

Advertisement ([00:00](#)):

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Bumper ([00:16](#)):

There's no such thing as real or unreal pain. Pain doesn't know, gender or culture or anything, right. It afflicts us all. Because it affects so many people in often profound ways. You know, you do a lot of thinking when you're in pain. I think it gives you a certain perspective on life. Definitely did not want to accept it, and I also didn't believe that that was really the plan for my life. I always get through it though, always.

Patrick ([00:44](#)):

Hi, this is Patrick, and welcome back to the pain pod. On this episode, we discuss how racial and gender biases play a role in preventing people from receiving appropriate pain care. We speak to health professionals as well as members of the sickle cell disease community, since sickle cell predominantly affects black Americans, and it comes with more than its fair share of pain.

Nore Davis ([01:11](#)):

Hey what's up ya'll I'm Nore Davis and I'm from Yonkers New York. And what I do is stand up comedy baby, or it does me sometimes, sometimes I really can't tell, but I am caught in this whirlwind of standup comedy.

Nore Davis ([01:29](#)):

My first album Home Game came out 2012. It's on, uh, I have a whole act about, uh, sickle cell and playing ball and how my boys would think I was in pain because I had AIDS. And I was just like, no, it's not AIDS, it's sickle cell. And they didn't know what it was. And they was like, yeah, you got AIDS. Like they just that ignorance. And I would joke about that and describe what, what sickle cell pain, what was like, like, it felt like that game Fruit Ninja, where the bananas are half your blood cells and the oxygen is whip it away. And then you have no more blood cells. I think that was the best type of analogy at the time I could describe it.

Dr. Kim Smith-Whitley ([02:09](#)):

Hi, my name is Kim Smith. I work at the children's hospital of Philadelphia as a pediatric hematologist. And I am the director of the comprehensive sickle cell center, where we follow almost a thousand children and young adults living with sickle cell disease. Sickle cell disease is unfortunately a disease that's characterized by unpredictable onset of acute pain.

Nore Davis ([02:32](#)):

Sickle cell pain, it feels like it's one of those pains you do wish on your worst enemy so they can leave you alone. It's like that. The sharp, excruciating pain feeling like something wants to rip out of me, sharp, sharp, sharp pain. And I just remembering how to manage it is breathing, just how women breathe when they're pregnant. You hold it, you take a breath, breath, you hold it and you breathe, breathe, and you hold your breath, let it pass. And then you breathe. So it's like you take it in waves. That's how I learned from a young age, at like six.

Dr. Kim Smith-Whitley (03:10):

They think that the health disparities and the stigmatization is so embedded in the care of individuals with sickle cell disease, the number of individuals that have been labeled as opioid seeking, who have been labeled as difficult.

Tyreak Powell (03:35):

Hi, my name is Tyreak Powell from Detroit, Michigan. I'm going to school to be a nurse and I have sickle cell.

Dr. Kim Smith-Whitley (03:41):

So what we had tried to do because of stigmatization, and because we know that there are differences in the way that providers approach different individuals with pain that may be disease specific or race-culturally biased. We really have had to teach individuals with sickle cell disease to self-advocate.

Tyreak Powell (04:03):

Well, first it started off like as a cold cause I had got sick. I get like, my immune system kind of like is low. So when I got sick, I went to the doctors. And they were like, they didn't know how to treat me. So I went, so I went to the school doctor and then she referred me to the doctor of the whole state.

Dr. Kim Smith-Whitley (04:22):

Okay so then you come to the emergency department and you know, the last time you, you were in, you got X milligrams of Y drug and that worked really well for you. Um, and then when they tried to change the frequency, that didn't work so well.

Tyreak Powell (04:41):

He was like kind of rude. Cause he didn't, he, he wanted me not to like see no more doctors, not to, not to go to the hospital without telling him. But it was one day, my pain was just so bad in my legs. It was a hard for me to walk. Like I got migraines. So it was just hard for me to do a lot of schoolwork and I couldn't focus. So I went to the hospital, he ended up kicking me out because he said my blood work was too good and I shouldn't be there.

Dr. Kim Smith-Whitley (05:07):

So imagine a young male coming to the hospital and asking for five milligrams of IV Dilaudid, because that's what worked for him before. And what the provider must be thinking, who is taking care of that young person?

Tyreak Powell (05:31):

I was mad. I was beyond mad. I actually, actually, I got kicked out the little office cause I was so mad and that, and I just ended up like spiral out of control, ended the miss three weeks of school and came back home. I had to go to the hospital for two weeks.

Dr. Kim Smith-Whitley (05:52):

And it's unfortunate because you hear from adults living with sickle cell disease that coming to the emergency department is the last resort, and that they dress up before they come to the emergency department, they make sure that they are well-spoken that they are calm, that they are measured and

that they look appropriate so that they are not put into a category, and then further stigmatize based on economics or other cultural biases.

Tyreek Powell ([06:25](#)):

It's like I be seeing like people in the hospital who has no pain who just there and like, they get treated a lot of times before me and I've been sitting there longer. And I'm like, I'm in pain, I was there for like two hours and nobody will ever treat me. They will walk past me, like all this I'm like, I keep going up to them like I'm in pain, bad, like real bad pain. And it's like, nobody will come help me until I was until I'm about to just leave.

Christie VanHorne ([06:58](#)):

It's unbelievable how stereotypes and bias impact the care that people receive in this country. Hi, my name is Christie VanHorne. I am from Poughkeepsie, New York and I am a public health consultant. We know that when it comes to pain management for black people, that they are 34% less likely to be prescribed pain meds than white people. They have been shown to receive lower doses, they wait longer for pain meds, and they also have their needs taken less seriously. A huge part of this problem is that they're seen as, you know, the stereotype that they're drug seekers. And we have to overcome that.

Dr. Daniel Lyman ([07:51](#)):

Fortunately in culture, in our culture right now we're beating to understand a little bit more how those things affect people, especially like implicit bias when it comes to race.

Patrick ([07:58](#)):

Psychotherapist, Dr. Daniel Lyman.

Dr. Daniel Lyman ([08:00](#)):

And what people deal with every single day of having people treat them a certain way. And that can be really damaging to your self esteem, to your ego, to your sense of wellbeing. So a client of mine who I worked with for a long time, and of course, I don't say any names or anything that's confidential, but she was half black, half white, and she never really thought of herself as black because she grew up around all white people. Um, and then when she moved to a certain area where it was a little bit, unfortunately, more racist, like people still have call it like started calling her all kinds of terrible names and treating her a certain way. And she found very quickly that she got really depressed because she didn't really realize that she was different until that point. She didn't really think about herself as that different. And then very quickly started to feel pretty bad about herself. And again, around that same time, not coincidentally, she started to develop pain.

Dr. Kim Smith-Whitley ([08:47](#)):

Then you talk about stigmatization and move to health disparities, and then that's a whole different conversation, because then we have to talk about economics. We have to talk about co-morbidities. We have to talk about what I believe is the right approach to a patient and to a young person living with sickle cell disease. And that's not just dealing with the medical issues, but dealing with the psychosocial and providing social services just as much as I provide medical services. And so really trying to put this all together, comprehensively, I just don't think that you can have a conversation about sickle cell disease unless you're willing to address stigmatization and health disparities openly.

Christie VanHorne ([09:33](#)):

I'm a privileged white woman. I'm sharing from the point of view of a researcher and public health professional that wants to use my voice to bring awareness. These are not my lived experiences. With that said, we know that institutional racism keeps black people specifically sick. We are seeing this through COVID is a perfect example, unfortunately. We know that racism impacts access to care, that black folks specifically are very likely to experience discrimination at some point, if not regularly, throughout their lives, within the medical system.

Nore Davis ([10:12](#)):

Popularity, resources, and politics. That's where the races definitely a discrepancy you get right there of not being recognized, not getting the funding, or the education to the doctors to help sickle cell patients equally as other sick patients with other diseases. I think with the medical disease where I'm learning people care about other people who they care about and don't want to see hurting, but it's when it's a stranger or a whole other race it's really hard and difficult for them to have that empathy.

Dr. Kim Smith-Whitley ([10:59](#)):

This is something that we have been dealing with in the sickle cell community for a long time. There are a lot of things that have been done to try to address this, some direct provider learning, modules with simulations of how to talk to patients, and things that hopefully we think will make a difference. There are advocacy groups that have developed in our community that have taken this topic on full storm. And they're wonderful at doing webinars and seminars so that we can have an open conversation about how to approach these things.

Christie VanHorne ([11:31](#)):

And I also want to be very clear that this is not all in our heads, that we often place this blame game quote, unquote, for race in America. It's their fault. They're not going to the doctor. But there's reasons for that. Many people, black people, immigrants, there's many reasons that they don't trust the medical system. There's such a dark history of experimentation without consent. We can talk about, uh, the Tuskegee study, the infamous and unethical clinical study that was conducted for 40 years from 1932 to 1972, where our government used black people to study syphilis without informed consent. They lied about the risks. They lied about the reasons that they were coming in for quote unquote treatment, because it wasn't treatment. Also at the same time, they had a treatment for syphilis, there was penicillin available. It really helps to give us context as to why black folks don't trust our medical system. And that's not their fault.

Dr. Kim Smith-Whitley ([12:44](#)):

And I think that I come across many different biases. I think that there are expectations culturally, that I see that as, as particularly with approaches to pain and some of them shift, according to gender by culture. Some cultures expect the woman to be stronger, the female, to be stronger. Others expect the male to be stronger. Some of them do not tolerate any degree of emotion or any kind of reassurance or comforting at, at that level that we would expect. And so it moves. It's a moving piece. Yes, I see, I definitely see gender bias from the aspect of the approach to pain. And I see that change across the lifespan.

Advertisement ([13:38](#)):

We'll talk more about the role of gender in the healthcare system, right after this quick word from our sponsor. The pain pod is produced by bloodstream media and made possible thanks to our sponsor Tremeau Pharmaceuticals. Tremeau was founded with the goal of developing and delivering non-opioid pain therapies for people with rare diseases and other select patient conditions. Tremeau is currently investigating two Cox2 selective nsaid. Nsaids, for those who aren't familiar stands for non-steroidal anti-inflammatory drugs. While neither of these treatments are FDA approved, they are in clinical trials and you can learn more about those trials, Tremeau's mission and the dedicated team leading it by going to tremeaurx.com. That's T R E M E a U R x.com. Tremeau, leading the way for those left behind in pain.

Christie VanHorne ([14:42](#)):

I don't know how much time we have to address gender bias in the medical system, but I could talk about this all day. I also want to really highlight that this such an important topic this week, it's actually women's health week. So this is a very timely conversation to be bringing this topic to light. Women are less likely to be adequately treated for pain. They wait longer to get pain medication, and they're also more likely to be just dismissed entirely. And the doctors will blame it on a mental health disorder. Or this is a key piece of it, they just simply don't believe that something's wrong. You go to the doctor, you feel ignored or dismissed because you are a woman or you identify as a woman. So you walk in, your symptoms are not taken seriously, you go misdiagnosed because your doctor won't listen to you. And not to mention if you're not being believed, you're going to multiple doctors, you're trying to get a diagnosis, and you're also living with pain.

Dr. Ben Ozanne ([15:57](#)):

Just as a whole women pursue healthcare significantly more at a higher percentage than men.

New Speaker ([16:03](#)):

Chiropractor Dr. Ben Ozanne.

Dr. Ben Ozanne ([16:05](#)):

It has less to do with like, Oh, you know, man versus woman, but more like women just care about things more or will be more proactive. So my, my patient base is significantly more female than male. Women are the healthcare decision makers, the majority of time in their household. And they're usually the ones that will pursue getting healthy and well over a man. So if anything, men were just stubborn and hardheaded and need to go pursue getting help a lot sooner than we do.

Christie VanHorne ([16:39](#)):

And then part of the reason, this is the other side of the coin, that doctors don't trust us is because they actually don't know as much about us. Across every procedure tests, diagnosis, treatment, we are less researched, just in general. We know that women make up 70% of chronic pain patients, yet only 20% of pain medication has been tested on women. That's a huge gap in care.

Dr. Ben Ozanne ([17:14](#)):

And then outside of that, you know, there are definitely some cultures that I've seen where that the pervasive thought process and belief system prevents people from pursuing health. But at least in my profession, I wouldn't say that there's a purposeful discrimination or lack of care due to race or sex. I feel like at least when it comes to us and how we take care of people, the differences who decides to

actually pursue our care is different based off of cultures, and then just mindset and how people take care of their health in general.

Christie VanHorne ([17:56](#)):

In the 1970s, medical ethicists began to address the risks of medical research. And at this time women were excluded from medical research, quote unquote for their own good or for the good of their hypothetical fetus. And of course our menstrual cycles could complicate the results. So in 1977, the FDA actually prohibited women of childbearing potential quote, unquote, implying that women couldn't be trusted to prevent pregnancies, they couldn't know their own risk of unintended pregnancy or make educated decisions about a trial if they became pregnant.

Dr. Ben Ozanne ([18:36](#)):

But I do think that unfortunately, race and sex, sometimes people are discriminated against when it comes to getting adequate care because of the color of their skin or because they're a woman versus a man, which I think should never be. We're, we're all God's children, we're all created equal and we all deserve equal opportunities to get healthy and well. And if people are discriminating against someone because of the race that they, they come from or the gender that they're a part of shame on them.

Christie VanHorne ([19:09](#)):

So this is also part of the problem. We don't trust women to make these decisions for themselves. And much of this comes back to representation. So the top decision makers in medicine and research are white men. We fund what impacts us. So if white men are at the top of making all, you know, and they're the ones making all of these research decisions, they want to know more about prostate cancer than they do breast cancer. And that's just a very simple example.

Nore Davis ([19:46](#)):

Did chronic pain play a role getting into comedy?. No, not really. I really tried to make sure that chronic pain was something that was, um, what can I describe it? It was maybe a bad dream once in a while, but it's definitely not nothing that's going to make me stop what I want to do.

Tyreak Powell ([20:07](#)):

It's a big pain. Cause a lot of stuff I couldn't tell him I was told not to do. And I like, I still do it, but just because I, I feel like the pain, it shouldn't stop my life. I should still be able to do whatever I want to do.

Dr. Kim Smith-Whitley ([20:23](#)):

I think that you really have to understand that there are pieces of treatment that require a really sound therapeutic relationship between the provider and the patient going through the pain episode. Because in order to get to that mind body experience, you really have to trust the person that's taking care of you in order to make sure that all of those elements are addressed.

Tyreak Powell ([20:55](#)):

I've had pain the last couple of months that's unbearable to me. It's been the worst pain ever. Like pain like sometimes it's just gets like bad. I don't know. I can't explain that pain. I can't explain that.

Dr. Kim Smith-Whitley ([21:10](#)):

I look for compassion and the people that I work with. And I try to make sure that they feel free to use that whenever they want to provide excellent care

Tyreek Powell ([21:26](#)):

Nurses run the hospital. They always sit by your side. They make you feel better. They make you, they make you feel, they, the ones that make you feel better, they're the ones want to give you the right amount of medicine. They're the ones we call when we're in pain. And they always, they always seem to make me feel better. I can talk to them about stuff I got going on and they'll listen. It makes me feel welcome. They don't ever like, like blow me off or just like be rude to me.

Dr. Kim Smith-Whitley ([21:53](#)):

I try to understand exactly what I need to do for the patient at that time for their pain at all different levels, pharmacologic, non-pharmacologic, supportive and comforting techniques. And then helping that person be able to make it to the next episode.

Tyreek Powell ([22:15](#)):

Every nurse I had before was so open and talking to me like, they're making me the one who's making me want to become a nurse. That's what I'm going to school for. It's just every nurse I ever met was like the nicest people. They tell me nursing stories, all that stuff so I can feel comfortable in there, cause they know I want to be a nurse. Every nurse in Children's basically know I want to be a nurse, cause I asked him a million questions so I can get my mind off the pain.

Nore Davis ([22:42](#)):

So getting into comedy was watching the comedian named Ben Bailey, who came to my college at Pratt Institute and watching him kill. And I always loved laughing and everything. So I saw him kill it, and I went to the comic strip live and uh, they had a class there with DF Sweedler and I took that class and he, he taught me how to write a joke and stopped saying and stop saying that mfers and cursing. And uh, from there I just knew this is what I wanted to do. A lot of pressure that came on me with the pain was like going on the road a lot. And my mother, my mother would put that concern in my head a lot, but I never cared. I just, I don't want that to stop me. I never wanted it to stop me.

Patrick ([23:22](#)):

Gender, racial, and cultural biases exist in our healthcare system. And they prevent people from receiving the care they need. Thanks to doctors like Kim Smith-Whitley and public health experts like Christie VanHorne, slowly but surely we're educating people and creating a more equitable system for all. Slowly, but surely.

Patrick ([23:44](#)):

Next week, our final episode of season one, we focus on a specific population of pain patients who we actually haven't spoken about much quite yet. Kids. How do we help children understand, talk about and manage their pain? How do we help parents and adults understand their children's pain? We dive in next week on episode six, our season one finale of the pain pod.

Patrick ([24:24](#)):

The pain pod is written and directed by me, Patrick James Lynch, produced and edited by Greg Holdsman, artwork by Ryan Gielen and Christina Newhard, post production support from Joshua Sterling Bragg, Rob Bradford and Avra Friedman. And this episode was hosted by me, Patrick James Lynch. The pain pod is produced by bloodstream media and presented by tremeau pharmaceuticals. Learn more about tremeau and the work they're doing to help alleviate pain by visiting TREMEX.com. Subscribe rate, and share the pain podcast referrals from you are the best way we can reach new people. Thanks for listening. My name is Patrick James Lynch, and we'll be back next week with episode six of the pain.