

LETTER TO THE EDITOR

One year ago on September 22, 2004 I was in Washington, DC. I was determined to be at the grand opening for the new National Museum for the American Indian at the Smithsonian. I was thrilled when my 4-day jam-packed meeting ended an hour early. I laced up my tennis shoes and walked briskly to the metro station with a purpose. When I came up the escalator at the Mall exit, chills went up my spine, goose bumps appeared on my arms, and my American Indian blood raced to my heart bringing tears to my eyes. I was experiencing something special that I too would tell my grandchildren about. My mind was free to dance and my spirit could now soar. The drums and music called me closer—in much the same way that they told stories for our ancestors. Knowing that I had less than 4 hours before my plane departed, I followed the people to the museum.

The Mall was alive with First Nation brothers and sisters from over 400 tribes. Proud parents took pictures of their children dressed the way that their ancestors did many generations ago. Women in colorful ceremonial dresses with silver bangles that barely covered their moccasins caused strangers to stop to take pictures. Elder women with graying long braids carrying feathers and wearing polished stones imbedded in silver that showcased their eyes. They beamed with pleasure at their men in full headdress. They came from the city, country, and reservations to embrace their common heritage and celebrate their unique contributions with their children and grandchildren. I was connected to this place acknowledging both their gifts and the pain of people to often displaced as well as ancestors who departed too soon before this day of celebration. When we locked eyes there was pride, joy, and knowing—their dancing did not reveal any tiredness on a hot humid afternoon at the foot of the U.S. capital.

Then something happened. A young grandmother was being pushed in a wheelchair by her son while another woman slowed her walking to rest on a nearby bench—her arm rested on the intricately carved Raven walking stick. Was it arthritis in their knees or in their back? I could not tell. I turned my attention to an elder man who was wearing a brightly beaded vest in his wheelchair and was missing his left leg above the knee.

He had many assorted badges on a military cap and was clearly proud that he had served his country well—in the big one—World War II. Was his leg lost in war? Could it be due to poor circulation or diabetes? The common theme is that these medical problems are common in Native Americans. I also know that they are all associated with a dreaded four-letter word—“PAIN.”

My mind drifted back to my patients in Michigan (where I am an anesthesiologist and a pain medicine physician) and on one patient in particular—Mrs. Smith. She is a proud Ojibwa woman, 50 years old or so, who injured her back at work. She lived with chronic pain for over 2 years prior to seeing me. She was desperate, depressed, and did not sleep at night. Chronic pain is a common thief that stole her personhood. More importantly, she did not trust easily. She had not been treated well—many doctors had questioned whether she had “real” pain. She had no reason to hope and had given up on doctors. A loving relationship with her husband of 30 years had deteriorated to marked and prolonged silences.

I recalled telling her that we could improve her pain and get her life back, but there were no quick fixes and this would not be an easy journey. Mrs. Smith allowed me to be a partner in her health-care. We worked first on her depression and sleep. Soon she began to trust me and my team. When her humor came back we started treatment with nerve blocks. As her pain improved, she began to quilt again and started participating in family life. A small amount of pain medicine allowed her to swim.

During one of Mrs. Smith’s visit, she announced that she had gone fishing for the first time in 2 years, was swimming at the neighborhood gym three times a week, and was looking forward to teaching in the new school year. She and her husband were looking forward to taking their grandchildren to Disney World (if there was no hurricane). Mrs. Smith said that occasionally she had difficulty getting her prescriptions filled at her local pharmacy but was always able to get them filled at the hospital pharmacy. She had no complaints. Simply, Mrs. Smith had her life back. She was no longer a pain patient but a person who lived with pain. We had left the bumpy road and found a smooth path.

Pain is a silent epidemic that is a national disgrace. At least one out of five Americans (85 million) suffers from pain that interferes with their family life and work while impairing their mental health and quality of life. Like Mrs. Smith's back pain, most painful conditions can be treated. Unfortunately, the pain complaints of Native Americans and other racial and ethnic minorities are often unheard leading to inadequate treatment while increasing their pain burden. Pain is a critically important public health problem that has received minimal attention despite causing significant disability. Mrs. Smith continues to drive 90 miles one way to see me because no one is able to provide quality pain care locally.

All Americans, regardless of their color, have a right to appropriate pain assessment and deserve

quality pain care. We must view the undertreatment of pain as fundamentally a medical error. Establishing the National Museum of the American Indian shows that their (our) time has finally come. As we celebrate the first anniversary with First Nation brothers and sisters, let's also work together to find ways to improve their overall health by ensuring access to quality pain care.

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