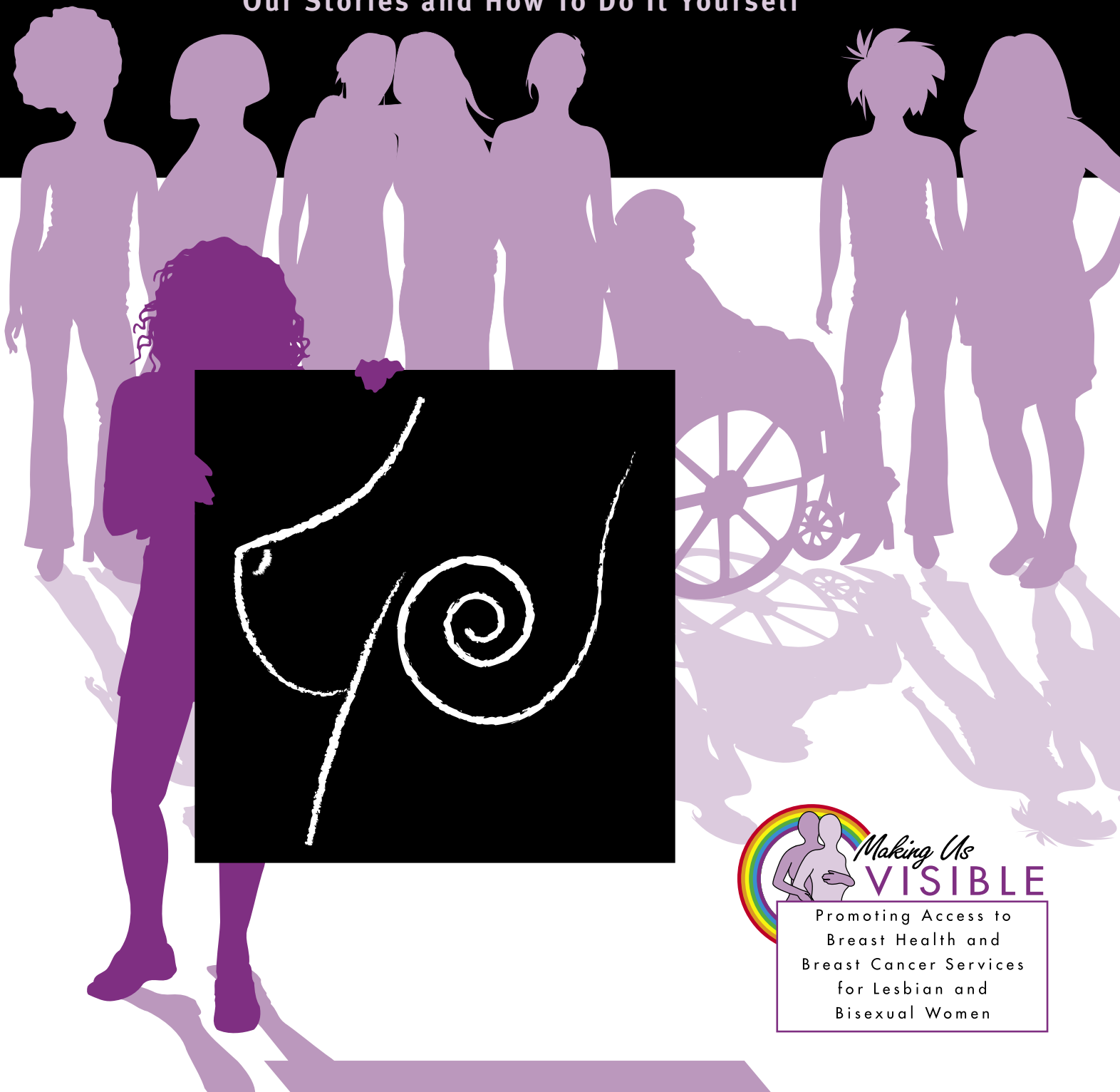


A Tale of 5 Breast Health Events

A Lesbian and Bisexual Women's Breast Health Project
Our Stories and How To Do It Yourself



A TALE OF 5 BREAST HEALTH EVENTS

**By Cheryl Dobinson, Project Coordinator
with the Witty Titty Committee:
Shelley M. Hobbs, Mahalia Freed, Ruti Ingerman,
Arti Mehta, and Elisa Carlass Hatton.**

About the Making Us Visible project:

"Making Us Visible: Promoting Access to Breast Health and Breast Cancer Services for Lesbian and Bisexual Women" was a two-year innovative health promotion project launched in September 2004 at Sherbourne Health Centre in Toronto. The project goals were to increase the capacity of lesbian and bisexual women to respond to the risk of breast cancer and to increase the capacity of the breast cancer community to respond to the needs of lesbian and bisexual women.

Making Us Visible addressed lesbian and bisexual women's breast health through two volunteer programs designed to increase community involvement and understanding. One program focused on developing culturally appropriate educational materials and the other on creating a series of volunteer-led breast health events for lesbian and bisexual women.

The project also worked to increase accessibility of breast cancer services through offering a support group for lesbian and bisexual women with breast cancer as well as developing a training program to increase knowledge and sensitivity for peer support volunteers when working with lesbian and bisexual women who have had breast cancer diagnosis.

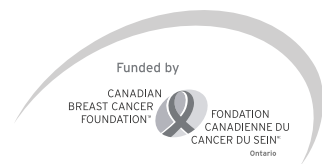


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Making Us Visible was a partnership between Sherbourne Health Centre, Ontario Breast Cancer Community Research Initiative, Gilda's Club Greater Toronto, Willow Breast Cancer Support Canada, and the Metropolitan Community Church of Toronto.

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THE MAKING US VISIBLE PEER EDUCATION PROGRAM: WHAT, WHY AND HOW

The Birth of the Witty Titty Committee

- Shelley M. Hobbs

Introduction to this Manual

A Message from Anna Travers

***Why a Breast Health Project for
Lesbian and Bisexual Women?***

***10 Steps in Creating a Breast Health
Peer Education Program***

***A Peer Education and
Community Development Approach***

Benefits of the Volunteer Program

***Challenges and Strategies for Success:
from the Project Coordinator's Perspective***



The Birth of the Witty Titty Committee

By Shelley M. Hobbs, Peer Education Volunteer

I am the oldest here, the gnarly Tim Horton's-drinking, donut-eating, Northern Ontario raised, hearing impaired, double mastectomy surviving hockey player. I am married and monogamous. I haven't waved a protest sign in years although I have been out since I was eighteen.

Pride is older than some of these gals.

I wonder if they think I am just a "creepy old school feminist", pale and clueless. I bet they think I'd chew my leg off to get out of a trap.

Of course I would. I bet they would, too.

The room in which we meet is in a basement, off a hallway of cinderblocks painted with garish yellow. The room contains a large, oval shaped table, a flip chart, and a small coffee table on which, we will learn, Cheryl always puts drinks and snacks.

Cheryl is a Mistress of Meetings.

At first, I find these women quite daunting. They are lovely, vibrant, energetic activists. Some are polyamorous and some are bisexual and some refuse definition. I explain about my hearing impairment, that I wear a hearing aid but that I also depend on lip reading. I apologize in advance for any mis-communication, foot in mouth, outright inappropriate reactions, that sort of thing.

Our Fearless Leader, Cheryl, is kind but firm. She has selected us that we might each do a project or event that will promote breast health to lesbian and bisexual women in specific segments of the community with whom we are connected. My initial plan was to target sportsdykes. Arti works with youth, Ruti has proposed an event for newly immigrated women, Mahalia would focus on her expertise in naturopathy, Elisa is thinking about a women of colour event.

We begin our series of meetings at which we receive information about breast health and breast cancer. We have speakers, films, squishy fake boobs to poke [Is "find the lump" a sort of treasure hunt by manipulation? Is it a dexterity test for women who love to touch breasts? I do believe that none of us has trouble with real, live, breast manipulation.]

I watch as the images flicker onto their faces, and as we read our hand-outs and rough out our own ideas about how to do our projects, I listen to them laugh. I suppose they might feel as awkward as me.

I did not expect the honesty around emotions. Women in our group are willing to baldly state that they are affected by the information we receive, that it makes them feel sad, angry, despondent. It goes against my upbringing, it chips at my own walls. It is a challenge but an excellent one. Can you do three more laps of the rink? Can you reveal your own awkwardness? Talking about breast cancer, talking about how one feels about one's own breasts, or lack thereof, is a deeply frightening thing. No one shrugs it off. We face it, we say the words, we lean on the table and drag our toes on the floor while we speak.

"Talking about breast cancer,
talking about how one feels
about one's own breasts,
or lack thereof, is a deeply
frightening thing.
No one shrugs it off.
We face it, we say the words."

One of the American pamphlets on lesbians and breast cancer is called “The C Word”. I like the play on the TV show, on the idea that a word is so scary, we can’t even say the whole thing, just the first letter. Who wants to talk about it, who wants to face possibly disfigurement, death, the lengthy grind of treatment... who wants to face survivorship? Honoured for a twist of fate, a fragment of genetic material, or perhaps simply a privilege of birth and class that gets you access to the aforementioned treatment? Scars in and out, an ordeal that separates you from your friends and family, that maybe costs you your lover, your job, your insurance...your sense of safety in the world.

Fundraising for breast cancer is trendy now, using the spectre of death to pull dollars from pockets, to feed the industry. But most of us live. And in living, we are not pathetic victims with wispy remnants of hair and pinched cheeks forever. Maybe we walked alone down that cold hallway, wearing nothing but a blue paper gown, and maybe we had bits of ourselves carved off our bodies, but in the end, we went back to work, parenting, paying bills, and making dinner.

It is hard to convey how gruelling the ordinary can be when you suddenly feel extraordinary.

I am also a childhood cancer survivor so my sense of normalcy is skewed. I have no idea how all of this information might feel to someone who is not a survivor, to women to whom it is completely unknown. How does it feel to hear about the treachery of plastics and processed foods, the lurking genetic propensities, the just plain bad freaking luck that might take anyone from their side of the room to mine?

Arti says it is difficult to talk about women’s health issues in her family. Women’s body parts are simply not a topic of polite conversation. Arti is still in university, and also works with young queer folk, in Scarborough and downtown. [If I was fifteen, I’d follow her anywhere. She’d have to scrape my crush-addled self off with a stick.]

[Actually, if I was fifteen, any of these women would suffer my puppy dog eyes.]

Elisa is a multidisciplinary artist who works with Supporting Our Youth. She is experienced in performance, advocacy, and public education. She is in a re-building stage, she says casually, and thinking about next steps in her life.

I watch Mahalia, who often brings her laptop and a binder stuffed with papers to meetings. Her naturopathic studies and her experience as a naturopathic advisor to breast cancer survivors has made her a proponent of alternative treatments and approaches to breast cancer. I don’t always agree with her, but I respect her views.

Ruti is a therapist who has used art and physical movement to treat people. She speaks in an elegant alto voice, with a gentle intensity. She speaks about her experiences in Israel, how the ward was full of both Israeli and Palestinian women who shared a commonality in the face of surgery and treatment. She and I share dog stories in the indulgent manner of besotted pet owners.

I am challenged by them and awed by them. Between the chatting about our lives, who’s going to what event, what’s going on with our assorted paramours, partners, potential love objects, families, jobs, school...we sometimes forget we are supposed to be covering official topics. We riff ideas off each other in rapid bursts. It is so exciting we practically bounce in our chairs. It sometimes takes us nearly half an hour to get to the business part of the meetings

Poor Cheryl, dragging us back to the flip chart and the agenda.



I have a feeling that many of our committee have had to become adults too early, jumping ahead, throwing on oversized armour onto underdeveloped shoulders, picking up the shield and sword of responsibility long before others their age. They have organized and written and taught and fought and challenged and stood up for themselves over all manner of issues.

“I have a feeling that many of our committee have had to become adults too early, jumping ahead, throwing on oversized armour onto underdeveloped shoulders, picking up the shield and sword of responsibility long before others their age.”

As Elisa put it: “There is wisdom in the room.”

Cheryl presents the educational material from a different perspective.

We are not fundraising. We are not fearmongering. We are not here to judge. We are

not going to tell women that the cancer they may get is their own damned fault, why didn't they become a vegetarian or breathe through a filter or eat only off glass that was rinsed in vinegar. We will focus on health, and positives, and celebration. It's fun but vague, talking about “breast health” as opposed to cancer. And it is not to be done in a dry, objective manner, but through our personal understanding.

What do we think about our own breasts? What do other women think about their own breasts?

If a woman has a positive attitude toward her own breasts, say our materials, she is more likely to take care of them.

By April, we must put our minds to our individual activities.

Cheryl asks if anyone has an idea for a project to be done at Pride, maybe on Dyke Day. Dyke Day, when thousands of queer women hit the streets to see who their ex is dating now.

Dear Goddess, my hand goes up. What the hell am I thinking? It's less than two months away, and it's not as if I am having an easy time of it at work. But the idea bubbles up. Singing about breasts, cheerleading about breasts, artwork, decorating breasts, photos, poetry, carrying on...*Breast Fest*.

With a skinny budget and the help of my committee, all of whom are shamelessly glad they are not doing this thing.

Community Café stage. Not private, but it has a tent. It's doable.

I think about my address book, and the friends and family that I will ask to help me. Elisa smiles, and perhaps a bit cautiously, says she will help with stage managing. I thank her profusely. She has no idea how much I appreciate her offer.

I've never organized anything like this in my life.

(stay tuned for the rest of Shelley's story on her adventures with Breast Fest – p. 24)

“We will focus on health, and positives, and celebration. It's fun but vague, talking about ‘breast health’ as opposed to cancer. And it is not to be done in a dry, objective manner, but through our personal understanding.”

Introduction to this Manual

By Cheryl Dobinson - Project Coordinator

One of the tasks of “Making Us Visible: Promoting Access to Breast Health and Breast Cancer Services for Lesbian and Bisexual Women,” was to organize a peer education program around breast health for lesbian and bisexual women. The goal of this program was for diverse volunteers from the lesbian and bisexual community to participate in a training program to deepen their knowledge of breast health and breast cancer issues and then to plan individual events designed to meet the needs of their own circles of community members.

The events were to be for all lesbian and bisexual women, not specifically those who have had a breast cancer diagnosis, and would be designed to increase community involvement and understanding around breast health. They were envisioned as ranging from discussions and sharing over coffee and dessert in someone’s living room (the only way to reach women who are closeted) to larger events in public spaces making use of popular art and culture.

Five dedicated volunteers completed the whole program from start to finish – meeting each other for the first time in March 2005, going through a training program together, supporting each other through the planning and delivery of their individual events, and coming together one last time in January 2006 to celebrate the completion of the project. Early on, this group set a distinct tone of its own - on their 3rd meeting they renamed themselves the “Witty Titty Committee” as a way of generating interest in breast health in a positive and fun way. You’ll hear more from each of these amazing women in section 2 of this booklet as they describe their events and their involvement in the program in their own words.

The peer education program included developing a health promotion model of peer-led outreach and education events for lesbian and bisexual women to learn and share information and ideas about breast health. This model of breast health events organized by peer educators was to be written up by the Project Coordinator and the volunteers and disseminated widely in print and web-based formats to stimulate similar initiatives across the province. This is where this manual comes in. In it you’ll find:

- Information on why we created a program like this for lesbian and bisexual women specifically and how this focus made a difference in the work.
- An outline of all the steps of the volunteer peer education program, including details for those wanting to set up similar initiatives for lesbian and bisexual women (and ideas on how to adapt it for other groups).
- A description of why we decided to use a peer education and community development approach and the benefits of the volunteer program.
- The challenges we experienced and strategies for success, including what we might do differently if we ran the peer education program again.
- Stories written by each peer educator about her event and her experience with the program, as well as the promotional and other materials used for each event.
- Highlights from evaluation forms.
- A wealth of sample materials for all sections as appendices.



You will find this manual useful if you want to:

1. Develop a peer based breast health education program for lesbian and bisexual women
2. Develop a peer based breast health education program for other groups of women, or for women generally
3. Create a breast health educational event for lesbian and bisexual women
4. Create a breast health educational event for another group of women, or for women generally
5. Learn about peer based approaches to health promotion
6. Find ideas for creative health promotion strategies that can be used for various populations on a range of health issues
7. Read stories about successful lesbian and bisexual women's peer based breast health education events

A message from Anna Travers

- Manager, LGBTT Program, Sherbourne Health Centre

The idea for this project came about because a group of us had been involved with the Lesbians and Breast Cancer Project, a community-based participatory study conducted in Ontario in 2003. We had learned about queer women's experiences with cancer, the health care system, their sense of themselves as women and dykes and so much more and we wanted to put all that learning into a practical application and share it with others.

We applied to the Canadian Breast Cancer Foundation, Ontario Chapter, for a Community Health Promotion Grant that would last 2 years. It had two areas of focus: 1) to develop resources for lesbian and bisexual women and for service providers that addressed breast health in this specific population, and 2) to develop and pilot support services for lesbian and bi women who have had a breast cancer diagnosis. When we wrote the proposal, we had a good sense of the things that needed to change and some beginning ideas about the ways to shine a light on these areas of change. But I don't think we were anticipating the explosion of creativity and passion that this project inspired among the community members who took part. Seeing the resources take shape and hearing about the ideas for breast health events from Cheryl, I realised that the women who volunteered for this project had taken us to places we couldn't have imagined – see for yourself as you read this manual.

I want to thank all the people who helped – from the Steering Committee, the Resource Development Group and the Peer Education Group – you did yourselves and your community proud! I also want to give a special thank you to Cheryl Dobinson, who does the community developer's dance very well – both leading and following, showing flexibility and setting boundaries, offering skills and drawing out people's gifts. I think that this project, and specifically the piece outlined in this booklet, illustrates what our vibrant queer community does so well, and that is to create things that are at once fresh, gutsy, intricate, serious and fun!

Why a Breast Health Project for Lesbian and Bisexual Women?

The motivation for the Making Us Visible project came out of recommendations from the Ontario-based Lesbians and Breast Cancer Research Project, as described in their final report titled *“Coming Out About Lesbians and Cancer.”* (<http://dawn.thot.net/lbcp/>)

Women interviewed for this research said that they would like to see:

- increased attention paid to cancer in lesbian communities
- education for lesbians about cancer risks, primary prevention and early detection
- opportunities for connection among lesbians with cancer
- services for lesbians with cancer through existing cancer agencies
- resource material focused on lesbians and cancer
- steps taken to address heterosexism in cancer care and create welcoming spaces

The Making Us Visible project attempted to address a number of these recommendations and also had a broader focus, including bisexual women.

Specific reasons for the breast health component of the project included:

1. Very few materials on breast health focus on (or are even inclusive of) lesbian and bisexual women.
2. Some risk factors for breast cancer are of particular relevance to lesbian and bisexual women. (These include not having biological children or having children later in life, higher rates of alcohol consumption, higher body weights.)
3. Studies have shown that lesbian and bisexual women may not practice screening and preventative behaviours around our health as often as straight women.
4. Lesbian and bisexual women may have some unique issues and feelings about our breasts and our health that are not addressed in other materials or educational efforts.
5. Homophobia and biphobia can lead to lesbian and bisexual women avoiding medical care or delaying seeking care.

How has the focus on lesbian and bisexual women been important to the peer education program?

- Created safe spaces for lesbian and bisexual women to learn about breast health generally and specific issues for our communities; including those belonging to more than one marginalized community.
- Allowed for the dissemination of targeted breast health materials and information.
- Reached women who may not have attended more general breast health events due to concerns about homophobia or having to make decisions about whether or not to come out.

“A great opportunity to meet other immigrant women and share our thoughts as lesbians and immigrants”

(from participant evaluation of My Breasts, My Health, My Language)

“Keep creating spaces for queer women of colour”

(from participant evaluation of Love Your Breasts: Breast Health Awareness Through Yoga!)



“Awesome! Mind-body opening. Thanks, great job. Love the women and trans only space at Pride.”
(guest book comment from Breast Fest)

- Allowed for culturally specific events (such as Breast Fest at Pride) and for events to be developed and delivered in ways tailored specifically to lesbian and bisexual women.
- Provided an opportunity for peer based learning with lesbian and bisexual women as peer educators.
- Created a volunteer opportunity specifically for lesbian and bisexual women.
- Built community capacity in lesbian and bisexual women's communities.
- Participants did not have to fear coming out at events, as a lesbian or bisexual identity was a given.
- Specific conversations took place that might not happen at other breast health events: about being butch and breast health, about homophobia and health care, about female partners, about Pride and other aspects of shared community and culture.
- Supported opportunities for women to meet other lesbian and bisexual women at events – chances for connecting, socializing, sharing, flirting, and learning together.

“I appreciate that there are workshops where other gay women can meet and share stories”
(from participant evaluation of Bust the Page)



10 Steps in Creating a Breast Health Peer Education Program

Note: *These 10 steps are largely applicable to any group of women. You can adapt them by using general breast health information only, or by substituting information and volunteer recruitment strategies for a different specific population.*

1. Recruit volunteers
2. Offer a training program on breast health and breast cancer, lesbian and bisexual women's breast health issues, and peer and popular education approaches
3. Have each volunteer complete an event proposal
4. Work together on developing each person's event idea and meet regularly to support each person as their event approaches
5. Promote events by creating and distributing promotional materials
6. Provide assistance to individual volunteers as needed in preparing for each event
7. Hold each event
8. Evaluate event with feedback from participants
9. Have volunteers write and submit stories
10. Celebrate the conclusion of the program and have volunteers complete evaluations

10 Steps in detail:

Step 1. Recruit volunteers

- a. Target your population of interest (in this case, lesbian and bisexual women)
- b. Possible recruitment methods: email, posters, website listings, informational night, word of mouth
- c. Interview and select 5-6 volunteers (or more if you want more events)
- d. See Appendix A for this program's recruitment poster, application form, interview questions, reference check questions, and volunteer agreement



Time needed for step 1: 2 months



Tip!

A rigorous recruitment process ensures a good match between your program and your volunteers. It also ensures that your volunteers are committed and know what their responsibilities will be.



Step 2. Offer a training program on breast health and breast cancer, lesbian and bisexual women's breast health issues, and peer and popular education approaches

- a. Have an introductory session for everyone to meet and to sign volunteer agreements
- b. Develop group guidelines together
- c. Breast health and breast cancer – medical topics
 - i. You may want to invite a local breast health speaker to do an educational session for you from a medical perspective. Try your local breast health organization, breast centre, or other women's health resource. We invited a speaker from the Marvella Koffler Breast Centre, Mount Sinai Hospital, Toronto for our session.
 - ii. Don't shy away from the breast screening controversies regarding Breast Self Exams (BSE) and mammograms.
 - iii. It's ok to say that you don't have all the answers and that things change as the field of knowledge develops and as new studies and information emerge.
 - iv. Provide lots of resource material (see Appendix E for resource ideas).
- d. Breast health and breast cancer – environmental links
 - i. The film "Exposures: Environmental Links to Breast Cancer" is an excellent resource.
 - ii. See Appendix E for additional resource ideas.
- e. Breast health and breast cancer – lesbian and bisexual women's issues
 - i. The brochure "Busting Out: Breast Health for Lesbian and Bisexual Women" (www.sherbourne.on.ca/programs/programs-m.html) can be used here.
 - ii. See Appendix E for additional resource ideas.
- f. Peer and popular education
 - i. What is peer education?
An approach where someone has been trained specifically to do education with their peers. It is based on the idea that people, particularly those from marginalized communities, may be more open to education processes facilitated by their peers than to listening to outside authorities or experts.
 - ii. Useful exercise:
 - have people think about workshops or trainings they have attended and what worked well or did not work well for them.
 - brainstorm a helps/hinders list.
 - iii. The Catalyst Centre is an excellent resource on popular education (www.catalystcentre.ca)

Tip!

Evaluations of each of these educational sessions will help you gauge how well volunteers are grasping the material and what things might need to be reviewed or revisited before moving on to Step 3.



Time needed for step 2: 1-2 months

Step 3. Have each volunteer an complete event proposal

(see Appendix B for our event proposal guide)

This process:

- a. Ensures that all the aspects of event planning are considered by the volunteers. You can work together on the proposals if that helps.
- b. Ensures that events are spaced out and that everyone knows what each person is planning and when.
- c. Allows you to troubleshoot with volunteers on questions they don't have answers to or need assistance with.



Space events out so there is one event taking place per month.

Step 4. Work together on developing each person's event idea and meet regularly to support each person as their event approaches

This allows you to:

- a. Review outlines and activities being planned
- b. Provide feedback and support
- c. Practice activities or test run handouts
- d. Delegate tasks
- e. Share and alleviate anxieties

Step 5. Promote events by creating and distributing promotional materials

- a. Possible promotional methods: email, posters, website listings, free listings in local community papers



If you can afford it or get a skilled volunteer, professional quality graphic design will make your posters eye catching and memorable.

Step 6. Provide assistance to individual volunteers as needed in preparing for each event

- a. The level of support and assistance needed depends on the individual volunteer and the nature of her event.
- b. Listen to what each volunteer needs and offer what you are able to provide.
- c. Divide preparation tasks between volunteer and project coordinator (and perhaps other volunteers).
- d. Prepare for each event – set-up, food, supplies, roles, handouts, evaluation forms.
- e. Register attendees and answer any questions.



Step 7. Hold each event

Step 8. Evaluate events with feedback from participants

(For sample evaluation form see Appendix C)



Time needed for steps 3-8: 5-6 months if you have 5-6 events

Step 9. Have volunteers write and submit stories

- a. Provide questions as a guide (See Appendix D)
(To do if you want to capture the story of your unique breast health events or evaluate your program in a narrative way)

Step 10. Celebrate the conclusion of the program and have volunteers complete evaluations

(For sample evaluation form see Appendix C)

- a. Provides closure and a chance for volunteers to see each other after all the events are over and everyone has gone through the whole process from start to finish



Time needed for steps 9-10: 1-2 months



Total time needed: 9-12 months

Budgetary considerations:

We budgeted around \$200 per event, with some events costing a bit less and some (like the large event “Breast Fest”) costing a bit more. In addition to the event expenses, we also provided each peer educator with an honorarium of \$100.

Event expenses included:

- graphic design services for posters
- healthy snacks for event participants
- supplies - arts and crafts materials, breast oil
- space rental (most spaces we used were free, but we did need to rent a space for the yoga event)
- honorarium for yoga instructor
- photocopying for zine

A Peer Education and Community Development Approach

One way of organizing a program like this would be for the coordinator to develop a workshop on breast health and breast cancer for lesbian and bisexual women, train volunteers to deliver that workshop, and set up dates for them to conduct workshops.

This is not the route we decided to take. Our volunteers went through a training program together on breast health and breast cancer and on peer and popular education, then each woman was given the freedom to design her own specific event. Events could be tailored to address a particular component of breast health, to use a particular method for teaching and learning, and/or to target a specific population of lesbian and bisexual women that volunteers belonged to and wanted to reach.

This approach is more work for the Project Coordinator and for the volunteers especially. So why did we decide to do it this way? In short, the answer is because of the overall interest of the Making Us Visible project in community development and capacity building.

Providing the training, space and support for volunteers to design their own events meant that they could create something uniquely meaningful and relevant to them. Each woman was invested in her particular event with a sense of pride and ownership that she may not have felt if delivering a pre-designed workshop. This approach allowed volunteers to develop specific skills, to use existing skills, knowledge and community connections, and/or to reach particular populations of lesbian and bisexual women in a peer-based way.

How did this work for the volunteers?

- Shelley** – able to use her organizational skills, sense of humour, and large network of friends as volunteers to organize a large, fun event relatively independently
- Mahalia** – able to use her naturopathic expertise
- Ruti** – able to use her art therapy skills and reach out to immigrant women
- Arti** – able to use zine-making skills and reach out to young women
- Elisa** – able to use yoga and arts skills, yoga connections, and reach out to women of colour

Finally, by setting up the program in this way, we aimed to give volunteers the tools and the confidence to continue to use what they learned, both in terms of breast health education and with regard to designing and running other health-related workshops.

Volunteer comments:

- “Organizing my event gave me confidence to do something like this in the future. I’m feeling that this is what I really want to be doing – creating spaces like this.”
- “Being a part of this project, supporting other events and creating my events is helping me to flesh out and strengthen my muscle around doing this kind of work in the community over the long term, which is really why I joined the project!”
- “I liked being supported in creating an event that will be a good model for future events I plan to do.”



Benefits of the Volunteer Program

- Education of community members
- Knowledge disseminated into community that will remain there when project is over
- Created a sense of community ownership of events
- Enhanced credibility of events
- Provided meaningful volunteer opportunities - Many women said they volunteered for this project because they wanted to give something back to their community and use their time/skills/energy towards something of benefit to other lesbian and bisexual women
- Way for volunteers to connect with other women outside of a bar or support group setting
- New skills developed and new experience gained
- Resume building - Project Coordinator able to provide reference letters for school or job references
- Increased confidence and self esteem of volunteers

Volunteers' comments:

- "I had fun, learned a lot, learned to think about my breasts (because I hadn't before)"
- "I liked the connection with the other volunteers, feeling involved, learning new skills/gaining knowledge"
- "I gained confidence in and improvement of organization, facilitation and outreach skills"

Always room for improvement:

Of course, the program wasn't perfect, and volunteers suggested some things which could have been done differently. Some of these are opposite each other, so it's clear that there isn't one way to run a project like this that will work for everyone.

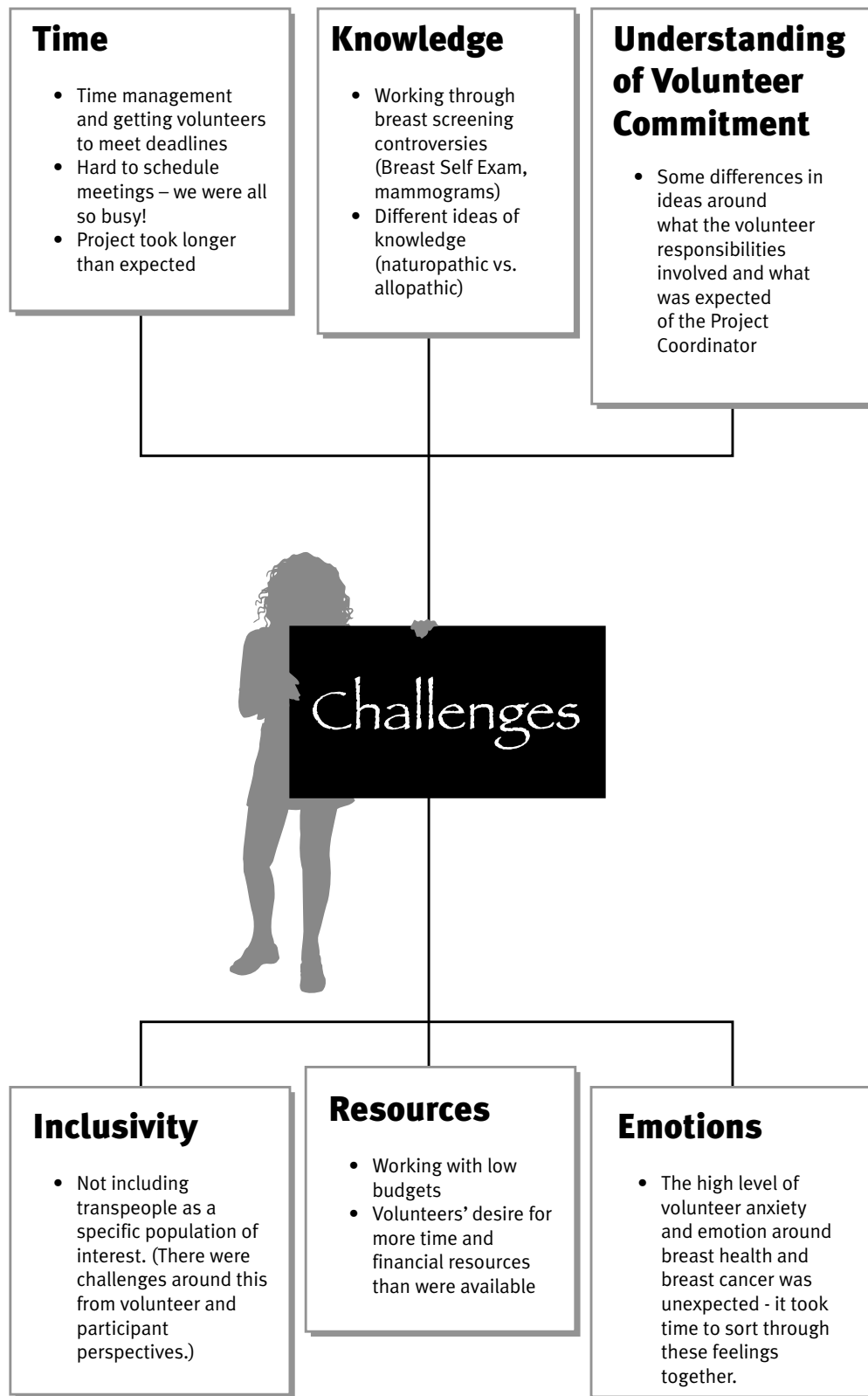
Areas for improvement:

- time and length of program
- additional education components

Volunteers' comments on what would have made things better for them:

- "more time to talk about how we felt during our learning processes"
- "it was a bit long – most of us did our projects very late in the year"
- "wish I could have learned a bit more about pharmaceutical companies and the pink ribbon campaign"
- "would have liked more [education] especially with reps from different points of view or representing different communities"

Challenges and Strategies for Success: from the Project Coordinator's Perspective



Organization

- Have a coordinator to oversee all parts of the program
- Outline clear volunteer responsibilities
- Have a time-limited commitment
- Develop group guidelines to create safe space
- Create a detailed proposal form for events

Education

- Provide the education needed
- Use external sources for some education pieces
- Provide different perspectives on issues, not all tied to Project Coordinator or the project
- Explore controversies

Our Strategies for Success

Volunteer Management

- Guide the process, but let volunteers decide what they want to create
- Respect and value what each different volunteer brings
- Accommodate different needs and provide individual support for volunteers
- Be flexible when appropriate and possible, have firm boundaries when needed
- Encourage people to do what they are able to do and not take on more than they can manage in their event

Event Planning

- Attaching one of the breast health events (Breast Fest) to an existing large scale event (Pride) and designing the event to match the celebratory atmosphere
- Never underestimate the importance of food!! (for volunteers and in each event)

Based on everything we learned, what would we do differently next time?

- Build in more time - the project took longer and volunteers needed more support than anticipated
- Be aware in advance of possible points of conflict or controversy in volunteer groups (hot button issues such as types of knowledge and breast screening controversies)
- Allow for more time to practice workshops or activities with each other
- Talk more about time management with volunteers

THE MAKING US VISIBLE EVENTS:

PEER EDUCATORS' STORIES

1

Breast Fest 2005

- *Shelley M. Hobbs*

2

Breasts Are Beautiful: Naturopathic Tips for Lesbian, Bisexual & Queer Women to Support Breast Health

- *Mahalia Freed*

3

My Breasts, My Health, My Language

- *Ruti Ingerman*

4

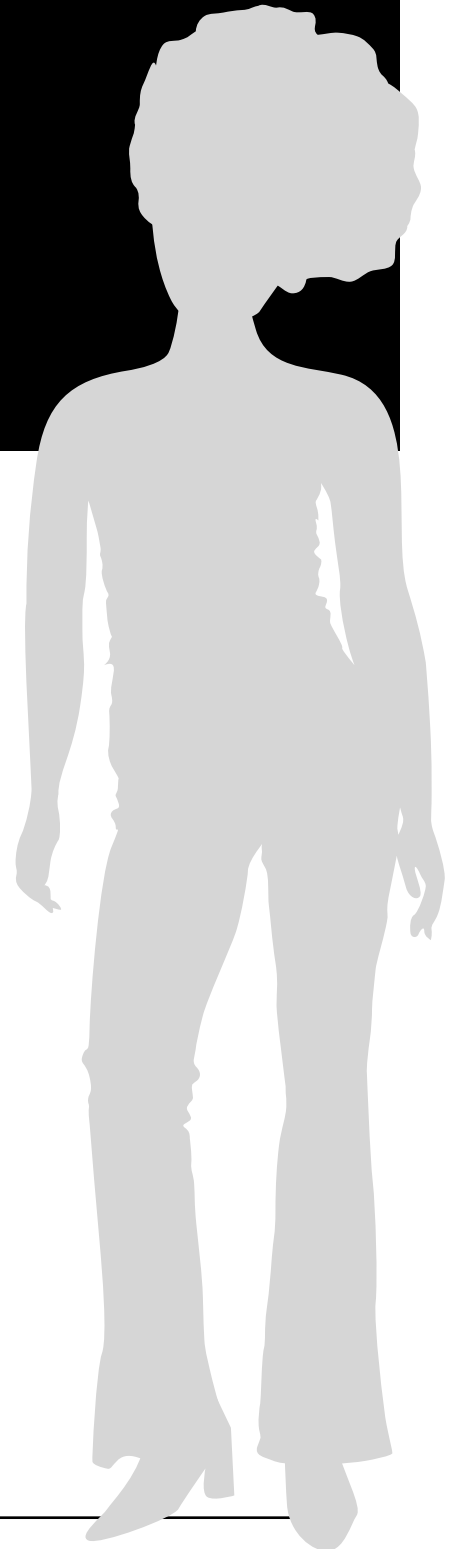
Bust the Page: A 3 week zine-making series

- *Arti Mehta*

5

Love Your Breasts: Breast Health Awareness Through Yoga!

- *Elisa Carlass Hatton*



BREAST FEST 2005 (June 25, 2005)

By Shelley M. Hobbs

I organized Breast Fest, a celebration of lesbian, bisexual, and trans women's breasts. The original plan was for there to be breast positive entertainment on stage in the form of music, cheerleading, spoken word, and games, with participation by attending women in arts, photography, breast decoration, and the fun onstage.

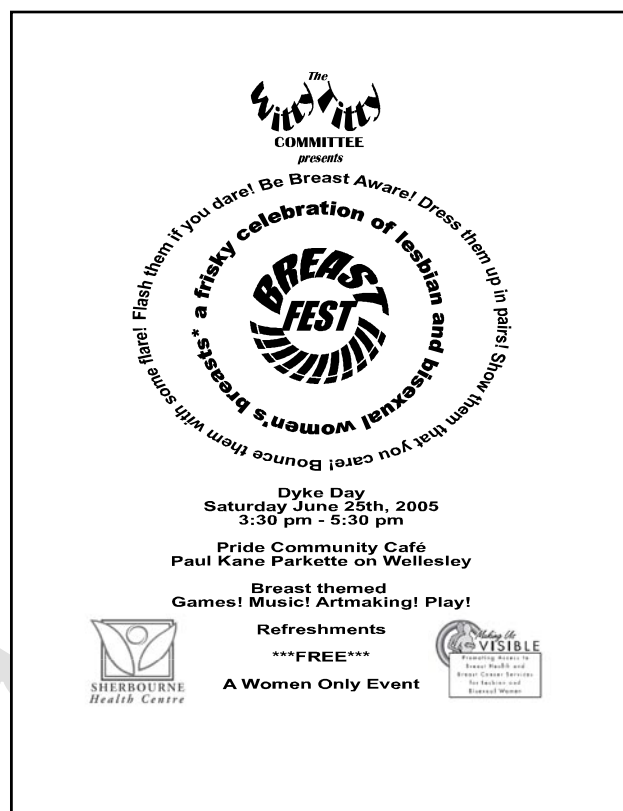
I initially thought that my event for the Making Us Visible project would be a breast health video that I would screen at hockey rinks, soccer fields, and basketball courts across the city, using my connections to the lesbian sports community to get the word out. However, the Witty Titty Committee (WTC) needed an event in June; all those women in town for the Dyke March were a ready-made audience, and so I bravely/ foolishly said, sure, I'll do it. I never did get that video done.

The steps toward organizing the event were

- (a) refining the ideas at WTC meetings
- (b) holding open meetings to gather volunteers, solicit their views, and produce the decorations, banners and signage, and props for the event
- (c) setting the event up with Pride
- (d) finding wonderful, organized, talented women to help, especially with the on stage entertainment
- (e) going to the dollar store and buying the stuff for decorating, etc.
- (f) buying a Polaroid camera and film on sale – hoo hoo!
- (g) writing and re-writing a script for the stage, attempting to delegate the assorted tasks for the other activities
- (h) relying heavily on the aforementioned WTC to grace the stage and hustle up an audience...also THANK THE GODDESS Elisa arranged for a henna artist to decorate women's breasts whilst all the rest would be going on!

The event was promoted through posters, handbills, a listing in the Pride Toronto Guide and the Xtra Pride Guide, emails, and word of mouth. I also made a point of referring a WTC member to the women of colour pick up soccer, but I think that was mostly a referral for flirtation practice rather than soccer practice.

Breast Fest took place on Saturday, June 25th, 2005 from 3:30 pm to 5:30 pm at the Community Café stage on Dyke Day during Toronto's Pride Week.



Poster used to promote the event

The venue, which was free, consisted of a stage and tent set up in the Paul Kane Parkette on the north side of Wellesley Street, just east of Yonge. It was grassy and spacious and had shaded seating, but it was also unfortunately not very private in terms of sightlines, and security was limited to one Pride security person and a handful of stalwart volunteers.

The event was promoted, and signed, as a women and trans only event, but it was difficult to keep the catcalling and bad behaviour away from the entrance to the event, given its location and the fact that the only barriers were a few decrepit hedges.

I was amazed that we ended up with an audience of over 100 women, despite the fact that the Dyke March did not end until around 4:30 pm and the only thing we could offer to drink was water. These women showed up, plopped themselves happily on the grass, and stayed throughout the event, in spite of the lure of beer gardens and parties only a few blocks away.

The audience consisted of younger and older women, women of colour, differently abled women, trans women, and women from the proverbial all walks of life. They cheered on the gal and her guitar, whooped during the sexy spoken word segment, loved the a cappella, got rowdy during the “guess the bra size” and trivia games, and joined in with the cheerleading.

They were very patient with the home-made low-tech nature of the event – in fact, there was a certain affection shown toward the low budget aspects, as if it made it more accessible to everyone. My wonderful colleague, Elisa Hatton, had a sit down chat time with the audience, and women came up and shared their stories, some funny, some poignant.

Aside from the entertainment on stage, and the activities under the tent and on the lawn, there was an information table at which the “Busting Out: Breast Health for Lesbian and Bisexual

“I was amazed that we ended up with an audience of over 100 women, despite the fact that the Dyke March did not end until around 4:30 pm and the only thing we could offer to drink was water.”

Women” pamphlet and sign up sheets for upcoming WTC events were placed alongside snack items. The arts and crafts supplies were not used much, nor was the pin-the-pastie-on-the-nipple game, but otherwise, the shade tent activities went well.

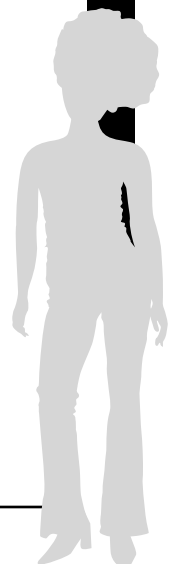
up, was the Polaroid photography booth. Women had photos taken of their breasts, clothed, naked, decorated, perky, droopy, two or one, hands on or off, demure or sassy....The photos were then either given to the woman or hung up around the booth.

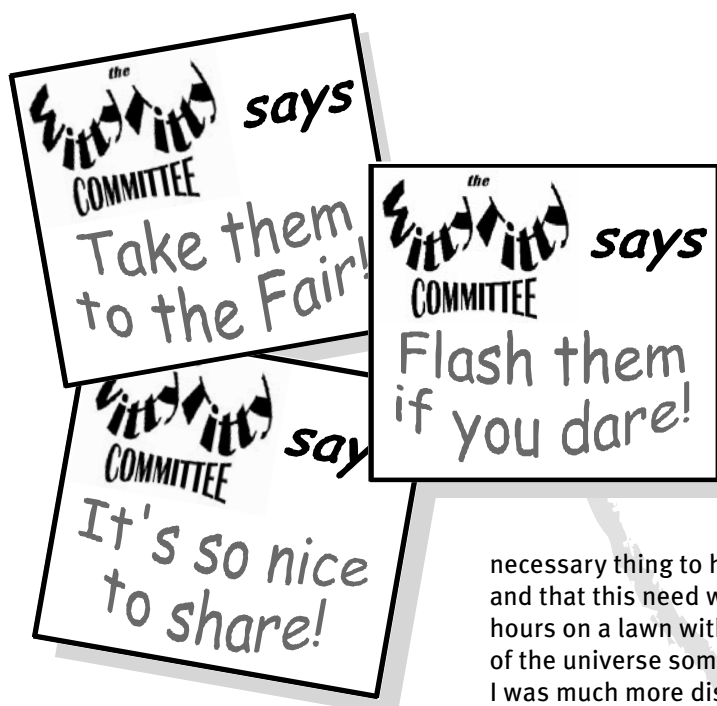
One of the biggest hits, other than the henna which was such a smash that the henna artist had trouble keeping

Our theme was that we love our women’s breasts just as they are! We nearly ran out of the body paint and other decorating supplies, and many women happily helped each other with this art form!

Feedback was excellent with one or two exceptions: women reported being harassed by straight men as they tried to enter the gateway to the Café area, so the security and the permeable nature of the “women-only” space was a problem. The other issue was conflicting information about the answers to the trivia questions used in one of the on-stage games.

“Our theme was that we love our women’s breasts just as they are!”





Sticker handed out at the event

the loss of audience members who were unable or unwilling to get past the idiots to join us.

The first issue was certainly interesting. It is sad that a male Pride sponsor became quite affronted when he was advised the space would be women and trans only for our event. He vowed to take it to the Pride Committee to complain but fortunately our fearless leader, Cheryl Dobinson, had already cleared this restriction with Pride Toronto.

It is shocking to me that on the 25th anniversary of Pride, it was still a clearly necessary thing to have women and trans only space, and that this need would be opposed by anyone. Two hours on a lawn with a stage, and yet this tiny piece of the universe somehow was threatening.

I was much more disturbed by the harassment that was endured by women getting into the space, and

With respect to the conflict over the trivia answers, the answer is that clearly even in a fun, silly game, one must thoroughly research one's sources, although I am not sure how one would footnote a "Jeopardy"-like game at Pride. I have apologized for the errors in the game, mentioned the conflict between various experts and sources, and will never again do a trivia game without personally tracking down and having available the citations for each answer.

All of the members of the WTC helped with this event and it absolutely could not have been done without them. Elisa Hatton helped host and organize performers, acting as Talent Wrangler. Arti Mehta was also a hostess, and worked with me on the games presentations. Ruti Ingerman and Mahalia Freed lucked out and got photo duty, and Cheryl was our info booth and snacks Queen.

I also recruited women through WTC contacts and from my own circle of chosen family and friends. I was pleasantly surprised at how thrilled everyone was to be celebrating breasts instead of promoting how to avoid their betrayal, i.e. cancer. I had volunteers who took off their shirts and/or went without shirts for the "guess the bra size" contest, and while some were brazen, and some simply brave, it was good to see a variety of sizes on stage!

The project coordinator, Cheryl Dobinson, was extraordinarily helpful. She acted as the liaison with Pride, provided practical advice, and was encouraging in every way. She truly took the event to heart, promoting it and cheering its success. It would have been impossible to do without her.

The women of the Witty Titty Committee are talented, beautiful, creative, ingenious, and fabulous – it was an honour and privilege to work with them on this project. They were supportive in every imaginable way, pragmatic about getting things done, and willing to be thrown into the event in various roles without demur.



*Polaroids from
the Breast Fest
photo booth*

The event exceeded my expectations. The theme of the day was not only understood, but taken to heart by the audience. I had some concerns that the concept was too ethereal, that it would not make sense to women that we were promoting the celebration of healthy breasts rather than the prevention of disease, but the response of the audience indicated that women were joyous at this idea, and that the positive elements of finding beauty and health in everyone's breasts had definitely reached them.

The project adequately prepared me for the event as we had numerous educational sessions long before we began the planning of the concrete details of our proposed ventures. In particular, I was reminded of the need to cheer on healthy behaviours rather than to emphasize bad behaviours or the potentially bad consequences of behaviours. Breast Fest was designed to show that we could talk about breasts without the fear of what our own bodies might do to us – and as we had been advised during our training, a positive view towards one's own breasts is an essential step toward health.

The highlight of the event for me was actually the next day, when a trans woman with whom I was doing Parade Marshall volunteering approached me to tell me, with tears in her eyes, how glorious it felt to go shirtless, decorate her breasts, and be celebrated in that safe space.

I was surprised by the number of women who showed up, and how enthusiastic they were!

The WTC, the project coordinator, Pride Toronto, the Sherbourne Health Centre, and our gang of volunteers, some of whom still say "what are we doing next year for Breast Fest?", all supported me in this event.

The thing I enjoyed the most about organizing this event was working with the WTC gals and sharing the enthusiasm of the day with them.

The main challenges were the lack of time to get it done, and the fact that it was a new event based on a unique idea. I could have used more time to research those damned trivia

"Breast Fest was designed to show that we could talk about breasts without the fear of what our own bodies might do to us."

questions, and a venue with a wall around it! I would have also liked to have more stage performers and a greater number of volunteers on security.



In terms of skills or knowledge, I have gained insight into the value of delegation, into how to ensure an event is accessible and cheap to present, and how to convey a complicated concept through non-linear, non-traditional methods.

If I had to advise anyone organizing a similar event, I would tell them to start more than two months before the big day, double check your information, have a meeting before the date of the event to rehearse everyone's roles, ensure that there is adequate volunteer security, and make sure you wear sunscreen EVERYWHERE.

About Shelley M. Hobbs: Shelley is 45 years old, born in Winnipeg, raised in Thunder Bay, came to the big city because at 18 years of age, she found it easier to come out in Toronto than up north. She is, among other things, a lawyer working in guardianship law for the Public Guardian and Trustee of Ontario; hearing impaired; married to the lovely Joan whom she adores; a step-grand-parent [!]; a survivor of childhood cancer [and therefore missing assorted bits, eg. left kidney, a chunk of lung, etc.] as well as breast cancer [other missing bits, both breasts]; a member of the Lesbian Cancer Dialogues presenting team; a writer; a hockey player; and a veteran of volunteering for all 26 Pride Days since the Grange! [And, as it happens, feeling kinda ancient now... "oh, back then, me dears, we walked up Yonge Street without a damned permit! and we HATED 52 Division!"] Shelley was proud and thrilled to be a member of the glorious Witty Titty Committee, who did such an excellent job and who graciously allowed her to share their wonderful visions of this project.

Guest book feedback

- "Awesome! Mind-body opening. Thanks, great job. Love the women and trans only space at Pride"
- "Great idea! A real treat... good job ladies. xoxo Breast Buddy"
- "Great job, Witty Titties! I think the henna painting really encouraged people to embrace their breasts in all shapes and forms. Cheers!"

Email feedback

- "I want to chime in on the congrats on the Breast Fest. I was there, too, and thoroughly enjoyed myself. The MC was the best, and the activities were fun and light hearted. I like putting that kind of stuff in the mix with the politically-correct ones. Kudos to the organizers!"
- "I loved getting my breasts decorated with the henna. What a wonderful treat to offer. I thought the breastfest was fantastic, a nice mix of celebrating and educating."
- "I personally had a great time!!! I really appreciated having a female space during Pride! I was one of the "Guess the Bra Size" models and I just hung out and enjoyed the scene after that. I was topless and free! :) I got my picture taken for the Fifty Nifty Titties Wall and got the girls all done up with the most beautiful henna designs! What a sight, women laying in the park topless while other topless women are over them doing henna on their breasts...you had me at hello."
- "I too kept hearing about it all weekend and how much women had loved it."

Breasts Are Beautiful: Naturopathic Tips for Lesbian, Bisexual and Queer Women to Support Breast Health

(September 29, 2005)

By Mahalia Freed, ND (Candidate 2006)

FIRST: huge appreciation and thanks to the Canadian Breast Cancer Foundation (Ontario Chapter), Sherbourne Health Centre, Ontario Breast Cancer Community Research Initiative, Gilda's Club, Willow Breast Cancer Support and Resource Services, Metropolitan Community Church of Toronto and the individuals in all these organizations who supported and coordinated this project. I think it is important and I am grateful to these organizations for showing that they think so too by supporting such a cool, open project. Thanks muchly.

WHY THE WHAT

I organized an event called "Breasts Are Beautiful: Naturopathic Tips for Lesbian, Bisexual and Queer Women to Support Breast Health." Why? Because it was the obvious choice for me. I have been captivated by breasts for longer than I have been enthralled by the magic of naturopathic medicine, and I did my first project on a healing plant before I ever owned a bra, so this is going back quite far. Empowering lesbian, bisexual and queer (LBQ) women to greater health represents the intersection of some of my passions as an activist: breast health, naturopathic medicine, environment and queer health. As well, the Making Us Visible project provided me with a supportive base from which I could gain experience doing exactly what I intend to do as part of my professional life starting in the fall of 2006. Really, it was a perfect fit.

WHAT

The event I planned was a two hour workshop/lecture providing LBQ women the opportunity to learn about:

- Strategies to increase your health & vitality and decrease your cancer risk
- Eating for breast health - food allies and how to incorporate them into your diet
- The benefits of a herbal breast oil
- Ways of getting to know your own breasts
- The impact of lifestyle choices on breast health
- Enhancing lymph flow
- Specific issues for lesbian, bisexual and queer women regarding breast health

I used a 4 page handout (see Appendix F) as a visual guide for folks, as I led the information-sharing and answered the questions that came up. A key aspect of the event was the fact that we had lots of healthy food, which almost everyone commented on appreciatively in the feedback forms. From my perspective, it was important to have some healthy options that

Breasts Are Beautiful

Naturopathic tips for lesbian, bisexual and queer women to promote breast health

Learn strategies to increase your health & vitality and decrease your cancer risk!!



Presented by Mahalia Freed,
Naturopathic Intern & Peer Educator

When: Thursday September 29, 7 - 9 pm

Where: Ontario Association of Naturopathic Doctors,
344 Bloor Street West, Suite 602 (just west of Spadina)

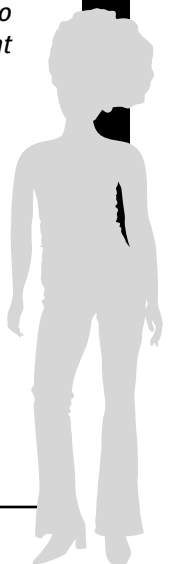
Who: Lesbian, bisexual and queer women

Free, including snacks and breast oil samples to take home!
Space is limited, so pre-registration is required.

  To register or for more information
please contact **Cheryl Dobinson**
email: cdobinson@sherbourne.on.ca
phone: 416-324-5063

This project is made possible with the generous support of the
Canadian Breast Cancer Foundation, Ontario Chapter.

Poster used to promote the event



folks might not have tried before, and that reflected the nutritional principles I was talking about. Also, having a break in the formal part of the workshop, when people could chat with one another while munching, enhances individual's experiences by facilitating interpersonal connection over the topic.

WHERE

I held the workshop at the office of the Ontario Association of Naturopathic Doctors (OAND). Their office is centrally located and on the subway line, right at Bloor and Spadina, and as an OAND member doing a nonprofit event, I was able to use the space for free. The other feature this space had over others I looked at was that it was private – I didn't imagine that people would want to touch their breasts, for instance, with people from the street potentially looking in.

WHEN

The event took place Thursday September 29, 2005 from 7-9 pm. I choose to do it only for two hours because I know how busy people's lives are, and how hard it is to focus on something for longer, even if it is interesting.

WHO

Twenty five women were present on Sept. 29th. The women who attended varied in age from one teen who came with her mother, to a couple of women in their early 60s. There was a good diversity in race & ethnic background as well. Interestingly for me, only one person came as a result of an email from me. Generally, the great, diverse response reflects primarily on the strength of the Making Us Visible promotional efforts, as well as the relevance of the topic to lesbian, bisexual and queer women. I am grateful to the project for reaching people that I would otherwise have not been able to access. I also acknowledge that this event was not only free, but provided people with food and something to take home, which is always a draw. [For the future: Who would come if there was a cost? How much would be reasonable before it became a barrier to people's interest, even if their finances were not an obstacle? Who will fund similar events in the future so that they can remain financially accessible?]

THE PLAY BY PLAY

That would be boring. Instead, I will summarize. We sat in a big circle. After people introduced themselves, I introduced the topic with a brief piece about lesbian & bisexual women having higher rates of certain breast cancer risk factors in some studies, the importance of queer positive health care services and then some stats on breast cancer rates and risk factors, to emphasize the HUGE role that prevention can play. After this I went through the handout fairly sequentially, expanding on the written content with examples and further details, especially in the diet section. After talking about food, we had a break, and then reconvened to discuss environmental risk factors in several categories, and what women can do in their own lives as well as politically to reduce their exposure to cancer-promoting agents. We ran out of time in the environmental risk section, which didn't surprise me, as this was the area I struggled with most in putting together the handout. In the end, it felt like I was including 5 important facts out of a 3 day workshop's worth of material on health and the environment. And so there was more to say. But really, in a good workshop, there should always be more questions and more to discuss than there is time – it is a sign to me that people are engaged and interested.

WHAT THEY SAID

Feedback Form Summary:

- Overall, people enjoyed the workshop – lots of positive feedback
- People commented especially on the food, and how they appreciated good snacks and something new that was healthy AND tasty
- Also positive feedback on laid back presentation style, & informal, relaxed environment

- A couple of people expressed appreciation for my calmness, and the open, nonjudgmental atmosphere I created
- People appreciated the concrete, doable tips
- Lots of folks mentioned healthy diet as something they learned more about

Feedback Form - Constructive Suggestions:

- More time
- Small group time/ more interaction
- Visual stuff for folks who learn best that way

My comments on the comments:

- I got several requests for recipes for the two things I made: Lentil-Walnut Pate and vegan banana bread made with spelt flour, and no sweetener other than fruit and the occasional chocolate chip.
- While I was so anxious the day before that I baked banana bread rather than doing my school work, it is true that once I sat down and started talking, I was quite calm. I was well-prepared and I remembered that this is something I love – the privilege of sharing information on a subject I am passionate about with people who are interested, open, engaged. Empowering others empowers me. I have always felt this. As someone who is often anxious and tends towards doing lots at once, fast, it was powerful to channel calm.

PROMOTION

- Poster designed beautifully by a designer working on the resource side of the project
- Email network: friends, friends of friends, Rainbow Health Network, project contact lists, queer community groups
- Posters at queer/women's hubs – e.g. Toronto Women's Bookstore, Good For Her, Sherbourne Health Centre, the 519 Church Street Community Centre
- Posters at health-type centres: yoga centres, Canadian College of Naturopathic Medicine, health food stores, naturopathic clinics
- Based on feedback from the registration form, it seems as though everyone who attended found out about the event via email. Good to know.

THE SUPPORT TEAM

While the knowledge and skills I brought to the event did not come via the Making Us Visible project, the project made it possible for me to do the event all the same. Having an external commitment to get something done gave me the push I needed to make it happen, and having a budget and a group of people offering support and encouragement allowed me to follow through. The other volunteers gave me feedback and confidence that I was on the right track from an early draft of my handout onwards. Having some of the volunteers attend my event was great, not only for the last-minute practical assistance, but also for the sense of safety that their familiarity to/with me and this project brought to the event. The role that Cheryl Dobinson, the project coordinator, played, of being a check-in person, a resource connector, promoter, label-maker, photocopier, food purchaser, and the one who remembers things like plates to go with the food, made it possible for me to focus my preparation on the content of the workshop, and certainly allowed the event to go as smoothly as it did. In terms of support outside of the project, I had Cheryl Proctor, ND, head of Women's Health at Canadian College of Naturopathic Medicine, read my handout to proof it for accuracy. And I did the whole presentation for a non-naturopath friend who couldn't make it on Sept 29th, and got valuable feedback on structure, language, and format from her.



ANXIETY & CHALLENGES

Even given that this project was ideal for me, there is a huge gap between knowing that this is an area where I have a lot of knowledge and passion, and the skills to share it, and actually creating a “perfect” breast health workshop. For me, organizing my event brought up anxiety all along the way, as I struggled with what key pieces to share, how to keep people involved through the drier material, and how to talk about environmental risk factors without making people tune out or shut down (when that is what I still do periodically). I wanted to cover everything, wanted to share with the women who attended all the nuance and detail so that they could be fully “armed” with knowledge. But everything that I know about breast health I have learned over the course of 5 or 6 years, and a 2 hour workshop just isn’t meant to cover everything. Also, “everything” is often not the most effective way of conveying information so that people will retain the key points. Thus, the process of deciding what to include and how to organize my information was instructive for me, as it forced me into structuring my thoughts with the event’s goals in mind.

It was also a good challenge to try to target the presentation to my audience, whilst knowing very little about the background of those who attended, for instance in terms of previous exposure to naturopathic medicine & breast health information, and how much science background people would have. The compromise was that I had to take out some of the more complicated and scientific language, so as not to alienate folks who were new to all of this information. However, the flip side of this is that for a couple of the women in the audience, only a few things were previously unknown. As well, I had to weigh my own dislike of the sterility and distance conveyed by Powerpoint, and my discomfort with the technology, against the learning styles of those in attendance. In the end, I decided to use a handout as my visual, as this is what is comfortable for me. I like that it allows me to participate more fully in the circle, and I like having the lights on so that all the participants can see one another.

Finally, it was a good challenge for my ego to be in the role of participant rather than expert in our weekly meetings, and to try not to take personally the dominance of an allopathic understanding of health, disease, and “risk factors” which we were taught. As a naturopathic doctor-to-be, I am clearly biased in a different direction, and as someone who is passionate about the principles that underlie my profession, I am (perhaps overly) sensitive to drug company-sponsored “health” programs¹, and the bias in research reporting that trickles down to us as consumers. I was able to practice being open and observing my reactions.

“It was also a good challenge to try to target the presentation to my audience, whilst knowing very little about the background of those who attended.”

NEW THINGS

While I didn’t learn anything new in the content of the presentations on breast health, I did gain an understanding of the allopathic model’s health facts and health promotion strategies, which was valuable. What was more valuable to me as a health care provider and educator was witnessing the process of opening and understanding that my peers – a talented, intelligent, passionate, skilled group of women – went through as they confronted their own emotional blocks and integrated new information. It is good to remember that the real challenge of health education is not necessarily in getting people the facts, but in making it safe enough for people to receive the facts.

¹ Project Coordinator’s note:

One of the speakers in our breast health education section was from the AstraZeneca Breast Health Program of Mount Sinai Hospital. The Making Us Visible project was funded by Canadian Breast Cancer Foundation, Ontario Chapter.

PERSONAL REFLECTIONS

I was taken by surprise by the dominant emotional theme – fear – that we worked through in our meetings. In my notes from one early meeting in which we were discussing why it is important for LBQ women to share experiences around health & healthcare – for connection, support, visibility, validation, to decrease fear – I wrote “this space is thick with emotions - this is the start of connection.” It is true that connection forms in the medium of emotions shared. And it is also true that fear so often keeps us from connection by shutting down our ability to share our Selves. In my drive to learn and share, in my (professional and personal) passion for breasts and for health, I had forgotten about the level of fear that we live with

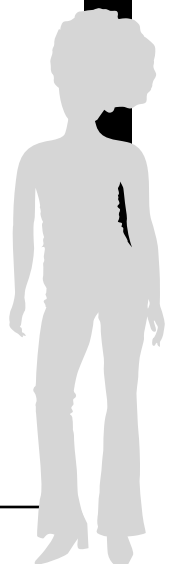
“Sharing our fear with others dissipates its strength, and enables connection, which makes us stronger. This is what I loved about being part of the Making Us Visible project – I felt the power of women sharing their fears and their visions.”

in this culture. Specific to breast health, fear of finding that something is “wrong” is the reason many women give for ignoring their breasts completely. Because fear is so powerful, it is not enough to just acknowledge that we do this and then stop, because fear itself makes no sense. Fear shuts us down. Sharing our fear with others dissipates its strength, and enables connection, which makes us stronger. This is what I loved about being part of the Making Us Visible

project – I felt the power of women sharing their fears and their visions, and the intimacy and strength that can grow from such rich ground. Experiencing this personally re-inspired me to be a “multiplier” by bringing others together to talk about breast health in real life contexts, to share and take actions for positive change. bell hooks says that healing does not happen alone, but only in community. Acupuncturist and plant spirit healer Eliot Cowan adds that “healing can be a celebration of our interconnectedness and interdependence.” What I valued about working with the Making Us Visible group was the opportunity to enrich my own emotional health by connecting with others on a topic that is intimately linked to my heart. I know the value of connection as medicine. The extension of this group support is that I was able to then bring what I consider valuable information to other LBQ women, empowering them with knowledge, and thereby empowering myself.

DO DIFFERENTLY NEXT TIME

- Longer workshop so that there is time for small group breakouts – e.g.: draw a picture of your breasts as you experience them; on one side of your page, list positive associations with breasts, on the other list negative associations. Share your associations with 2 other people.
- Consider some visuals (modified Powerpoint?)
- Expand the handout’s food section to include more about phytoestrogens in legumes
- Be more clear in the environmental section so that it still has impact without accompanying tangential expansion
- How to provide the same quality workshop (with breast oil samples and good food) without a budget, without charging?? Get it funded by the next phase of the project, or through Sherbourne Health Centre!
- Consider a workshop series – more time for creative explorations around breasts (like Arti’s zine series & clay expression like that Ruti shared with us); more time for embodying breast health through movement (like Elisa’s yoga)



workshop); a session devoted to breast healthy food in which we cook some things together; a session about environment and breast health ending in a specific action as a group, e.g. a letter to ministers of environment & agriculture regarding the effects of pesticide use; I could go on and on.... – I wonder if there is enough interest in the community to support a series of workshops in the future? I would like to explore this.

- A workshop series would also allow me to build a group's knowledge level and trust, so that we could go deeper emotionally, and get into more details factually.

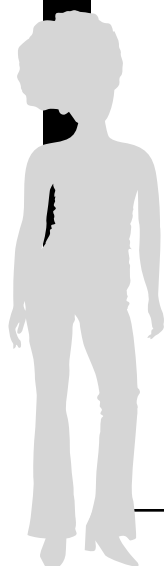
TO PEOPLE ORGANIZING SIMILAR EVENTS

- 1) do it
- 2) the richness is in the connection with people and the development of group cohesion over time, so do it with group support
- 3) the other richness is in being able to bring women together in a context that empowers

About Mahalia Freed: Mahalia Freed is a queer naturopathic doctor with an extensive background in women's health, including special interest and training in breast health and cancer prevention. Mahalia brings passion, empathy, and a sense of humor to her work, helping people find balance and greater health through nutrition, homeopathy, herbal medicine, lifestyle counseling and acupuncture. In addition to her private practice in Toronto, Mahalia presents workshops on breast health to various audiences, and lectures annually on queer health at the Canadian College of Naturopathic Medicine.

From Evaluations

- "You tackled a huge topic by focusing on a few pertinent points. Good approach."
- "As a young adult the information on taking an active role in changing lifestyle was particularly useful because I am young enough to start now and reduce my risk for breast cancer in the future."
- "Comfortable feeling, homey, supportive"
- "A balanced approach to a very sensitive topic"
- "Learned new things about my body"
- "Learned ideas that are simple ways I can make my life healthier"



My Breasts, My Health, My Language (October 15, 2005)

by Ruti Ingerman

First encounter with Making Us Visible: I meet Cheryl at a summer picnic, a few weeks after I immigrated to Canada. She tells me about the project and I'm thinking of joining it. That same night I have a nightmare. Cancer is not just a word for me. It is a personal experience. I'm trying to avoid the word "survivor", the more common word in Canada when describing those who lived through it. I'm trying to avoid "survivor" because for me, an ex-Israeli, it is a word used for Holocaust survivors. Nothing can compare to it, not even cancer. I had cancer. It was a meaningful experience. Period. Life goes on. The next day I decide to drop the volunteer option. I'm afraid it's still too sensitive, too close.

A few months later in winter time, I meet Elisa. She tells me that the project has just begun and invites me to join. This time I decide to take the chance. I'm a new immigrant and I need a volunteer job. It is a practical decision – it is "good for the resume." I join the project and soon enough learn that it will be much more than just "good for the resume." It becomes a passion, a change and a source of personal growth.

Back to joining the project: I join one week later than the rest of the group. I instantly like it. I like the group. I like the personal sharing and the learning process. I'm even surprised to discover that I'm no longer as sensitive. I can talk about my experience, hear others, learn about it and not feel vulnerable or become closed off. It is the right time and come to think of it, about time – five years after.

As the weeks pass, an interesting thing occurs. Initially I plan to work with Israeli or Jewish women. But as time goes on, I realize that a more urgent identification takes place in my life. In our Peer Education Group I'm the only one whose English is not her native tongue. Language becomes a huge issue for me. I sometimes don't understand what is being said, I miss jokes, I miss information and sometimes I'm just too tired to follow. Add the constant winter and unemployment concerns and there you have it – feelings of alienation, sadness and a growing desire to go back home. I'm too shy to share these feelings with the group (although they're all warm and supportive!). I share them with my partner. She reminds me that these feelings are valid; that I can use them for the event and thus first plants the idea of working with immigrant women.

The guidelines for my event titled, "My Breasts, My Health, My Language," were based on the immigration experiences described above and on my professional background as an expressive arts therapist. I identified language as a significant component of self and identity, especially when speaking a foreign language. Wishing to allow participants to express themselves in

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My Breasts, My Health, MY LANGUAGE

A Workshop for
lesbian and bisexual
immigrant women.

- Meet other lesbian and bisexual immigrant women
- Share and create knowledge on breast health
- Express it in your own language
- Be creative: Play, draw, write, discuss and learn!

This workshop is **FREE**,
but participants do
need to pre-register.

Facilitated by Ruti Ingerman,
Expressive Arts Therapist & Peer Educator

My Breasts, My Health, My Language

Saturday, Oct. 15th, 2005 • 2-5 pm
Sherbourne Health Centre, 333 Sherbourne St.

For more information or to register,
please contact Ruti before **October 12th**
by phone: **416-829-8004** or
by email: **ruti.ingerman@sympatico.ca**

SHERBOURNE Health Centre

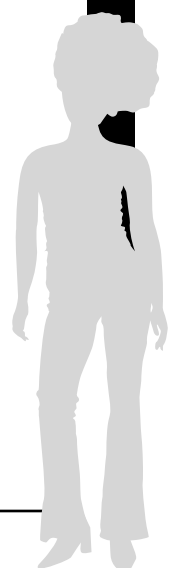
MAKING US VISIBLE
Promoting Access to
Breast Health and
Breast Cancer Services
for Lesbian and
Bisexual Women

Canadian Breast Cancer Foundation
Ontario Chapter

This project is made possible with the
generous support of the Canadian Breast
Cancer Foundation, Ontario Chapter.

breasts poitrine שדיים ندى pecho seio mammella груди 乳房 Brust borst

Poster used to promote the event



whichever manner they felt most comfortable with, I decided to have an arts based workshop where they would be encouraged to use their mother tongue, English or non-verbal expression such as play, painting and sculpting.

“Wishing to allow participants to express themselves in whichever manner they felt most comfortable with, I decided to have an arts based workshop.”

Although I felt hesitant about my event, our group was more than supportive. I believe it is rare to find such a warm, insightful and helpful group of people and this group was one of those.

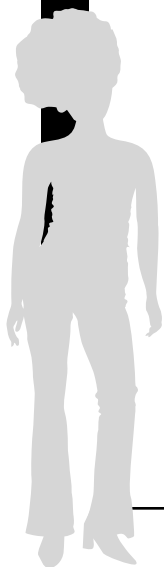
After incorporating the group's feedback into the event's plan we went on to the next phase: outreach. The event was supposed to be held on August 27. Outreach

started around 4 weeks prior and included: mass email and flyer distribution to queer friendly organizations and organizations serving immigrants, as well as putting up the flyer in queer friendly areas such as Church Street. Unfortunately, only 2 participants signed up and the event was postponed to October 15, in order to recruit more participants.

I found the outreach process to be the most challenging part of my event. I assume that the main reason is the target population being a minority within a minority. They are invisible and often struggle with competing priorities such as financial difficulties, unemployment/underemployment, inadequate housing and adjustment to socio-cultural norms. After thinking of less conventional strategies with Cheryl's and a professional graphic designer's support, we redesigned the flyer and added event contact information tear-offs as an easier, faster and safer way to collect this information in public. In addition to the previous promotional strategy, this time we also connected with ESL centres, all Toronto Community Health Centres and more organizations working with immigrants. This approach produced a greater yield and so eventually we had 6 immigrant lesbian and bisexual women participating in the event. Most of the women immigrated to Canada around 15 years ago with the exception of one participant who was here only a year.

The event took place at Sherbourne Health Centre on October 15 between 2:00 and 5:30 pm. We started with an opening phase that included: describing the project and workshop; introducing ourselves and expressing expectations. Then we went on to a warm-up socio-metric game where women were asked to locate themselves in the room according to questions connected to our topic. The next phase was development: women were asked to write the word “breasts” in their own mother tongue and encouraged to think of arising associations and memories. Later on women were divided into pairs, teaching each other these words and sharing their thoughts, followed by another sharing with the whole group. Then women were asked to draw a picture (or use plasticine) to depict how they would describe the way their culture sees breasts and breast health and how they see their breasts and breast health. Next, they were asked to walk around the room and write their responses to each other's pieces. Finally, they were asked to go back to their own piece and create a poem. The closing phase was supposed to be working together on a message to doctors followed by discussion and integration of the experience with the Busting Out brochure. There was not enough time for these final stages and so we held a Part B event around a month later, covering all the missing information.

In that regard, I would have liked to manage time lines better. Only two participants came to the second event, so covering all the information in the first event would have reached all six participants. Time lines were not strictly kept partly due to the nature of the event. The event was tremendously exciting for me and I did expect it to be emotional, but I have to admit that



the level of intensity took me by surprise. If someone else was organizing a similar event for immigrant queer women I recommend this to be taken into consideration, because these two components, being an immigrant and dealing with breast health, are highly charged situations.

I also feel that the project's limitations revolved around limited time. As a volunteer, there were only so many hours I could dedicate. I believe that in community focused programs, especially those that address hidden and/or marginalized populations, time must be invested to establish the necessary trust required before targeted outreach may occur.

As a whole, I feel that we managed to reach the project's goals. We managed to reach this hidden community of lesbian and bisexual immigrant women, to allow self exploration and expression, to legitimize their experiences in Canada and to support health and breast health awareness. Many of the participants expressed negative feelings around their breasts, shame, anxiety and alienation towards their breasts. Many of them also exhibited a fundamental change in their perception of their health, the health care system and access: that one should expect attentive sensitive health care, that humiliation or shame need not be part of this process. In their message to doctors women asked: "don't make assumptions about me" and "relate to my pain." One of the participants suggested workshops for doctors, enhancing their understanding of immigrant queer women. The key words were "safe place" where the presence or lack of a safe place determined how these women access or don't access health care. One participant indicated that she did not have a family physician for years; she had a bad experience and so always found reasons to avoid addressing this need. After the second breast health event, she indicated that she was now starting to think about her own health/breast health and even had plans to find a family physician.

"We managed to reach this hidden community of lesbian and bisexual immigrant women, to allow self exploration and expression, to legitimize their experiences in Canada and to support health and breast health awareness."

In their feedback women expressed feelings of safety which enabled them to self explore and to examine issues of breast health, internal barriers, access and equity. They all also expressed the need for more initiatives for queer immigrant women. They wrote things like: "All immigrant, all queer = safe," and they indicated their hope for an on going initiative specifically for queer immigrant women.

While planning my event I was surprised to find no existing organized support for adult queer immigrant women. Believing in this project and its capacity to support empowerment, I am convinced that continuing this initiative on a larger scale is necessary and will make a huge difference in the well-being and capacity building of our community.

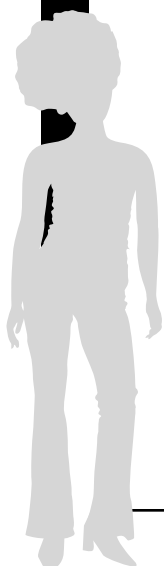
"One participant indicated that she did not have a family physician for years; she had a bad experience and so always found reasons to avoid addressing this need. After the second breast health event, she indicated that she was now starting to think about her own health/breast health and even had plans to find a family physician."



About Ruti Ingerman: Ruti is a drama therapist. She has a Master's in Expressive Therapies from Lesley University and is a graduate of Tel Aviv University's Theatre Program – Acting Stream. She has worked in Israel both as a therapist and as a journalist. While working as a therapist she facilitated group and individual therapy for children, youth and parents. Ruti immigrated to Canada in 2004 and worked with immigrant and queer youth in Toronto. Currently, she is volunteering with Supporting Our Youth as a mentor.

From Evaluations

- “I became more aware of fears/internal barriers to taking better care of my breasts.”
- “Learned that I’m not the only person really freaked out about breast stuff”
- “I’m glad I’m not the only one who shared the embarrassment, shame and fear about breasts.”
- “All immigrant, all queer = safe”
- “It was useful to know what other immigrant queers in the community feel about this topic.”



Bust the Page: A 3 week zine-making series (November 6, 13 & 20 2005) *by Arti Mehta*

The event I organized was entitled “Bust the Page,” a three week zine¹-making series for lesbian, bisexual and queer women (LBQ). I decided to use the zine as an educational and expressive tool because it allows for creativity, sharing of experiences, and skills- and community-building over a relatively long period of time. I was also trying to engage younger women in their breast health because much breast health material targets women over 40, and I thought the zine might be an attractive medium for youth.

Organizing this event had its challenges, but it was mostly a welcomed respite from daily life! I loved meeting up with other LBQ women to share fun, emotional and educational experiences, from learning about what environmental toxins can do to our breast health, to opinions about nipple piercings. I had the most trouble imagining a sellable event idea, but with the support of the Witty Titty Committee (WTC) and Cheryl, I was able to come up with the zine event. I found it difficult to take off three Sundays in a month to organize, set up food and art work, and facilitate the meetings. Being new to zining myself, I was also unsure as to how my lack of skills would translate in the larger group. Overall, the zine is a beautiful product². I believe that the women involved in the project benefited from the creative time, educational pieces and the community building.



Poster used to promote the event

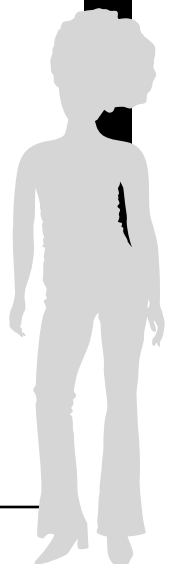
“I decided to use the zine as an educational and expressive tool because it allows for creativity, sharing of experiences, and skills- and community-building over a relatively long period of time.”

The event was promoted mostly through queer email listserves and personal emails, but also through posters. Potential participants were asked to register with Cheryl.

The event took place at Sherbourne Health Centre during the first three Sundays in November from 1:00 – 4:30. The number of attendees varied each week, with a

¹ A zine is an independently produced small circulation publication; it is often photocopied and assembled by the creator.

² The Bust the Page zine is 24 pages long and features articles, paintings, photography, puzzles, collages, poetry, and drawings about breasts and breast health from a queer perspective.



minimum of five people to a maximum of fifteen. The group was diverse in age, sexual orientation, race/culture, experience with zining, level of education around breast health, and comfort with self-expression through art.

Every week consisted of a check-in, an educational presentation in the first half, a break for hearty snacks, time for creative work, an evaluation and a check-out. The first meeting consisted of a zine-making workshop facilitated by Carol Borden who also brought an assortment of zines to browse and to help us gather our ideas. We discussed group logistics, group agreements and expectations. The creative time was structured; I asked participants

"I was most pleased with the community development aspect of the project since there are very few spaces for LBQ women to gather. I was also really proud of the open and safe group environment that was built in very few sessions which translated into an honest zine product."

to write their breast story in one exercise, and in another I asked them to write out positive and negative feelings associated with their breasts. The group was encouraged to leave their artwork at Sherbourne Health Centre to ensure that we had enough material to compile into the zine. We provided art supplies and breast health information, as well as a sheet including ideas that the participants could use to help with creating zine pages.

In our second session, Mahalia Freed facilitated a discussion on the environmental links to breast cancer. We watched the film "Exposure: Environmental Links to Breast Cancer" and discussed strategies for change. The artistic exercises this week were unstructured but participants were given suggestions. At the end of this session, we gave each group member a survey asking what colour they'd like the zine to be, what binding method they would like to use for the zine, if they would like to be involved in assembling the zine, and requesting suggestions for the zine title. This was done to ensure a participatory approach to group decisions.

In the last week, Cheryl presented information from the "Busting Out: Breast Health for Lesbian and Bisexual Women" pamphlet and answered the group's questions about breast cancer and lesbian, bisexual and queer women. Most members were already working on their zine creations and used this final day to complete their work.

After the final session, a core group of zine enthusiasts met up twice more to put the zine together.

The help of the project coordinator and other volunteers was invaluable. Without Cheryl and the WTC with their constant words of enthusiasm and support, I'm not sure the project would have been completed at all. Cheryl was always taking care of the details including buying food and registering the participants and other things that I did not have the time to complete. The WTC was very supportive and provided suggestions for creative ideas to engage the group members. Most of all, the team quelled my fears around potential disasters.

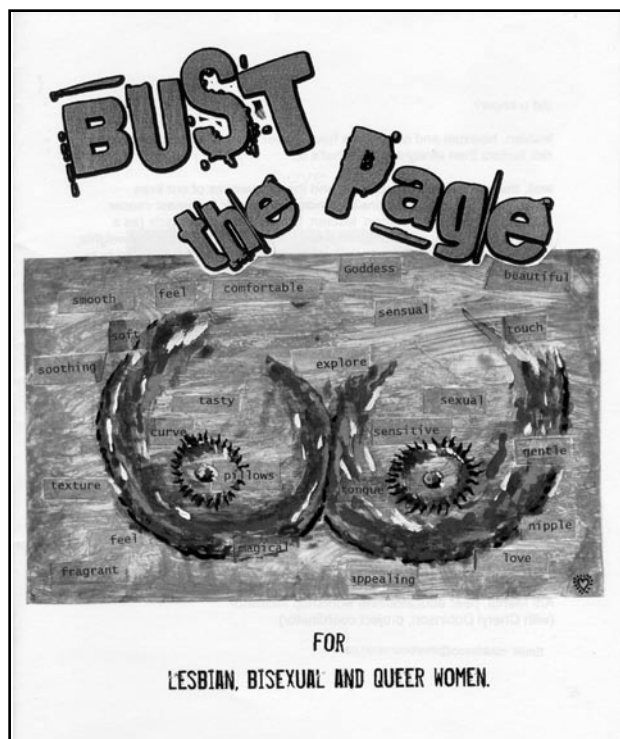
The zine process and product speaks to the need for LBQ women to talk about their breast health and engage in creative processes. If I were to run the event again, I would want the sessions to be longer and to go over a longer period of time. I would also want to speak to cultural difference and breast health, LBQ women and experiences in a heterosexist health care system, and trans people and breast health, as well as spending time focusing on action plans for change. I would focus less on the logistics of the process and devote that time to creativity. With more time, I think the educational workshops could have been more participatory

to engage people with different learning styles. I was most pleased with the community development aspect of the project since there are very few spaces for LBQ women to gather. I was also really proud of the open and safe group environment that was built in very few sessions which translated into an honest zine product.

My event was a miniature version of the project in that it attempted to highlight all that the peer educators learned in a shorter time frame. Personally, I learned a lot about breast health that I have carried onto the zine group but also to my family and friends. I loved how we spent a lot of time talking about our fears and brainstorming for our events. I liked how we were encouraged to use the WTC as trial participants for our events and I found the feedback to be very useful.

The highlight of the event was hearing how much learning about breast health and accessing creative tools for expression impacted so many of the women who participated. I really enjoyed knowing that I was building capacity in this under-served community.

If someone else was organizing a similar event, I would want them to know that three weeks will probably only touch the tip of the breast health iceberg, but that the efforts are worthwhile. I would encourage the person to advertise earlier than I did and to really encourage the participants to commit to the entire three week period so as to build a fairly constant group dynamic. This person should know that many people will participate in the project but that fewer will submit their work in the zine, but that this is okay since the process is more important than the product. I would encourage a future peer educator to know that they do not have to be breast health experts but can provide resources including speakers and written materials. Lastly, I would encourage this person to plan less education and more creative time, and not be afraid to fly by their seat of their pants!



The zine created as a result of the event

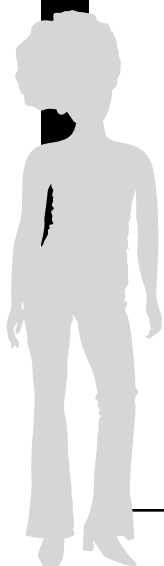
“The highlight of the event was hearing how much learning about breast health and accessing creative tools for expression impacted so many of the women who participated.”



About Arti Mehta: Arti is a an anti-racist feminist radical who loves grapefruit, knitting, therapy and dancing naked in her bedroom to bad 80s music. Her spare time is devoted to school and queer/trans community work. She couldn't fit into tidy boxes if she tried.

From Evaluations

- "I learned a lot about breast health and awareness – loved the space – facilitated well. Non-judgmental – not too heady – lots of time for creating. Was also a great community building space."
- "I'm already seeing taking care of my breasts differently... less about fear and shame and WAY more positive."
- "As the weeks go by I feel more and more EMPOWERED. I like that the opportunity to do this is here."
- "I found the series enlightening and very informative. It was a very positive environment which promoted my creative spirits."
- "I hope there's more of these kind of workshops – especially workshops for queer women."



Love Your Breasts: Breast Health Awareness Through Yoga!

(November 24, 2005)

By Elisa Carlass Hatton

Compulsive Volunteering Can Lead To Health!

The posting reads something like this: "The Making Us Visible project is looking for volunteers to be peer educators in lesbian and bisexual women's communities. Volunteers will have the opportunity to learn about breast health and issues that are immediately relevant to lesbian and bisexual women."

I read it and immediately begin to take long, slow, deep breaths while counting backwards from 20. I'm not allowed to volunteer my time out with any more projects. I'm a compulsive volunteer, and I've promised myself, my family and a few good friends that I will not volunteer for anything at all, not one cause, without checking in with them first. Sound familiar?

A few days later I'm dialing the number on the sign-up sheet. I thought that maybe if I had more information, I'd be able to make a more informed choice. I go in for an initial interview and am invited to join the group.

A few weeks later I'm sitting in a circle of lesbian and bisexual women at Sherbourne Health Centre. I've managed to squeeze it into my schedule for a couple of hours to see if it's actually something that I want to be a part of. Two hours later, at the end of the intro session, I'm sold. We are given a schedule of information sessions that will equip us with information to share with our communities around breast health. Whooo-hoo, one more thing to add to my schedule, that's already busting at the seams. Why did I sign on? Mostly because all of the women there were absolutely passionate and excited about the project, and quite frankly, it was contagious. It's not often that I get to be in a circle of peers who are passionate and engaged about the same thing at the same time! Also, the fact that the project's main focus, along with raising awareness around breast health, was to create spaces and dialogue where the focus was NOT on the fear factor that media and medical institutions play up was a huge selling factor!!! Our facilitator, Cheryl, created a model for the project where we, the volunteers, would be provided with all the support needed to pull off our events. It goes without saying that she made the project look even more attractive by being able to offer that support. It's not everyday that funders and/or organizations recognize the need for having that paid support piece in place.

So, I decide to stick with the project. At first I envision an art-based event, where many women gather together to paint, decorate and celebrate one another's breasts/chests, to be in dialogue together around how we feel about them, to pay attention to them, and to access resources and information about our health. Then after a few of the information workshops, I begin to pull my focus in a little tighter. Things got pretty personal for all of us when started to talk about and share our own experiences with our breast health. I realize that although

"Why did I sign on? Mostly because all of the women there were absolutely passionate and excited about the project, and quite frankly, it was contagious. "

it would be wonderful to create a space where any women who identified as lesbian or bisexual could come together, get information, and celebrate their breasts/chests in creative ways (to lessen the fear around paying such acute attention to them and by paying them some positive and luscious attention) that something more was being called for.



Along with being a recovering compulsive volunteer, I am also many other things. I wear many hats or, shall I say, I wear many bras. I am passionate about community development work in all its forms, almost anything creative, and very much so about yoga and healing. In particular, among the few things that have made a significant difference on my healing path in terms of the way I am able to inhabit my body, yoga has definitely brought me many tools for navigating my healing journey. As our group of peer educators began exploring information around breast health, and sharing our own personal experiences, I began to make real, visceral connections around how my experiences of race, class and sexual orientation dictated risk levels for having compromised breast health. Yup, something more was definitely being called for.

"I decide to create a space for lesbian and bisexual women of colour to courageously explore and make the links for themselves between oppression and breast health and to be validated and supported to take action in their lives around creating healthier spaces for themselves."

I realize that I needed to create a safe space where women could acknowledge ALL of the real sources of disease – not just the chemical ones. I start to make the more subtle links between emotional and spiritual causes of illness. The usual suspects swim to the surface: oppression in some of its many forms: racism, sexism, homophobia, classism and ableism. Having recently completed a yoga training class that drew very obvious links between oppression (racism) and

poor health in African & Caribbean communities (no, conditions like diabetes are not 'naturally' genetic!), it was pretty easy to make the links. The experience of ongoing oppression has a direct impact on health, including the breast health of lesbian and bisexual women, with a compounded impact on lesbian and bisexual women with multiple marginalized identities through their experience of racism, classism, sexism, and ableism.

So, I decide to create a space for lesbian and bisexual women of colour to courageously explore and make the links for themselves between oppression and breast health and to be validated and supported to take action in their lives around creating healthier spaces for themselves. I decide to create a space where racism, sexism, classism, homophobia and ableism are identified as very real and huge sources of toxic poison that threaten our health and well-being. I decide to create a space where women of colour can begin to heal the part of themselves that doctors and medical institutions rarely want to acknowledge and address. The parts of us that are most often overlooked are the emotional and spiritual wounds, the ones that run very deep. These wounds aren't tended to and aren't encouraged to heal. It's no wonder that they get passed on from one generation to the next and spread silently through our communities.

In the end, while juggling a very crazy schedule, and with the phenomenal and much-needed support of our wonderful goddess facilitator Cheryl and peer educator crew of goddesses, an event called Love Your Breasts: Breast Health Awareness Through Yoga! was born!

It took place during one of the winter's stormier nights, at The Ashanti Room, where even though the snow storm would have kept most people in their homes, 7 women made their way out to come together and participate in an evening of healing. The evening was gently and skillfully guided by the creator of Brown Girl Yoga, the very wise and magical, Anne-Marie Hood. For three hours, women explored, shared and spoke out loud the insights that were encountered as we listened to what our breasts/chests had to say. We sat courageously in the midst of complex feelings and honoured one another by really listening and validating one

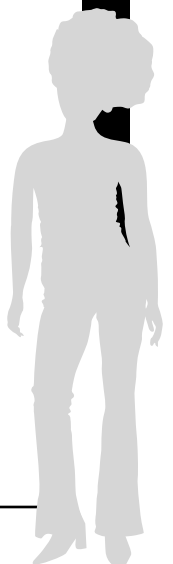
another's experiences. In anonymous evaluations of the evening the women all stated, in their own way, that the event was significant in that it was healing, unique and necessary, and that they were grateful that the breast health project was creating spaces like this one.

I am definitely grateful for the project. It's taken the focus off of fear for me, and supported me to create a space where other sources of risk are validated. Toxicity does not just come from chemicals and pollution. It is found in all oppressions and in these forms it is as deadly, if not more, as in any other source of toxic garbage. It's my hope that the Making Us Visible project will continue to create and/or inform the creation of dynamic spaces that address the needs of as many lesbian and bisexual women as possible, in our complex, diverse and amazing communities!

About Elisa Carllass Hatton: Elisa is a passionate Community Development Worker, Multi-Disciplinary Artist, Life Skills Coach and Yoga Instructor. Currently, her time is spent supporting vibrant youth groups at Supporting Our Youth and The Black Coalition For AIDS Prevention.

From Evaluations

- "Safe space, relaxing, great environment, excellent community building"
- "It was superb. Surprisingly effective in making real connections"
- "Positive physical approaches to overall health and breast health"
- "Workshop was welcoming, accepting, nurturing"
- "Keep creating spaces for queer women of colour"



APPENDICES

Appendix A: *Volunteer Recruitment Materials*

- Volunteer recruitment poster
- Volunteer application form
- Volunteer interview questions
- Volunteer reference questions
- Volunteer agreement

Appendix B: *Event Proposal Guidelines*

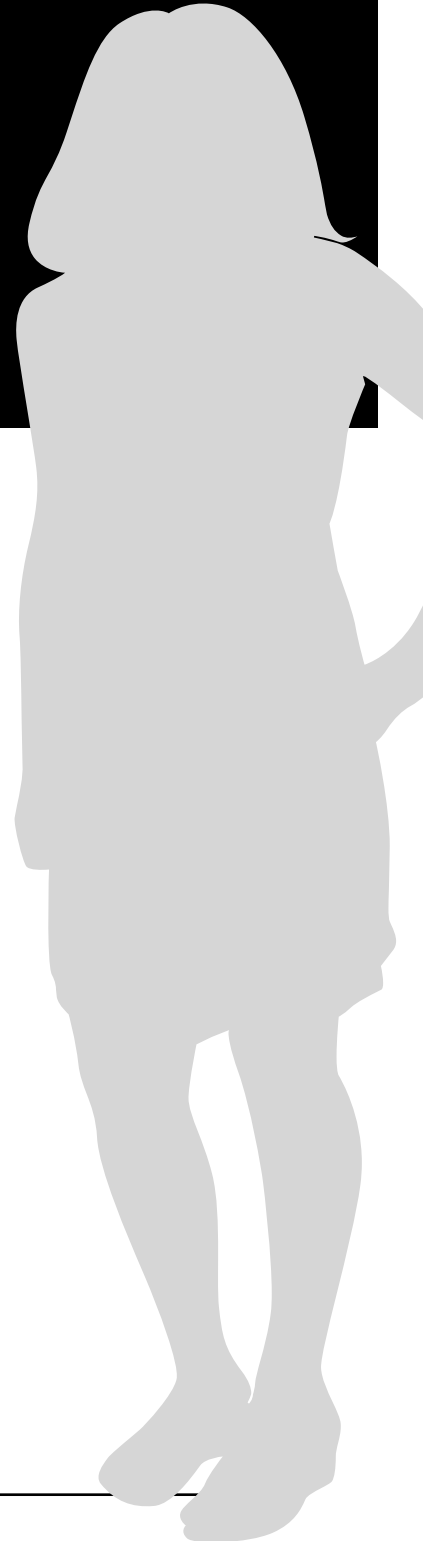
Appendix C: *Evaluation Forms*

- For event participants
- For volunteers

Appendix D: *Event Story Guidelines*

Appendix E: *Bibliographies and Information Sheets*

Appendix F: *Breasts Are Beautiful: Naturopathic Tips for Lesbian, Bisexual & Queer Women*



Appendix A: Volunteer Recruitment Materials

VOLUNTEER INFORMATION NIGHT: TUESDAY NOV. 9TH, 8PM AT THE 519 CHURCH ST. COMMUNITY CENTRE!!!

VOLUNTEERS Needed!

**ARE YOU A LESBIAN OR BISEXUAL WOMAN IN THE TORONTO AREA
LOOKING FOR A GREAT VOLUNTEER OPPORTUNITY?**

**WANT TO PARTICIPATE IN A NEW BREAST HEALTH
PROMOTION PROJECT FOR LESBIAN AND BISEXUAL WOMEN?**

Sherbourne Health Centre is looking for a diverse group of lesbian and bisexual women volunteers for its exciting new project "Making Us Visible: Promoting Access to Breast Health and Breast Cancer Services for Lesbian and Bisexual Women."

WE HAVE TWO GOALS FOR THIS PART OF THE PROJECT:

- ① Developing resource materials on breast health for lesbian and bisexual women.
- ② Training peer educators and helping them plan their own breast health events for lesbian and bisexual women. (Creative approaches encouraged!)

Volunteers will be reimbursed for their expenses, and small honoraria are available for Resource Development Group members and Peer Educators.

We are actively seeking a diverse group of lesbian and bisexual women, and encourage applications from women of colour, Aboriginal women, and women with disabilities.

For more information or to apply,
contact Cheryl Dobinson, Project Coordinator,
at **(416) 324-5063** or by email at
cdobinson@sherbourne.on.ca



*This project is made possible with
the generous support of the
Canadian Breast Cancer Foundation,
Ontario Chapter.*



Making Us Visible:

Promoting Access to Breast Health and Breast
Cancer Services for Lesbians and Bisexual Women

Sherbourne Health Centre

333 Sherbourne Street, Toronto, ON M5A 2S5

WHY ARE WE DOING A PROJECT LIKE THIS?

Well, there are a few reasons:

- ① Very few materials on breast health focus on (or are even inclusive of) lesbian and bisexual women.
- ② Some risk factors for breast cancer are of particular relevance to lesbian and bisexual women.
- ③ Studies have shown that lesbian and bisexual women may not practice screening and preventative behaviours around our health as often as straight women.
- ④ Lesbian and bisexual women may have some unique issues and feelings about our breasts that are not addressed in other materials or educational efforts.
- ⑤ Homophobia and biphobia can lead to lesbian and bisexual women avoiding medical care or delaying seeking care.

And we want to do something about it! We want lesbian and bisexual women to have the opportunity to be informed about breast health and to have a healthy relationship to our breasts!

designed by: Pamela Sloan • pamsloan@sympatico.ca

Volunteer Application Form

Name: _____

Address: _____

Phone: (h) _____ (w) _____

Is it ok to leave a message? YES NO

Email: _____

1. How did you learn about the volunteer program with the Making Us Visible project?

2. Why do you want to be involved in the Making Us Visible project?

3. What relevant skills and/or experience would you bring to the project?

4. If selected, what would you hope to get out of this volunteer experience?

5. Is there anything else you would like to tell us about yourself?

IMPORANT: To complete your application, please attach your resume and a list of 3 references who we may contact if you are selected for an interview.



Volunteer Interview Questions

1. Can you tell me a bit more about why you are interested in this project? And the particular position you prefer, if applicable? (may refer to their application)
2. What do you bring to the project in terms of relevant skills, experiences and/or personal qualities? (may refer to their application)
3. How would you describe your level of knowledge about lesbian and bisexual women's health issues? Where did you gain this knowledge?
4. How would you describe your knowledge of breast health and breast cancer issues? Where did you gain this knowledge?
5. What kind of networks/connections do you have in lesbian and bisexual women's communities?
6. Do you have any experience in organizing events, health-related, lesbian/bi related or otherwise? If so, can you me a bit about the events and your role in organizing them?
7. Do you have any experience in peer education or other forms of adult education? If so, can you me a bit about your experience?
8. Do you have any ideas about what sort of breast health event you might like to organize and/or who your target audience for the event would be?
9. Are you open to creative approaches and ideas with regard to breast health events? Do you have any ideas for creative approaches to breast health events for lesbian and bisexual women?
10. Would you be able to commit to writing about your experience of being involved in the project, planning your event and the actual event itself?
11. What is your availability during the duration of the project?
 - a. What days of the week and times of day are you available?
 - b. Are there periods you are away or have a religious or other holiday that would mean you couldn't attend meetings?
12. Are you able to commit to the expectations of project volunteers (ie. will attend meetings, will do work as needed between meetings, will stay to completion of the project)?
13. Do you have any questions for me?



Volunteer Reference Questions

1. How long and in what capacity have you known the candidate?
2. Do you feel that the candidate would be reliable and responsible as a volunteer (attend meetings, do the work they say they will do) and stay committed to the project until it's completion?
3. How would you describe the candidate's openness and ability to learn new things and be challenged around her existing views?
4. Do you know if the candidate has any interest in health issues? (such as...)
5. Does the candidate have experience organizing events or activities? (such as....) In what role?
6. Does the candidate have skills in peer education or other forms of adult education?
7. In this part of the project, volunteers will be organizing their own breast health event. Can you see the candidate doing this?
8. This will involve leadership skills and working independently, as well as being willing to learn and share with others. Do you see the candidate as having these abilities?



Volunteer Agreement

The Project

Sherbourne Health Centre and four partner agencies have received funding from the Canadian Breast Cancer Foundation (Ontario Chapter) to undertake the “Making Us Visible: Promoting Access to Breast Health and Breast Cancer Services for Lesbian and Bisexual Women” project.

The goals of this project are:

1. To increase the understanding and involvement of lesbian and bisexual women in breast health promotion
2. To identify and pilot “best practices” in community cancer support agencies

The Peer Education Project, as part of this larger project, will be working on the first project goal. The specific goal of the Peer Education Project is to provide volunteers with training and support to plan and hold their own breast health event, with the help of the Project Coordinator and the other volunteers.

Purpose

The purpose of the Volunteer Agreement is two fold:

1. To outline the rights and responsibilities of volunteers of the Making Us Visible project
2. To promote commitment of volunteers for the duration of the project (March - October 2005)

Responsibilities

Project volunteers will be expected to:

1. Plan and host a breast health event
2. Write an account of your experience of being involved in the project, planning your event and the event itself
3. Attend group meetings and come to meetings prepared
4. Contact the Project Coordinator if unable to attend a meeting
5. Take responsibility for arranging to learn or review the material covered at any missed meeting
6. Be willing to learn
7. Be dependable: Do what you have agreed to do
8. Contribute ideas and suggestions to the project
9. Contribute to the work of the project based on your skills and abilities
10. Abide by the group guidelines
11. Attend project meetings until the completion of all events and final wrap-up of the project (October 2005)

Rights

Volunteers can expect to:

1. Receive adequate training for the project
2. Be given sound guidance and direction from the Project Coordinator
3. Ask questions
4. Be heard
5. Be valued and respected for your contributions
6. Be reimbursed for expenses (such as parking, TTC)
7. Receive an honorarium of \$100 upon completion of the volunteer commitment

I, _____, agree to the above.

Signature: _____ Date _____

Appendix B:

Event Proposal Guidelines

1. What is the working title of your event?
2. Please provide a brief description of your event (250 words):
3. What is the goal of the event, as it relates to lesbian and bisexual women's breast health?
4. What will the primary message of your event be?
5. What aspects of breast health will the event address?
6. What date and time will the event take place?
7. Where will it take place? (or what will you be looking for in terms of a location?)
8. Who is your target audience?
9. How will you promote this event to your target audience?
10. What would be an ideal number of participants?
11. Will people need to register in advance? If so, how will you coordinate this?
12. What resources will you need?
 - Financial:
 - Volunteers:
 - Equipment:
 - Support from other peer educators:
 - Support from Project Coordinator:
 - Other:
13. Will anyone else, outside of our volunteer group, be assisting you in planning and/or running the event? If yes, please list their names, what their role will be and their contact information.
14. Please provide a detailed budget, listing the items you will need and their approximate cost. (Note: including refreshments is a good idea!)
15. Please outline your workplan (list of tasks to be done and dates to be completed by):



Appendix C: *Evaluation Forms*

Event Feedback & Evaluation Form *(for event participants)*

1. What did you like about the workshop?

2. What was useful about the workshop?

3. What did you learn from the workshop?

4. The workshop would have been better if....

5. Do you have any other comments on the workshop?

6. Please rate the overall quality of the workshop:

1
(very poor)

2
(poor)

3
(satisfactory)

4
(good)

5
(very good)

Comments:

Peer Education Group - Final Evaluation (for volunteers)

A. Please rate the following aspects of the Peer Education Group volunteer program:

1. Your overall volunteer experience:

10 9 8 7 6 5 4 3 2 1 0
 ☺Excellent! ☹Fair ☹Unsatisfactory

Comments:

2. Structure of the volunteer program:

10 9 8 7 6 5 4 3 2 1 0
 ☺Excellent! ☹Fair ☹Unsatisfactory

Comments:

3. Facilitation of the program by the Project Coordinator:

10 9 8 7 6 5 4 3 2 1 0
 ☺Excellent! ☹Fair ☹Unsatisfactory

Comments:

4. Educational component of the program:

10 9 8 7 6 5 4 3 2 1 0
 ☺Excellent! ☹Fair ☹Unsatisfactory

Comments:

5. The support received from the group in organizing your event:

10 9 8 7 6 5 4 3 2 1 0
 ☺Excellent! ☹Fair ☹Unsatisfactory

Comments:

6. The support received from the Project Coordinator in organizing your event:

10 9 8 7 6 5 4 3 2 1 0
 ☺Excellent! ☹Fair ☹Unsatisfactory

Comments:



B. Please answer the following questions:

1. What did you learn from your involvement with this program?
2. Did you develop any new skills through this volunteer experience?
(if yes, please describe)
3. What did you like the most about volunteering with this program?
4. What would have made this a better volunteer experience?
5. Do you have any other comments?



Appendix D:

Event Story Guidelines

Post-event questions to guide volunteers in writing their event stories

1. What event did you organize and why?
2. What was it like to organize your event? (reflect on feelings at various stages)
3. What steps did you take? (walk us through it, time line, tasks etc.)
4. How did you promote your event?
 - a. Include materials here (posters, emails etc)
5. Describe the actual event
 - a. When and where
 - b. Number of attendees and a bit about the group generally
 - c. What you did – detailed account of actual event as it happened
 - d. Feedback from attendees (including evaluation forms if applicable)
6. Who assisted you in the process? (if anyone outside the volunteer group)
 - a. How did you get these people involved?
7. How helpful were the project coordinator and other volunteers?
8. Did the event meet your expectations?
9. Did the project prepare you adequately for organizing your event?
10. What was the highlight(s) of the event?
11. What surprised you about the event?
12. What supported you in your event?
13. What support would have helped you more?
14. What did you enjoy most about organizing your event?
15. What were the challenges or obstacles?
16. Is there anything you wish you had done differently?
17. What skills or knowledge have you gained through the experience of organizing your event?
18. If someone else was organizing a similar event, what would you want them to know?



Appendix E: Bibliographies and Information Sheets

Lesbian and Bisexual Women's Breast Health and Screening Behaviour

- Cochran SD, Mays VM, Bowen D, Gage S, Bybee D, Roberts SJ, Goldstien RS, Robison A, Rankow EJ, White J. *Cancer-Related Risk Indicators and Preventive Screening Behaviors Among Lesbians and Bisexual Women*. American Journal of Public Health 2001; 91: 591-597.
- Diamant AL, Wold C, Spritzer K, Gelberg L. *Health Behaviors, Health Status, and Access to and Use of Health Care*. Archives of Family Medicine 2000; 9:1043-1051.
- Dibble SL, Roberts SA. *Improving Cancer Screening Among Lesbians Over 50: Results of a Pilot Study*. Oncology Nursing Forum 2003; 30: 71-79.
- Koh AS, Diamant A. *Use of Preventative Health Behaviors by Lesbian, Bisexual, and Heterosexual Women: Questionnaire Survey*. The Western Journal of Medicine 2000; 172: 379-385.
- Rankow EJ. *Breast and Cervical Cancer Among Lesbians*. Women's Health Initiative 1995; 5: 123-129.
- Valanis BG, Bowen DJ, Bassford T, Whitlock E, Charney P, Carter RA. *Sexual Orientation and Health: Comparisons in the Women's Health Initiative Sample*. Archives of Family Medicine 2002; 843-853.

Screening Mammography

- Freedman DA, Petitti DB, Robins JM. *On the Efficacy of Screening for Breast Cancer*. International Journal of Epidemiology 2004; 33:43-55.
- Gotzsche P. *On the Benefits and Harms of Screening for Breast Cancer*. International Journal of Epidemiology 2004; 33:56-64.
- Humphrey L, Helfand M, Chan BKS, Woolf SH. 2002 *Summary of the Evidence: Breast Cancer Screening*. www.ahrq.gov/clinic/3rduspstf/breastcancer/bcscsum1.htm
- Miller AB, To T, Baines CJ, Claus W. *Screening Study-1: Breast Cancer Detection and Death Rates Among Women Aged 40-49 Years*. Canadian Medical Association Journal 1992; 147:10:1459-1476.
- Miller AB, To T, Baines CJ, Claus W. *Canadian National Breast Screening Study-2: 13 Year Results of a Randomized Trial in Women Aged 50-59 Years*. Journal of the National Cancer Institute 2000; 92:1490-1499. <http://jncicancerspectrum.oupjournals.org/cgi/content/full/jnci;92/18/1490>
- Olsen O, Gotzsche P. *Is Screening for Breast Cancer with Mammography Justifiable?* The Lancet 2000; 355:129-134.

Breast Self Examination

- Baxter N. *Preventive Health Care, 2001 Update: Should Women be Routinely Taught Breast Self-Examination to Screen for Breast Cancer?* Canadian Medical Association Journal 2001; 164 (13): 1837-1846. <http://www.cmaj.ca/cgi/content/full/164/13/1837>
- Thomas DB, Gao DL, Ray RM, Wang WW, Allison CJ, Chen FL, Porter P, Hu YW, Zhao GL, Pan LD, Li W, Wu C, Coriaty Z, Evans I, Lin MG, Stalsberg H, Self SG. *Randomized Trial of Breast Self-Examination in Shanghai: Final Results*. Journal of the National Cancer Institute 2002; 94: 1445-1457.

Lesbian and Bisexual Women's Breast Health Resource List

Websites - Lesbian and Bisexual Specific

- Lesbians and Cancer: Resources & Support (Ontario)
<http://lesbiansandcancer.com>
- The Lesbians and Breast Cancer Project (Ontario)
<http://dawn.thot.net/lbcp/>
- The Mautner Project For Lesbians with Cancer (US)
www.mautnerproject.org
- Cancer in Women Who Have Sex With Women
www.gayhealthchannel.com/wswcancer/

Websites - General

- Imaginis – The Breast Health Resource (USA)
www.imaginis.com
- Ontario Breast Screening Program
www.cancercare.on.ca/index_breastScreening.htm
- The Healthy Breast Program – A Naturopathic Resource
www.healthybreastprogram.on.ca/
- Breast Cancer Care (UK)
www.breastcancercare.org.uk/Breasthealth

Books - Lesbian and Bisexual Specific

- Aslin, Maureen; Brown, Barbara; Carey, Betsy. (2003). *My Breasts, My Choice: A Photographic and Narrative Journey*. Toronto: Sumach Press.
- Brownworth, Victoria (Ed.) (2000). *Coming out of Cancer: Writings from the Lesbian Cancer Epidemic*. Seattle: Seal Press.
- Butler, S. and Rosenblum, B. (1991). *Cancer in Two Voices*. San Francisco: Spinsters Book Company.
- Lorde, Audre (1988). *A Burst of Light*. New York: Firebrand Books.
- Lorde, Audre (1980). *The Cancer Journals*. San Francisco: Aunt Lute Books.

Books - General

- Love, Susan. (2000). *Dr. Susan Love's Breast Book, 3rd edition*. Perseus Publishing, Cambridge, MA.
- Kaur, Sat Dharam. (2003). *The Complete Natural Medicine Guide to Breast Health*. Toronto: Robert Rose.

Resources - Environmental Issues

- *Exposure: Environmental Links to Breast Cancer*. (1997). Butterfield and Zuckerman, in association with Women's Healthy Environments Network. Toronto. (Documentary Video)
- Steingraber, Sandra. (1997). *Living Downstream: An Ecologist Looks at Cancer and the Environment*. New York: Addison-Wesley Publishing Company.
- State of the Evidence: What is the Connection Between the Environment and Breast Cancer?
www.breastcancerfund.org



Appendix F:

Breasts Are Beautiful: Naturopathic Tips for Lesbian, Bisexual & Queer Women

Breasts Are Beautiful: Naturopathic tips for lesbian, bisexual & queer women
Presented by Mahalia Freed, ND Candidate (2006)

Sept. 29, 2005.

Page 1

How can I increase my breast health and decrease my risk of breast cancer/recurrence of cancer?

SOME FACTS:

- i) lifetime risk of breast cancer has increased in the past 60 years, beyond the level of what we can account for by longer lifespan, and more accurate and earlier detection methods
- ii) at the same time, large scale agricultural use of pesticides, herbicides and fungicides has become standard, the use plastics pervasive, and exposure to ionizing and nonionizing radiation more substantial
- iii) Despite the way research funding is skewed, less than 10% of breast cancer is related to a hereditary genetic abnormality
- iv) Breast cancer is caused by multiple, interacting factors
- v) Many of these risk factors are known, and are modifiable through lifestyle choices
- vi) There are 2 main categories of risk factors: things that effect our hormone balance (especially estrogen) (eg pesticides, birth control pills, exercise), and things that effect our DNA (eg toxins in water & food, radiation, and diet)
- vii) So, we can enhance our health and decrease our of risk of cancer or a recurrence by making lifestyle changes
- viii) We can also take steps to decrease our risk by advocating for health-promoting policy changes

Naturopathic Tips for Breast Health

PHYSICAL TIPS

Get physical - exercise.

- even 20 minutes of walking 3 times per week, decreases risk of breast cancer. Start where you are, do something you enjoy!

Sweat it out - saunas for detox

- Mobilize toxins from your body with saunas
- Most effective are infrared saunas, then dry, then wet
- Use regularly, or ask an ND about a comprehensive sauna detox protocol

Go with the flow - lymphatic system support

- the lymphatic system plays a central role in our immune systems, producing and moving white blood cells and detoxifying cellular debris from blood.
We can support the flow of lymph through:
 - regular exercise, deep breathing, lymphatic drainage massage (see below)
 - and hydrotherapy (dry skin brushing, and alternating hot and cold water in the shower, always ending with cold).

Be in touch - with your **breasts**

- get to know your breasts, touch yourself regularly in a loving way, notice how your breasts feel different at times in your cycle

Breast Oil – a therapeutic oil that works on different levels to promote breast health

- promotes lymph flow, decreases breast cysts, relaxes, soothes skin & spirit
- rub this therapeutic oil onto your breasts or chest each night

Ingredients:

- *Calendula officinalis* (Marigold) oil (flowers) – helps to reduce breast cysts, prevent breast cancer, soothing and healing to the skin, considered uplifting in energetic terms
- *Taraxacum officinalis* (Dandelion) oil (root) – helps to reduce breast cysts, improve liver function, clear long held emotions
- *Trifolium pratense* (Red Clover) oil (flowers) – improves lymphatic circulation, helps to remove breast lumps and discourages breast cancer
- Palmarosa essential oil – contains **perillyl alcohol** (highest source), a monoterpene that blocks cancer cell replication, and stimulates programmed cell death (apoptosis) in cancer cells. Perillyl alcohol is protective against breast, ovarian and prostate cancer, and also improves liver function (inhibits cholesterol formation, increases liver enzymes)
- Rosemary essential oil – supports/stimulates liver conversion of potent estrogen (estrone) to a protective estrogen metabolite; physical and mental stimulant
- Lavender essential oil – contains perillyl alcohol; used in aromatherapy as a mood tonic, to ↓ headaches & for calming
- Olive oil – carrier

DIET TIPS

Eat this up – Naturopathic Diet Overview:

- Focus your diet on whole grains, legumes, nuts & seeds, and a variety of vegetables and fruits daily
- Decrease animal products, particularly if nonorganic
- Aim for a rainbow of colour in your diet → bioflavonoids (found in deep-coloured produce) are protective
- Alcohol – minimize consumption. Never a healthy choice: even 3 drinks per week is associated with increased incidence of breast cancer when green veggie consumption (source of folic acid) is low; balance your pleasures, drink organic red wine

Spice up your life – tumeric (*Curcuma longa*)

- Tumeric is antiinflammatory, antioxidant, supports liver detox of estrogens, and is proven to inhibit breast cancer tumors (both estrogen receptor positive and negative)
- Add tumeric to rice, saute with onions and garlic when making stir-fry or curries, make a paste with soy milk and drink it warm or cold
- If you have cancer, consider supplementing with curcumin extract: start with 500 mg 2 x/d

B is for... Brassicas

- a family of veggies including broccoli, cabbage, kale, bok choy, broccoli sprouts
- they contain indole-3-carbinol (I3C), which supports optimal liver metabolism of estrogen, promoting the conversion of estrogen to a neutral and protective metabolite rather than a more cancer-promoting metabolite
- Higher levels in vegetables that are raw or lightly cooked.



Breasts Are Beautiful: Naturopathic tips for lesbian, bisexual & queer women

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Sept. 29, 2005.

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- For breast cancer prevention, eat vegetables in the *Brassica* family daily. If you are currently dealing with cancer, consider an I3C supplement – you need to eat 1/3 of a head of raw cabbage daily to get a therapeutic amount for cancer treatment (200 mg 2x/d of I3C).

Right for the gut – ground flax seed:

Top 5 reasons to eat ground flax seed:

- 1) binds with estrogen so that it can be excreted in the stool
- 2) fibre helps the bowels move → decreases the length of time it takes for food to move throughout the intestinal tract, decreasing the chance for estrogen to get back into circulation
- 3) soluble fibre is food for healthy intestinal bacteria → this decreases the growth of bacteria that allow estrogen to reenter circulation
- 4) contains lignans, which are converted by bacteria in the gut into active phytoestrogens → protective estrogen
- 5) in a clinical trial conducted in Toronto, women with breast cancer who ate muffins containing ground flax seed daily experienced a measured decrease in tumor size
 - For full benefit, grind fresh (in a coffee grinder) for each use, or grind and store in the freezer
 - Add to smoothies, oatmeal, salad...

ENVIRONMENT & HEALTH

what is the relationship between pesticides, plastics, solvents and cancer?

- i. Some chemicals, particularly organochlorines, are known to cause cancer (among other health problems) in laboratory studies. This is due to their acting as xenoestrogens
- ii. Others, like bisphenol A and phthalates (found in plastics), are known hormone disruptors
- iii. When chemicals are studied, it tends to be in isolation in a lab, while in the real world, we are exposed to 1000s of chemicals on a daily basis, many of which build up in our bodies
- iv. In fact, some of these chemicals have been found to act in additive ways in our bodies so that they can be damaging even when individual substances are at levels well below what is legally permissible
- v. Other chemicals may not cause cancer in isolation, but can act as cancer promoters on a DNA level, or by their effect on other chemicals in our bodies

Act according to the Precautionary Principle!

ACTIONS FOR CHANGE:

- **Pesticides** –
 - choose organic as much as possible
 - advocate for federal policy change to fund organic agriculture
- **Plastics** – contain chemicals that resemble estrogen, and bind to estrogen receptors
 - never heat food in plastic, store food in glass whenever possible
 - don't drink water out of plastic bottles
 - ask companies you patronize to stop carrying PVC plastics
 - ask for foods to be canned in glass jars to avoid bisphenol A in the can lining
- **Radiation** –
 - don't spend time under large power lines (eg homes, golf courses)
 - keep cell phones away from your head (use a headset) when possible
 - speak out against the continued development of nuclear power

Addendum:

↑d Estrogen exposure :

- early menses, short cycles, late menopause, pregnancy later in life or not at all, oral contraceptive use, higher body mass index (fat cells make estrogen), high alcohol consumption (various endocrine effects)
- exposure to pesticides, herbicides, fungicides, PVC plastics, dioxins, other organochlorines

Estrogen receptor: present on the surface of some cells, like breast cells. When estrogen binds to an estrogen receptor, it stimulates that cell to grow. Think of the receptor as a “lock” on a cell which is opened by an estrogen “key.”

Phytoestrogen: a plant molecule that resembles estrogen and fits into estrogen receptors well enough to block stronger estrogens from acting, may not exert direct estrogen effect. 1000 times less potent than estradiol (E2). Protective. Found in plants such as red clover, soy & other legumes, flax.

Xenoestrogen: a synthetic molecule that resembles estrogen and can stimulate cells with estrogen receptors. Cannot be easily metabolized by the liver, thus builds up in our bodies. Harmful.

Organochlorines: a group of highly toxic chemicals in which at least one atom of chlorine is bonded to a carbon molecule. These chemicals are concerning because they do not degrade, they build up in our fat tissues, and they act synergistically in our bodies. At least 16 organochlorines are known to cause breast cancer in laboratory animals. Sources of organochlorines include pesticides, plastics, and dry cleaning solvents. As well, many more organochlorines are formed as biproducts of chlorine-based industries, such as water disinfection, paper bleaching, and the incineration of waste containing chlorine. Chlorinated dioxin, a known carcinogen, is an incineration biproduct, paradoxically produced in huge quantities by the incineration of hospital waste, and by the bleaching process. Organochlorines may act as xenoestrogens.





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