**My Boobs, My Health and My Life Matter**

by Emily Gillespie

Access to health care doesn’t mean the same thing for everyone. It’s about time we have a conversation about women with disabilities and breast cancer. According to the Canadian Cancer Society, this is the most common form of cancer. October is breast cancer awareness month, and breast cancer, and boobs sell. It is a sexy disease that is easy to market (Ehrenreich). However, with all this hype about breast cancer, women with disabilities and Deaf women (WWD/DW) once more are disregarded, when universal approaches to health care are utilized. This is why it is critical that DAWN-RAFH Canada is running the only campaign in the nation about breast cancer awareness for WWD/DW; in a world that privileges able bodies, DAWN is once more reminding us that our boobs and our health matter.

WWD/DW are more likely to experience poor health because of systemic factors such as poverty and lack of education. They experience physical as well as systemic and attitudinal barriers to cancer screenings, ranging from physically inaccessible mammograms, to lack of ASL interpreters, which results in higher cancer rates (DAWN-RAFH Canada p. 2). DAWN outlines steps for more accessible healthcare, and advocates for implementing procedures and policies that improve accessibility (p. 4). Of particular importance is encouraging accessible health promotion, which means considering WWD/DW when creating educational materials. After all, the first step in accessible health care is making information available. As I read the information about breast cancer on DAWN’s website, I am once again confronted with the question, why is the Canadian health care system suggesting that the lives of people with disabilities are less significant? Furthermore, why is DAWN the only organization that is running a campaign for accessible screening?

This entire conversation takes place against the backdrop of a neoliberal rhetoric about healthcare. Canadian culture appears to be inundated with information about being healthy. As I enter the subway in Toronto, I am bombarded with advisements for clinical studies for various ailments. The escalator at the subway in a passive aggressive, yet playful way suggests that I “rediscover the stairs.” If

I turn on my computer, or look anywhere in my urban jungle, I am overwhelmed with information about healthcare; that is, if I know where to look.

People as *consumers* (seriously what’s with the language?) of the healthcare system are expected to understand their healthcare needs and be proactive. If they do not comply, it’s just too bad, as the information is out there. It’s your fault if you fail to: engage in safer sex, get screened for cancer, eat healthy, or so I’m told. The focus has shifted to the so called *consumer;* therefore, it is essential that health care marketing, particularly in the instance of breast cancer awareness, is accessible to all Canadians, and that the social determinants of health are acknowledged.

The idea that the onus is on the individual is reinforced through the marketing around breast cancer awareness. I’m sure I’m not the only one with a bookmark and magnet about checking my “Thingamaboob.” What exactly am I looking for, lumps and bumps? I’m supposed to know about my boobs if I’m given any information, regardless of how accessible this information is. At my last physical, the doctor asked if I’d like him to examine my breasts, and he got an enthusiastic *yes* on my part. This *yes,* was shaped by my awareness of the significance of breast health, and my continual self-advocacy work. As a person with largely invisible disabilities, I’m aware that I am privileged in my ability to pass as abled bodied, and thus my health concerns are less likely to be ignored.

DAWN-RAFH Canada suggests that attitudinal barriers are one of the largest blocks to health care for WwD. I’d suggest that in relation to breast health, this awkward attitudinal dance increases. After all, boobs are socially presented as sexy and fun, on certain bodies, in certain contexts, otherwise you better hide your bra straps lady! Breasts are sexualized, objectified, and also systemically erased. This idea is exemplified in the recent social media outcry around pictures of women’s nipples being deleted by various social websites, while similar images of men are permitted in these social spaces. The sexuality of WWD/DW is already socially erased and surrounded by discomfort. It is a logical extension of this social erasure that there are inadequate services for women with disabilities and breast cancer awareness and subsequent services.

DAWN has done significant work around breast cancer awareness, and I encourage everyone to take the time to review the [resources](http://www.dawncanada.net/resources/resources/) on their website. WWD/DW are repeatedly erased from important health related conversations, and DAWN reminds us that access to breast care goes far beyond accessible doors at doctors’ offices.

In this space of “do-it-yourself” healthcare, when people are expected to be their own advocates, let’s ensure that we use our voices to ensure that we don’t settle for anything less than the best care. Going to the doctor isn’t exactly fun for anyone, but what does this mean for WWD/DW when the onus is on us to do extra work to advocate because we have a system where are needs aren’t readily met? Hopefully one day advocacy work won’t be a central part of what it means to be a WWD/DW, and we won’t be disregarded during important health campaigns.

References

Canadian Cancer Society. (2015, June). *Breast cancer statistics.* Retrieved from

 http://www.bcsc.ca/p/46/l/505/t/Breast-Cancer-Society-of-Canada---Statistics

Ehrenreich, B. (2001, November). Welcome to Cancerland. *Harper’s Magazin*e, 43-54.

DAWN-RAFH Canada (2015).  *What we know about Women with disAbilities and Deaf Women and Access to Cancer Screenings.* Retrieved from

http://www.dawncanada.net/resources/resources/#content