Results: Covid-19 & Community

- 73% Identified as “High Risk” for Covid-19 for reasons other than age
- Pandemic narratives and impacts tied to class, race, gender, health
- All participant narratives revealed strong connection with Chosen-Family despite isolation and variable contact with Given-Family
- “I think if you’re not sort of outside of the norm you may not get the opportunity to know what it means to build your own community.”

Isolation from friends and family, pandemic-related illness/grief, building alternative social support and planning for death and dying were already familiar aspects of personal narratives before the Covid-19 Pandemic. Most participants had built considerable grit and resilience through survival of historical, familial, medical, and social griefs that functioned as protective factors. Although this generation grew up with Kubler-Ross Grief Stages, discussion of grief often revealed valuable relational opportunities for growth and insight into end of life more consistent with Bonanno’s Resilient Grief.8

Results: Resilience and Grief

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Results: Narrative

“It was like boom! You’ve lived with a level of injustice all your life as a woman, as a black person, as a lesbian... It’s like an underlying psychic thing. But now here it is in your face, every day, all day, every kind of way, including George Floyd and all of the BLM movement. It is, somehow, to separate for me what’s the pandemic and what’s the combination of the way I’ve experienced my life as a person of color and then queer. My family members were impacted health wise because the way the health system deals with people of color, with women of color.” – Single Black Lesbian, 69

“Ancestors got me through this. I have a beautiful ancestor wall that I’m looking at right now... And I woke up every morning and I have faith. And I always tell people I could not wake up if I didn’t have faith that things can get better.” – Single Hispanic, Native Lesbian Woman, 71

“Leaving the house isn’t healthy or safe for me [me]...and that’s really probably the hardest part because I’m a social person and my social life has gotten smaller... But I’m happy with my life. I just come to accept it because if I don’t, I’m not going to be happy... We’re living differently, like right now, and it’s made me more compassionate.” – Single Hispanic Gay Man, 64, HIV+

“Shes doesn’t get the opportunity to grieve her brother. She’s been denied that opportunity both at the effects of the pandemic as well as the ashes and so we invite her.” – White Trans Lesbian Couple, 62, 68 (high risk)

Discussion: Researcher’s Voice “a dirad yard”

A back yard of dirt that raises with wind to find its way westward Akin to pollen or the wind of green chiles in parking lots come fall – the first sign of endings, I learned back in school. The first left fractioned the path has an end – I sing a process. Not for the faint of heart, it takes guts to get old. But I’ve learned it takes guts not to know failure. Guts to come back before it was cool. I found nothing if not grains and grief. Seated in glory and reality of contentedness... One that sees. To be near the truth, honest is adjacent to a fierce source of something that gets you through. They call it grit, and want to measure, and may always, and magnify and patent and trademark to keep it home. When there’s still, floating around, too much branded shame. Lesbian or gay or trans or queer–lives lived that attest to more than fear

Yet when asked, what surprised you most? Not a global pandemic drafting death nor the hollow of grief. Not isolation from family we choose nor the bare abundance for all but you. But the loss of citizenship, as they see... the sense that one’s neighbor is part of me. The same folk who’ve been pushed out for so long, to never belong—so surprised to see hatred in such a fierce thing

Their surprise lives in turmoil—the promise of never recovering from those broken times. They’ve survived polio and AIDS and raids and more, less than, only moving in each movement for change. They’ve learned to love for story, for rust, and for the truth. I find gladness, grateful for the chance to see—and be seen.

Conclusion: A Space for Story

The traditional clinical interview is not designed to facilitate storytelling of life narratives that venture outside of affluent, white, monogamously, cisgendered heteronormous structures. For many LGBTQ+ people, survival into old age is a feat in and of itself. In addition to looking for risk factors, we must employ resilience-based models8 by listening to patients’ stories and setting aside expectations of how grit, community and survival “should” appear. In doing so, we can affirm queer and trans patients’ values and provide better historically informed and culturally connected healthcare.

References

7. O’reilly K. 

Contact

Allison Ogawa
Medical Humanities Fellow ’21/’22
Medical Student ’23
University of Rochester School of Medicine and Dentistry
Allison_Ogawa@urmc.rochester.edu

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To my best.~

Background

Historical and modern discrimination have contributed to present day health disparities for LGBTQ+ older adults.1 Resulting differences in family, community, health and wealth along with intersections between race, class and disability often place LGBTQ+ older adults in vulnerable positions easily exacerbated by the Covid-19 pandemic.2 Overall progress written into social and media and social communications increased with the Pandemic.3 Numerous factors have contributed to the growing recognition of health disparities and concern for LGBTQ+ older adults, yet little elaboration of this population’s livelihood and wellbeing during the Covid-19 Pandemic is available.

Objective & Framework

Objective: Explore how New Mexican LGBTQ+ older adults’ life narratives were both shaped by and formative of their experience during the pandemic with special focus on themes of community, health, aging, end of life, grief and bereavement using the qualitative, narrative methods.

Framework

- Narrative Competence builds narrative knowledge to affirm and support rather than discount diverse experiences and voices.
- Intersectionality builds on Crenshaw’s framework to dismantle single-axis analysis and explore how intertwining power structures amplify inequity.5,6
- Ethnography employs thick description to build cultural knowing.
- Researcher’s personal voice is integrated with creative and reflective narratives which contribute to discussions of bias, identity and connection reflective within LGBTQ+ communities.

Methods

- Data Collection: 30 in-depth (1-4 hr) semi-structured interviews were conducted with LGBTQ+ older adults (age 60+) living in New Mexico between 2020-2022. Interviews were audio recorded and transcribed. Audio recordings were offered for participants to keep for personal use. Ethnographic participant observation was also employed.
- Sampling was intentional to achieve a diversity of experiences, beginning with support from key informants and community partners with subsequent snowball sampling to saturation.
- Data analysis employed an interpretative approach using start list practices alongside iterative-inductive coding7 with thematic analysis.

WordCloud of All Interview Transcripts (excluding common filters)