

# Matrix Guild of Victoria Inc.

Newsletter - November 2015

## The aims and objectives of Matrix are to:

- Promote appropriate care and support for older lesbians
- Provide some accommodation that caters to the needs of ageing lesbians who experience financial disadvantage
- Support ageing lesbians' accommodation choices
- Challenge ageism and oppose discrimination against older lesbians
- Advocate on behalf of older lesbians to governments and other relevant bodies
- Promote social contact and support among older lesbians
- Research lesbians' experience of aged care

Hello Everyone,

Lots of good reading for you in this edition! However, to continue to receive the newsletter, you will need to pay your membership fees, which were due on October 28th. Read about the highly successful **National LGBTI Ageing and Aged Care Conference** which was held in Melbourne earlier this week, and get the latest information about an exciting initiative in the provision of housing for women who cannot afford to buy a house on their own. Two of our members share their personal stories, and as always there are details of Matrix social events.



## Membership fees now DUE!

Matrix is only as strong as the number of members she has. If you support the things we do – lesbian housing, support, social opportunities, the Comedy Gala, research, advocacy to government and other bodies - then make sure you maintain your membership. If you want to keep in touch with what's happening, and keep receiving our marvellous monthly newsletter make sure you pay your dues.

**Full fee:       \$30**

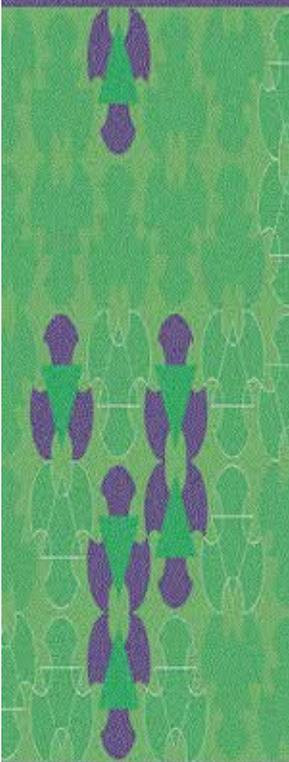
**Concession:   \$15**

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LESBIANS





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[www.matrixguildvic.org.au](http://www.matrixguildvic.org.au)

You can renew on-line with our updated membership form or you can call and we'll send you one.

Click here to renew:

<http://www.matrixguildvic.org.au/membership.htm>

Or call Anneke on 0427 482 976 or email: [secretary@matrixguildvic.org.au](mailto:secretary@matrixguildvic.org.au) to get a membership form mailed to you.



## Need a house, but can only afford ¼ or ½ a house?

Matrix has a well-established partnership with Women's Property Initiatives (WPI). We purchased 'Heather's Flat's together. WPI have funding to research ways they can share the purchase of a home with older women. There are some women who own no property, but might have savings/super or an inheritance, which make them ineligible for social or public housing. Because their only income is the age pension, they can't service a mortgage and are unable to purchase a home. WPI are now able to investigate an idea that was discussed when Anneke and a few Matrix members met with them a couple of years ago. They plan to develop a shared equity product specifically targeted to older lower-income women with some assets.

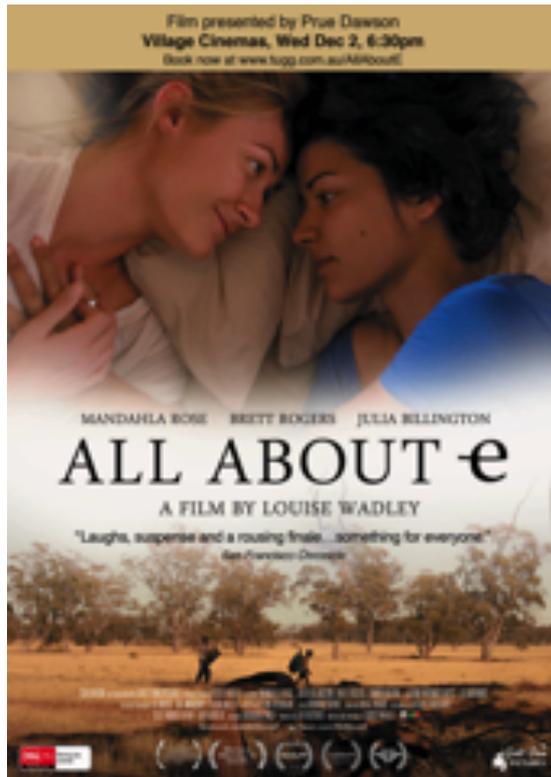
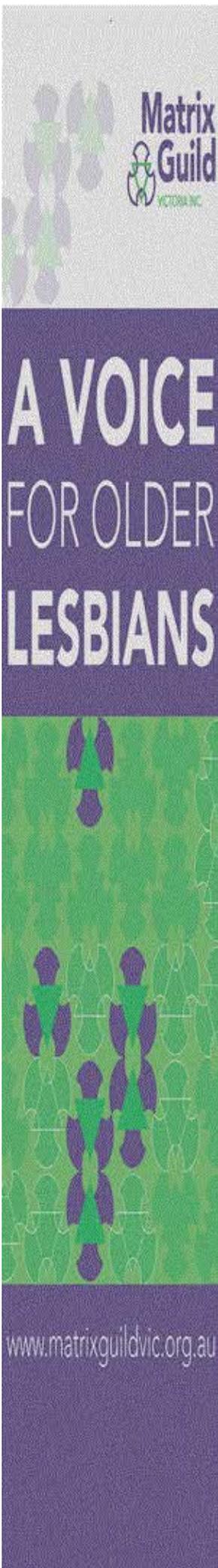
They have engaged Chris Black of *Black Ink Writing and Consulting* for the research component, which has just commenced and will be undertaken over the coming few months. Chris has extensive experience in housing; you can see her profile on her website [www.blackinkwriting.com.au](http://www.blackinkwriting.com.au) The research will be followed by a product development stage, to be undertaken in the first half of 2016, which aims to have a viable shared equity product ready for piloting towards the end of next year.

### Chris Black, Director of Black Ink Writing & Consulting



As part of the research, interviews will be undertaken with a number of women 50 years or over. Chris has already contacted WIRE (Women's Information and Referral Exchange), WHIN (Women's Health in the North) and HAAG (Housing for the Aged Action Group) to identify potential interview participants. She is aiming to interview approximately 8 women in total. WPI are very keen to also include Matrix Guild's members. Participants will be reimbursed \$60 for travel. If you have at least \$100,000 to put into a home for yourself, **would you be interested in taking part in an interview for this project?**

Please read the attached flyer and go to <https://www.surveymonkey.com/r/WPISharedEquity> to confirm your eligibility and register your interest.



## New lesbian film - "All About e"

This Aussie Independent feature was a smash hit at this year's Mardi Gras Film Festival, San Francisco's Frameline festival and Outfest in LA. The San Francisco Chronicle said it was "the most feel-good movie of the festival...featuring laughs, suspense, a deliriously good sex scene, and a rousing finale."

"All About E" has something for everyone" It's a comedy caper with a romantic twist (and a dog!) You can watch the trailer [here](#)

### Screenings in Williamstown, Bendigo and Geelong.

#### 1. Bendigo

Organised by Bendigo Queer Film Festival  
Saturday, November 7th, 6.00 pm  
Star Cinema, Bendigo  
Followed by Q & A session with the director, Louise Wadley  
Book tickets at <https://www.tugg.com/events/56100>

#### 2. Yarraville

Organised by Meet Up / Women who Love Women  
Monday, December 7th, 7.00 pm. Tickets \$20  
Sun Theatre, 8 Ballarat St., Yarraville  
Book tickets at <https://www.tugg.com/events/72952>

#### 3. Geelong

Organised by Prue Dawson  
Wednesday, December 2nd, 6.30 pm  
Village Cinemas, Geelong  
Book tickets at <https://www.tugg.com/events/72962>

From all accounts and the reviews, this is a film well worth seeing.

Prue Dawson says: *There's a lot to love about the movie...beautiful cinematography of the Australian bush, fabulous sound track, great acting and a story that deals with many of the current issues we face in society today - migration/culture/identity/sexuality/place.*

## Reports

### National LGBTI Ageing and Aged Care Conference.



The 2nd National LGBTI Ageing and Aged Care conference was held in Melbourne on 26th and 27th October. Older LGBTI community members, activists, researchers, bureaucrats, politicians and Aged Care workers (many of whom were LGBT themselves) exchanged ideas in a very productive 2 days. We talked about how the LGBTI Aged Care Strategy was going, what could be improved, and what was working. We were reminded and touched by many personal narratives from older LGBT themselves about what their lives have been like. Matrix members, Barb, Vera and Dorothy were up on the big screen, featuring in the *Older Lesbians Then and Now* film, telling of their experiences of when they first realised they were lesbian, what the personal costs were of either being closeted or of coming out. See them at [www.valsafe.org.au](http://www.valsafe.org.au). Barb later inspired many with her description of the fun we have and the support she finds with her deep lesbian friendships. **We will also have this video on the Matrix Guild web site, so look there first!**

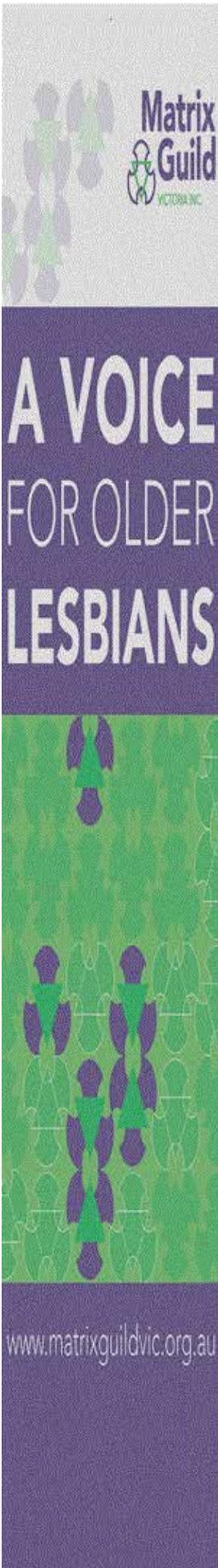
Matrix had an exhibitors' table and Anneke networked to try to get a better deal for older lesbians in an environment that is often dominated by men and by transwomen who have been socialised as boys and men to dominate conversation and public airspace. The Matrix table provided interstate lesbians with a place to catch up and sit down and also for Esther Olivares to sign and sell her very popular autobiography. Esther's description of how her mother tried to organise to give her a lobotomy while Esther was unconscious after a bad hit-and-run accident, moved many in the audience: she ran out of books to sell. Her mother believed that a lobotomy would 'fix' Esther's lesbianism.

Several papers recognised that many of us fit into multiple 'Special Needs' groups under the Aged Care Act. For example, we might be from a CALD background, as well as being lesbian, as well as having a disability.

Anneke asked the Department of Health to provide information about LGBTI Home Care Packages; i.e. which agencies hold them in what areas of Victoria? Many of our over 65 year-old members may wish to avail themselves of these if they only knew what is available. It appears that some agencies that have been granted these packages don't have them taken up because they can't find the LGBTI people who might need them! Although this may sometimes be because many of our elders are closeted, it is also likely to be because we don't know about the packages. Watch the

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newsletters for more detail on this over the coming months.

Retired Uniting Church minister, Dorothy McCrae-McMahon and Julie McCrossin gave very memorable presentations about their personal journeys as lesbians with faith. Dorothy spoke from a place of wisdom, respect and humility. Moira Carmody, a researcher from UNSW revealed that 61% of the lesbians she interviewed had survived sexual abuse. This confirms our knowledge that many more of us are survivors, than in the general female population.

Anneke lobbied to encourage many more free or affordable places at next year's conference so that those who couldn't afford to attend this year can do so next year. The exchange will be all the richer if more older-aged LGBTI citizens who live on low incomes can attend and add their perspectives to the debate.

## Matrix Social Events



## The Café Crowd go "Over the Road"

The first coffee and conversation gathering on October 29th was a great success, with fifteen women coming along to enjoy some congenial lesbian company. There was plenty of chatter, a lot of coffees were drunk, some lovely lunch dishes were sampled, and a bit of musical chairs ensured that everyone had a chance to talk to everyone else! There were familiar faces, of course, but also a couple of new faces, so we welcome those women and warmly invite them to come again.

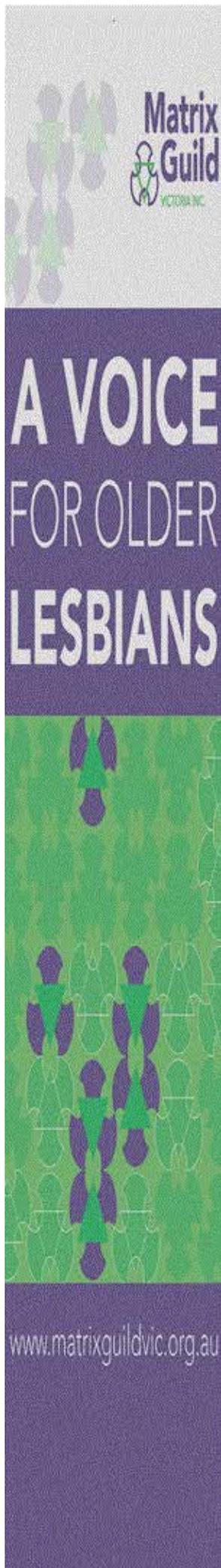
Many thanks to Vera and Carole who initiated the coffee afternoons, and ensured everyone was made welcome.

The coffee afternoons are now a weekly event, so come and join the fun! Just turn up, or if you want more information phone Carole 0437 891 981 or Vera 0434 728 309.

**Thursdays, between 12 and 3.00 pm**  
**"Over the Road" Café**

***(Melways Map Ref 30 H10. Nearest train station is Dennis, on Hurstbridge line)***

## Lesbian Comedy Gala 2016

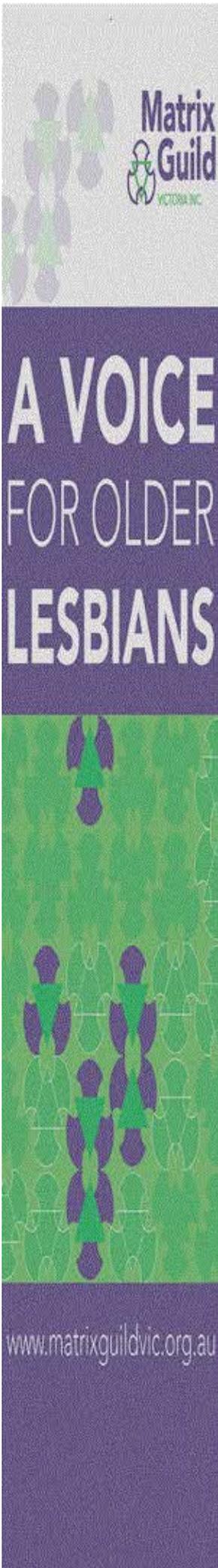


*Monica Dullard, Comedienne*

Our big, annual fund-raiser is happening again on **Saturday 30th January 2016**. So save the date! Anneke and Monica are booking up another impressive line-up of women comedians, with a bias towards lots of very funny lesbian performers.

It will be held again at the Preston City Hall with the adjoining Shire Hall buzzing with a café, bar and after-show dance party. This event has proven to be the most popular event for lesbians on the Midsumma calendar, selling out in the first week in January. So don't wait for Carnival Day to buy your tix – you'll be disappointed. Tix go on sale towards the end of November, so keep an eye on this newsletter and you'll be the first to hear updates. Once again, Matrix members will get also get a substantial discount on their tickets.





## On a personal note.....



*Barb Williams talks about vision impairment and blindness.*

Friends have suggested that I do something along the lines of Pat's wise article, but relating to low vision and blindness. It seems there are not many other 'VI' (seriously vision impaired) women active in our community: so perhaps some have found it too uncomfortable / challenging(?) and awareness is of value.

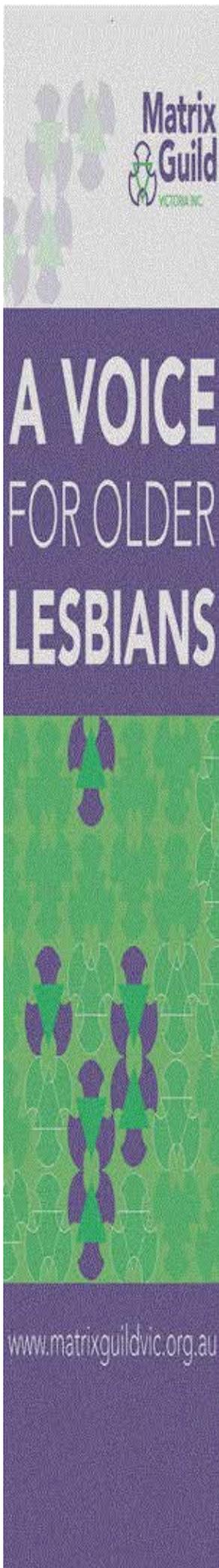
- First:** I really appreciate the help I receive. This is not a moan!
- Second:** Any sight is a lot of sight relative to none. Mine is about 3/60ths. However, in relation to good sight, we are always grossly under-informed about our physical surroundings.
- Third:** Humans differ: and we are not always good at accepting help.

Like Pat, I work hard to be part of the general sighted community, as well as natural loyalty to my blind, low vision, and albino friends and groups, and it takes energy. Feeling less well, bright light, noise, and many random things can affect how well we cope.

E.g. Fans disturb the air, and seriously reduce our skin's ability to sense, as well as being very painful to my eyes, so they are a bugbear to me. As are fake smells, which mask real indicative smells, or excessive sound which masks informative sounds.

One of the things that can annoy others, is what appears to be inconsistency: sometimes I can see things, and sometimes not. (Really, this usually means I have guessed right, not that I have seen whatever it is!) One sees with one's brain; the eyes just collect information, and ours take time, and often many re-experiencings, to get enough information build-up for the brain to deduce meaning. What one expects, one can 'see'. (Wrong guesses can lead one astray.)

I appreciate people telling me who they are. Sometimes it is clear, and I know, but often not: and it is stressful trying to work it out. Many more people know me than I know: frequently a friend will say 'Do you know \_\_\_' and as I am about to say 'No', the person says 'Oh yes ...' From my perspective, we have not had a conversation, and I



don't know them, yet. Sunglasses seriously mask people's face pattern. There will always be social gaffs from not always realizing what is going on, other people's body language etc.

Travel is always stressful. From the tram I cannot depend upon recognizing anything at the side of the road to gauge where I am. I might pick up some things, but I might not. Time elapse, asking people, (they don't always know), convenient signals like hills, turns, or crossing a railway line help, but one has to really concentrate to manage the unpredictability of acquiring sufficient information. To get the right tram means asking someone the number: quickly finding a person who can tell you is not always easy. And the long waits which are a part of public transport life can seriously sap energy, especially in the cold. And I am pretty sturdy, but one can feel vulnerable.

It is enormously helpful to be able to travel with someone else: and most of us really appreciate lifts in a car when that is convenient to our friends. Naturally, there are stresses on drivers too! Different ones.

Big spaces are often hard, if indicators are out of our perception range; we are not going to be able to orient from something high up, or across the street as others can. Crowded situations can also obscure necessary markers even within our usual vision range, this can be unnerving.

We will be slower-moving in unfamiliar settings, and can appear clumsy or foolish, too slow to work something out: give us time, before deciding we are terminally dopey!

Touch is always a delicate area, since it is our normal expression of intimacy. Even taking the offered arm of a kind guiding person, the correct and safe way, can feel awkward, though we try our best to be non-invasive and unambiguous. Perhaps especially if single, and craving nurturing body contact - there is a good deal of fear around touch. Ferocious independence may re-assert.

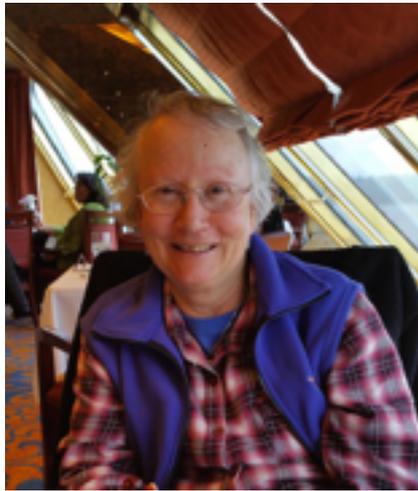
Almost anyone with a disability must be more controlling of their environment in order to manage; this doesn't always suit others.

'Figure-ground' has to be stronger for us to pick it up. 'Busy' surfaces or patterns make me feel quite ill, as there is no hope of resolution into meaning.

Finding small objects, e.g. the cursor on the computer screen, sometimes drives me crazy. If the screen goes white, it takes several minutes for my eyes to recover from the light-shock. (I work with light text on dark background.)

I know I am lucky to have been able to base my life activities on sound: friendship and talk, music, plays, telephone, and spiritual and intellectual pursuits. But there are griefs and deprivations that affect the inner being: perception of self-worth; 'being a nuisance', ability to ask, and to open and trust other people. When most things take much more effort than others have to put in for the same result, and naturally this is mostly hidden and not understood, one builds a shell in order to do it. I believe this can be an emotional handicap.

However, I have a basic faith that we are people of good value, and worth our place in the world. Talk to us! That is usually our greatest pleasure, information source, and confidence booster. We are mostly good listeners too.



## My Ovarian Cancer Journey (updated)- Sara Elkas

My journey started just over 2 years ago! After a trip to the USA to attend an international Jewish genealogical conference in August 2013 I experienced a persistent cough and shortness of breath and was treated with antibiotics and asthma medication. I went back to my doctor because nothing was helping and he sent me for a CT scan that showed that I had a collapsed right lung and pleural effusion. We went immediately to the local hospital and they did a procedure to drain the fluid (2 litres!) from around the collapsed right lung.

While in hospital I had another CT scan that showed the lungs were clear however there was a large (15cmx14cmx14cm) solid cystic mass in the pelvic area that we were told was very likely ovarian cancer. I also had a CA125 (ovarian cancer marker) blood test that showed it was elevated.

We went to see an oncologist gynaecologist surgeon in early Oct and I had a radical de-bulking operation 2 weeks later at a private hospital. All visible cancer was removed and it was confined to the pelvic area (right fallopian tube & ovary/left fallopian tube/pouch of Douglas). The lab report said that I had a high-grade serous ovarian cancer stage 2b.

I was advised to have chemotherapy and referred to a medical oncologist who recommended 6 cycles (3 weeks on and one week off) of chemo with carboplatin & taxol. The first session was a combined carbo/taxol and the following 2 sessions with taxol only. My CA125 levels went down to normal levels after only 3 weeks of treatment. I lost my hair but only wore the wig I was provided with twice preferring bandanas and a beanie in the winter months. Otherwise I didn't experience too many side effects and the main problem was a low white cells count that led to a cancellation of a couple of sessions. I also had a blood transfusion in the 6th Cycle.

After completion of chemo I had follow up appointments/blood tests every 3 months. The first was with my surgeon and everything was fine except for diagnosing an incisional reducible hernia. According to my surgeon it was the result of having chemo so soon after the surgery. My second follow up this time with my oncologist was fine too and the CA-125 stayed low.

I discussed genetic testing with my oncologist towards the end of chemotherapy and asked for a referral to a family cancer clinic. I was diagnosed with the BRCA 1 gene mutation on 29th August 2014. I received counselling before the test was done and afterwards. The clinic presented a case for an “extended” genetic test. I am of Ashkenazi Jewish descent but my mutation is not one of the usual Ashkenazi Jewish gene mutations. In fact, it wasn’t even on the Breast Information Core (BIC) database. Mine is unique!

It was my initiative to have the genetic test done as I had heard about it in our ovarian cancer support group. My oncologist didn’t offer it in the first place but once discussed was happy to refer me. I didn’t have a family history of breast/ovarian cancer as such. My mother died at age 40 from what I was told was stomach cancer. However, it was very advanced cancer and it is quite possible that it was ovarian cancer but misdiagnosed. I have tried to get the medical records from the hospital in Israel but they no longer exist (she died in 1955). My late father’s immediate family had all been murdered in the holocaust. I have recently learned that a paternal 2nd cousin died of breast cancer at the age of 44.

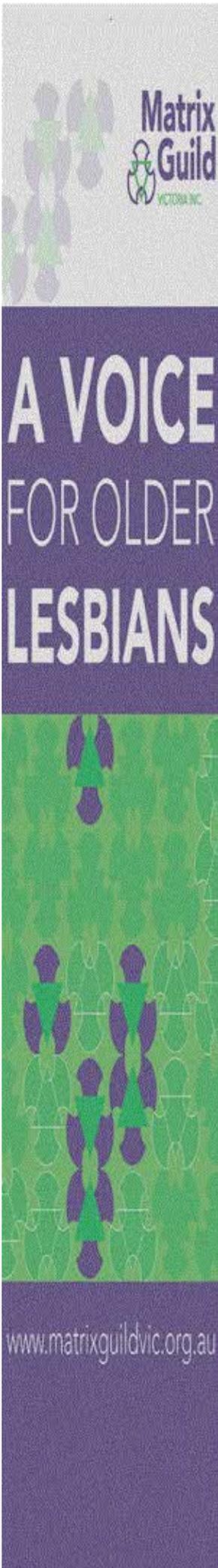
I don’t have children or siblings but I have informed my cousins on my maternal and paternal side of my BRCA 1 gene mutation but to my knowledge no one has taken a genetic test to find out whether they have the gene mutation as well.

Following this diagnosis, I was referred to a female breast surgeon and an MRI showed an abnormality which turned out to be very early breast cancer. I underwent a double mastectomy on 8th Jan 2015. Around the same time my CA125 became elevated and a PET scan detected a recurrence of the ovarian cancer. I had 3 cycles of chemo with carboplatin/gemcitabine (Feb- April 2015). The CA-125 went down to normal levels after one cycle. I am currently on Olaparib which is a type of medicine called PARP inhibitor. PARP inhibitors can destroy cancer cells that have abnormal BRCA genes but do not destroy normal cells (unlike chemotherapy!). I am having follow up appointments and blood tests every 6 weeks. So far so good as I have only had mild side effects!

I consider myself lucky to have had the support of my partner of 21 years Shoshi and our 9 grandchildren, other relatives, friends and former work colleagues as well as medical staff & volunteers (e.g. foot massage!) at the private hospital where I received chemotherapy.

I have joined the Ovarian Cancer Australia support group held at the Queen Vic in Feb 2014 (mid- way through my first chemo round) and have found it a wonderful support. I have also been attending art therapy, guided meditation, Tai Chi and other courses and workshop at BreaCan and ThinkPink. I walk pretty well every day and am working on getting back to bike riding. I have a healthy, balanced diet and eat lots of fresh vegetables.

Last December my partner and I went on a trip to Israel & Hong Kong with our 14-year-old grandson. This was just before I had the double mastectomy. We have also been on 2 amazing cruises with Olivia – a US travel company specifically for lesbians. A cruise from Sydney to NZ in Feb this year before I started the 2nd round of chemo and a cruise to Alaska starting from Vancouver, Canada in May after I completed the 2nd round of chemo. I am thankful to both my breast surgeon and my oncologist for their flexibility and understanding that allowed me to go on these trips.



We are currently looking after our 19 months old grandson every Wednesday and Thursday, so not planning any more trips until the end of the year.

Ovarian cancer affects approximately 1:100 women and older age is one of the main risk factors. Unlike breast cancer there is no reliable diagnostic test so that in the majority of cases it is only diagnosed at an advanced stage. The symptoms are vague and in most cases such as mine it is discovered only by accident. For more information on symptoms, diagnosis and treatment please see this link: <http://www.ovariacancer.net.au/awareness/>

Please note that lesbians might well be at a higher risk for ovarian cancer due to a lower incidence of protective factors (e.g. pregnancy and child birth) as well as being less inclined as a group to seek regular medical and gynaecological care due to discrimination. Also among Ashkenazi Jewish women the incidence of BRCA 1 & 2 gene mutation which puts a woman at a high risk of both ovarian and breast cancer is 1:40 compared to 1:500 in the general population.



**The deadline for the next Newsletter is 27th November, 2015.**

Please send news items and short articles to:  
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