

The Big C

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weeks of radiation. Nonetheless, the cancer returned in her salivary glands, which she had surgery to remove. That summer a routine mammogram discovered cancer in her right breast.

At this time she became “exhausted of worrying” and opted for the mastectomy. Unlike Grossman, however, she became frustrated with what she describes as “outrageous” behavior from the doctors she saw.

“When I began to make the rounds of surgeons – I wanted a woman and I also wanted the best – every single surgeon without exception assumed that I was heterosexual and assumed that I’d want to do breast preservation, assumed that idea of femininity.”

Although Fontaine loved her breasts, she doesn’t wear any substitutes since her mastectomies. “I get called ‘sir,’ but I got that anyway. I have a birthmark on my face, so I’m no stranger to staring.” The experience has sent Fontaine on a “mission to question beauty.”

Fontaine’s community of people who helped her through her cancer experience was not based in the lesbian community. She was single when she was first diagnosed and it was her “great support network of sisters and friends” who played a large role in helping her and by taking her to chemotherapy every three weeks and marking the occasion by doing something crazy like dressing up or reading something funny.

“I think there’s an illusion that it’s easier for lesbians with breast cancer,” she says of the idea that being a lesbian means you automatically have a big community, “but I don’t think that’s necessarily true.”

Although being a lesbian undoubtedly has affected Fontaine’s experience, she, like Grossman, had so much more to say about other areas of her life that were affected by cancer, and the changes she’s been through and made. “When I was first diagnosed I was hurt and angry, pissed off.” She was at a tough time in her life already, dealing with a recent break-up and feeling isolated. “Someone would say, ‘what are the gifts of cancer?’ and I’d just want to slap them,” she says.



PATRICIA FONTAINE:

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By the time of her second round of breast cancer, she had made a sort of peace with herself. She wrote a book of poems about having cancer, through which she realized metaphors that help her understand and process her experience. “I will not be at war with my body,” she says, dismissing the metaphor of battle. For Fontaine, the idea of “meeting” cancer works much better.

Strong Partner: Carol

Carol Altobelli brought up other ways that being a lesbian affected her cancer experience. Unlike either Grossman or Fontaine, Altobelli has had no recurrences with her breast cancer, which was diagnosed in 1997. Her cancer was stage two, which meant that she had no choice as to whether she wanted to try to treat it with non-toxic methods: she had to get twelve months of chemotherapy, then radiation, as well as a mastec-

tomy. For her, the treatment was disabling while it lasted.

In addition to her partner, whom Altobelli describes as “my strength” and who “took on everything” by being the breadwinner, the cook, doing the laundry, and doing the shopping, Altobelli also turned to contacts in the lesbian community who had cancer as well. She knew many of these women, including Grossman, in the community but had never been close before the cancer. She ended up finding a sort of informal support group with three other lesbians in the community with cancer, who provided support and helped coordinate meals for her and her partner.

Altobelli also found that being a lesbian made it easier to deal with having a mastectomy. “It was not at all an issue for me,” she says. She believes that having a woman partner made it easier for her partner to understand what she

was going through. “She was extremely present and supportive,” Altobelli says of her partner. “I’m not sure that heterosexual women get that same type of support from their husbands.”

While every woman’s experience with cancer is always unique, it does seem that some lesbians in Vermont have better resources: more open doctors and a strong lesbian community. There’s always room for improvement – whether it’s dispelling stereotypes about femininity, creating stronger resources for women who may not be as connected to a lesbian community, or educating health care professionals about the specific needs of the queer community – but Grossman, for one, is thankful to be in Vermont. “I’m very glad I’m in Vermont,” she says, “We have a small community and I think we have a good cancer center with doctors who are very experienced, and so we’re lucky about that.” ▼