Sawbones 325: Medical Racism and Protest Safety

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Clint: Sawbones is a show about medical history, and nothing the hosts say should be taken as medical advice or opinion. It's for fun. Can't you just have fun for an hour and not try to diagnose your mystery boil? We think you've earned it. Just sit back, relax and enjoy a moment of distraction from that weird growth. You're worth it.

[theme music plays]

Justin: Hello everybody, and welcome to Sawbones, a marital tour of misguided medicine. I'm your cohost, Justin McElroy.

Sydnee: And I'm Sydnee McElroy.

Justin: Well, this episode is coming a little later than Sawbones classically has been. We've been trying to be more regular lately, honestly.

Sydnee: Yeah. We wanted to be completely transparent as to why this episode isn't on time. We had initially planned… and we never do this on this show, I feel like.

Justin: It's—yeah.

Sydnee: It's a rarity, certainly. We planned on a very light-hearted, silly episode initially this week, based on multiple listeners—

Justin: Oh, don't spoil it, because we'll still do it.

Sydnee: You don't want me to spoil it?

Justin: No, no, no.

Sydnee: Okay.

Justin: We'll keep it a secret. It was gonna be a silly one.

Sydnee: Alright. It was gonna be very silly, though. And in light of what's happening in our country, it seemed—it *is* incredibly inappropriate. And so, we didn't want to put that out into the world right now. That was not what anyone needed to hear. But at the same time, it took me some time and Justin, I know you helping me, to try to figure out what exactly we had to say.

Justin: Right, that we could…

Sydnee: That we were—well, me. That I have the expertise to add to the conversation. No offense.

Justin: As white people, we're trying to listen as much as we can, and we didn't know if we would have anything valuable to say right now, I think would be the honest way of putting it.

Sydnee: Exactly. I think the primary voices we should be listening to right now are members of the black community and not us white people. We need to do a lot more listening. We've talked for way too long. So, I thought about what I do have knowledge in, and that's medicine, and specifically medical history, obviously. That's why we do this show.

And right now, while the recent murder of George Floyd by a white police officer in Minneapolis is not related to the medical field precisely… criminal justice and the systemic racism in our criminal justice system and in law enforcement is not my area of expertise. But the racism that exists in the medical system is within, I think, my purview. And certainly within my duty to confront.

Not just as a physician in the system, on behalf of my patients, but when I see it in my colleagues and in the students and residents that I train, and in all of the other members of the medical profession, not just physicians, that I work with on a regular basis.

Justin: And I, as a podcaster, am also talking into a microphone. I don't have as high of a calling as Sydnee does admittedly, but I am here and I hope… that that is the right thing to do be doing. [laughs] I feel… I think that's right. I hope that that's right. I'm trying my best.

Sydnee: Well, I have been very vocal about the fact that we have this platform, whatever size it may be, to talk about the things that are within our purview to talk about, and that I would be remiss if I didn't use it to do whatever good I am capable of doing. I keep saying "me," but I don't mean to leave you out. It's just that I do all the research.

Justin: No, it's absolutely legit. For sure, for sure, for sure. Now, Sydnee, I, um… I would remind people that, a lot of times on Sawbones, I pretend to be dumber than I actually am to keep the conversation moving. I just wanted to say that first.

Sydnee: Sure.

Justin: [sarcastic surprise] So, you're telling me there's racism in medicine too?

Sydnee: It is not shocking to anyone listening, I would hope, that racism is unfortunately built into the structure of every institution in our nation's history, and in our current society today. And it infiltrates every aspect of society, and certainly, when it comes to medicine, medical care, access, whether to preventive services or life-saving services, proper diagnoses, proper treatment, is not an exception to this, unfortunately. And I wanted to just kind of briefly go into some of the historical roots of this. It's really—

Justin: Of racism?

Sydnee: No. [laughs]

Justin: This is going to be a long episode.

Sydnee: Specifically racism in medicine. Racial disparities and the racism

that exists in the medical system in the United States. That is all I can speak to with any degree of understanding, is what we have experienced in this country. Certainly, it's different, obviously, outside of the US.

Justin: Sure.

Sydnee: There are a lot of reasons, and I think it's always important to talk about—when you start talking about the disparities between two groups, you need to start doing the hard work of digging into the data and figuring out why it's all there. Because as a lot of smart people have pointed out before me, if you just say that it's worse for one racial group than it is for another, and you don't seek to understand why, well, first of all you can't fix it, and secondly, people begin to fill that gap of knowledge with their own ideas and opinions. And a lot of these are not helpful and can actually be really harmful and reinforce really negative views of a racial demographic.

Like, the idea that, for instance, when it comes to health outcomes for black people and white people in this country, "Well, is it just because socio-economic status? We'll just fill in that gap. It's all related to poverty and that's the problem and we figured it out." And that doesn't address it, it doesn't solve it, and that's not based on data. That's based on guesswork. I'm not saying that doesn't contribute to it, but just as an example. It's obviously more complicated, and so you've gotta look for these reasons so that you can address it properly.

Insurance coverage as part of the socio-economic status that plays into this. Access to physicians, to specialists, to hospitals, but then there's something that has to do with the attitudes of the people providing the care. There's a whole other piece to this that isn't about this nebulous, like, system, but the people in it.

Which is a lot harder, right, to talk about and to face, if you're a member of that system. And especially for all of you who are white, like we are, it can be a really hard, long look in the mirror that you have to do and then… guess what? You gotta do it again the next day and the next day and the next day. And every day. And it's hard work that we should be doing. The root of this issue in our country is not hard to guess.

Justin: I mean, it's… it's America, folks. We stole the land, we built it with slave labor, I mean, it's… it's in our bones.

Sydnee: And I should say, I'm focusing, in this episode, specifically about racist attitudes towards black Americans throughout our history. Obviously, there's much more that could be said about Native Americans, there's much more that could be said about all other ethnic minorities in this country who are treated differently than white people. All non-white people are not afforded that same privilege when it comes to medical care.

But I wanted to focus, because of everything that's going right now, I want to focus on the black community. From a medical standpoint, if you look back to the origins of, kind of, our understanding of race in the United States, you're really talking about what is called "scientific racism."

Justin: So that would be the—is that kinda like, in the same family—I'm taking a guess here, I have no idea. Is that like, the same family as eugenics? Sort of like, finding the scientific reasons why one race is "scientifically" superior. It's kind of a snooty, highfalutin racism, with a monocle and everything.

Sydnee: Yes. Yes, you are—eugenics is the eventual evolution of, like, the early forms of scientific racism in the early days of the United States of America. And this was used to justify enslaving, you know, people from Africa who were brought to the United States. Well, who were brought to the colonies.

Justin: They're lesser than we are; it is our moral right to subjugate them.

Sydnee: Exactly. And this was down to the belief that—and I don't know if this is always made clear—

Justin: Hey, I don't believe this! I don't know if I need to—listen, just because I know about this from books…

Sydnee: Obviously, we do not believe this.

Justin: Obviously, I don't think this. I shouldn't have to say that at this point, but you know what? I'm gonna go ahead and say it. Why not. Let's just go ahead and get that out there.

Sydnee: I actually think that it is important for us to say these obvious things right now. Because if you look at our country's leadership, it's not as obvious as it should be. But, at this time, the idea was not just that, kind of, some humans are better than others. That was definitely baked into this idea. But it was also that there are different species of human.

Justin: Okay, yes.

Sydnee: So it was actually, like, the hierarchy was very scientifically, like… the groundwork for it was laid in a very science-y way, in the sense that our physical characteristics and skin color delineate— there were believed to be four different "species" of human, essentially. Which, not only then are you saying a white human, at this time period a scientist would say, "a white human is better than a black human," they are different.

Justin: You're saying they're not even human in the way that we understand it. They're like, different.

Sydnee: They are different kinds of humans. Just like we know that there are lots of different species of this type of butterfly, or whatever, we are different species of human. This is obviously not true, but this belief was held for a long time and, you know, the idea that ending slavery in this country will automatically make those beliefs go away obviously is flawed. And the origins of that theory, by the way, of course, predate America.

Justin: You're talking about the theory of scientific racism and, like, racial theory.

Sydnee: Yes, the idea that there are different species of human and that there are superior humans and inferior humans. This obviously didn't—this was not born out of the United States.

We talk about a lot of historical figures that added to kind of the body of knowledge that would lead to these theories. Hippocrates noted differences. It was largely based on the geographic regions that people were from, and he thought they represented sort of different types of humans.

Avicenna said the same thing and even theorized as to, like, some natural superiorities and inferiorities between different races. Linnaeus helped draw these connections between, like, this type of person looks like this, and this is what I would categorize this human species as.

And all of that, coming from more of a "we're cataloging," provided the body of knowledge that would lead to these theories of—that led to scientific racism. The idea that one human is better than another.

And that began to tie health characteristics to race as well. Again, as early as Hippocrates, you see kind of, these sort of like, social characteristics and behaviors and personality types, and also health identities tied to race. I mean, all throughout human history, we've been cataloging other humans and then making generalizations about them based on what we observe.

When it came to the early days of the United States, there were really two healthcare systems. There was the regular medical system, healthcare system, that was accessible by white people. And then there was a kind of separate but definitely not as high-quality healthcare system. I think it's very clear to say these are in no way equal.

Justin: Equal, right.

Sydnee: That was afforded to the enslaved people who were owned by white people. And this sort of companion system were usually lay persons, herbal healers, midwives… Sometimes, if it was like a large plantation or something the owner's wife may be responsible for medical care for the people who were enslaved. Occasionally, it would involve a physician, but all of this was just to meet the needs of the owners.

Justin: Of the plantation owner, right.

Sydnee: Yes. It was very much directed at, uh, we will only expend the time or money that is necessary to keep someone able to function in their job. I shouldn't say their job.

Justin: To function as property, basically, rather than as human beings.

Sydnee: Yes, exactly. Exactly. Not really for the good of the patient. And we have discussed this at great length in our episode about J. Marion Sims and the horrific surgical experimentation that he performed on enslaved black women, with no anesthesia, multiple times, in order to perfect a surgical technique.

And this was, you know, based on this belief that black people did not experience pain the way that white people do. Which, again, speaks to this scientific racism. They're different. They're fundamentally different. It's interesting to note that, if you were a free black American at this point in history, you essentially had no healthcare.

Justin: You had kind of fallen through the cracks.

Sydnee: When I say American, there were no Americans yet, really. Well, no. We were post-revolution, pre-civil war. Yeah. There are Americans, okay.

Justin: Yes, there are Americans. It's all over.

Sydnee: But either way, before revolution, after revolution, if you were a free black person, you had no healthcare.

Justin: You are on neither side of this divide.

Sydnee: Exactly. You were excluded from the white system, because of segregation. Before we called it segregation, it was just assumed, obviously, you would not be allowed. And then, you were not going to be afforded any sort of care that somebody who was enslaved would get, so they basically

had no access to any of sort of physicians and had to, within their own community, kind of figure out their own medical needs.

Justin: Yeah.

Sydnee: This legacy continued, of course, as we move past slavery into all of the segregation and the Jim Crow era in the South. There was still an idea that there was a fundamental difference.

And again, I know this sounds… to me, like, if you really wrap your mind around this, if you are a good person, the idea that there is such a fundamental difference between white people and black people that we need to come up with a separate set of diagnoses – which there was indeed a handbook that was separate for the diagnoses of a black patient than a white patient.

The idea being that the very basic physiology that underlies a health condition, the reason you have high blood pressure, the reason you have diabetes, is different in a black person than in a white person. This belief was held by doctors by and large, at that time. So, you wouldn't be treated the same because the disease was fundamentally different in your body, because it was a different thing completely.

And, of course, we wouldn't understand it as well, because nobody was putting in the time or effort to understand it. And in segregated areas, which was most areas, you would only have access to see the black doctors, go to the black hospitals that were available to you. And there were so many fewer than there were white doctors and white hospitals.

So, the treatments would differ, and there, of course, were all these examples, like we've talked about, misled beliefs about like, pain tolerance and things like that. If you went into predominantly black areas in the South and black counties, there was, obviously as I've already talked about, not a lot of hospitals or medical professionals to be found.

In order to get more black doctors to provide care for the black community, you had to have black medical schools for them to attend. And there weren't

very many of those either. And so, all these were hurdles for people being able to even see a doctor.

Justin: Sure, yeah.

Sydnee: You know, if you're sick, just be able to get care. As a result of all this, by the year 1900, about two percent of medical professionals in this country were black. And that, knowing our history, that number did not shock me. Right? In the year 1900, only two percent. It's a very small percentage, it is not adequate to, you know, provide care for the number of black Americans.

But at the same time it's the year 1900, we're not that far out from slavery. It made sense to me. The wild part of this statistic, the second half, is that that two percent did not change much… until the early 1980s. That's in our lifetime.

Justin: You like to think that you're so far removed from… I mean, it's just another reminder. Like, when you hear about—when you hear about things like systemic racism, this is what we're—I mean, this is what it's about. Like, these systems have been in place and been keeping people, you know, out of professions like medicine for decades.

Sydnee: And if you add to the fact that you don't have enough doctors, or enough nurses, or enough, you know, lab techs, or all the people that support the doctors, all the medical professionals you need to run a hospital, to run a doctor's office, to provide preventive services, to provide emergency services. All that stuff.

You don't have enough of any of that. You know, people live in communities where they are hours away from the nearest doctor or hospital. So, there's no access. Plus, then you add in their health insurance and how many black Americans were and remain un- or under-insured, so even if you did have a hospital or a doctor you could see, could you afford to?

Plus, all of the other issues beyond, like, the criminal justice system. But the educational system, the fact that black schools were underfunded, and were

not able to provide as much in terms of resources for the students, the fact that housing discrimination existed. You know, you just layer all of that on top of—and transportation issues to get to the doctor. You layer all that on top of all of this, and you can see where the health outcomes are not going to get better until all of that is addressed.

By the way, the percentage of—they did a study asking active physicians in the United States to self-indentify their race. And the percent that identified as black in this country is six percent. It's about six percent. That is still so wildly low. And again, it's all these reasons we just talked about that have not been solved today. Maybe some are better, but they are not gone. And then, there's this whole other issue.

So, we've talked about all these structural problems, all these systemic problems… but this view of black people and white people as fundamentally different, and that there is an inferior and superior race, all of this, which would eventually result in eugenics as you talked about, and we've done a whole episode on that.

If you then take into account specific examples, like what happened in Tuskegee, when about 600 black airmen were put into a study of syphilis without informed consent, without being really told what was being done to them. A few received treatment, many did not, but they were lied to and led to believe they were receiving treatment.

And they weren't even—I read this, I don't know if I said this the last time we talked about Tuskegee on this show, but many were just told they had quote-unquote "bad blood," and while that was a term used for syphilis, it was also used for a variety of other disorders at the time. So they weren't even properly informed as to what they had or were not being treated for.

The study started in 1932. We found that penicillin was an effective treatment for syphilis in 1945, but the study continued until 1972. With these black men remaining untreated for the syphilis that the doctors knew they had. And many, many doctors and scientists and medical students were complicit in this as the study went on through all of these years.

If you take that into account, along with the fact that we have a history of surgeons, especially in the American South, removing black women's uteruses without asking them or obtaining consent, doing hysterectomies so that they could no longer have children without actually them desiring for that procedure to be done.

When you take into account that, throughout any time there's been reform in the medical education system in this country, it's resulted in the closure of black medical schools and black hospitals where black doctors could train, providing them with fewer opportunities to go to school to become doctors, to help change the medical profession.

And if you add into that the story of Henrietta Lacks, who we've referenced on the show before, and there's the wonderful books and, I mean, there's a lot of information now out there you can learn about Henrietta Lacks, who had cervical cancer, and after she unfortunately passed away, the tissue from her cervical cells, which turned out to be a very robust cell line that was good for medical research, has been used and continues to be used throughout medical labs all over the country without any consent from her or her family. Or knowledge.

If you take all that into account, it's easy to see the other part of this story. Which is… white doctors who are not going to be as compassionate or as considerate or as understanding of their black patients for many of these years, and even as things are hopefully changing, still have that legacy, still have grown up with that privilege, that white supremacy that they've been surrounded with their whole youth.

Justin: That is, again, to keep harping on this, because I think it's easy to, especially if you're a white person, to miss stuff like this. I know I do every day. That's part of privilege, is not noticing things like this. But like, the struct—medicine has a skeleton that is millennia old, and a lot of those bones were put in place when people thought that black people and white people were a different species.

When we talk about systemic, like, you know, even if you directly are trying to push against it in your own head, you are in a system that was built on some really terrible assumptions.

Sydnee: And even like, your basic understanding of, kind of like, populations. Big studies that have told us what the course of a chronic disease is, or how much, what medications are appropriate, or what the prognosis of a certain disease is, any of these things. You have to consider that, throughout most of our medical history, they've largely been done to figure out the best course of treatment for white participants. Black participants were rarely included.

And I thought that this was a fascinating study that was done recently that looked at how much, in terms of monetary resources patients, specifically—I think it was like a Medicare study. To see how much they would need. And what they found is that, and they actually used a diverse patient population base to figure out this number. What they found is that the amount they settled on was way less than the average white patient needed, but was only less than a very small percentage of what the average black patient needed. And they said, "Well, why do black Americans need less care than white Americans?" And the truth is it's not that they need less. It's that they get less.

And so that's what it was reflecting, is that these black patients were not getting as much preventive care, were not getting appropriate follow-ups and diagnostic procedures and medications prescribed and surgeries they needed and all these other things. Not because they didn't need them. They just weren't getting them. And so it looked like they were costing—they cost so much less to the system, because the system isn't taking care of them.

Justin: Right.

Sydnee: But this is not history. All of this that we're talking about, this is in the past, but this still, again, this still all exists today. Currently, we talk about how there was this misconception that black people had a higher pain tolerance or didn't feel pain the way that white people did. Black patients are

still less likely to receive adequate pain control. Especially in an emergency room setting.

You know, for the same painful condition that I, as a white woman, would walk in for, the black patient will receive less pain medication. Because it is not believed that they are in as much pain.

They are less likely to have access to needed cancer treating surgeries. There was a study done that proved that. They're less likely to get cholesterol lowering medications when they are indicated. And black women are 40% less likely in some areas to receive mammograms at appropriate intervals. So even preventive services, screening, you know, to catch cancer early, all of that. Less likely to be performed adequately, and especially in predominantly black communities, predominantly black counties, than in the white population.

And it extends beyond the ER. Because a lot of this, you could pass off as, like, "Well, maybe in an ER setting where the doctor doesn't know the patients and then you just get that…" You know, and we're hearing this a lot right now when it comes to the criminal justice system and police officers, the one bad apple. Maybe it's just that one bad doctor who's the bad apple in the ER.

However, we find that these disparities extend, unfortunately, into the primary care office, which hits close to home for me as a primary care physician. Because you have, in the ER, if a black patient and a white patient both come in having a heart attack, the white patient is actually more likely to receive the emergent cardiovascular procedures that they need, including CABG, open heart surgery, than the black patient. Which, like, this should be that easy. It's a heart attack, is a heart attack, right? Still.

But even in the primary care office, when it comes to chronic disease management, if we have a white patient and a black patient of the same age and disease severity who both have diabetes, the white patient will have better health outcomes, better control of that condition long term, and suffer fewer complications than the black patient with the same diagnosis and same disease severity.

Justin: Why?

Sydnee: [sighs] The "why" is a lot harder to answer. Um… There are many, many factors. As I said, you don't want to just leave it open to interpretation. A lot of these we've already mentioned. Access to care is a big problem. Again, there are still not enough, you know, medical offices, physicians, nurses, hospitals in predominantly black communities. All of that is part of the problem.

Access to care in terms of being able to afford it. Affordable care. Transportation to and from. Being able to afford prescriptions to properly manage a chronic disease. Being able to—it goes into your job. What type of job do you hold? Are you able to miss work when you're sick to properly take care of yourself? Are you able to miss work to go get diagnostic procedures? Or preventive screening services that you might need? All of those things. Immunization levels are lower. So are you getting the immunizations that'll keep you healthy? All of that plays into it.

But then, I think that everything we've just talked about, these attitudes, this scientific racism, the use of black patients as experimental subjects through history… it has created this fundamental distrust and lack of open communication between the medical system and the black patients who need access to it. And it's something that I, you know, we talked about somewhat in medical school, but certainly not enough.

I know because I'm involved in our medical school's curriculum that it's talked about more now, but until all of these numbers change, would you say that it's being talked about enough?

Justin: No.

Sydnee: No. [laughs]

Justin: No.

Sydnee: I mean, until health outcomes are equal, it's not being talked

about enough. And that's not even—even as I was putting this episode together, today, the Johns Hopkins School for Public Health came out with a whole new statement talking about, again, even more statistics.

African American babies die before their first birthday at more than twice the rate of white newborns. African American women die at more than twice the rate of other women during pregnancy and childbirth. The life expectancy of African Americans is three and a half years shorter than for white Americans.

And then, finally, COVID… it bears mentioning that when we talk about the rate of disease severity, of people who get severe cases of COVID and who die of COVID, and then just sheer number of who is getting COVID, it's disproportionately higher among black Americans.

And if you look state by state, almost every single state, almost every single state in the country, have a disproportionately high number of their black population getting coronavirus, as compared to their population. Like, more than you would expect for the number of actual black people who live in that part of the country. Even here, in our state of West Virginia, which… I believe our stat is that only 3.5% of the population of West Virginia is black.

Twice that number of coronavirus cases are among black West Virginians. In some counties, in this state we have 55 counties, I can't tell you why.

Justin: A lot.

Sydnee: We're like, we're very tiny and we have 55 counties. In some of these counties, 20 to 30% of the patients who have coronavirus are black. Those are ridiculous statistics for a state that is as overwhelmingly white as West Virginia is.

Justin: Yeah.

Sydnee: Black mortality from COVID is estimated, most of the stats I saw, as twice as high as white mortality from COVID in this country as a whole. I've seen some studies that estimate that it's maybe nearly three and half times as high.

And again, all of this has to do with all of these things we've just talked about. With the rate of underlying health conditions that are not being properly managed for a variety of different reasons, and then, other social determinants. Employment. Access to health insurance, medical care. Poor air and water quality in communities where people of color live.

All of this plays into the fact that black people in this country are dying from COVID at a much higher rate than you would expect based on our population demographics. And in addition to all this, relevant specifically to what is happening right now, the Johns Hopkins School for Public Health also, in the same statement today, called law enforcement violence a public health issue. And this is especially for black Americans.

So, yet another social determinant of health. The mistreatment of black Americans by our criminal justice system, by our law enforcement agencies, is yet another reason why a black person's life expectancy is lower than you would expect in this country. So these protests concern medical professionals.

Justin: At least they should. They should concern everybody.

Sydnee: They should concern everybody, but—

Justin: Maybe I'm alone in that, Sydnee, but I find all of it very concerning.

Sydnee: It's a public health issue. Which means doctors should be organizing and speaking out about it as well.

Justin: Speaking of public health issues, you and I have talked a lot about the protesting and COVID and safety and… I know that you wanna talk a little bit about that. About protesting and how to do it as safely as possible.

Sydnee: So, right now, a couple of things. You'll find a lot of these resources out there if you're someone who is thinking of going and attending one of these protests. Some really obvious things, uh… you may be out there for a long time and it may be difficult to immediately return back

home, so bring things like water. It's hot in most places right now. Bring water, bring snacks, wear sunscreen.

Because, specifically of coronavirus, please, if you're going to go out and protest in public, wear a mask or a bandana or some sort of face covering over your nose and mouth.

Justin: Something.

Sydnee: That is the safest thing you can do. A lot of people are still recommending social distancing at these events, and yes, obviously, that would be ideal if everyone was six feet apart, but that's also a really unrealistic statement to make. So wearing a mask, wearing a face covering, is still a very important thing you can do.

A good piece of advice – write your name, your birthday and the phone number of your emergency contact, and name, on your arm. Like, in marker, in Sharpie or something, big letters. In case something happens to you where you're incapacitated, where you're unconscious and somebody needs to get in touch with, you know, figure out who you are and how to get in touch with your friend or family as soon as possible.

I've seen a lot of conflicting advice about your phone. The best medical advice would be to have your phone fully charged and with you, because if one of your friends or family has Find Your Phone and can find you in case you get lost, that of course is a good thing. However, I know on the flip side, there have been some people suggested that perhaps you're more easily located by law enforcement.

Justin: So listen folks, we don't know on this one, okay? Bring two phones, turn one off, leave the other one on, I don't know what to tell you.

Sydnee: I've seen a lot of suggestions for a burner phone.

Justin: Burner phone? I don't know. Listen, we're out of our depth, okay? We're out of our depth.

Sydnee: This is a world I don't know about, yes. But tell someone where you'll be.

Justin: Something with the phones, okay folks? Something with the phones.

Sydnee: Please let people know where you're going. Where exactly. What location you are planning to be at. If you are sick, my advice would be stay home. Especially if you suspect you may have coronavirus, please, please, stay home.

Justin: You don't wanna make that decision for everybody else.

Sydnee: No. You don't get to make that decision for everybody else. If you are someone who takes medication, especially medication that is life-sustaining on a daily basis, and it would be highly detrimental for you to be away from that medication for a day, or perhaps longer, I would also consider that before you decide to go protest. Because many protesters are being arrested, detained for unknown amounts of time, and you cannot guarantee your medication would come with you, and it is not advised that you carry anything like that on you.

Those seem obvious. Some things you may not have thought of... I know at a lot of these protests pepper spray, mace and tear gas are being used on protesters by police officers. So, some advice specifically for that. One is don't wear contacts. This in reference to tear gas.

So, tear gas is actually a solid. Tear gas is used to describe a number of different chemical agents that will, indeed, make you tear up but will also irritate your airways, you'll produce a great deal of mucus and snot and have difficulty breathing. They're very uncomfortable agents is what everyone—this is my understanding. So if you wear contacts, you can actually get the powder stuck between the surface of your eye and the contact, which as you may imagine…

Justin: Sucks.

Sydnee: Yes, is incredibly painful. So, don't wear contacts. When it comes to tear gas specifically, the more skin that is covered, the better, because if the powder lands on your clothes, you can remove your clothes and it's off of you. That's the easiest, you can get yourself out of the area and strip down, is the best way to get it off of you. So it's recommended.

Justin: I'm always wearing tear-away pants actually, so that's huge for me. I'm like halfway there.

Sydnee: The tear-away pants are excellent. [laughs] But yeah, so the more of your body that's covered, that your face is covered… Goggles if you have them, but that's a tall order, but goggles would be good.

Justin: Steampunk, not steampunk? Where are we at on that?

Sydnee: Any. I mean, whatever your goggle fashion is.

Justin: Any. Got it, got it.

Sydnee: Keeping your head covered and hair pulled back because the powder will cling to your hair. And if you do come in contact with tear gas, again, get away from the area, remove your clothing, wash everything as soon as possible, wash yourself off as soon as possible, is the best thing to do.

Justin: Hey, you should do that anyway because you're going into public. So, hey. It's win-win.

Sydnee: Yes, washing your hands and your whole body is going to be important anyway. I've seen a lot of people ask about the spray bottles of baking soda and water. I guess those have been used a lot in Hong Kong, and so protesters there were recommending that they be used. I couldn't find a lot of good evidence that that's very helpful. As much as just getting out of the area, stripping down, and washing off.

When it comes to pepper spray or mace, a lot of people are asking if milk is helpful. That like, if you get it in your eyes on your face, to dump milk. Milk will provide some temporary relief, but it actually does not clear the agent. Much like drinking milk after you eat a spicy pepper, something with capsaicin in it.

Justin: Yeah.

Sydnee: It doesn't permanently do anything. So your better bet is to have some, like, baby soap, baby shampoo, that kind of stuff, some really gentle soap diluted and wash yourself off as fast as possible. That's the better thing. Blink vigorously, try not to rub your face or eyes or anything like that. Don't rub anything, don't touch anything. But washing with some sort of gentle soap like that is probably the best thing you can do. And I think those are all the big…

Justin: If you can't protest, you're unable to, I know I've seen a lot of people who would be especially susceptible to COVID that are unable to join protests, et cetera. Remember, you can donate to people who are protesting, there are groups standing by to help bail people out if they are arrested. One I know off the top of my head, BailProject.org is one that works in a lot of different cities. But it's a great way to show your support as well, I hope, if you are able.

Sydnee: Yeah, and one thing I would say is, if you do attend the protests, I would assume that you have likely been exposed to… especially if you've been in one of these big protests in these larger cities, you may well have been exposed while you were at the protest to coronavirus, and I would really consider trying to isolate as much as you can following your time at the protest.

As much as you can stay away from vulnerable people, the elderly or those with underlying illnesses that might make them more susceptible to the severe forms of COVID, that is probably a good decision that you could make.

And the only other thing is, again, as a white person and as other white people listening to this show… Listening is the number one thing we can do. It's not bad to ask questions, but—and I've heard a lot of people say this, if you're going to ask questions, why don't you do some work first, you know?

There are lots of resources out there that you can find to answer your questions about how to not just be not racist, but be anti-racist, and to actually ally with our black family and friends and actually help with this problem. And not just ask them to do the emotional labor of explaining to you what you can do.

Justin: We tried to help, with this. So, this maybe made it easier on you. We did some of the labor for you this time. Sydnee did all the searching and what have you, we've delivered this to you. And now you can do your own research, too.

Sydnee: Yes, and I would, you know, again, I felt like we have a platform, we should use it. But right now the primary thing as a white American I need to do is listen. And if you are looking for resources, I would seek black voices. They are the leaders of this movement, because they should be speaking and we should be listening.

And we should be right there using our privilege and our position in society to stand with them, to defend them, to support them, and to send the message that black lives matter, and we are also sick of this, we are also tired of this, and we are willing to do whatever we can to stop these racial disparities, this racial violence, and the killing of black people in this country.

Justin: Thank you so much for listening to our podcast, Sawbones. Thanks to The Taxpayers for the use of their song "Medicines" as the intro and outro of our program. And thank you to you for being here with us. We very much appreciate it and we hope to be back with you next week. But until then, my name is Justin McElroy.

Sydnee: I'm Sydnee McElroy.

Justin: And as always, don't drill a hole in your head.

[theme music plays]

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James: Hi, I'm James, host of Minority Korner, with Jazay.

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