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VERMONT'S VOICE FOR THE LESBIAN, GAY, BISEXUAL, AND TRANSGENDER COMMUNITY

OUT IN THE MOUNTAINS

FREE

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BY JENN BAUDREAU

Lesbians often hear that we are at a higher risk for breast cancer than all women. The problem isn't being a lesbian; it's the actual and perceived discrimination by hospitals, doctors, and other health care agencies.

According to The Mautner Project, a national lesbian health organization based in Washington, DC, "Lesbians are likely to receive substandard care, or remain silent about important health issues they fear may lead to stigmatization." Early detection increases the chance of surviving breast cancer, but the Mautner Project cites that 50 percent of lesbians studied did not receive a clinical breast exam in the previous year, whereas the national average that includes heterosexual women is 25 percent.

There are other risk factors, but they apply as much to all women as to lesbians: increasing age, family history of breast cancer, previous abnormal biopsies, radiation exposure, early menstruation/late menopause, hormone replacement therapy for more than 5 years, not having biological children, or having the first child after age 30, lack of physical activity, being overweight, diet low in fruits and vegetables and high in saturated fats, and high alcohol consumption. The factors are listed in the brochure "Busting Out: Breast Health for Lesbian & Bisexual Women," published by the Sherbourne Health Center in Toronto, Canada.

So how do lesbians with breast cancer in Vermont fit into these realities? Of course,



CAROL ALTOBELLI:

"I'm not sure that heterosexual women get that same type of support from their husbands."

every woman's experience with cancer is vastly different, but this article examines the cancer experiences of three Vermont lesbians to learn how cancer changed their lives, and how being a lesbian affected their experience.

Community Support: Roz

In 1994 Roz Grossman was washing herself when she discovered a lump in her right breast. Her family had no history of breast cancer and she

didn't have any other risk factors. She was treated with a lumpectomy, radiation, and a drug called tamoxifen. Then, three years ago, she discovered she had lymphoma. She was out of work for six months getting chemotherapy, and is now getting a new type of therapy called rituxin, which she describes as "state of the art."

Over the course of these treatments and extensive hospital and doctor visits, Grossman and her partner Diana Carminatti were fortunate to

have a mostly positive experience as a lesbian couple within the health care system.

"Except for the very first doctor way back when I was first diagnosed with breast cancer who didn't treat me very well," Grossman says, "I've never had any problems or discrimination being a lesbian. All subsequent doctors have been very open and good about talking to both of us and including Diana."

When asked how being a lesbian affected her cancer

experience, Grossman's first reaction was to say that it didn't have much of an effect at all. She spoke instead of the profound ways that cancer affected her as a woman that were not lesbian-specific.

"It made me wake up and ask deep questions," she says, "What do I believe in? What do I want to do with my life? Where do I want to live? And then I made some changes."

Then she thought of another important way that being a lesbian had a profound impact on her experience.

"At first I thought that being a lesbian hasn't affected me, but then I thought that's not necessarily true, because the support network I have is a lesbian community. That doesn't mean that people at work and my family haven't been extremely supportive - they have - but the core community who has stood by me has been a lesbian community."

Outrageous Doctors: Patricia

Patricia Fontaine feels differently about the medical professionals she dealt with.

Fontaine has had a lot of cancer experience over the years, first diagnosed with breast cancer in her left breast in 1995, with several recurrences in her lymph nodes, salivary glands, and then her right breast. At first she tried to avoid toxic treatments and she had a mastectomy of her left breast. When the cancer returned in her lymph nodes three years later, she "made peace" with treatment and underwent six months of chemotherapy and then six

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