for imperfection, we risk reproducing exclusion under the banner of inclusion.

Other research in the field of sociolinguistics illustrates how different age-related limitations may impact an individual's ability to adapt to perspectival shifts in narrative discourse. Hendrix et al. (2014) tested children (ages 4-7), young adults (18-35), and elderly adults (69-87) on production and comprehension tasks to assess referential choice. The goals were to examine whether speakers base their referential choices solely on prior discourse or also consider a listener's perspective, and to explore how perspective-taking in referential choice varies with age-related cognitive changes. Their research indicates that while young adults are adept at considering the listener's perspective, both children and older adults face obstacles in this area, albeit for different reasons. Children often produce ambiguous pronouns due to developing cognitive and linguistic skills, whereas older adults may struggle with perspective-taking because of age-related cognitive decline, particularly in working memory and attention (2014, 403).

In the context of generational tensions surrounding pronoun usage within the LGBTQ+ community, these findings suggest that older adults might find adapting to evolving linguistic norms particularly challenging. The cognitive demands of consistently using novel or non-traditional pronouns require effective perspective-taking and working memory capabilities. As these cognitive functions can decline with age, older individuals may inadvertently use incorrect

pronouns or resist adopting new linguistic practices, not out of unwillingness, but due to genuine cognitive constraints. This research underscores the importance of fostering empathy and patience in intergenerational dialogues about language. Recognizing that difficulties in adopting new pronoun conventions may stem from cognitive limitations rather than intentional resistance can help bridge generational divides. Creating supportive environments that accommodate these challenges and providing explicit instruction in educational settings can facilitate more inclusive and understanding interactions within the LGBTQ+ community.

Amelia, a White trans woman in her early 70s who grew up in the Bay Area and transitioned in her late twenties, provided a nuanced perspective on her experiences of being misgendered. She told me: “Receiving pronouns I didn’t want used to break me apart inside,” demonstrating the intense personal stakes with pronouns. However, she went on to discuss a realization, like Mae, that reliance on external validation for affirmation is unsustainable. Amelia’s critique reveals the duel-edged nature of contemporary linguistic norms as both affirming and potentially exclusionary. She continued:

> The situation has become absurd. As a transgender person, the last thing I want is to be addressed with pronouns I don’t want [they/them], yet this system often leads to that. We've created a scenario where everyone is expected to declare pronouns and memorize others’ regardless of visual cues.

Her words demonstrate the frustration that many seniors (gay and trans) feel when confronted with contemporary norms about asking for someone’s pronouns and being precise in their referential choices. She contends that pronouns have become overemphasized as a measure of respect, creating unnecessary friction within and outside the trans community.

Amelia’s feelings surrounding the stakes involved with correct pronoun usage also demonstrate the tensions between trans and non-binary conceptions of gender variance. Touching on this disconnect, she stated: “I don’t identify as they/them and don’t want to. I’ve

spent decades and a lot of time and money to transition. Most people don't want to be they/them because they want pronouns that match their sex. Sex is one of two things with humans." While this view reflects many older trans people's commitment to binary legibility, it also risks reinscribing essentialist understandings that younger nonbinary individuals resist.

The older trans participants I interviewed, like Mae, Amelia, and Olivia, believe in sex as definitive. That is, they each acknowledge that they are biological males, but expect that the visual cues they embody should be enough to indicate their gender and preferred pronouns to others. Each of them felt that the debate over pronoun usage had increased animosity against trans people. Amelia spoke about how people used to address her as a woman because of how she presented herself, even if they had clocked that she was trans. "But now, everyone asks me for my pronouns. I wear makeup and dresses and have boobs, do you think I'm trying to be a man or a they/them?!" Amelia's statement reveals the tension between traditional transgender narratives focused on alignment with the binary and newer non-binary identities that reject the binary altogether. Olivia echoed Amelia's words, saying that she was usually addressed as she/her without needing to assert her pronouns until the contemporary pronoun debate began and now people either ask her for her preferred pronouns or purposefully misgender her to make a political statement about transness.

Sara Ahmed's analysis of emotional labor in *The Promise of Happiness* (2010) further contextualizes this dynamic. She argues that happiness is often portrayed as a reward for conforming to certain social ideals, and those who deviate from these norms may be labeled as sources of unhappiness or as "killjoys." This dynamic can create significant social pressure to conform and can alienate individuals who challenge or do not fit within these prescribed norms. For instance, Ahmed introduces the concept of the "feminist killjoy," describing how feminists

are often perceived as spoiling the happiness of others by pointing out sexism. She writes: “Let's take this figure of the feminist killjoy seriously. Does the feminist kill other people's joy by pointing out moments of sexism? Or does she expose the bad feelings that get hidden, displaced, or negated under public signs of joy?" (2010, 65-66). This perspective highlights how emotional rhetoric may be used to suppress dissent and maintain social conformity. By framing certain language or behaviors as essential for collective happiness, groups or societies pressure individuals to adhere to specific norms, thereby alienating those who resist or question these expectations.

Ahmed argues that the emotional burden of enforcing and adhering to linguistic norms often falls unevenly across communities, creating tensions and feelings of exclusion. Older LGBTQ+ individuals, already navigating histories of marginalization, may perceive these expectations as yet another layer of emotional labor that is disproportionately placed upon them. Here we again encounter “affect aliens”: those whose emotions or responses disrupt a dominant social script. She explains that marginalized individuals are often made responsible for maintaining the happiness of the collective by adhering to new social norms, even when these norms feel alienating or personally disempowering. She writes, “The demand to adjust, to accommodate, is a demand that is always made of those who do not quite inhabit the norms in the right way” (2010, 155). In the case of pronoun use, queer seniors who struggle with new linguistic conventions may be cast as resistant or even regressive, reinforcing generational divides. Their discomfort is often framed as a refusal to progress rather than as a legitimate difficulty shaped by cognitive restraints, different life experiences, and previous struggles for inclusion. In this sense, the demand for correct pronoun usage operates not just as a call for

respect but as a form of boundary enforcement, determining who is properly "in" the community and who risks exclusion.

The concept of the "affect alien" pushes us to reevaluate struggles for progress and the inadvertent harm that can be committed as social movements adopt novel methods and language. I have asked students what their feelings are toward the use of the word "queer" as a collective reference for diverse gender and sexual minorities. They looked at me blankly, unaware of what I might be getting at. Several students made the argument that "queer" is a useful term because it allows the LGBTQ+ rights movement to expand to include allies and others who support the ideals of the contemporary queer rights movement. I have to remind them that while supporting queer rights is a worthy goal, expanding the umbrella of those who speak for the "queer community" risks erasing the gender/sexual minority groups who are subject to the material consequences of homo-/trans-phobic legislation and social paradigms. Because anyone can hypothetically "join" the queer community, there is the potential for the movement to become watered down by the views and goals of those who do not explicitly represent gay or trans voices. The colloquial neologism "spicy straights" has been coined to refer to men and women who align themselves with the queer community but generally do not inhabit or enact minority gender or sexual identities or practices. The prototype is the college woman who professes to find other women attractive but would never enter into a sexual or romantic relationship with someone of the same gender. Questions also arise around heterosexual people involved in the kink community. While BDSM/kink play is still a transgressive act in contemporary American society, those who participate are not usually at a material disadvantage due to their membership in such a community.

"The more, the merrier" has been my students' refrain when considering these questions. They argue that the queer community can do with all the support it can manage. Perhaps so. But I also mention to them that the ubiquitous use of the term "queer" in place of gay, trans, LGBTQ+, or other terminology often recalls painful memories of abuse for queer seniors. In interviews with gay and trans seniors, acceptance and use of the term "queer" as a reference to individuals or the broader LGBTQ+ community was mixed, and dislike of such terms was correlated with age. That is, the older the participant, the less likely they were to embrace the use of the term. Reggie, a 93-year-old Jewish gay man and practicing therapist, told me: "I've gotten used to it. I don't like it, okay? But I don't dislike it." Similarly, John, a gay white man in his late 70s who was previously married to a woman and has children from that relationship, responded: "I still kind of bristle at it because of my age. Back then, 'queer' was quite pejorative and mean. The ultimate insult was to be called 'queer' or 'faggot.'" Participants under 70 years old, in contrast to their elders, were largely accepting of the term, although some mentioned that it matters who's saying it. Catherine, a Black lesbian activist in her mid 60s, echoed this sentiment, stating: "I feel it's good. And my good girlfriends, we call each other 'cunts.' It definitely takes the sting out of it to use those words among friends." By adopting the word "queer" as a referent among LGBTQ+ individuals, it has lost much of its derogatory, bullying power. However, the uptake of such language is also alienating to some older gay and trans people. Considering Sara Ahmed's (2010) *The Pursuit of Happiness,* we can see how the term "queer" and other novel language in the contemporary LGBTQ+ rights movement creates older queer people who may find the term upsetting as "killjoys." Seniors then become "affect aliens" who are left out of the feel-good vibes associated with the *jouissance* of contemporary queer activism and community norms.

This emphasis on linguistic precision aligns with what Deborah Cameron (1995) terms "verbal hygiene," the policing of language as a means of regulating social behavior. Cameron argues that linguistic norms are rarely just about communication but instead reflect deeper cultural anxieties and power dynamics. She writes: "Verbal hygiene provides a way of making sense of language that connects it to moral, social, and political anxieties" (7). In LGBTQ+ spaces, the enforcement of pronoun correctness can sometimes function less as a tool for inclusion and more as a mechanism of social control, where individuals who fail to comply are disciplined or ostracized. In the spaces I observed, what began as a commitment to gender inclusivity sometimes slid into rigid expectations, where older adults unfamiliar with contemporary language were treated not as participants in a shared community but as potential liabilities. While pronoun advocacy is framed as a means of fostering respect, its strict application risks turning language into a moral litmus test, where unintentional mistakes or struggles to adapt are treated as ethical failings rather than opportunities for education.

For older queer individuals, many of whom have spent their lives fighting for visibility and respect, this can feel like yet another imposed standard, one that paradoxically mirrors the gender expectations they have worked to dismantle. Cameron's observation that "correctness is often associated with authority, and authority with oppression" (1995, 148) suggests that while language reforms can be empowering, they can also become tools of exclusion when rigidly applied.

Ultimately, the generational tensions around pronouns and linguistic adaptation reveal more than a gap in understanding. They expose the ways in which power, identity, and control operate within LGBTQ+ communities. Ahmed's notion of "affect aliens" highlights how older queer individuals often find themselves positioned as outsiders to contemporary activist

discourse, expected to adapt to new linguistic norms or risk exclusion. While language is a crucial tool for recognition and respect, its uncompromising enforcement risks alienating those who have already spent decades fighting for queer visibility and acceptance. A more empathetic approach, one that acknowledges both the importance of linguistic affirmation and the cognitive and social realities of older generations, may offer a path forward. Rather than treating pronoun correctness as an absolute moral imperative, fostering spaces for intergenerational dialogue and mutual empathy could help bridge the divide, ensuring that respect is not just about words but also the broader goal of community and inclusion.

Case Study:

The Transgender Training Institute Seminar

When training as a volunteer with the Center, the initial focus is on correctly knowing and using people's gender identity and preferred pronouns. Having trained many volunteers, I was well versed in the importance of this to the organization and would largely spend the first day of a new volunteer's training session on these topics. We wore name tags that stated our preferred pronouns and there were stickers available at the reception desk so that visitors could display theirs. Every volunteer was first taught to greet people as they entered or left the building and to always ask someone's pronouns before interacting with them further. In my time at the Center, several older volunteer hopefuls were eventually told they could no longer work with the organization after repeatedly, though inadvertently, using the wrong pronouns to address someone. Older volunteers were often already at a disadvantage for volunteering with the Center because many did not possess the rudimentary computer skills required for writing referrals as a Front Desk Worker.

The pressure to utilize correct pronouns and gendering at the Center was strong but the staff were not draconian about missteps. Cisgender, trans, and nonbinary staff and volunteers would often make mistakes in pronoun usage and proper gendering of others, but it was accepted that this would occur and gaffes were forgiven if it was evident that the speaker was trying their best and was cognizant of the mistake. This was a testament to the diversity of gender identities inhabited by everyone coming into the building. Indeed, trying to remember everyone's specific identity configuration was ever an ongoing task. We all tried our best, but it was recognized to be an area for constant improvement.

While volunteering with the Center, I was offered the opportunity to join the staff in an online seminar for Training of Trainers (TOT) led by Dr. Eli Green of the now-defunct Transgender Training Institute (TTI). The session focused on training individuals who are

seeking to provide Transgender 101 training to corporate groups, schools, non-profits, or any other entity interested in educating their staff or members on the proper ways to create a trans-affirming workplace or social environment. The introductory materials provided a description of what to expect:

> Are you a trainer who is looking to:
> - Incorporate transgender topics into your current work?
> - Hone your training skills on transgender topics?
> - Learn best practices in teaching transgender content?
> - Increase participants' compassion and empathy?
> - Finesse your responses to Transgender FAQs?
> - Address participant microaggressions?
> - Utilize the best teaching methods to match your goals?
>
> If so, our TOT is the course you are looking for! During our time together we work together to break down the key elements of a successful "Trans 101" training—the nuances of framing and explaining terminology, navigating FAQs, building compassion, integrating intersectionality, and managing participants' microaggressions—and then put it all together by building an agenda to meet the needs of your audience. We use The Teaching Transgender Toolkit: A Facilitator's Guide to Increasing Knowledge, Decreasing Prejudice & Building Skills as a textbook for this course, we help prepare educators to implement the lesson plans included in the book and provide support around aspects of nuanced facilitation such as responding to Frequently Asked Questions, handling challenging participants, addressing microaggressions and managing resistance or social justice fatigue [sic] (Transgender Training Institute, 2022).

The Transgender Training Institute seminar was meant to further educate staff and select volunteers on how to create a trans-affirming environment and increase awareness of trans issues. The session included lengthy discussion of the issues around proper pronoun usage, as well as a review of the various neopronouns that we should be aware of. Dr. Green's introduction to the session followed the same line of thinking as what can be found on the TTI website:

> Not only is it respectful and affirming to use the right pronouns for someone, but it also helps to shape the way you think about that person. If you are using she/her/her's pronouns for a person, you are more likely to subconsciously think of that person in line with other things associated with women and femininity. This is because most women in our language are using she/her/her's pronouns and it's easy for your brain to follow that pattern. By this same token, if you are to use gender neutral language and pronouns for a person, you are less likely to associate them with gendered expectations, and more likely to think of that person in line with non-binary people (Transgender Training Institute, 2022).

This framing centers language as a force that creates the world and influences our perception of reality. Dr. Green informed us that it is best to use gender neutral language when speaking to anyone so as not to place gendered expectations on that person. I generally agree that it is easiest to refer to most people in a gender-neutral manner nowadays, but by doing so, we also seemingly disregard the gendered signals that people are hoping to convey through their

appearance and mannerisms. If to use gendered language to address someone is to erase nonbinary identities, then doesn't the use of nonbinary language erase the gendered aspirations of people as well?

As Amelia explained earlier in this chapter, some trans people find gender-neutral pronouns an affront to their gender performance and a denial of their identity. When I asked Mae if she finds the practice of asking for pronouns helpful as a trans woman, she glowered at me: "Definitely not! Look, okay, the signals are there. Even if you see that I have masculine traits, it's not hard to see what I'm trying to do. Asking my pronouns just makes it feel like they've clocked me. And it makes the other person sound like an asshole."

Returning to the seminar session, Dr. Green introduced us to the various neopronouns now in circulation. A partial list included:

Ze/hir/hir/hirs/hirself or zie/hir/hir/hirs/hirself
Zie/zir/zir/zirs/zirself or Ze/zir/zir/zirs/zirself
Xe/xem/xyr/xyrs/xemself
Fae/fem/faers/faerself
Ey/em/eir/eirs/eirself
Ne/nem/nir/nirs/nemself
Ve/ver/vis/vis/verself

In case this was not enough information to keep us busy, we were also informed that the last two sets of neopronouns: "don't follow the grammatical forms of other pronouns." We were never informed what grammatical forms they do follow.

To begin the presentation and throughout the two-day seminar we were reminded with grave solemnity that using the correct pronouns and gendering were a form of "suicide prevention." While the dire tone of this emotional argument seeks to evoke empathy and urgency in creating inclusive spaces, many of the participants in my research felt that such heightened stakes only lead to increased tension and erasure of their struggle to create an open and resilient queer community. Younger generations often frame proper language as essential for mental health and even survival, yet few of the seniors I spoke with were pleased with the contemporary pressure around linguistic precision and the push for gender neutrality as a baseline. This evolution reflects Ian Hacking's "looping effect"—the recursive feedback between identity categories and the individuals who take them up. As new pronouns and gender terminology emerge, they not only describe identities but reshape how people understand and experience those identities, often leaving older community members disoriented or erased in the process.

The Transgender Training Institute seminar encapsulates the broader tensions between older and younger LGBTQ+ individuals regarding pronoun use and linguistic precision. While the training was intended to foster inclusivity, its rigid emphasis on correct pronoun usage as a moral imperative risks eliding the nuances of lived experience, particularly among queer seniors.

For older transgender individuals like Mae, gender identity is not just a matter of language but of embodiment and social recognition. Her resistance to pronoun disclosure reflects a deeper frustration with the ways contemporary activism has shifted from the struggle for survival and visibility to an emphasis on linguistic precision and identity-based ethics. As she succinctly put it: "I've spent my life trying to prove I'm worthy of respect. I don't need someone telling me how to be trans in their way."

Inclusion by Exclusion: Queer Elders and Institutions

For many LGBTQ+ seniors, the increasing emphasis on ideological purity and linguistic precision in contemporary queer politics is not simply a shift in priorities but an imposition that feels exclusionary and alienating. Amelia, reflecting on her own experiences, stated: "It's not that we're unwilling to adapt—it's that the rules are constantly shifting, and any mistake feels unforgivable. It's draining." Her comment captures the emotional toll that these shifting norms place on older trans individuals, who often feel excluded from the spaces and communities they helped create. Her words highlight the tension between historical struggles for survival and today's focus on linguistic and ideological compliance.

For many older LGBTQ+ individuals, the fight for survival, against institutionalized homophobia, the AIDS crisis, and legal discrimination, shaped their activism as an ongoing, cumulative process. They often see their efforts as laying the foundation for the rights and visibility that younger queer people now enjoy. Cesar conjured this sentiment when he lamented,

> There's passion, but sometimes it feels like there's no respect for what came before. We laid the groundwork for this, but they act like we're part of the problem. I've been out longer than some of these activists have been alive. But now it feels like my experience doesn't count unless I use the right words.

In contrast, younger activists, emerging in a different sociopolitical landscape, engage in what Jack Halberstam (2005) describes as a "queer politics of immediacy," characterized by direct, identity-based demands and the urgent call for recognition on one's own terms. This immediacy often reflects not only political urgency but also a refusal to delay justice or explanation. While powerful, this stance can sometimes clash with older generations' cumulative, long-arc approach to activism—an approach shaped by decades of negotiation, survival, and deferred visibility.

The growing visibility of trans issues within the LGBTQ+ community is a significant and overdue development. Yet some older gay men and lesbians have expressed concerns about being sidelined in the discourse. Many participants described feeling that the issues central to their identities, such as homophobia, marriage equality, and the AIDS crisis, are being overshadowed by contemporary discussions of gender identity and pronoun usage. Sam shared his frustrations on this issue, stating:

> It's not just about being left out of the conversation. It feels like we're being pushed aside. Gay men and lesbians fought so hard for the rights we have today, but now it seems like we're no longer part of the conversation. It's like everything we fought for is being rewritten. We fought so hard just to be here. I wish more people understood what it took to get to this point.

Catherine, who lived in San Francisco throughout the 1980s and 1990s before moving to the East Bay in 2003, echoed Sam's concerns: "We're not against trans rights; we're just asking not to be erased in the process. There's room for all of us." Her perspective highlights the delicate balance between celebrating trans visibility and ensuring that the history and contributions of elder gay and lesbian activists are not overshadowed. For many older gay men and lesbians, the milestones of their activism—achievements like the repeal of "Don't Ask, Don't Tell" and the legalization of same-sex marriage—are seen as defining moments of progress. However, younger activists often frame these accomplishments as incomplete, focusing instead on intersectional issues that prioritize gender identity and social justice concerns. While this shift reflects a necessary broadening of the movement, it also risks invalidating the historical struggles of gay and lesbian individuals.

This sense of emotional and political erasure is compounded by generational misunderstandings. Younger activists often view older LGBTQ+ individuals as resistant to change, particularly around linguistic norms. However, as discussed earlier in this chapter, this

resistance is less about ideological opposition and more about the challenges of navigating new expectations. Victor captured this complexity when he told me:

> It's not that I don't care about pronouns or inclusion—I do. But it feels like we're being asked to unlearn everything we fought for, and that's a lot to take in. The way we talk about these issues now feels like it's no longer built on the foundation we created, but as if that foundation doesn't matter anymore.

Victor's reflection resonates with the concerns raised by Christopher Reed and Christopher Castiglia in *If Memory Serves* (2012). They argue that modern LGBTQ+ activism has often engaged in what they term "de-generational unremembering" (10), a process in which the priorities, experiences, and frameworks of earlier queer activism are discarded in favor of new paradigms of advocacy. This phenomenon, they claim, has been especially pronounced in the transition from pre-AIDS radical queer politics to the post-AIDS era of neoliberal LGBTQ+ rights discourse, which prioritized assimilationist goals like marriage equality, military service, and workplace protections over the community-driven, liberationist ideals of earlier generations. This post-AIDS push for mainstream acceptance, embodied in slogans like "Love is Love," actively marginalized queer histories that did not conform to heteronormative ideals of romantic partnership, stability, and monogamy.

Victor's frustration—his sense that "we're being asked to unlearn everything we fought for"—mirrors this historical pattern of erasure. Just as the pre-AIDS generation saw its radical politics rewritten and dismissed, contemporary queer elders often feel that their own struggles are being rendered obsolete by newer activist discourses. If, as Reed and Castiglia argue, LGBTQ+ rights organizations have revised history to fit contemporary political priorities, then the introduction of new linguistic and ideological norms, particularly around gender and pronouns, may feel like an extension of that same pattern of unremembering. This is not merely

about adapting to new terminology but about the deeper implication that the past ways of conceptualizing queerness and fighting for rights were insufficient, misguided, or even harmful.

Victor's experience reflects the emotional and political stakes of this erasure. His words convey not just frustration but also a profound sense of loss of continuity, recognition, and the shared queer history that links past struggles to present-day activism. If younger generations frame their activism as a rupture rather than an evolution, then older LGBTQ+ individuals may feel as though their contributions are not simply being built upon but actively dismantled. Cesar's assertion that he would "just stay quiet rather than argue" underscores the coping strategies that some seniors fall back on when younger activists call out a lack of gender-neutral language or linguistic precision.

By situating Victor's concerns within Reed and Castiglia's framework, we can see how intergenerational tensions in queer activism are not merely misunderstandings or failures to adapt but rather symptoms of a broader pattern of historical amnesia, one that has shaped LGBTQ+ politics since the AIDS crisis. The challenge, then, is not simply about whether older generations can adjust to new pronoun conventions or whether younger activists should temper their demands but about how the LGBTQ+ movement can foster a more continuous and reciprocal engagement with its own history. Without this, the risk is not just generational alienation but a repetitive cycle in which each new wave of activism erases rather than honors what came before.

Pathways to Understanding: Bridging the Generational Divide

Despite the tensions between older and younger LGBTQ+ individuals, there are opportunities to bridge these divides through deliberate efforts that prioritize empathy, historical awareness, and structured support for linguistic adaptation. The urgency of this work lies not

only in resolving ideological conflicts but in ensuring that the LGBTQ+ community remains a space of intergenerational solidarity rather than exclusion. Renee underscored this potential, saying: “When we talk and really listen, we realize we’re not so different. We all want to feel seen and respected.” Similarly, Hank emphasized the mutual benefits of intergenerational dialogue, stating, “Younger folks have their battles, and we had ours. But it doesn’t mean we can’t learn from each other’s stories. We’ve come too far to let these divides tear us apart. We’re all part of the same fight.”

One of the most significant barriers to generational understanding is the challenge of linguistic adaptation, particularly when it comes to evolving pronoun norms and novel terminology in general. While younger activists often emphasize the moral and political urgency of using correct pronouns, older individuals may struggle with these changes, not out of resistance, but due to cognitive and linguistic factors. Jessica Cox’s (2017) research on language acquisition in older adults provides valuable insight into this issue. She suggests that expecting seniors to intuitively adopt evolving linguistic norms is unrealistic without targeted support. Unlike a language classroom, where mistakes are an expected part of learning, public missteps in pronoun usage are often met with judgment or alienation. This difference in stakes can create an environment of anxiety, where older individuals withdraw from LGBTQ+ spaces out of fear of being corrected or reprimanded.

To foster meaningful intergenerational dialogue and linguistic adaptation, LGBTQ+ organizations and activists must adopt more inclusive approaches that balance the necessity of pronoun respect with the realities of cognitive and linguistic change. Drawing from Cox’s research on language learning (2017), structured support could include:

- Low-pressure learning environments where older adults can practice pronoun usage without fear of public reprimand

- Explicit instruction and repetition-based reinforcement to help integrate new linguistic habits
- Opportunities for reflection and discussion that allow older LGBTQ+ individuals to express their experiences and concerns without being labeled resistant or outdated

Cameron's analysis of verbal hygiene underscores the importance of flexibility in enforcing linguistic norms. Instead of treating every mistake as a political failure, activists and community members could benefit from more nuanced approaches that distinguish between genuine resistance and cognitive difficulty. By acknowledging the cognitive challenges outlined by Cox and the power dynamics embedded in language policing discussed by Cameron and Ahmed, the LGBTQ+ community can create a more sustainable and inclusive framework for intergenerational understanding. Rather than demanding immediate adherence to evolving linguistic expectations, fostering patience, education, and mutual respect will ensure that linguistic progress does not come at the cost of erasure or alienation. Ultimately, bridging the generational divide requires recognizing that change is possible, but only when approached with the right tools, the right structures, and a shared commitment to community over exclusion.

Conclusion: Reimagining Queer Solidarity

The stories of Mae, Victor, Olivia, and Cesar reveal the uneven emotional terrain of contemporary queer and trans life. Mae meets the new grammar of identity with a mixture of philosophical futurism and defensive pride. Victor retreats, emotionally overwhelmed by shifting norms. Olivia speaks with candor and frustration, trying to reconcile past struggles with present expectations. Cesar, quiet and wounded, senses that his hard-won experience now holds little currency. Each navigates the evolving demands of language, identity, and belonging differently, but all carry the weight of a movement still ambivalent about its elders. Their narratives show that intergenerational tension is not just political, it is affective. It plays out in feelings of shame, fatigue, grief, and longing. Yet within these tensions lies the possibility of dialogue. Together,

their stories underscore the broader patterns of disorientation and adaptation that shape many elders' relationships to contemporary queer and trans politics.

The tensions explored in this chapter—around pronoun use, shifting linguistic norms, and the evolving priorities of queer activism—are not simply about language. They are about power, history, and the tenuous relationship between progress and erasure. For many LGBTQ+ elders, contemporary queer politics, with its emphasis on ideological precision and linguistic compliance, feels less like an evolution of past struggles and more like a break from them. The battles they fought for legal recognition, survival in the face of an indifferent government during the AIDS crisis, and basic social recognition are, in their view, being sidelined in favor of debates over semantics and terminology.

For younger activists, however, language is not symbolic. It is survival. Pronouns are not just preferred but necessary markers of selfhood and solidarity. What gets lost in this framing is the complexity of adaptation, the cognitive realities of aging, and the experiences of queer elders who have long fought to be seen. What younger activists may view as a refusal to evolve, many seniors experience as a loss of agency or a dismissal of their identities hard-won under different conditions.

While these ideological divisions have created friction, they also present an opportunity: how can intergenerational queer communities foster dialogue rather than deepen exclusion? The tension between gender as fluid and gender as fixed is not easily resolvable but acknowledging it explicitly can foster greater intergenerational understanding. Instead of treating older LGBTQ+ individuals as resistant to progress, younger activists might recognize that their perspectives are shaped by different political battles and survival strategies. Likewise, LGBTQ+ elders could

acknowledge that contemporary gender discourse seeks to expand possibilities rather than erase past struggles.

Finding common ground requires building bridges through dialogue rather than reinforcing ideological divides. This means recognizing that gender has always been both fluid and fixed, depending on the social and historical context. By engaging these complexities rather than dismissing them, the LGBTQ+ community can cultivate a more inclusive politics that honors both past struggles and future possibilities.

Rather than continuing in a cycle of resentment and disaffection, there is an opportunity here for mutual understanding. Jessica Cox's research on language acquisition in older adults tells us that linguistic adaptation is possible, but it requires structured support, explicit instruction, and time. Likewise, Deborah Cameron's concept of verbal hygiene warns that language policing can become a means of social control rather than a tool for genuine inclusivity. The rigid enforcement of evolving linguistic norms risks isolating those who struggle to adapt, turning what should be an exercise in collective care into yet another means of exclusion.

HomeSpace's volunteer program and its Intergen Lunches present encouraging opportunities for increasing intergenerational dialogue and potentially providing low-level caregiving for a community that desperately needs such things. While much of this chapter has focused on the ideological and linguistic divides between older and younger LGBTQ+ individuals, there are also practical, structural challenges that require collaborative solutions. As the LGBTQ+ population ages, many queer elders find themselves without traditional family support systems and with limited access to affordable, affirming senior care. At the same time, queer youth often face housing instability, economic precarity, and a lack of strong community

connections. Addressing these challenges through intergenerational initiatives may provide not only practical benefits but also a foundation for stronger social bonds across age groups.

A HomeSpace staff member reflected on these possibilities in a conversation we had about caregiving and housing:

> I mean, particularly with the general population aging so much, I think it's just going to be kind of "all hands on deck" [for providing care to LGBTQ+ seniors]. How do we provide care and low-level caregiving for a population that—your kids might not live that near you, or we just don't have intergenerational households as much? How can we provide services like that? And I think, maybe, sort of the volunteering at HomeSpace might be a model for at least urban settings and even maybe for straight people. It could be a way to have sort of mixed senior housing with younger people and maybe you get a cut on your rent for doing these sort of activities with people or helping out or, yeah, I mean, there just has to be some sort of model that creates more intergenerational contact, but at the same time provides caregiving possibilities for seniors because we're not going to have enough nurses and we probably—in this country—we probably just won't fund hospice workers and that sort of thing well enough.

The challenge, then, is to cultivate a more flexible, historically aware queer politics, one that honors both past and present. This means recognizing that language evolves, but so do people. It means creating room for intergenerational dialogue without enforcing moral conformity. Mae's defiance, Victor's retreat, Olivia's frustration, and Cesar's quiet disappointment each illuminate the emotional labor of aging within queer life. Respect, in this context, is not about ideological purity or perfect language. It's about listening, remembering, and making room for one another in a movement that, at its best, has always been about collective care and liberation.

Chapter 3
Uneven Legacies: Gender, Identity, and Inequality in LGBTQ+ Aging

Introduction: Stratified Aging and the Limits of Identity-Based Care

Aging within LGBTQ+ communities is far from uniform; it is a historically and structurally contingent process shaped by identity, gender, and economic positioning. While intersectionality as a theoretical tool illuminates complexity, its institutional application, particularly in service provision and funding, often flattens queer lives into fixed identity categories. This chapter builds on the dissertation's broader critique of how institutional frameworks render some forms of precarity legible while obscuring others. Drawing on fieldwork in San Francisco, I argue that a nuanced understanding of queer aging must move beyond monolithic or identitarian frameworks and instead attend to the stratified, uneven, and historically contingent conditions shaping older LGBTQ+ lives.

This chapter unfolds through three central case study clusters—older gay men, older lesbians, and trans elders—each of which illuminates how gender, history, and institutional logics shape divergent experiences of aging within LGBTQ+ communities. These case studies are not offered as exhaustive portraits but as textured illustrations of how care is navigated, withheld, or made possible through specific material and cultural conditions. Across these sections, I trace how frameworks designed to remedy past exclusions can become rigid when institutionalized, sometimes obscuring present need. The chapter concludes with a policy-oriented section that synthesizes these findings and offers concrete recommendations for more flexible, responsive approaches to LGBTQ+ elder care in San Francisco.

In conversation with this dissertation's emphasis on memory, community disintegration, and the limits of liberal inclusion, this chapter situates aging as a social process that reveals the

unintended consequences of well-meaning advocacy models. Specifically, it examines how structural privilege, historical trauma, and gendered care dynamics define divergent aging trajectories among older gay men, lesbians, and transgender elders. In doing so, it extends Chapter 2's focus on generational difference and the institutional logics of recognition by tracing how identity-based advocacy can produce new forms of exclusion in aging care systems.

While scholarship often highlights economic insecurity, healthcare barriers, and social isolation in queer aging, these challenges manifest unevenly across LGBTQ+ subpopulations (Fredriksen-Goldsen et al. 2014; Westwood, 2020; Hughes & Kentlyn, 2021). In San Francisco, older gay men often benefit from robust intergenerational networks and relative financial security, especially compared to older lesbians and transgender elders. In contrast, older lesbians face intensified isolation due to persistent wage gaps, the closure of lesbian social spaces, and a cultural ethos of independence that, in later life, can undermine access to care. Transgender elders, especially those who transitioned early or identify within binary frameworks, often encounter medical neglect, economic instability, and marginalization within both queer and aging institutions. Yet even within these groups, disparities persist, reflecting long-standing historical and structural inequalities. Queer aging, therefore, is not simply an individual experience but a reflection of broader social and historical processes, including shifts in community infrastructure, economic systems, and local policy decisions.

This uneven landscape of LGBTQ+ aging raises critical questions about how historical inequalities, shifting community infrastructures, and contemporary advocacy frameworks continue to shape later-life trajectories. While there have been significant strides in securing rights and resources for LGBTQ+ elders, particularly in the Bay Area, the allocation of these resources remains stratified. Advocacy models that emphasize intersectionality, while essential

for historic redress, can sometimes prioritize symbolic inclusion over material responsiveness. For instance, service and funding structures frequently center the needs of transgender people of color, rightly recognized as highly marginalized, while inadvertently sidelining low-income gay men, older lesbians, and long-transitioned trans elders who do not align neatly with contemporary activist priorities. This selective framing of vulnerability risks reproducing new exclusions under the banner of equity.

By integrating ethnographic interviews with older LGBTQ+ individuals in San Francisco alongside scholarship from medical anthropology, gender and sexuality studies, and aging studies, this chapter reframes queer aging as a structurally mediated process. Aging is neither universal nor neutral. Rather, it is shaped by historical loss, gentrification, the erosion of community institutions, and the choices made by advocacy organizations regarding whom to prioritize.

In challenging dominant narratives of LGBTQ+ aging that treat queer elders as a monolithic group, this chapter illustrates how gender, sexual culture, and historical inequalities structure aging in profoundly different ways. Rather than defaulting to a framework of universal queer vulnerability, this analysis highlights the stratification of privilege and precarity within San Francisco LGBTQ+ communities.

I. The Conditional Privilege of Older Gay Men

Aging within San Francisco's LGBTQ+ community is shaped by intersecting social, economic, and cultural forces that produce starkly different outcomes across the various subgroups. While much scholarship on queer aging emphasizes precarity, older gay men in San Francisco present a counter-narrative of resilience, continued social engagement, and enduring sexual desirability. Compared to older lesbians and transgender seniors, older gay men in the

Bay Area often retain significant social and financial capital, intergenerational networks, and an active presence in queer social spaces. This stability is not universally experienced though. Interview data reveal that while some older gay men have successfully maintained strong networks and financial security, others, particularly working-class men and those without strong community ties, continue to navigate economic precarity and social vulnerability.

Surviving the AIDS Crisis

For all the older gay men I spoke with in San Francisco, the experience of aging is closely intertwined with the trauma of the HIV/AIDS epidemic. Unlike their heterosexual counterparts, who often associate aging with physical decline or the fear of obsolescence, many of these older gay men view longevity as an improbable privilege, a reality shaped by the mass death of their peers during the 1980s and 1990s.

This shift in perception is exemplified by Max, a 78-year-old resident of San Francisco. Max, a White gay man, grew up outside Cincinnati in the 1950s and dated women for much of his young adulthood. He was engaged out of college, but believes his girlfriend's mother, "fat Geraldine" as she was known in their town, suspected his homosexuality and sabotaged the relationship. After graduating from medical school, he relocated to the Bay Area in the early 1970s. He balanced closeted affairs with men with his position as a well-respected and active physician.

Of all my interviewees, Max was potentially the wealthiest, with no worries about affording care and support as he gets older. This is fortunate because he mentioned that, nowadays, he is "more metal than man" due to various surgeries on his back, knees, shoulders, and hips. And yet, he was more involved with volunteering at San Francisco's LGBTQ+ senior care organizations than any other participant, younger or older.

Max is fortunate not to have to worry about financial issues, but his physical state has made it increasingly difficult for senior care organizations to feel that they can rely on him to fulfill volunteer roles without overwhelming him or causing further harm. He made for an ideal respondent: intelligent, self-reflexive, and well versed in gerontological concerns and care. After our initial interviews, we became friends, often attending the SF Opera together with me as a guest on his season pass. He is a smaller, round man who walks with a limp, but with a persistent grin on his face like he knows an inside joke that has yet to be revealed to others. It's evident that he is managing a lot of pain, usually from one of the many surgeries he underwent while I was there. Without long term disability/health insurance and significant wealth, it's difficult to imagine how Max would have persisted this long. He views HomeSpace and the Center as essential organizations for maintaining the health and history of San Francisco's queer community, going so far as to leave his not-inconsiderable estate to HomeSpace after he dies.

As someone who lost nearly his entire social circle to the AIDS epidemic while also working as a physician on the frontlines of HIV care in the early days, Max described how his very presence in old age feels like both a triumph and a haunting reminder of the past:

> I wanted to tell you—there was so much fear. There were two guys who were sort of friends of mine who came to me asking me for drugs to kill them. When the epidemic was really bad, it was really bad. I mean, down here [the Castro], it looked like a morgue: a few people walking around, hobbling around on walkers. It was really spooky down here. And the stigma associated with having it was horrendous. I mean, in our hospital—I thought our hospital was somewhat progressive—but they put signs on the doors that said "AIDS" and paint on the door so people would be careful about going in. And Jesus, yeah, it was bad. And so I consider it a real blessing to have been able to see the whole AIDS thing from the very beginning all the way through to now. It was like everybody just didn't notice if you weren't a part of the gay community. I mean, I remember a few things in the newspaper, maybe my parents mentioning one or two things. It's so weird now looking back, it's like, "Oh, 10% of the male population died." And it's like, I don't know how society has that happen and doesn't notice it. It changed me dramatically. Most of my friends are gone. Now I've got wrinkles, aching knees. I don't even know if they'd recognize me. None of that matters, of course. I'm still here,

> and that's more than I ever expected. When I look in the mirror, I see ghosts, but I also see proof that I survived. That has to mean something, doesn't it?

The specter of HIV/AIDS lingers across the narratives in this dissertation, structuring not only the life histories of many older gay men, but also the emotional atmospheres and institutional arrangements surrounding queer aging. While not every respondent named the epidemic directly, its imprint was everywhere: in stories of loss, in references to chosen family, and in the reframing of aging as improbable survival. The epidemic hangs over this chapter like a ghost: shaping who remains, how they endure, and what kinds of care systems have come to fill the gaps left by state neglect and communal loss.

Max's reflection encapsulates the profound duality of survival, both its burden and its affirmation. His words illustrate the extent to which aging for many older gay men is not merely a biological process but a deeply historical and social experience, shaped by loss, resilience, and an ongoing effort to resolve aging memories with present realities. His statement reveals a contradiction at the heart of many aging gay men's experiences: gratitude for longevity exists alongside survivor's guilt, and resilience does not erase the loneliness or disorientation of outliving an entire generation of peers. His rhetorical question, "That has to mean something, doesn't it?" underscores an unresolved tension: the need to find significance in survival, even in the absence of clear answers.

In this way, Max's perspective embodies a broader phenomenon among older gay men who lived through the AIDS epidemic: a redefinition of aging not as a loss of youth but as an unlikely privilege, carrying both pain and purpose. His words reflect not just personal grief but a generational narrative of endurance, where aging is less about growing old in isolation and more about carrying forward the memory and legacy of those who were lost. For many, this survivor's mentality fosters a reframing of aging as an opportunity rather than a decline.

Louis, 66, an HIV-positive, Chinese-American gay man and former ACT UP activist, echoed this sentiment in discussing how his perception of time and aging was radically reshaped by the crisis. Having spent years assuming he would not live past middle age, he found himself celebrating milestones with renewed enthusiasm: “For years, I never thought I’d make it to 50. So when I hit 60, I celebrated like I was turning 21 again. Why not? Every year from here on out feels like bonus time. I feel like celebrating every year, every day is a way to honor the people who didn’t make it through alive.”

Yet, for some, survival has come with economic insecurity, lingering health complications, and/or persistent social stigma surrounding HIV status. Jay, a 64-year-old Hispanic gay man who has lived in San Francisco for over forty years, lost his first husband to AIDS complications in 1988. This experience sent him reeling. He suffers from severe depression that made finding consistent employment difficult. He made a small amount of money in the stock market during the first Dot Com bubble. Since then, he has only ever worked blue collar and service jobs that offer little or no medical coverage or opportunity for advancement. He is now “retired” and lives on Social Security as well as remittances from his siblings, which provides enough to keep him just above the poverty line. Medicare coverage provides him with treatments for depression and type-II diabetes. He tries to find part-time work but must balance this against the financial limits imposed on recipients of Social Security. His partner is a career dog walker, but this only brings in enough cash to pay for groceries. I met him as he was emerging from a two-year depression during which he rarely left the house. He’s an outgoing fellow that most people find rather too gregarious. But it’s evident that he struggles to connect with others. He was eventually dismissed from serving as a volunteer for the Center,

where I initially met him, because his anxious verbosity had triggered anger and distrust among some community members who were struggling with mental illness and/or homelessness.

Jay's perspective underscores a common assumption among older gay men in San Francisco: that the city's extensive LGBTQ+ infrastructure provides a safety net capable of preventing social and economic marginalization. "I know that there's enough, I feel that there's adequate services in San Francisco for me to not be on the roadside cast aside or something," he told me. His confidence in institutional support, however, is not fully borne out in his lived experience. While San Francisco offers more services for LGBTQ+ elders than most cities, access does not guarantee sustained inclusion, nor does it necessarily mitigate the vulnerabilities that accumulate over a lifetime.

Jay's trajectory illustrates how factors such as financial precarity, mental health struggles, and interpersonal conflict can obstruct one's ability to fully participate in these support systems. His dismissal from a volunteer position at The Center exemplifies how social capital remains contingent, particularly for those whose histories of loss and instability have shaped uneven relationships with queer institutions. Unlike Max, whose professional and economic standing allows him to move through these spaces with ease, Jay's position is more precarious. He maintains a social network through long-standing traditions like poker nights, yet his history of depression and intermittent isolation complicate his ability to sustain deep and reliable community ties.

Economic precarity reinforces these social fissures. Whereas Max's affluence ensures access to long-term healthcare and stable housing, Jay has spent much of his life in the working class, moving between service jobs that offered little security or benefits. His reliance on Social Security and remittances from his siblings speaks to the enduring effects of early-life economic

instability, compounded by the psychological toll of surviving the AIDS epidemic. Though he outwardly expresses confidence in San Francisco's resources, his struggles to navigate them, whether due to bureaucratic barriers, social anxieties, or financial limitations, suggest that the presence of services alone is insufficient.

Jay's case reveals the uneven terrain of queer aging, where the ability to leverage community resources is often shaped by pre-existing privilege. While older gay men in San Francisco collectively retain social visibility and intergenerational networks, Jay's story complicates this narrative. His experiences show how class, mental health, and long-term precarity continue to produce distinct and sometimes divergent pathways through gay old age, some marked by security and social connection, others by isolation and economic instability.

Lasting Chosen Families

The AIDS crisis didn't just devastate a generation of gay men; it reshaped the very nature of queer survival. Beyond influencing individual attitudes toward aging, it forged enduring intergenerational networks that continue to sustain older gay men today. Unlike older lesbians, who often report shrinking friendship networks as they age, many older gay men in San Francisco remain embedded in the activist circles they formed during the epidemic. These networks, built in direct response to medical neglect and institutional discrimination, now serve as informal caregiving structures, offering social, financial, and emotional support to those who lack traditional family ties. These networks are not immune to time though. While some remain lifelines, others have faded due to loss, relocation, or shifting community priorities.

Reggie, 93, a practicing therapist and lifelong gay-rights advocate, described how the activist communities that formed in crisis evolved into chosen families that have outlasted even some biological kinship ties:

> We built something back then. Even after ACT UP and all that, we never let go of each other. If I got sick, I knew someone would be there. If I needed money, someone would help. It's different from what I see with some of my lesbian friends, who had to rely on family, and a lot of times their families weren't there for them.

For some, these caregiving structures became more than just sources of practical support. They were an emotional and cultural lineage, passed down through decades. Jordan, a 72-year-old Belarussian gay man and longterm HIV survivor, recalled how necessity birthed these networks, turning casual friendships into life-saving relationships:

> When I got sick in 1987, there was no one—no family, no doctors willing to help, just us. I moved in with my best friend at the time, Marcus, and he became my nurse, my advocate, my everything. That's how it was for us back then. We didn't just make friends—we made lifelines.

But the longevity of chosen family is not always guaranteed. As members age, these support systems face new vulnerabilities.

Kwame, 58, a Black gay man who has worked part-time over the years and is married to a retired Professor, described the gradual erosion of his once-solid circle:

> The problem with chosen family is that sometimes you outlive them. We were all around the same age, and now, one by one, they're gone. My best friend Robert died last year, and he was the last person who really knew me. I go to the senior center, and they tell me there are resources, but I don't need resources—I need my people.

The tension between resilience and loss is sharp. While some older gay men remain deeply embedded in their chosen families, others experience a second wave of grief, one caused not by an epidemic, but by time itself.

Intergenerational Intimacy and Recognition

Unlike heterosexual men, who often face stigma when dating younger partners, or the lesbians I spoke with whose social networks tend to be more age-homogeneous, older gay male participants frequently remain embedded in intergenerational queer social and dating networks. The phenomenon of "daddy/boy" culture, where older men engage in relationships with younger

partners, is more than just a fetishistic subculture. It reflects a broader social dynamic that fosters visibility, desirability, and continued engagement within queer spaces, allowing older men to remain active participants in a sexual community in ways that heterosexual men often do not.

Yet these relationships extend well beyond the romantic or sexual. Many older gay men, particularly those who lived through the HIV/AIDS crisis, have cultivated intergenerational kinship as a form of survival, mentorship, and cultural transmission. These bonds function as support systems and historical conduits, helping sustain queer histories, activism, and community values in ways that are often absent from other LGBTQ+ aging experiences.

Intergenerational relationships have long been a defining feature of gay male culture, operating not only through dating and social life but as essential mechanisms for caregiving, mentorship, and community-building. The HIV/AIDS crisis magnified the necessity of these connections, with younger and older men forming survival networks that transcended traditional kinship structures. Unlike heterosexual models of aging, where generational divides are often rigidly enforced, many older gay men have maintained active and reciprocal relationships with younger generations, ensuring the transmission of queer history, political activism, and collective identity. In a sense, this is a form of social replication for an often-childless population.

Dennis, a 76-year-old White gay man and retired librarian has spent decades documenting and lecturing on queer life in San Francisco. For him, intergenerational relationships are not just a way to stay connected but a critical act of cultural preservation:

> We lost an entire generation. I don't think people really understand what that means. It's not just that we lost our friends and lovers, we lost our teachers, our historians, our elders. When I talk to younger men, I feel like I'm filling in the gaps that the epidemic left behind. It's not just storytelling—it's making sure we aren't erased.

The function of these relationships goes beyond mere nostalgia. Many older gay men see intergenerational bonds as vital forms of care that sustain community in the absence of

institutional support. Reggie, who has long been involved in mentorship programs for young queer activists, described the emotional depth of these relationships:

> I've mentored younger guys for years, and what I've realized is that it's not one-sided. Sure, I give advice, but I also learn. They keep me connected to the present. They remind me that I'm still part of something bigger than myself.

Sexual relationships between older and younger gay men also play a role in maintaining these intergenerational ties, often serving as initial points of contact that evolve into deeper social or mentorship relationships. Unlike heterosexual cultures, where generational gaps often limit sexual desirability, gay male culture provides a fluidity that keeps older men in circulation.

As Ted, 69, a Filipino-American gay man who has worked and volunteered throughout his life at some of San Francisco's premier cultural institutions, put it:

> My friend and I, who also likes younger men, were joking the other day that I can date anyone so long as they're not younger than my dog! [The dog in question is an ancient thing.] I meet younger guys at bars, and sometimes it's just sex, sometimes it turns into friendship. There's something liberating about how age isn't a barrier in the way it is for straight people. We move in and out of each other's lives, but the important thing is we stay connected.

While some older men find fulfillment in these connections, others feel increasingly displaced by shifting cultural attitudes and evolving political priorities. Robert, 78, a former ACT UP organizer and non-profit director, described his frustration with how some younger activists approach queer history:

> I hear a lot of young people talk about queer liberation like it started five years ago. They act like nothing came before them, like they invented everything from scratch. And I get it—every generation wants to make its mark. But when they dismiss the past, they dismiss us too.

Despite these tensions, intergenerational relationships remain a cornerstone of queer resilience. Unlike traditional family structures, which often leave LGBTQ+ elders isolated, these bonds offer continuity, recognition, and care across generations. They serve as living archives of

struggle and triumph, ensuring that the hard-won gains of previous decades are not lost to history but carried forward by those who come next.

The sustained social engagement and intergenerational connectivity of many older gay men complicate deficit-based narratives of LGBTQ+ aging. While queer elders across identity groups face distinct vulnerabilities, older gay men in San Francisco benefit from a unique set of cultural, social, and historical factors that keep them visible and embedded in queer life. Their access to intergenerational networks, dating and social spaces, and community-driven caregiving structures provides them with a level of social capital that is far less available to older lesbians and transgender elders.

These advantages are not incidental. They are the product of specific historical contexts, most notably the HIV/AIDS crisis, which catalyzed enduring caregiving networks and fostered a culture of intergenerational connection. At the same time, these benefits are not equitably distributed across LGBTQ+ communities. While many older gay men navigate aging with relative stability, older lesbians and transgender elders often face greater isolation and financial insecurity, due in part to the disappearance of dedicated social spaces and long-standing economic marginalization. Moreover, some gay elders, particularly those living with longterm HIV complications or without financial security, continue to experience significant challenges that are often overlooked in dominant narratives of aging.

This disparity raises critical questions about who becomes visible in public and policy conversations about queer aging, whose experiences are centered in advocacy efforts, and what it would mean to build truly inclusive aging infrastructures. The persistence of gay male networks highlights both the possibilities and the limitations of existing LGBTQ+ support models. As the following sections explore, the erosion of lesbian cultural spaces and the compounded economic

and medical vulnerabilities of transgender elders offer a stark contrast to the relative continuity older gay men experience.

Understanding these gendered disparities is essential, not only for redressing historical inequities but for imagining aging futures where all queer elders, regardless of gender identity or social position, have access to care, connection, and recognition. These asymmetries shape which lives are made legible—and livable—within existing models of LGBTQ+ aging.

II. Fractures in Lesbian Aging

While older gay men in San Francisco have largely maintained intergenerational networks, active social lives, and access to dating and sexual relationships, many older Bay Area lesbians face a different reality, one marked by increasing isolation, economic instability, and the steady erosion of the spaces that once formed the bedrock of their communities. Unlike their male counterparts, who developed caregiving structures out of the HIV/AIDS crisis, older lesbians frequently find themselves navigating aging alone, without the same degree of social infrastructure or continuity.

The disappearance of lesbian social spaces is central to this shift. Over the past several decades, lesbian bars, bookstores, and feminist activist hubs have shuttered across the country, eliminating key gathering places that once fostered deep friendships, romantic relationships, and grassroots political mobilization. Economic disparities, rooted in gendered financial insecurity, have left many older lesbians struggling without the wealth accumulation or housing stability that heterosexual women and gay men are more likely to access. Meanwhile, shifting cultural understandings of gender and sexuality have transformed LGBTQ+ spaces, leaving some older lesbians feeling disconnected from contemporary queer communities that emphasize fluidity over the historically fixed identity categories that structured their lives.

This section explores the structural factors driving the fragmentation of lesbian communities in San Francisco in later life. The loss of lesbian spaces, the economic barriers facing aging lesbians, and broader shifts in lesbian identity have not only reconfigured individual experiences of aging but also raised pressing questions about what it means to be a lesbian in a rapidly changing sociopolitical landscape. Many of the women interviewed for this research spoke of profound loss—of spaces, networks, and a sense of shared identity—forcing a reevaluation of how aging lesbians construct and sustain community in the absence of once-reliable institutions. Some, however, have found alternative ways to maintain connections, such as online networks, LGBTQ+ elder housing initiatives, and cross-generational social groups.

The Vanishing Lesbian Infrastructure

For much of the 20th century, lesbian bars, bookstores, and feminist centers weren't just places to gather, but spaces of survival, resistance, and community-building. These venues provided a crucial lifeline, offering protection against social isolation and discrimination while fostering political mobilization and cultural expression. In recent decades, however, these spaces have disappeared at an alarming rate, the result of gentrification, economic precarity, and the shifting priorities of LGBTQ+ community structures. Unlike gay male bars, which continue to function as central nodes of queer social life, lesbian bars have all but vanished, leaving older lesbians without dedicated spaces in which to age together.

Bonnie J. Morris (2016), in *The Disappearing L: Erasure of Lesbian Spaces and Culture*, captures the gravity of these losses for older women:

> For lesbians, current reasons for cultural erasure include a potent mix of conventional sexism, cycles of conflict where women are set up to attack one another (the old "horizontal hostility" within minority culture), lack of representation in history institutions such as museums, and the mainstreaming of the LGBT movement. Each of these four challenges helps "disappear" the achievements of a still-living generation (Morris, 2016, 178).

This erasure is not incidental; it reflects deeper patterns of economic and social marginalization. Unlike their gay male counterparts, lesbian spaces have historically struggled to secure financial sustainability. As Morris explains:

> Feminism connected lesbians to established activist networks of women's bookstores, health clinics, publishing, support groups, grants, and scholarships. Lesbians then built on these foundations for their own purposes, creating independent business spaces and information-sharing networks that proved to be lifelines for isolated gay women. Soon, in addition to bars, community resources and a sense of mutual support could be found at women-only dances, membership clubs, conferences, and bookstore events. These activities differed from the twenty-first century's eventual online groups, requiring women to leave the house and show up physically at particular public sites. That could be terrifying, certainly, for those in the closet; but such risks were rewarded with social and cultural capital.…However, by the late 1990s, the mainstreaming of LGBT rights made separate (or secretive) institutions serving the lesbian community less necessary as couples found warmer welcomes at established places of worship or at "family" vacation destinations and restaurants (Morris, 2016, 115).

While lesbian events and spaces thrived in the pre-internet twentieth century, Morris also highlights that, for many lesbian businesswomen, these spaces were chronically underfunded compared to gay male bars, making them particularly vulnerable to economic restructuring and urban redevelopment. Consequently, their closures have hastened the fragmentation of the community.

For many older lesbians in San Francisco, these closures were deeply personal. Sophie, a 72-year-old White lesbian and former activist and photographer who spent decades engaged in feminist and lesbian political organizing, described the moment she learned that San Francisco's last lesbian bar, The Lexington Club, was closing: "I used to go to the Lexington every weekend. When it shut down, I thought, 'Where do we go now?' And no one had an answer. We just… stopped going out." For Sophie, the Lexington wasn't just a bar. It was a cultural institution, a space where intergenerational mentorship thrived, and where younger lesbians could learn from

those who had fought for LGBTQ+ rights before them. “We weren’t just partying," she explained. "We were passing down knowledge. We were sharing our history."

Over the past decade, San Francisco has witnessed the closure of nearly all its lesbian bars and female-centered LGBTQ+ venues. The most emblematic loss was The Lexington Club, which shut its doors in 2015 after 18 years. At the time, it was widely considered the city’s last exclusively lesbian bar. Its closure carried outsized symbolism: “The Lex,” as locals called it, had been more than a drinking spot—it was a community hub and home base for queer women in the Mission District. The Lex’s closure came on the heels of other longtime lesbian spaces vanishing in earlier years. For example, historic bars like Maud’s and Amelia’s had closed by the early 1990s, and it left San Francisco with virtually no dedicated lesbian bar for several years. Some bars that cater to a majority lesbian clientele, such as Jolene’s in the Mission District, have opened in recent years, but they strive to serve a “more ‘evolved’” queer community by welcoming all genders rather than aiming to be a women’s space.

Caroline, a 69-year-old Chinese-American lesbian, retired nurse, and long-time activist in women’s liberation movements, emphasized the broader significance of these losses: "Lesbian bars weren’t just places to drink. They were where we found each other, where we planned protests, where we built our lives. Now? They’re gone, and we’re scattered." Caroline recalled how, in the 1970s and 80s, lesbian bars functioned as de facto community centers. "We didn’t have the luxury of safe spaces outside of these bars," she said. "So, we used them. We held meetings there, we organized self-defense workshops there, we planned direct actions against landlords evicting lesbians there." Losing these spaces, she explained, wasn’t just about socializing, it was about losing an entire political infrastructure.

Unlike older gay men, who still frequent bars and LGBTQ+ community events, many older lesbians struggle to find spaces that feel welcoming. The increasing prominence of gender-inclusive LGBTQ+ spaces, while beneficial for younger queer individuals, has left some older lesbians feeling alienated from communities they once helped build. Some interviewees noted that they felt unwelcome in modern LGBTQ+ spaces, perceiving them as catering more to younger, gender-fluid, or trans-identified individuals, rather than maintaining a connection to lesbian-specific histories and activism.

This sense of displacement is compounded by generational differences in how identity is understood and articulated. Many older lesbians, who forged their communities around explicit lesbian-centered activism, now find themselves navigating an LGBTQ+ landscape where identities are increasingly fluid and intersectional. While this shift signals a broadening of queer inclusion, it has also resulted in the marginalization of those who constructed their identities within the specificity of lesbian womanhood. Some respondents emphasized a desire for more intergenerational dialogue to bridge these gaps, ensuring that histories of lesbian activism remain part of the broader LGBTQ+ narrative rather than treated as relics of a bygone era.

Beyond the disappearance of physical spaces, older lesbians also face increasing difficulty in finding like-minded peers. While younger LGBTQ+ individuals have adapted to digital spaces for connection and community, many older lesbians feel alienated by the shift away from in-person socialization. Some interviewees described digital platforms as inadequate replacements for the deep, place-based networks that once defined lesbian life, leaving them feeling disconnected from younger generations who have come of age in a vastly different social landscape.

Lillian Faderman (1991), in *Odd Girls and Twilight Lovers*, describes how lesbian identity was historically constructed through shared political struggle rather than through nightlife alone. The shift from communal activism and gathering places to digital spaces has disproportionately affected older lesbians, whose community-building efforts were deeply rooted in face-to-face interactions rather than social media and dating apps. Faderman argues that lesbian culture, prior to the AIDS crisis, was about more than just a sexual identity. It was about collective resistance and social cohesion. Without communal spaces, these networks began to erode, particularly for those who relied on them for long-term relationships and activism.

Renee, a 64-year-old White lesbian who works in film production, voiced frustration at the expectation that older lesbians should transition to digital spaces to maintain their connections: “We’re supposed to be on Facebook groups now? On Meetup? That’s not how we built community. That’s not how we lived.” Renee, who once ran a lesbian bar in the Midwest, explained that digital communities lack the immediacy and intimacy of physical spaces. "In my bar, if a woman walked in after a breakup, she had an entire community ready to support her. You don't find that kind of solidarity in a Facebook comment."

Margie, a 73-year-old Chinese-American lesbian and native San Franciscan who spent much of her life in lesbian separatist communities, described the deep loss she felt when trying to integrate into LGBTQ+ online spaces: “I log onto these forums, and it’s all pronouns and identities I don’t understand. I respect it, I do, but I feel like a visitor in my own community now.” For Margie and others, the transition away from explicitly lesbian-centered spaces has made community-building even more difficult, as they navigate both technological barriers and cultural shifts that have rendered older frameworks of identity and activism less central.

Some interviewees expressed that digital spaces tend to prioritize younger, gender-fluid, and queer-identified users, leaving older lesbians struggling to find online communities that reflect their experiences. While some have adapted by forming intergenerational queer elder groups, others find these digital interactions insufficient for maintaining the deep social bonds that physical women's spaces once provided.

As older lesbians continue to navigate a world in which their former community hubs have vanished, their experiences raise critical questions about how queer aging is supported within LGBTQ+ spaces. The loss of lesbian-specific institutions not only affects socialization but also undermines the political and economic support networks that once sustained lesbian communities. These experiences expose a growing gap in queer aging infrastructure, one that leaves many older lesbians isolated and unsupported, even within LGBTQ+ contexts.

Still, some have found ways to sustain community. LGBTQ+ elder housing initiatives, grassroots organizing, and mentorship programs designed to bridge generational divides offer hopeful alternatives. These efforts reflect not only adaptation, but a refusal to disappear and are a testament to the resilience and persistence of a generation that continues to seek belonging, recognition, and care.

Economic Precarity and Aging Alone

In addition to social fragmentation, older lesbians face significant financial insecurity, often more so than their gay male counterparts. Many never married or had access to spousal benefits, leaving them without the financial safety nets that heterosexual women often rely on. The structural inequalities that shaped their working lives, such as lower lifetime earnings, workplace discrimination, and a historical lack of legal recognition for same-sex partnerships compound in old age, leaving many with few economic resources.

For many older lesbians, these disparities are not abstract; they shape daily survival. Rebecka, a Hispanic lesbian and former social worker who spent her career advocating for low-income communities, now finds herself navigating the very financial insecurities she once worked to alleviate: "I didn't have a husband. I didn't have a dual income. I didn't inherit money. So now, at 70, I live off Social Security and pray that my rent doesn't go up again."

Other interviewees described creative but tenuous ways of making ends meet. Rachel, a 68-year-old White lesbian, shares a house with three other older lesbians, pooling resources to afford rent in an increasingly unaffordable housing market: "We live like a commune, but not on purpose. None of us could afford this place alone, so we do what we have to. We share groceries, cover each other's bills when someone comes up short. It's the only way we stay afloat." For Rachel and many others, financial survival depends on cooperative living arrangements, informal support networks, and reliance on social welfare programs that were not designed with single, child-free aging lesbians in mind.

Older lesbians who are in committed relationships or married are more likely to have financial resources and secure housing. Pam and Rita, a White lesbian couple with two children, are fortunate to own their two-bedroom apartment in the Fillmore District. Their relative security stems from timing, property access, and the financial planning required to raise children. Rita reflected:

> I sort of lucked out on buying the apartment before San Francisco became so, sort of, expensive. Without that, we wouldn't have been able to stay in the city. And I think we both [she and Pam] realized how important steady income is when you have kids. We've had to plan for college expenses and all the rest, which has made us more secure than many of our friends. It's not like we have a lot, but we're able to stay in San Francisco and the kids are both in college, so it's working out.

Despite the economic hardships that many older lesbians face, Rita's reflection underscores how financial security in later life is often shaped by structural factors beyond

individual control, such as access to property, dual incomes, and family planning. Her experience stands in contrast to that of other lesbians who aged outside of these financial structures, highlighting the disparities that persist within the community. While some, like Rita and Pam, were able to secure housing and economic stability through homeownership and long-term planning, many others, particularly single and working-class lesbians, remain precariously positioned in a landscape of rising living costs and inadequate social support.

These narratives illuminate the uneven distribution of economic security among older lesbians. In a society where economic survival is increasingly privatized, older lesbians must often rely on creative, collective strategies, such as cohabitation and mutual aid, to navigate an aging process that was never designed with their lives in mind. These are not failures of individual planning, but the outcome of systemic exclusion from economic and legal infrastructures that continue to shape who can age with dignity, and who must struggle to stay afloat.

Unlike older gay men, many of whom benefit from chosen families formed during the AIDS crisis, older lesbians in the Bay Area often find themselves aging alone. Without traditional family structures or robust caregiving networks, many experience significant isolation. The cultural emphasis on lesbian independence, which once served as a source of strength and autonomy, can become a liability in later years, leaving many without the interdependent social support systems necessary for aging with stability and dignity.

Margaret Cruikshank (2003), in *Learning to Be Old*, highlights how the historical absence of formalized support networks places older lesbians at particular risk:

> Lesbians now in their seventies and older differ significantly from a younger cohort because being known as gay or lesbian was far riskier than it is today and sometimes led to loss of jobs and housing, loss of child custody, banishment from churches, and verbal and physical attacks. While these injustices and prejudices still exist, lesbians now in

> their sixties [who would now be in their 80s] and younger are likely to have developed self-esteem and a sense of group solidarity through the women's movement and gay liberation, and those who choose to be open experience affirmation (122-123).

Culturally, there is a longstanding emphasis within lesbian communities on independence and autonomy, values that were forged in the face of societal marginalization. However, as Cruikshank notes, as these women age, the very traits that helped them survive, self-reliance and resistance to dependency, can become barriers to receiving the interdependent care necessary for aging well.

The cultural norm of independence can, in later life, leave many without the social support systems needed for stability, health, and dignity. As Cruikshank writes:

> The fundamental problem lying ahead for them [Baby Boomers], as for their parents, is that for old persons, self-esteem is very closely linked to the cultural value of independence, that is, autonomy and self-reliance, but many in late life will need 'help and support in order to survive' (M. Clark and Anderson, 290) (Cruikshank, 2003, 17).

This shift from autonomy to interdependence in later life, therefore, poses a particular challenge for older lesbians, who often find themselves navigating a landscape where community and caregiving resources are either lacking or less accessible due to historical and cultural legacies.

In our conversation, Margie reflected on the unintended consequences of these ideals: "The men built their own safety nets. The women? We were never taught to think about aging this way. Now I see how vulnerable that makes us." Margie's words point to a crucial tension in older lesbian communities: the deep commitment to self-sufficiency that shaped their lives has, in many cases, left them without the communal resources that many gay men or heterosexual women rely on in later life. Without institutional support, familial ties, or collective caregiving systems, older lesbians often navigate medical appointments, housing instability, and the emotional weight of aging alone.

Sophie, a former well-known photographer in queer circles, shared a similar anxiety about aging without support. She was celebrated in the San Francisco community for her work, yet her migration to the East Bay, and the subsequent loss of her role in the local queer scene, illustrates the social and emotional toll that isolation and financial uncertainty can take. She told me:

> Well, the hardest thing was when I was a photographer in San Francisco, and I'd go to a party, people would be, "Oh my God, you're _____ _____! Oh!" But then when I moved over to the East Bay and I wasn't a photographer anymore, and I'd go to a party and be introduced, the person just says, "Oh, how do you do?"

This shift in social standing reflects more than just a geographic move. It encapsulates the broader isolation that many older lesbians face when they lose their community ties. Sophie's experience of moving to a new area and becoming disconnected from the queer circles she once inhabited echoes the anxieties of many older lesbians, who find themselves aging alone, separated from the communities they once belonged to.

Now in her 70s, Sophie's vulnerability is heightened by the loss of her partner, the loss of a clear community network, and a growing uncertainty about her future. She described her feelings of fear and disconnection:

> I feel like I don't know what to expect from the rest of my life. She and I moved to the East Bay together, but I don't know many queer people over here. The move was necessary, but it's cut me off from those social circles [in San Francisco]. But now I'm alone in an area where I don't really have connections in a house that's too big for one old lady and a dog. This was all supposed to be planned out for me, but I really, I really don't know what the rest of my time is going to look like.

Sophie's story brings into sharp relief the intersection of economic precarity, geographic displacement, and social erasure. Her sense of uncertainty, of not knowing "what the rest of my time is going to look like," speaks to the existential uncertainty many older lesbians experience when social roles, identities, and community affiliations fall away. Her words echo the

challenges outlined by Cruikshank and others, underscoring how the absence of robust support structures can magnify the loneliness of aging, especially for those whose lives were once deeply enmeshed in activist or creative queer networks.

Butch/Femme Displacement and Cultural Loss

The cultural landscape of lesbian identity has undergone a seismic transformation in recent decades, reshaping how gender and sexuality are understood within LGBTQ+ communities. Nowhere is this shift more apparent than in the declining visibility of butch identity. Historically, lesbian identity was often structured around the culturally significant roles of "butch" (masculine-presenting) and "femme" (feminine-presenting) identities. These roles were more than personal aesthetics—they structured relationships, offered visibility, and functioned as forms of political resistance. Butch identity, in particular, served as a recognizable and protective cultural signifier within lesbian communities, providing a clear framework for relationships, activism, and mutual support. For many older lesbians, particularly those who built their lives within butch/femme dynamics, this change is deeply personal. The increasing prominence of transgender male and nonbinary identities has led to the gradual disappearance of a subcultural formation that once structured relationships, political activism, and community belonging. While most older lesbians fully support trans visibility and the right to self-determination, they also grapple with the loss of a lesbian cultural framework that once felt foundational.

For many older lesbians who built their lives within butch/femme dynamics, this shift is deeply personal. In past decades, butch women occupied a visible and valued space within lesbian communities, offering a gendered counterpoint to femme identity and creating a system of relational recognition. Today, as more gender-nonconforming individuals identify outside of

the lesbian category, older femmes and butches alike find themselves questioning where they now fit. Sophie captured this sense of displacement, telling me:

> There were women I knew for decades, butches I dated or called family. Now they're men. I support them, I do, but it's like a whole generation of us disappeared overnight. It leaves me asking—was I ever really a lesbian? Or was my attraction always something else? It rattles you.

For Sophie, these shifts in identity do not only affect the individuals who transition, they also unsettle the identities of those who once formed intimate relationships within the butch/femme structure.

This speaks to what Judith Butler (1990), in *Gender Trouble*, describes as the performative nature of gender—how identities are constructed through social recognition rather than fixed internal truths. As the categories that once structured lesbian life disappear, older lesbians find themselves in a liminal space, navigating an identity that no longer has a clear cultural anchor.

> Pam described a sense of cultural loss tied to the disappearance of butch identity: When I was younger, butch was an identity that meant something. It wasn't just how you dressed. It was how you moved through the world. It was survival. Now, I go into an LGBTQ space, and I don't see anyone like me. People assume I'm a trans man or they think 'butch' is an outdated term. It feels like the world moved on without me.

For Pam, butch identity was never simply a personal aesthetic. It was a political and communal identity that provided protection, recognition, and belonging. The shift away from this visible subculture has left her feeling disconnected from contemporary queer spaces that increasingly prioritize fluidity over fixed identity categories. While gender fluidity has expanded possibilities for many, it has also rendered some previously legible identities obscure, leaving older lesbians like Pam and Sophie without the cultural reference points that once grounded their lives.

Jack Halberstam first brought awareness to what has become known as "butch flight" or the "butch/FTM border wars" in his 1994 article "F2M: The Making of Female Masculinity." In

his later manuscript on *Female Masculinity* (1998), Halberstam laid out the potential stakes for lesbianism, femininity/masculinity, and gender fluidity as butch lesbians increasingly sought out gender transitions, writing:

> In an extended consideration of the differences and continuities between transsexual, transgender, and lesbian masculinities, I approach the thorny questions of identity raised by the public emergence of the female-to-male transsexual (FTM) in the last decade or so. If some female-born people now articulate clear desires to become men, what is the effect of their transitions on both male masculinity and on the category of butch? (Halberstam, 1998, 142)

This semantic tension between categories such as "lesbian," "butch," "FTM," and "transgender" raises difficult questions about gender performance, sexual desires, and the sociopolitical utility of different identity categories. For lesbian communities, the butch/trans border war was a fraught space where some women feared losing community members to transition. Both butch lesbians and FTM individuals fought for clear categorical boundaries to preserve the relational structures and communities that they inhabited.

In a later article, Halberstam joined with trans activist and scholar C. Jacob Hale to consider this issue more completely, writing that:

> As Hale moved further into an FTM location, he frequently found himself distressed at hearing totalizing statements that erased both his own complexities as well as those of his butch friends. These totalizations were presented under the guise of drawing the line between butches and FTMs—a demarcation that often cut out those aspects of him that did not fit into hegemonic transsexual discourse as it is produced both by medicalized regimes of power and by transsexuals themselves in relation to these power regimes. His primary theoretical and political concern in contesting this sort of boundary marking, reflected in this essay as well as in other projects, is to create wider conditions of possibility for gender-queer discursive agency (Halberstam & Hale, 1998, 284).

Halberstam and Hale's ultimate recommendation for resolving these tensions is a prescient call for a more fluid consideration of gender and sexuality wherein categories such as FTM and butch are not mutually exclusive. Many and varied lived experiences can overlap, or even seem contradictory, and the line can come down simply to how an individual identifies.

With the rapid increase in visibility of transgender identities in the twenty-first century, some scholars have raised the alarm that butch/femme identities are becoming extinct. This "butch eradication" narrative illustrates the level of concern that the shift from established gender/sexual roles to a more fluid, genderqueer perspective has caused within queer communities, particularly among lesbians, where butch femininity is now considered an "obstinate fragment of an older paradigm" (Halberstam, 2015). Indeed, mainstream American culture is currently at odds with itself over how to adjust to ideas of gender as a social construct, with conservatives going so far as attempting to instantiate rigid gender binaries into legislation. As Halberstam and Hale argue, however, embracing "wider conditions of possibility" does not require abandoning or dismantling historically bounded identities. Instead, it means recognizing their continued presence alongside emergent forms.

In today's queer landscape, the concept of female masculinity has expanded: some masculine-presenting individuals proudly remain butch women, others take on labels like genderqueer or transmasculine, and some do transition to male—and all these choices coexist in today's queer landscape. Bear Bergman, a transmasculine activist, perfectly captured the slipperiness of trying to untangle arguments from the various stakeholders in the "butch flight" debate, writing that: "Butches are not beginner FTMs, except that sometimes they are, but it's not a continuum except when it is" (2006, 16).

This reconfiguration has left many older lesbians feeling culturally disoriented. What was once an accepted, even celebrated, gendered position in lesbian communities is now often framed as a precursor to transition. This represents a radical reorganization of gendered belonging, one that has yet to fully account for the generational disparities in how older lesbians understand themselves.

Some interviewees described the dissonance between their historical experiences and contemporary gender discourse. Renee recalled how butch identity once functioned as an act of defiance and survival:

> We didn't have gender studies classes telling us how to talk about identity. You were butch because that's how you survived in the world. It was the way we found each other, the way we signaled safety. Now I go to a community event and feel like an artifact. No one even uses the word "butch" anymore.

Renee's words reflect a broader sentiment among older lesbians who feel estranged from contemporary LGBTQ+ spaces, where evolving language and frameworks for gender identity do not always acknowledge or validate the histories of butch lesbians.

However, some interviewees pushed back against the narrative that butch identity has been entirely erased. Rachel emphasized that butch identity persists, albeit in different forms:

> I don't think butch has disappeared. I still see us, just not always in the places we used to be. We're not in the bars like before, but we're still here, finding each other in different ways. Some of us are mentoring younger queer folks, some are in activism, some are just living our lives. But we haven't gone anywhere.

Rachel's comments challenge the notion that butch identity has been erased, instead suggesting that it has shifted in visibility and expression. While some older lesbians feel alienated from contemporary LGBTQ+ spaces, others continue to embrace and sustain butch identity within changing social landscapes.

For Sophie however, who desires masculine women, the increase in butch women asserting a trans-masculine identity has felt alienating to her sense of self and sexuality. Considering the recent breakup from her long-term partner, Sophie told me:

> I'm going to be alone, and that's fine. That's just the way it's worked out. But I don't like feeling as though my whole life was a misunderstanding of who—the person—I want to be with. I've never had sex with men or dated any. And I know I'm not, you know, secretly straight. I love women. But it's been hard to realize that maybe the women I wanted weren't really women at all. It fucks with you.

Sophie's words articulate a deeper reckoning with the shifting terrain of gender and desire, one that unsettles not just individual identities but the very frameworks that once structured lesbian life. Her grief is not about rejecting trans identities but about the disorientation of witnessing the undoing of categories that once made her own desires intelligible. The butch women she loved, the ones who shaped her sense of self, have redefined themselves in ways that leave her questioning whether the language she used to understand her sexuality was ever accurate at all. It is not simply a personal loss, but an epistemic rupture.

Sophie's uncertainty: "Was I ever really a lesbian?" speaks to the destabilization of identity in the wake of cultural transformation. Butch/femme, once a relational structure that provided meaning and recognition, no longer holds the same cultural weight. Where butch once signified a distinct way of being a woman, it now exists in a more contested space, increasingly read as a transmasculine subject position rather than a lesbian one. This shift leaves many older lesbians in a kind of liminality, navigating an identity that no longer has a clear cultural anchor.

And yet, as Rachel reminds us, butch has not disappeared. It has shifted, adapted, survived. The task is not to mourn its loss but to reckon with its transformation in ways that do not erase the histories, struggles, and desires of those who came before. If gender is always in motion, then so too is the meaning of butch. These stories remind us that older lesbians have always shaped the contours of queer aging, even as their histories risk being overlooked.

The Challenges of Dating and Community Engagement for Older Lesbians

The shifting landscape of gender identity has also fundamentally altered the dating experiences of older lesbians, many of whom now struggle to navigate an unfamiliar queer world. Some interviewees expressed frustration that their preferences, particularly for butch women, are now viewed as politically suspect or exclusionary, as if an attraction to a specific

gender presentation invalidates trans identities. Others noted that generational differences in the language of gender and sexuality have made it difficult to connect with younger partners or even to feel welcome in LGBTQ+ spaces.

Patricia, a 69-year-old White lesbian and retired journalist, described her frustration with these changes: "The spaces I used to go to—lesbian events, women's bookstores—they don't exist anymore. And when I go to LGBTQ+ spaces now, I don't even know if I belong there. It's all about being 'queer' and 'fluid' now, and that's fine for them, but where does that leave me?" This sense of disconnection extends beyond terminology. Several interviewees described feeling out of place at community events that once felt welcoming. Pam, who was active in lesbian organizing spaces in the 1980s, recounted attending a recent LGBTQ+ gathering:

> I showed up to a queer women's event thinking it would be like the ones we used to have—space to talk, to organize. But it wasn't. I felt like an artifact. No one used the word 'lesbian,' no one talked about the history of our movement. It was like the past didn't matter.

Renee reflected on this generational divide, stating: "We fought so hard to be able to say, 'We are lesbians.' Now, younger people don't even use the word. Everything is just 'queer' now, and I feel like I got left behind in a movement I helped build." Renee's frustration speaks to a broader concern among many older lesbians: the disappearance of explicitly lesbian-centered language and spaces. While the push toward inclusivity has opened LGBTQ+ spaces to greater diversity, it has also, at times, erased the specificity of lesbian identity, leaving some older lesbians feeling alienated from the very communities they helped forge. This is not merely nostalgia. It is a recognition that identity categories are not just abstract constructs but deeply embedded cultural signifiers that shape belonging and access to community.

As gender and sexuality continue to evolve, older lesbians face the challenge of redefining their identities in a rapidly shifting LGBTQ+ world. The tensions between historical

lesbian identity formations and contemporary queer fluidity are not simply personal struggles. They reflect broader structural changes in how desire, identity, and community are conceptualized. Without intentional efforts to create intergenerational spaces that acknowledge these differences, many older lesbians will continue to experience not just social isolation but a profound sense of cultural displacement.

The shifting landscape of gender and sexuality has profoundly impacted older lesbians, disrupting once-stable identity categories, community networks, and social infrastructures. The erosion of butch identity, the disappearance of lesbian-specific spaces, and the increasing dominance of gender fluidity within queer communities have all contributed to a sense of dislocation among many older lesbians in the Bay Area. While these shifts have expanded possibilities for self-identification and inclusion, they have also left some members of older generations questioning where they belong in an LGBTQ+ world that no longer adheres to the frameworks they helped build.

As the voices of Sophie, Pam, Margie, Rachel, and others illustrate, these changes are not merely theoretical but have tangible effects on how older lesbians navigate dating, social spaces, and their own evolving sense of identity. Their testimonies point to a broader pattern of generational tension, one in which the very language and categories that once provided visibility and legitimacy for lesbians have been reshaped or replaced. This transformation raises critical questions about the long-term consequences of queer community restructuring: How do we ensure that inclusion does not come at the cost of historical erasure? What happens to those who no longer see themselves reflected in the culture they once helped create?

These questions are not just academic but central to the lived realities of aging lesbians who find themselves increasingly disconnected from both their past and their present.

Addressing this sense of cultural displacement requires intentional efforts to bridge intergenerational divides, ensuring that the history, contributions, and identities of older lesbians are not erased in the pursuit of progress. This means not only preserving spaces that affirm lesbian identity but also fostering dialogue between generations to create a more inclusive vision of queer belonging, one that honors both historical specificity and contemporary fluidity.

Without such efforts, many older lesbians will continue to experience not only social isolation but a deep sense of cultural loss, thereby further compounding the precarity of aging within LGBTQ+ communities. The challenge ahead is to create frameworks that recognize and support the experiences of older lesbians while still embracing the evolving complexity of gender and sexuality in the 21st century. Doing so is not a return to the past but a commitment to holding queer history and queer futures together in the same space. These stories of disconnection and loss among older lesbians point to the ways in which queer aging is unevenly distributed, not only by gender but by the infrastructure that once made particular forms of life possible, recognizable, and sustainable.

III. The Compounding Marginalization of Trans Elders

While older lesbians often experience aging through cultural erasure and the loss of historic social worlds, transgender elders face even more compounded exclusions, ones shaped not only by vanishing spaces but by institutional neglect in housing, healthcare, and community services. Their experiences mark another dimension of how identity and infrastructure collide in uneven ways across queer aging. Many trans seniors, particularly those who transitioned decades ago, encounter compounding challenges including economic precarity, medical neglect, and exclusion from both mainstream elder care systems and LGBTQ+ community infrastructures.

Their experiences reflect a broader institutional failure to account for the specific needs of aging transgender people, leaving many doubly or triply marginalized in their later years.

Lifelong economic marginalization has left many transgender elders financially insecure. Employment discrimination, barriers to healthcare, and systemic exclusion have left many without key financial safety nets like pensions, savings, or homeownership. As Whittle et al. (2007) highlight in "Transgender EuroStudy: Legal Survey and Focus on the Transgender Experience of Health Care," the cumulative effects of career instability and workplace bias create long-term financial vulnerability that worsens with age.

Sarah, a 72-year-old Filipino-American trans woman and former retail worker, describes how financial precarity has shaped her later years:

> I worked my whole life, but I was never in a job long enough to build a pension. Every time an employer found out I was trans, suddenly there was some excuse to fire me. Now, I live off Social Security, and it barely covers rent. I never had the chance to save, and now I'm stuck.

Sarah's experience exemplifies a broader pattern: many transgender elders were denied stable employment for decades, leaving them with few resources as they age. Unlike many cisgender elders who rely on spousal benefits or long-term financial planning, trans seniors often enter old age with depleted savings and little institutional support. This leaves many reliant on precarious housing situations or forced into low-income senior housing, where they often encounter additional discrimination.

For some, the fear of housing discrimination leads to self-isolation or reluctance to seek support, further exacerbating their vulnerability. Elena, an 84-year-old White trans woman who spent much of her life as a sex worker and service worker, spoke about her struggle to find stable housing in her later years:

> I lost my apartment after I retired, and trying to find a senior housing complex that would take me in without issue was a nightmare. The first place I applied to, the director pulled me aside and told me I "wouldn't be a good fit." I knew exactly what that meant. I eventually found a place, but I keep my head down. I don't know how the staff would react if they found out I was trans.

Elena's experience is far from unique. Many trans elders who I spoke with, even those with stable incomes, face barriers to finding safe and affirming housing. Institutionalized bias, both implicit and explicit, forces many to conceal their gender identity to avoid mistreatment or eviction. This results in heightened psychological distress, reinforcing patterns of social withdrawal and isolation.

The combination of financial precarity, discriminatory housing practices, and fear of mistreatment in institutional settings places many trans elders in an ongoing state of housing insecurity. Addressing these challenges requires not only policy interventions but also a cultural shift in elder care environments to ensure that trans seniors are recognized, respected, and provided with the same security as their cisgender counterparts.

Medical Complications from Early Transition Surgeries

In addition to economic instability, transgender elders frequently experience profound barriers to competent medical care. Many transitioned at a time when transgender healthcare was poorly understood, leaving them with long-term medical complications from outdated surgical techniques and decades of hormone use without proper medical oversight. Despite increased awareness of transgender health issues, many healthcare providers remain uninformed about the specific needs of aging trans individuals, often resulting in neglect, misgendering, or outright denial of care.

James, a 73-year-old Vietnamese-American trans man, described the difficulty of finding medical providers who understand the long-term effects of early transition:

> I had top surgery in the ’70s, back when there weren’t many options. Now, I have complications, but every doctor I see either doesn’t know what to do with me or treats me like I don’t belong in their office. It’s exhausting having to explain my body to medical professionals who should already know how to help.

James’s story reflects a broader medical crisis. In the 1970s and 1980s, gender-affirming procedures were experimental, poorly standardized, and typically performed under intense gatekeeping. Today, James lives with chronic scar tissue, muscle loss, and complications from decades-old surgeries. The lack of follow-up care and the absence of standardized medical guidelines for older trans bodies mean that providers today often have little understanding of how to address these complications. For James, each medical visit becomes an exercise in self-advocacy. Discussing his history of gender-affirming interventions, James explained the difficulties of interacting with medical specialists:

> [After top surgery,] the results weren’t perfect, but I was just grateful to have it done. Decades later, I’m dealing with scar tissue, muscle loss, and other complications that no one seems to know how to treat. I’ve had doctors look at me like I’m a medical mystery—like they’ve never seen a body like mine before. It’s frustrating and dehumanizing to have to explain my own history over and over just to get basic care.

James’s case underscores how trans elders are often forced into the role of educator in clinical settings. They are expected to articulate, justify, and translate their embodied histories to providers who lack even foundational knowledge of transgender aging. The longterm health consequences of these procedures, including chronic pain, hormonal complications, and surgical aftereffects are poorly studied, leaving many trans elders without viable treatment options.

Safer et. al (2017), in “Barriers to Health Care for Transgender Individuals,” highlight how medical providers’ ignorance about trans-specific aging needs reinforces systemic healthcare exclusion:

> Despite both guidelines and data supporting the current transgender medicine treatment paradigm, transgender patients report that lack of providers with expertise in transgender medicine represents the single largest component inhibiting access. Transgender

> treatment is not taught in conventional medical curricula and too few physicians have the requisite knowledge and comfort level (169).

For trans elders, these medical barriers are not just frustrating, they are life-threatening. Many avoid seeking care altogether for fear of discrimination, leading to untreated chronic conditions and worsening health outcomes. Unlike their cisgender gay and lesbian counterparts, who may still face bias in medical settings but do not typically have to justify their basic identity to providers, transgender elders often experience healthcare as an ongoing site of exclusion.

James's case illustrates how this exclusion operates not only through overt discrimination but through passive neglect, the absence of trans-competent medical knowledge, the failure to incorporate trans elders into aging research, and the routine dismissal of their healthcare concerns as unsolvable anomalies rather than issues requiring urgent intervention.

The Limits of LGBTQ+ Inclusion for Older Trans People

While LGBTQ+ community spaces have historically been a refuge for marginalized queer people, transgender elders often find themselves excluded from both mainstream aging services and LGBTQ+ support systems. Many mainstream elder care organizations lack competency in trans issues, while LGBTQ+ organizations often prioritize younger trans populations, leaving older trans individuals without a clear community network.

Sarah reflected on this dual exclusion: "When I was younger, I had to fight for my right to exist. Now that I'm older, it's like I'm invisible again—except this time, even the queer community doesn't see me." Her words point to a broader pattern: although trans visibility has increased in recent years, these gains have not been evenly distributed. Many trans elders, including those who were pioneers in early trans activism, now feel sidelined in a movement they helped shape. While San Francisco's LGBTQ+ advocacy landscape has made strides in addressing trans issues, much of this work centers youth, focusing on housing, healthcare, and

visibility for younger trans and nonbinary individuals. The absence of parallel efforts for older trans people is felt as both abandonment and erasure.

Generational tensions deepen this sense of disconnection. Many trans elders transitioned in an era where medical gatekeeping and rigid binary frameworks dominated transgender healthcare, forcing them to conform to a strict set of expectations about gender presentation. In contrast, younger trans people often embrace nonbinary and fluid gender identities, prioritizing self-definition over medical transition. While this shift has expanded possibilities for gender expression, it has also left some older trans individuals feeling disconnected from contemporary movements that no longer center the medicalized transitions that defined their own experiences. Sarah reflected on this divide:

> When I transitioned, there was only one way to do it—you had to prove you were serious, you had to want surgery, and you had to fit into the gender box they gave you. Now, younger people say they don't have to change their body to be trans, and that's fine for them. But when I go into spaces, I feel like my kind of transness isn't even recognized anymore.

This is not simply a matter of language, it's a matter of recognition. When trans community narratives center youth, fluidity, and contemporary frameworks, they risk obscuring the labor, trauma, and complexity of earlier trans lives. Bridging this generational divide requires more than symbolic inclusion. It means designing community support structures that are intergenerational by design, and trans-affirming in ways that honor both past and present models of identity, embodiment, and care.

The economic precarity, medical neglect, and social isolation faced by transgender elders are not incidental. They are the direct result of systemic failures in both LGBTQ+ advocacy and mainstream aging policies. Unlike older gay men, who have benefitted from sustained intergenerational networks and community support, transgender elders often enter old age

without the same safety nets. Moreover, generational shifts in language, identity politics, and community structures have further marginalized trans elders, leaving many feeling disconnected from both mainstream aging services and contemporary LGBTQ+ spaces. Their experiences underscore persistent structural failures across elder care systems and LGBTQ+ advocacy.

More broadly, the neglect of trans elders exposes a deeper failure: the selective prioritization of certain queer aging narratives over others. While younger trans people have gained increased visibility and political recognition, the histories and needs of older trans individuals, shaped by decades of exclusion from medicine, housing, and community life, remain largely unacknowledged. This imbalance cannot be corrected through representational inclusion alone. It demands a structural rethinking of how aging is conceptualized and supported across LGBTQ+ and gerontological institutions alike. The next section discusses the ways that symbolic inclusion can lead to forms of unintended exclusion within LGBTQ+ aging organizations, the services they provide, and the frameworks that guide their work.

IV. Institutional Frameworks and Their Discontents

In LGBTQ+ elder care, intersectionality has become a foundational framework for understanding compounded marginalizations. By attending to the interplay of race, gender identity, socioeconomic status, and disability, it remains indispensable for exposing systemic inequities across aging populations. Yet, this section argues that while intersectionality is essential as an analytic lens, its application within service delivery models can, when implemented rigidly, produce new forms of exclusion.

This critique explicitly affirms the urgency of supporting transgender elders of color, who continue to face the most acute forms of structural vulnerability. The concern raised here is not about deprioritizing this support, but about the unintended consequences of treating identity

categories as static qualifiers for access. When resources are allocated primarily through predetermined identity criteria, rather than through comprehensive and regularly updated assessments of elders' material realities, service structures can overlook others with pressing but less legible vulnerabilities, such as economically insecure older lesbians, working-class gay men, or trans seniors who fall outside dominant modes of representation.

In San Francisco, despite abundant LGBTQ+ senior services, institutional frameworks intended to support the most marginalized can paradoxically reinforce exclusivity. Funding practices frequently presume vulnerability based on categorical assumptions rather than regularly assessing the lived material conditions of LGBTQ+ seniors. As a result, elders facing significant economic instability, isolation, or severe health concerns, but who do not align neatly with prioritized identity categories, often find their needs unmet.

Elders like Dennis, Margie, and Caroline express frustration with systems that, while importantly addressing historical inequities, inadvertently marginalize their immediate needs. Their experiences demonstrate not opposition to the prioritization of marginalized identities, but rather dissatisfaction with rigid frameworks that insufficiently reflect the complexity and urgency of their vulnerabilities. As Michael, a 69-year-old HIV-positive White gay man, poignantly notes, "We're all vulnerable in different ways. But the way things are set up now, we're fighting for scraps. It doesn't have to be like this." Michael's observation captures the unintended consequences of inflexible frameworks: a sense of intra-community competition, scarcity, and misrecognition. His words are not a rejection of intersectionality but a call for systems that account for complexity and change.

Unintentional Exclusions

While transgender elders of color continue to face profound and ongoing marginalization, the current system often presumes vulnerability based on identity alone, sidelining other LGBTQ+ elders whose material realities also demand attention. Older lesbians on fixed incomes, gay men aging without social support, and trans elders who transitioned long ago, many of whom face significant economic and housing insecurity, are often overlooked in favor of individuals whose identities most closely align with dominant funding narratives. This is not a call to deprioritize historically marginalized groups, but to complicate the frameworks through which care is conceptualized and delivered.

As Kimberlé Crenshaw (1989) cautions, "Identity categories alone are insufficient to capture the depth of marginalization, as they fail to address the interwoven nature of systemic oppression and material conditions." Within San Francisco's nonprofit sector, intersectionality has become institutionalized in ways that risk flattening complexity. Roderick Ferguson (2004) makes a similar critique in *Aberrations in Black*, warning that diversity politics often result in "a symbolic commitment to inclusion that coexists with the systemic erasure of actual need" (p. 118). This paradox is especially visible in LGBTQ+ aging services. A framework originally intended to expose layered forms of injustice can, when translated into inflexible institutional criteria, obscure rather than illuminate the actual struggles of elders. What results is not a rejection of intersectionality, but an overreliance on identity proxies in place of sustained, context-sensitive care.

This chapter does not reject intersectionality as a framework. Indeed, it affirms its necessity for understanding how race, gender, class, and sexuality interact to shape vulnerability. Rather, the critique targets how intersectionality has been institutionalized within nonprofit and

public sector settings in ways that risk reducing complex lives to static identity categories. When identity is treated as a fixed proxy for marginalization rather than a historically and materially contingent position, service delivery models can unintentionally reproduce the very exclusions they seek to redress. What is needed is a return to intersectionality's analytic roots: a flexible, context-sensitive approach that accounts not only for categorical identity but for the full range of material conditions shaping queer aging.

Dennis described his frustration when seeking support from a well-known LGBTQ+ elder care organization. Despite his health concerns, he was informed that available resources were currently prioritized for populations considered 'higher need' under existing guidelines. While these guidelines importantly address historical inequities, he felt overlooked, reflecting: "It's like they walked in already knowing who the 'most vulnerable' are, and the rest of us didn't count." His experience points to the unintended consequences of systems that rely too heavily on predetermined identity categories.

Social workers within these systems often operate under frameworks that rightly center trans seniors of color yet sometimes do so in ways that frame them primarily as populations in need of rescue rather than as elders with complex, ongoing relationships to care, community, and support. One caseworker at a major LGBTQ+ nonprofit in the Bay Area explained, "We know they're out there, but they just haven't come forward yet. That's why we keep prioritizing them—to make sure they know these services exist." A nonprofit director echoed this approach, telling me: "The data may not show high numbers, but that doesn't mean the need isn't there. We just need to keep looking." These statements reflect a model of anticipatory inclusion, an effort to reach those who have historically been underserved, even if they are not currently represented in service data. While such efforts are undeniably well-intentioned, they often rest on fixed

assumptions rather than ongoing empirical assessments. The result is a system that sometimes overcompensates for representational absence by maintaining categorical priority, even when pressing needs emerge elsewhere.

A board member of one prominent LGBTQ+ nonprofit summarized the ethos behind this approach:

> Our mission is to ensure that those who are most at risk receive the support they need, because addressing historical inequalities is an essential step toward equity for all LGBTQ+ elders. By focusing on trans elders of color, we create a system that aims to uplift all marginalized seniors.

This sentiment reflects an aspirational advocacy logic: that prioritizing support for the most visibly marginalized groups will ultimately benefit the broader LGBTQ+ elder community. Yet, as many aging LGBTQ+ individuals facing poverty, housing instability, or social disconnection attest, this model often produces new forms of exclusion, redistributing scarcity rather than dismantling it.

The challenges these narratives reveal are not the result of malicious intent, but of institutional inertia where ideological commitments, however important, begin to take the place of nuanced responsiveness. As Michael poignantly observed: "I didn't survive the AIDS crisis just to be erased by the next generation." His words encapsulate the tensions that many elders feel within San Francisco's LGBTQ+ aging infrastructure. That is, a landscape shaped by decades of activism, yet increasingly governed by frameworks that prioritize symbolic reparations over lived realities. For those who fought for queer rights in earlier eras, it can be disorienting to find themselves now on the margins.

This dissonance is not simply a matter of resource allocation. It reflects a shift in how vulnerability and activism are conceptualized across generations. While older LGBTQ+ individuals endured criminalization, survived the HIV/AIDS epidemic, and laid the groundwork

for today's queer infrastructure, contemporary models often emphasize categorical forms of marginalization that do not always account for present-day hardship.

Margie, Caroline, and Michael each described moments when their appeals for assistance were met with institutional responses that prioritized historically excluded groups. As Margie recalled:

> I sat down with a social worker about applying for housing assistance. She told me that certain groups had been historically excluded and were therefore the priority. I understood the importance of that, but it left me wondering where I was supposed to turn.

Caroline, reflecting on her own advocacy work, echoed this ambivalence:

> I've always believed in lifting up those who have been historically excluded, but when I applied for assistance, I was told the priority was for specific communities. I absolutely support that, but it made me unsure of where I fit into the equation.

Michael, who lives in a Single Residence Occupancy (SRO) hotel in the Tenderloin, put it more bluntly: "I get it, but what about the rest of us? I don't have savings. I don't own a home. And my family is gone. So where does that leave me?" Their experiences underscore how frameworks built to address past injustices can, when applied too rigidly, leave others aging into crisis without a clear place to turn.

Michael's question cuts to the heart of a structural tension in LGBTQ+ elder care: the gap between well-intentioned categorical prioritization and the complex material realities many elders face. Rather than holistically assessing economic instability, health risks, or social disconnection, some programs rely too narrowly on fixed identity frameworks. This approach not only excludes a wide swath of vulnerable LGBTQ+ seniors, but also cultivates a scarcity-driven dynamic, one in which queer elders are implicitly positioned in competition with each other for care and recognition.

Michael's statement: "We're all vulnerable in different ways. But the way things are set up now, we're fighting for scraps. It doesn't have to be like this…" highlights the pressing need to move beyond a scarcity-based framework that pits marginalized groups against one another. This tension is not unique to LGBTQ+ elder care. It reflects a broader reckoning within contemporary social work and nonprofit service delivery: how to address historical harms without producing new exclusions. While the imperative to rectify racial and gender-based disparities remains vital, such work must not come at the cost of responsiveness to those elders who face acute hardship but whose identities do not align neatly with prevailing advocacy frameworks.

This dilemma, of how to honor past exclusions without hardening them into rigid hierarchies, raises important questions about the future of LGBTQ+ aging infrastructures. If vulnerability is to be taken seriously as a lived and mutable condition, then systems of care must evolve beyond fixed categories and symbolic inclusion. The narratives in this chapter point not only to what has been lost or overlooked, but also to what remains possible.

While many advocacy frameworks rightly center the intersection of race and queerness in addressing systemic vulnerability, my fieldwork in San Francisco revealed a more complex and uneven racial landscape. Contrary to dominant narratives, there were no consistently stark racial disparities among the elders I interviewed. Black, Asian American, white, and LGBTQ+ respondents were represented across the socioeconomic spectrum. Several Black and Asian American elders described experiences of stability and community support, and while some respondents of color faced challenges, these did not follow a clear or predictable pattern. In part, this may reflect the distinct demographics of San Francisco, where decades of resegregation have shifted the city's racial composition.

The queer population, shaped by migration and refuge-seeking, further complicates easy generalizations: many elders arrived in San Francisco from elsewhere, coming from diverse class backgrounds and trajectories of risk or resilience. While it remains crucial to attend to the racialized dimensions of queer aging, the data here suggest that vulnerability cannot be assumed along racial lines alone. Rather, it must be assessed in relation to local context, individual history, and the shifting infrastructures of care and community.

Taken together, the narratives in this chapter challenge many of the assumptions embedded in current eldercare frameworks, especially those that conflate identity with need or use static categories to determine eligibility. If institutions are to meet the evolving needs of LGBTQ+ elders, they must move beyond symbolic inclusion toward structurally responsive care. In what follows, I turn to the policy implications of these findings, offering recommendations that foreground adaptability, material responsiveness, and a deeper commitment to supporting the full complexity of queer aging.

IV. Policy Considerations and Structural Reforms for LGBTQ+ Aging Services in San Francisco

LGBTQ+ aging infrastructures have long been shaped by the most visible and urgent crises affecting queer elders, particularly the HIV/AIDS epidemic. The early years of advocacy in this area were largely responsive to the medical and social needs of gay men, who were among the most visibly impacted. As a result, many of the foundational models for queer elder care were built around a narrow, though necessary, set of concerns: access to healthcare, legal protections, and end-of-life support. What these models failed to anticipate, however, was the extent to which their frameworks would become entrenched, leaving out other members of the LGBTQ+ community whose needs and histories do not neatly fit within their structures. The

consequences of this oversight are most clearly visible in the ways LGBTQ+ senior services attempt, often unsuccessfully, to create social spaces that are presumed to be universally welcoming.

For older lesbians, the disappearance of lesbian-specific spaces has meant that the only remaining public options for LGBTQ+ community engagement tend to be bars or spaces historically designed around the social worlds of gay men. Sophie recounted her discomfort upon attending a senior event at a well-known gay bar:

> I went to the event hoping to meet other older lesbians, but it felt like I had walked into a space that wasn't really for me. The people there were friendly, but the whole atmosphere was different. The music, the way people interacted—it just wasn't the kind of place where I would naturally form friendships.

Her words highlight a fundamental problem with the presumed universality of LGBTQ+ senior spaces: even when they are inclusive in name, they are not always culturally or socially legible to all members of the community. While older lesbians have, in many cases, attended and supported these spaces for decades, they may not necessarily see them as their own. This is not simply a matter of personal preference but rather a reflection of how LGBTQ+ history has produced parallel, rather than fully integrated, social worlds.

Transgender elders experience a similar kind of alienation, often navigating spaces that are ostensibly open to them but structured around narratives and histories that do not fully account for their lives. Zara, a 68-year-old Black trans woman and retired Postal Worker, described her experience at a San Francisco LGBTQ+ senior center:

> They say this place is for all LGBTQ+ people, but I'm always the only trans woman there. I know they mean well, but sometimes I feel like an afterthought. A lot of the conversations are about experiences that just don't apply to me. People talk about 'coming out' as gay in the '70s or as nonbinary today, but I transitioned late in life, and my issues were completely different.

Zara's reflection underscores the implicit biases that shape LGBTQ+ aging spaces, not necessarily through explicit exclusion, but through the quiet and unexamined assumption that all LGBTQ+ elders share a common trajectory. These spaces often rely on a shared historical memory, one that centers the coming-out narratives of gay and lesbian individuals who lived through the post-Stonewall years of queer activism. Trans elders, particularly those who transitioned later in life, do not always see themselves reflected in these conversations, even when they are nominally included.

The challenge is not simply one of participation but of integration. Zara recalled that while some services addressed trans-specific needs, they were often siloed rather than embedded into the broader infrastructure: "They had a workshop on trans healthcare once, but it was a separate thing—not part of the regular programming. It felt like something extra, not something that was naturally woven into the everyday services they provide."

This segmentation of trans resources mirrors a broader issue within LGBTQ+ aging infrastructures: the tendency to treat inclusivity as an additive process rather than a structural reconfiguration. Programs designed decades ago to serve gay men are now expected to "include" trans people and lesbians, but inclusion often takes the form of specialized initiatives rather than a rethinking of how these spaces function at a foundational level. The result is a system in which certain elders feel peripherally accommodated rather than fully recognized.

What emerges from these accounts is not simply a critique of individual programs or services, but a deeper interrogation of how LGBTQ+ community spaces have evolved or, in some cases, failed to evolve alongside the people they serve. The presumption that a single space or institution can effectively meet the needs of all LGBTQ+ elders belies the reality of generational, gendered, and cultural differences within the community. Addressing these

disparities requires a fundamental shift: one that moves beyond broad-based inclusivity toward a reimagining of aging infrastructures that actively reflect the full range of queer histories, identities, and social formations.

The Absence of Intergenerational Bridges for Lesbians and Trans Seniors in San Francisco

Intergenerational support networks have long been a lifeline for LGBTQ+ elders, particularly those without biological family support. Yet, these networks have not developed evenly across the community. In San Francisco, a city often heralded as a queer haven, older gay men have maintained mentorship and chosen family structures that keep them connected to younger generations. Older lesbians and transgender elders, however, frequently find themselves on the outside looking in, watching as the communities they helped build become less and less recognizable.

Sophie described her frustration with contemporary queer spaces in San Francisco, stating:

> I see young queer women all the time, but there's no real connection. It's like we live in two separate worlds. I wish there was something like the networks that gay men have, but for lesbians. We don't have that kind of structure, and now I feel like I've aged out of a community I spent my life fighting for.

Sophie's words echo a broader theme in this chapter: that the disappearance of queer spaces is not just physical but relational. It fractures the capacity to sustain community across time, leaving those who built the groundwork for contemporary queer life increasingly unmoored from it.

For trans elders, the divide is even more pronounced. Many trans seniors who transitioned decades ago did so under vastly different social and medical circumstances than their younger counterparts, and their ways of understanding gender do not always align with

contemporary viewpoints. James reflected on his uneasy place within younger trans circles, telling me:

> I don't think younger trans people see us as part of their movement. They have different priorities, different politics, and it's like they assume we don't understand or don't belong. I came up in a time when trans people had to be discreet just to survive. Now, visibility is everything, and sometimes I feel like my way of being trans isn't even recognized anymore.

The experience of being rendered invisible in spaces that once felt like home is not unique to James. Sarah described attending a queer social event in the Castro and realizing, almost immediately, that she did not belong: "I walked into that space, and no one looked at me twice. It's like I wasn't even there. And it's not that they were hostile, it's just that they had no interest in me, in my stories, in what I might have to share."

This slow drift toward social invisibility has significant consequences. Without intentional efforts to create spaces where older and younger generations of lesbians and trans people can learn from one another, these elders risk becoming ghosts in their own communities—still present, but largely unseen.

Addressing these disparities requires intentional intervention from policymakers and community organizations to ensure that LGBTQ+ aging services in San Francisco are not only inclusive in name but structured to meet the distinct needs of all queer elders. For many trans seniors, access to competent healthcare remains a central concern. Many aging facilities in the Bay Area are not equipped to provide trans-affirming medical care, and some outright refuse to respect their identities. Sarah expressed her anxiety about what awaits her should she need full-time care:

> I worry about what will happen when I can't live on my own anymore. Will they respect me? Will they make me go back to using my old name? I've heard too many horror stories. It's terrifying to think about being in a place where people see you as something you're not, or where I'm not allowed to be who I am.

Housing insecurity is another pressing issue, particularly for older lesbians, many of whom face financial instability at higher rates than their gay male counterparts. The tech industry's transformation of San Francisco has pushed many lesbian elders out of historically queer neighborhoods, severing them from long-standing community networks. The common refrain is that lesbians abandoned the city en masse for the East Bay as housing prices skyrocketed and lesbian spaces closed down.

Renee, who was priced out of her longtime neighborhood of Bernal Heights, reflected on what it means to lose not just a home, but a community:

> I spent most of my life in a city that had a strong lesbian community. But when I couldn't afford the rent anymore, I had to leave, and now I don't know where to find people like me. There's no built-in community, no lesbian bars, no places where we just exist together.

Without targeted financial assistance programs and senior housing initiatives that explicitly address the needs of lesbian and trans elders in San Francisco, these inequities will only deepen.

As explored throughout this chapter, effectively addressing gendered disparities in LGBTQ+ aging requires moving beyond generalized, universalist frameworks towards targeted, equity-driven interventions tailored to the specific needs of older gay men, lesbians, and transgender elders in San Francisco. Historically a hub for LGBTQ+ activism and community resilience, the city nevertheless contends with systemic pressures, including gentrification, housing instability, and shifting policy priorities, that intensify existing inequalities among aging queer populations. Thus, meaningful policy reforms must directly engage with these differentiated experiences rather than presuming a uniform queer elder experience.

Moreover, despite its progressive reputation, San Francisco's healthcare infrastructure remains inadequate in addressing the specialized medical needs of transgender elders. Many

experience enduring complications from early gender-affirming procedures, such as long-term hormone use, heightened osteoporosis risk, and surgical outcomes based on outdated medical standards, yet geriatric healthcare providers often lack trans-competent training. The result is avoidance of medical services by trans elders due to legitimate fears of misgendering, stigma, or inadequate care. Mandating comprehensive trans-affirming training for elder care providers, with an emphasis on specialized geriatrics, represents a crucial intervention to address this significant gap.

While San Francisco has been influential in shaping LGBTQ+ elder care practices nationally, its existing aging infrastructure remains insufficiently responsive to the distinct realities of queer aging. Targeted policy reforms addressing housing, healthcare, social connectivity, and funding equity are urgently required to prevent the reinforcement of structural exclusions. Prioritizing direct engagement with aging lesbians and transgender elders in policy design and community planning is vital to ensure all LGBTQ+ elders can age with pride. Above all, these reforms must be grounded in direct engagement with aging lesbians and transgender elders themselves. Designing services with—not just for—these communities is the only way to build infrastructures of care that reflect the complexity, resilience, and diversity of queer lives. If San Francisco is to remain a beacon for LGBTQ+ futures, it must invest in the dignity, recognition, and wellbeing of all queer elders—not just those who fit within its dominant narratives.

Conclusion: Toward a More Inclusive Model of Queer Aging

Throughout this chapter, I have explored the gendered disparities that distinctly shape the Throughout this chapter, I have examined the gendered disparities that shape the aging trajectories of LGBTQ+ individuals in San Francisco, emphasizing how these experiences are

embedded within overlapping historical, social, and institutional contexts. Queer aging emerges here not as a singular or universal journey but as one stratified by access to care, community infrastructure, and economic stability—conditions that are themselves deeply uneven across lines of gender, class, and cultural legibility.

Older gay men in San Francisco frequently age with a degree of social visibility and intergenerational connectivity, often supported by networks forged during the AIDS crisis. These relationships serve as both cultural inheritance and survival strategy. Yet, even within this group, access to stability remains shaped by economic privilege and professional standing. Older lesbians, by contrast, are often aging into isolation, navigating the compounded loss of income, culturally specific spaces, and a shared sense of lesbian identity. Meanwhile, transgender elders experience a different kind of marginalization: systemic exclusion from housing and healthcare services, erasure within both trans and broader LGBTQ+ activism, and the enduring physical and emotional toll of having transitioned in less affirming eras.

What these trajectories reveal is that the promise of intersectionality as a framework, so central to contemporary social work and nonprofit logics, has become increasingly strained in practice. When identity categories are treated as static proxies for need, rather than as historically and materially situated positions, they risk obscuring the very forms of vulnerability they were intended to highlight. This chapter does not argue against intersectionality, but for its reorientation: one that grounds care in lived precarity, material conditions, and flexible, historically informed analysis.

Organizations serving LGBTQ+ elders must therefore move beyond generalized frameworks to adopt differentiated, context-sensitive approaches. Older lesbians should not face systemic invisibility simply because lesbian bars and feminist bookstores have vanished. Trans

elders should not be forced to educate their doctors in order to receive basic care. And older gay men, while often viewed as a success story of community-based aging, should not be flattened into a singular narrative that overlooks class- and race-based exclusions within that group. These disparities demand targeted reforms: in housing, in healthcare, in community infrastructure, and in the frameworks through which we define vulnerability itself.

As Ellen, a 71-year-old White lesbian and retired nurse, reflected: “I don’t think we realized, back then, how much we needed each other. Now that we’re older, I see how much we lost when we stopped having our own spaces and our own language.” Her reflection speaks not only to the consequences of structural disinvestment but also to the potential of collective memory and mutual recognition as sites of future transformation. Through responsive policy, intergenerational investment, and sustained attention to the structural dimensions of care, it remains possible to create conditions in which all LGBTQ+ elders—regardless of gender identity, class background, or historical affiliation—can age with dignity, support, and belonging.

This chapter extends the dissertation’s central argument that queer aging must be understood not through categorical inclusion but through historically grounded, materially responsive frameworks of care. Chapter 1 traced how local political and institutional shifts in San Francisco shaped the uneven development of LGBTQ+ aging infrastructures. Chapter 2 examined how contemporary identity politics, especially around language, pronouns, and generational discourse, produce both recognition and exclusion within trans and nonbinary aging experiences. Chapter 3 brings these threads together to reveal how identity-based care models, while rhetorically inclusive, often obscure the complex realities of aging across queer communities. Taken together, these chapters call for a reimagining of queer aging, one rooted in

the contingencies of place, memory, and structural analysis rather than the presumed coherence of identity alone.

Taken together, Chapters 1 through 3 advance a central claim of this dissertation: that queer aging cannot be understood or ethically supported through universalist or rigidly identitarian frameworks alone. Chapter 1 traced how the erosion of community infrastructure and the rise of ad hoc kinship networks in San Francisco reshaped the social landscape for LGBTQ+ elders, revealing how care is improvised amid structural abandonment. Chapter 2 explored how generational shifts in language, gender politics, and cultural recognition create new forms of exclusion even within spaces claiming inclusivity. This chapter extends those insights, showing how gendered disparities in aging are not just personal experiences but institutional outcomes shaped by historical trauma, policy design, and the ways institutions map identity onto eligibility. Across these chapters, a shared argument emerges: that queer aging must be approached as a historically situated, materially contingent, and structurally stratified process, one that requires care models as complex and flexible as the lives they seek to support.

Conclusion

I began this project with a feeling more than a theory, an uncertainty about what aging might look like for someone like me. That feeling evolved into a set of conceptual questions. Most centrally: how do the tensions between younger and older LGBTQ+ people help us understand the pathways through which queer elders navigate care, visibility, and belonging, particularly in a city like San Francisco, where symbolic inclusion often stands in for actual support? More specifically, what kinds of caregiving, improvisational relationships, and contingent forms of social life arise when traditional family structures are absent, especially in the wake of past epidemics and in the midst of ongoing institutional change? These questions emerged through everyday interactions: in kitchens, during bus rides, at bars, and in institutional settings. Over two years of ethnographic fieldwork in San Francisco, I observed the makeshift infrastructures that queer elders assembled, relied on, or adapted in order to meet their needs. I came to understand these arrangements through the framework of ad hoc kinship. The term expands on, but also complicates, work on chosen family (Weston, 1991) and fictive kinship (Stack, 1974), highlighting forms of relationality shaped more by chance, institutional context, and scarcity than by elective affinity. This novel form of kinship is especially well suited to naming the networks of care and support that come into being at the end of life, particularly among marginalized populations.

Ad hoc kinship describes caregiving ties that occupy a space between voluntary intimacy and formalized care. These ties emerge from shared identity, proximity, and the informal recognition that accrues within institutional settings. Volunteers may become confidants. Neighbors may assist with falls or emergencies. Former partners may return in moments of crisis. These relationships take shape within the gaps between policy, community support, and

lived experience. While not always stable or enduring, they provide necessary forms of care when other structures fall short.

This dissertation offers both ethnographic and conceptual insights. Ethnographically, it provides a detailed portrait of queer aging in San Francisco during 2022–2023, a period profoundly shaped by the lingering impacts of Covid-19, urban transformation, and a complex nonprofit ecosystem. During this time, queer elders were often celebrated symbolically as figures of community resilience, even as their lived conditions remained precarious. Care, frequently inconsistent and improvisational, was shaped by structural tensions, uneven resource distribution, and shifting institutional support.

Conceptually, this project advances a relational framework that highlights how queer communities adapt and improvise under constraint. It complicates existing queer kinship theories by emphasizing relational instability, institutional mediation, and structural precarity rather than idealized forms of elective affinity. Additionally, it reframes queer aging as a deeply relational and infrastructurally mediated process, contributing to critical gerontology and anthropological debates around care by examining how intimacy and obligation intersect with institutional constraints and everyday challenges. Finally, it centers the complex affective dynamics (solidarity, ambivalence, and frustration) that shape everyday intergenerational interactions.

These theoretical contributions are brought into sharper relief through key ethnographic narratives, highlighting how queer elders negotiate recognition, care, and community amid shifting local contexts and systemic uncertainties. The complexities of queer aging and ad hoc kinship are most vividly illustrated through the stories of JoAnne, Eddie, and Mae. Each narrative reveals how queer elders negotiate not only symbolic recognition and material constraint, but also the affective and generational tensions that shape caregiving and community.

JoAnne’s response at the 2022 Trans March captured the contradictions of symbolic recognition. Watching a young speaker honor "trans ancestors," JoAnne grimaced, later describing herself as "the ghost at the party": alive yet framed as living history. Her discomfort underscored how symbolic celebration can inadvertently marginalize elders by relegating them to past rather than present concerns. JoAnne’s experience highlighted the necessity of coupling symbolic honor with ongoing material and participatory support.

Eddie’s story illuminated caregiving’s subtler complexities when relationships blur boundaries between intimacy and institutional roles. A 57-year-old gay man with chronic illnesses living alone, Eddie depended heavily on nurses, volunteers, and informal caregivers. My own caregiving role, initially logistical and eventually emotionally layered, highlighted caregiving's ambiguous nature, shaped simultaneously by institutional protocols and genuine, albeit fragmented, intimacy. Eddie’s sudden, informally communicated death underscored the fragility of care in these contexts: deeply necessary, yet marked by absence, institutional silence, and uneven reciprocity.

Mae’s reflections added another dimension by addressing intergenerational tensions and historical amnesia. A trans woman in her late seventies, Mae frequently articulated ambivalence toward contemporary trans narratives, which she felt often abstracted or overlooked her lived struggles for recognition and survival. Her perspective underscored the epistemological and emotional gaps between generations, emphasizing a desire for genuine understanding rather than symbolic honor. Mae’s critiques highlighted ongoing intergenerational negotiations of identity, memory, and community, revealing that recognition requires historical consideration and sustained engagement across generational divides.

These narratives collectively demonstrate that queer aging unfolds within contexts marked by symbolic inclusion yet persistent material neglect. By foregrounding relational instability and institutional mediation, this dissertation complicates prevailing queer theoretical frameworks that tend to idealize elective, intentional kinship formations. Instead, it highlights how queer relationships often form through improvisation, necessity, and practical constraints. This approach contributes to queer theory by examining how kinship emerges amid structural precarity and institutional constraints rather than simply as chosen affinity or opposition to normative structures. Furthermore, it advances critical gerontology by framing aging as deeply relational and infrastructurally mediated, characterized not merely by biological or biographical processes but by ongoing negotiations shaped by policy, scarcity, and uneven resource distribution.

Practically, this research emphasizes the urgent need for policy and institutional changes. Current frameworks frequently fail to recognize the informal, flexible caregiving networks common among queer elders. Expanding definitions of kinship and caregiving within aging and public health policies could significantly improve LGBTQ+ elders' access to essential resources. Likewise, symbolic recognition of queer elders through events or public gestures must be accompanied by concrete investments in housing, healthcare, transportation, and accessible community spaces to avoid perpetuating material neglect and displacement, particularly in rapidly changing urban environments like San Francisco.

Additionally, supporting the volunteer and informal labor that sustains much of queer elder care is critical. Many caregiving relationships documented in this study rely on underrecognized and underfunded volunteer labor, roles that move fluidly between companionship, advocacy, and logistical support. Providing meaningful institutional backing for

such labor through stipends, training, and formal recognition could help stabilize these critical networks without sacrificing their necessary flexibility.

Future research should explore how concepts like ad hoc kinship and durational queer life operate across diverse geographic and temporal contexts. Longitudinal studies could illuminate how caregiving arrangements evolve in response to changing institutional landscapes, while research into digital platforms, mutual aid initiatives, and experimental policy models could identify innovative practices for sustaining queer elder care beyond traditional service models. Ultimately, this project underscores the essential gap between symbolic inclusion and material redistribution, calling for caregiving infrastructures that realistically embrace relational instability and improvisation as central to the everyday realities of queer aging.

This project grew out of a more personal uncertainty about what it means to imagine a future as a gay man without clear lifecourse models, scripts, or guarantees. At first, I didn't have the language to describe what I was seeing in the field: care under precarity, aging that didn't look like what I was used to when my grandparents were alive, and the gap between being seen and being supported. I didn't set out to study these questions because of those concerns, but the curiosity stayed with me. It shaped how I listened to and responded to life histories, the ways I interpreted moments of breakdown or connection, and how I paid attention to the perspectives through which people made sense of what queer life might look like. That is, not only beyond the culturally dominant images of queer youth, but also beyond the stereotypes of loneliness in queer old age or the caricature of the lecherous gay elder. These depictions reflect reductive and often offensive stereotypes, but they also flatten the rich and varied experiences of queer aging into tropes of absence or excess.

Over time, these questions transformed into a broader inquiry into how queer people age within and alongside institutional infrastructures not built to hold them. The stories recounted in this dissertation are not tales of heroic endurance or tragic abandonment. They are stories of partial care, of infrastructural creativity and relational uncertainty, of recognition that arrives late, or not at all.

Across diverse sites including marches, waiting rooms, apartment living rooms, and sidewalks, care appeared provisional and inconsistent. It was shaped by intention, but also by access, timing, policy, and individual abilities. Queer elders were often symbolically celebrated yet materially excluded, revealing how recognition and exclusion can operate simultaneously. Similarly, intergenerational exchanges were marked by ambivalence, affective friction, and epistemological dissonance.

These findings complicate prevailing narratives in queer theory that continue to foreground the reparative potential of community or the coherence of chosen family. While such frameworks have been politically and affectively meaningful, they risk flattening the everyday frictions, asymmetries, and institutional entanglements that characterize queer life, especially in older age. This project offers an alternative approach, one that foregrounds not only what queer communities aspire to be, but how they are materially lived, navigated, and at times, fractured. In doing so, it also extends the concerns of aging studies by insisting that aging must be understood as relationally and structurally situated, not simply biologically marked or individually experienced. In queer contexts, aging often unfolds without the narrative scaffolding that normative lifecourses assume. That is, without children, stable partnerships, or institutional continuity. This absence does not necessarily lead to isolation, but it does require forms of relational labor that are often improvised, exhausting, and dependent on fragile networks of care.

From this perspective, concepts like “ad hoc kinship” are not merely descriptive, but diagnostic. They call attention to the gaps between discourse and infrastructure, between symbolic inclusion and material neglect.

These are not marginal stories. They are central to understanding the everyday conditions under which queer people age. They push us to ask: What does it mean to survive in a landscape of incomplete support? Who bears the labor of care, and under what conditions? What kinds of political and theoretical frameworks are needed to honor both the creativity and the constraint that define queer aging? These are not simply empirical questions—they are conceptual and political challenges that queer theory, kinship studies, and critical gerontology must take seriously. If queer theory has long emphasized the undoing of normative timelines, then it must also contend with the realities of aging without reliable scripts, infrastructures, or guarantees. Such insights also open up questions about how queer care might be formalized without becoming rigid, or how aging institutions could be reimagined to accommodate relational instability as a norm rather than an exception. This project is a call to do just that.

The questions raised by this project extend beyond the specific context of San Francisco. Future research might consider how the concepts developed here, particularly “ad hoc kinship” and “durational queer life,” travel across geographic, cultural, and policy contexts. Longitudinal studies could further illuminate how caregiving networks shift over time, especially in response to evolving institutional landscapes, and how queer caregiving arrangements develop, adapt, or dissolve across longer temporal arcs. Such work could also examine the role of digital platforms, mutual aid networks, and emerging policy experiments in reshaping queer elder care beyond traditional service models.

This project speaks to anthropology, gender and sexuality studies, and aging studies by showing how ethnographic participation is entangled with the very infrastructures of care it seeks to observe. Fieldwork reveals the ethical tensions and responsibilities of researching within systems shaped by scarcity and bureaucracy. This engagement draws on foundational work in medical and political anthropology (Scheper-Hughes, 1992; Farmer, 2004; Holmes & Castañeda, 2016; Fassin, 2012) and more recent queer ethnography attentive to affective proximity and power asymmetries (Weiss, 2016; Povinelli, 2006).

It reframes kinship not as a static structure or a freely chosen bond, but as a set of contingent, often institutionally mediated relations that emerge under pressure. Drawing on scholars such as Kath Weston (1991), Carol Stack (1974), and Marshal Sahlins (2013), this work complicates the idea of kinship as either elective or enduring by foregrounding its procedural, situational, and infrastructural dimensions. It also engages more recent scholarship by Aizura et al. (2020) and Valentine (2007), who emphasize the political and affective labor embedded in queer relational formations. This work also builds on a body of queer theoretical scholarship that has framed kinship and sociality in terms of failure, contradiction, or non-reproductive affect. Drawing on Halberstam (2005), Edelman (2004), Berlant (2011), Valentine (2007), and Ahmed (2006), this project complicates the notion that queer kinship emerges in opposition to normative structures by showing how it is also shaped through uneven institutional encounters, exhausted infrastructures, and affective labor. While these authors have theorized how queer bonds are formed through negation, loss, or political refusal, my work shows how they also take shape through ongoing negotiation with state systems, care economies, and shifting social expectations. My contribution builds on and complicates these accounts by showing how kinship is not only a site of affective experimentation but also one of infrastructural friction. In contexts shaped by

social abandonment and bureaucratic inertia, kinship becomes less about identity and more about navigation, improvisation, and administrative survival.

It also calls on queer theory to engage more fully with the temporal realities of older queer life. If much of queer theory has focused on rupture, refusal, or the undoing of reproductive futurism (Edelman, 2004; Halberstam, 2005), this project asks what happens afterward—when queer people continue to age without stable timelines or institutional recognition. It invites a turn toward what might be called "durational queer life": patterned improvisations that unfold over time, shaped by constraint as much as by resistance. In doing so, it aligns with and extends work by scholars like Freeman (2010) and Hacking (2006), while also engaging with the ethnographic insights of Cole (2004) and Mannheim (1952) on generational experience and meaning-making.

This intervention also contributes to critical gerontology by offering a queer analytic of aging that is attuned to infrastructural uncertainty and relational fragmentation. Rather than locating aging within a predictable life course marked by retirement, familial caregiving, or institutional stability, this project traces how queer aging unfolds without such scaffolding. Through the lens of "durational queer life," aging emerges not as a decline or resolution, but as a series of contingent negotiations, an ongoing improvisation under precarity. By treating aging as both a relational and infrastructural process, this work shifts the analytical focus from individual aging to distributed survival, illuminating how queer elders navigate systems of care, recognition, and neglect through unstable networks and partial affiliations. These dynamics demand that critical gerontology broaden its frameworks to include forms of aging that are non-linear, institutionally uneven, and collectively improvised (Katz, 2005; Sandberg & Marshall,

2017; Gullette, 2004). This builds on the temporal critiques of queer theory (Halberstam, 2005; Freeman, 2010) but foregrounds the infrastructural improvisations involved in queer aging.

In relation to intergenerationality, while many accounts of queer intergenerational contact emphasize healing, legacy, or continuity, this research insists that tension, misrecognition, and partial connection are also central to the intergenerational field. These frictions are not failures. They are constitutive of how knowledge, memory, and identity circulate across queer generations, especially in the absence of normative kin structures. This resonates with the critical reflections of Valentine (2007) and Hammack et al. (2019), who explore how affective and epistemic dissonances complicate generational transfer in LGBTQ+ communities.

And by foregrounding infrastructure—housing, transit, casework, volunteer systems—as part of the terrain of queer life, this dissertation extends gender and sexuality studies beyond questions of identity and discourse. It draws on insights from Aizura et al. (2020) and Plaster (2023) to argue that care is both constrained by and creatively assembled within these systems. It also intersects with infrastructural critiques developed by Berlant (2016) and Levin et al. (2020), emphasizing how material systems shape the lived experience of queerness in older age and complicate binary narratives of dependence and autonomy. More broadly, this project contributes to a growing materialist turn in queer theory by asking how queer life, particularly in later years, is shaped not only through affect or visibility, but through daily negotiations with bureaucracy, scarcity, and the institutional management of vulnerability (Malatino, 2020; Snorton, 2017; Carver & Lyddon, 2022). This project also resonates with earlier materialist approaches to sexuality that foregrounded the economic, institutional, and political conditions shaping queer life (Warner, 1999; Hennessy, 2000; Escoffier, 1997; Wittig, 1992).

Policy-wise, these insights call for redefining caregiving and kinship in service models to reflect the realities of queer elders. Programs requiring formal kinship ties or documentation often exclude the very people sustaining informal networks of care. Without flexible systems, recognition remains symbolic. Programs must respond to fluidity and instability, not as barriers but as defining conditions of queer aging. Support for volunteer networks, often the backbone of care, requires proper recognition and funding.

These theoretical insights carry significant implications for how caregiving policies are structured. As queer care often exceeds the bounds of legal recognition and formal documentation, programs must adapt to reflect relational realities. Legal and social service definitions that require cohabitation, long-term relationships, or familial status are misaligned with the everyday lives of many LGBTQ+ elders. A responsive system would recognize these relational forms as valid sites of caregiving and adapt.

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