

## Your Health Unlocked Podcast Episode 40

### A Sit- Down with Endometriosis Filmmaker Shannon Cohn

Hi There. I'm Adele Scheiber, the host of the Your Health Unlocked podcast and the Director of Communications here at the National Women's Health Network.

Endometriosis is a condition in which tissue similar to the lining of the uterus grows outside the uterus, resulting in chronic pelvic pain, excessive bleeding, and other life-altering symptoms. Described by one of our previous guests as "like a cancer that never kills you," this devastating illness impacts 1 in 10 women nation-wide, and yet we know almost nothing about it. So...where does that leave the thousands of women struggling with the disease? To examine this question, we sat down with filmmaker, lawyer, and social impact producer Shannon Cohn.

Shannon has worked across Africa, Europe, the Middle East & the Americas on topics related to gender equity and combating stigma and taboo. Her films and TV series have aired on PBS, Nat Geo, Discovery Channel, Amazon and Netflix. Her new PBS documentary BELOW THE BELT, executive produced by Hillary Clinton and Rosario Dawson, approaches endometriosis as a social justice issue. The film is one element of a larger social impact plan to create meaningful change in endometriosis and women's health including increased research funding, policy changes, medical education initiatives and widespread awareness.

0:00:11 - Adele Scheiber

All right, welcome, Shannon Cohn, is that how we say it? Ice cream cone Cohn, Shannon Cohn, I say Costa of like Pasta. That's funny. Well, welcome, Shannon Cohn, to the Your Health Unlocked podcast. Thank you, it's an honor to be here. So, as I like to say who are you and how to be fine you.

0:00:29 - Adele Scheiber

And why are you here today? Why are we talking to you anyway?

0:00:32 - Shannon Cohn

So I am a documentary filmmaker, I'm a lawyer and I'm also a social impact producer and for the past decade I have focused a lot of my professional and personal time and resources and passion on women's health and specifically endometriosis, which I'm sure you're familiar with and many of the people listening are familiar with, but I say it's the most common devastating disease that most people have never heard of. It affects anywhere from one in seven to one in 10 girls, women and gender-expansive individuals and basically it still takes an average of eight doctors and 10 years to diagnose. So, it's kind of insane, that now where we are with technology and medicine, that this many people are going that long before they even hear the word.

0:01:26 - Adele Scheiber

Yeah, no, it's fascinating. So, I'm 34 years old, I've been working here for three years and the first time I heard the word endometriosis was two years ago. It's crazy, right, before our listeners. So just, we did interview an endometriosis urogynecological surgeon some months ago, but why don't we here just remind everybody what endometriosis is for me?

0:01:50 - Shannon Cohn

Sure, yes, ok, so endometriosis is basically a form of tissue similar to the lining of the uterus grows in other parts of the body. I mean a lot of people connect like pelvic pain, really painful periods, with endometriosis, but actually, it's been found in every organ in the body, so it's been in the brain, the spleen, the lungs, the diaphragm, the eye. So, a lot of people don't quite realize that, that is actually a systemic disease and not a "gynecological" disease, that there are clearly some processes at play that we don't quite understand yet and that goes into the whole conversation that I'm happy to get into about the historical lack or underfunding of women's health research.

0:02:36 - Adele Scheiber

Yeah, no, we definitely need to talk about that. It'd be the doctor we had on called it "a cancer that never kills you," right? So you've got these cells that shouldn't be growing places, but they're benign in that they're not malignant, but they are because they cause all this pain. And can you imagine the confusion? I mean, my doctor, who's an eye doctor, had trouble diagnosing my eye problem, right? Can you imagine the frustration of doctors and patients in there trying to figure out what this foreign tissue is over here? So, yeah, so you have three jobs. That's the other thing I heard. You've got lawyer, producer. So you're here today because I noticed your third job on social media, which is you are the producer of the Below the Belt film project. Can you tell us about that project and how it began and how it connects to endometriosis?

0:03:31 - Shannon Cohn

Sure, of course. So, I'm the director and the social producer of Below the Belt, which is basically it's a new PBS documentary that's executive produced by Hillary Clinton, Rosario Dawson and more, and it approaches endometriosis as a social justice issue.

And when people ask me, ok, what is this film about? I say I don't say it's a film about endometriosis because it is about so much more than that. I say it's about the perfect awful storm of menstrual taboo and stigma, gender bias and medicine, racial bias and medicine, informed consent and lack of informed consent about our bodies and procedures and barriers to care, whether they be financial barriers to care or institutional barriers to care that a lot of people, I think, don't know about, the systems that we have in place that actually prevent us from accessing the care that we know is probably best for us in our lives and our bodies.

So it looks at all of those things through the stories of four people who are struggling, you know present with mysterious symptoms, going into the ER, going into different doctor's offices and really not getting answers. And you mentioned earlier, you know, just getting, you know diagnosis for your eye, one of our main subjects, she was a nurse at UCLA and she was going into their ER. You know, you know, time after time and being, you know all the tests were coming back normal. I mean which I understand, that's kind of what an ER is for, to make sure you're not, you know, urgent and you need to you know go into surgery or you need something else. But nobody ever said the word. So, she went through nursing school, she was a nurse at a nationally renowned medical center and she only heard about endometriosis in her own research, like online.

0:05:21 - Adele Scheiber

Yeah, it is one of the. I can't remember if it was your trailer that I watched, but somebody was like it's scary how sometimes a Facebook group can give you more information than the doctor, and I really hit me because it's, it's so true, especially if you have like a rare, and in this case it's not even a rare, it's just under discussed, right. So can you tell me, like how did this become like your passion project? Like what activated you around the topic of endometriosis?

0:05:47 - Shannon Cohn

Well, I have endometriosis and I have two young daughters. There's a seven times increased genetic risk of endometriosis among really sisters and between mothers and daughters. So, it was really a realization when they were quite young, after my second daughter was born actually, that not much had changed in the 20 years since I had first had symptoms at 16 and basically, the system isn't working for so many women. It's just not, I mean, endometriosis or not it's just not working for so many people and to, you know, create widespread change and, you know, an accelerated pace.

I think we have to go outside of the system to force it to happen much like you know, and I studied a lot of social movements that were able to accomplish that, and I specifically, and talk to people at the root of those movements, for example, the movements of ACT UP, you know, in the HIV AIDS in the 80s and 90s, and talk to the people who were, you know, you know doing a lot of the grassroots and learned about all the different components in place that they had to get that dramatically increased research funding and really, when you look at it historically, a tiny amount of time.

0:07:02 - Adele Scheiber

You know yeah, it was fascinating because we. I remember that we were trying to like pretend AIDS didn't exist, like we, really, the government was like we don't know how to deal with this, it's for the LGBTQ population, we don't know, and it went from that to literally yeah, I mean, it's a big federal program.

0:07:17 - Shannon Cohn

Yeah it needs to be refunded, but yeah um, it's true, and I learned in talking, for example, with Dr Greg Gonzales who's amazing, by the way, and you should have him on this program sometime.

He runs the global health policies Institute at Yale, and he was one of these you know grassroots founding members of ACT UP and he told me you know it was fascinating he's he actually sees a lot of similarities between the early HIV AIDS movement and a disease like endometriosis, which is also shrouded in taboo. Not a lot of people initially knew about it. They're kind of like, oh, why should I care about this that affects other people?

Not really understanding the impact and the fact that it really needs a transformative amount of research funding to find answers and to stop this long diagnostic delay. But he also shared something which I thought was really interesting. He said Shannon, you know when you want to create large-scale social change, especially in the US, and that in the healthcare system are really probably any system. You don't need a thousand people pushing it forward. You actually need maybe a dozen or two dozen of the right people who have aligned interest, who have great intentions and to have varied skill sets. Someone who really understands research and understands how to talk about research with you know people from the NIH, from government, people who are really great at diplomacy and understanding how to talk to people on the Hill and how things actually, on a practical level, get accomplished. People who are not scared of direct action, getting out on the street and making people and powerful and comfortable on the street. You know like people really good at publicity and PR and marketing and understand how messaging works and branding works. So it's really putting all of those team members together, something that ACT UP did so effectively.

And you know why do we all need to reinvent the wheel? We should all learn from one another, from, yes, of course, from movements that have already been successful. Pull what is, you know, successful from that, and that applies to your work. I mean, I've said like, I've done that, and it's been so effective. And also people breast cancer advocates. Because we were able, we thought about getting funding for an additional research funding stream from the Department of Defense, for example, instead of like going outside the NIH pie.

0:09:33 - Adele Scheiber

Interesting. Well, you know, people put writers on, why not you?

0:09:37 - Shannon Cohn

Yeah, well, you know, well, the majority of a lot of, I'm sure you know, of a lot of breast cancer research funding and a variant cancer research funding Comes from the DoD and some really smart breast cancer advocates figure out like, oh, we should, we should go after the DoD for this funding. So really just learning from people who come before us and I hope people learn from what we're doing, you know, and add to that and customize it to what they're trying to do.

0:10:10 - Adele Scheiber

Yeah, no, I think I mean I love how you're like standing on the shoulders of giants with this, also your whole dozen of the right people thing. That's like you know what our whole organization is. We're very small, so I feel like that is so validated in just the history of our organization. You've mentioned this a couple of times and I just want to go on script. Already it's only been 10 minutes, but you mentioned the stigma surrounding endometriosis. Can you talk a little bit more? Like why is there stigma? I mean this is just like any other disease, right? Like what's the stigma that you've experienced or that you've heard the people on Below the Belt talk about?

0:10:41 - Shannon Cohn

Yeah, I mean I think that, as we understand that there is a stigma around periods and menstruation, historically and around the world you know, and kind of a reluctance to talk about things like that, I mean I did present with symptoms at 16 of debilitating periods and

0:11:00 - Adele Scheiber

Is that? a common symptom of endometriosis?

0:11:03 - Shannon Cohn

It is a very, it's not the only symptom and not everyone has it, but it is one of the most common symptoms. Debilitating periods, I mean I think many women girls and women have, like they have cramps, you know. I think that's just part of it, but if you have period pain, for example, that stops you from doing your normal daily activity and if you take, you know, like a acetaminophen or ibuprofen, and it doesn't really help that much or you're, like you know, popping one every couple of hours just to try to take the edge off of the pain, then that is not normal and

it absolutely should be investigated further with a healthcare provider. So, I think there is just, you know, periods are, they're seen as messy and they've kind of just been given this, you know, there's just been a historical stigma around it. So, I think that absolutely contributes to the diagnostic delay of a disease like endometriosis and other below the waist or below the belt women's health conditions like fibroids, like PCOS. There are a lot that also have, you know, this huge diagnostic delay. I just did this panel discussion at Morehouse School of Medicine in Atlanta a few weeks ago with patient advocacy leaders from PCOS groups and fibroids and it was, like you know, we're talking about different pathologies, different diseases, but we were all speaking the same language.

We're all you know seeing the same diagnostic delays, the same biases at work, the same struggle to get answers to symptoms where you know you over years and multiple physicians. So I think when you're talking about women's health and especially things that are below the waist, things can get really weird really fast not with us, but with other.

0:12:50 - Adele Scheiber

No, I know I'm in my own little repro bubble. Over here we speak this language, but you know it's funny. You say that because I can see there being the stigma among the general public, right, because women are taught to be embarrassed of their bodies at the age of two, you know, right? What I guess surprises me, and what surprises a lot of our listeners, is that when you get to a medical provider, there's still this stigma, right, and this diagnostic delay. So let's talk a little bit about this. So you have these periods. You finally get to a doctor, you're like I don't know what I got. Talk to me about the state of what... how does one get a diagnosis? Because that's really difficult, right? There's not a lot of talk to me about how they got it, even diagnose it.

0:13:32 - Shannon Cohn

Yeah, well, what we've learned in looking at this problem and really researching it is, in the US at least, a lot of times school nurses are the first to know when a girl has symptoms, because a lot of times it does, little things or big things present when you're a teenager, yeah, I mean think about it.

0:13:49 - Adele Scheiber

School nurses, huh, school nurses. The unsung heroes.

0:13:50 - Shannon Cohn

I know. But think about like I think a lot of people listening right now can identify with this that you know, when you have anything, you know cramps? You know, you go into your school nurses office, they tell you to lie down usually lie down on your side and pull your knees up, and you rest for, you know, a period or two and then you have to go back to class and they maybe give you IV, Zofran or whatever. But we have actually, it says, frontline providers and we actually have enacted a program. We've educated approximately 10,000 school nurses in the US about how to recognize these symptoms.

0:14:23 - Adele Scheiber

Oh, that's great.

0:14:24 - Shannon Cohn

Because we would love to live in a world where a girl hears endometriosis for the first time and her parents, for example, at 13 or 14, when she first had symptoms, instead of 23, when she's trying to, you know, establish a career and go, you know to, maybe with education, with university or 33,

You know, a lot of times they're trying to maybe start a family then. But then if their body has had to, you know, live with a disease, for example this invasive tissue, you know, that's invading organs and causing a lot of inflammation in the body, then even if she doesn't have debilitating pain or other types of organ

dysfunction, a lot of times we're seeing, you know, increased infertility rates up to 50% of infertility in women is due to endometriosis, and it doesn't actually have to be that way.

The real injustice there is that it's needless, if it were diagnosed earlier.

0:15:19 - Adele Scheiber

Right, right, and I mean wow. So first of all, that's, I love talking to two different people on two different sides of this issue. Right, because the Uro-Gynecologist we talked to was like if they would just reimburse us surgeons at a higher rate, which obviously, then we could explore the surgery, we could get a diagnosis sooner, and that's true, that's so valid and we're actually fighting to get that done. But, I love that you're like if we just educate the nurses to maybe say it earlier, then we could start the thing. I mean, this is all works together, right?

0:15:51 - Shannon Cohn

Absolutely. I mean I think that the Uro-Gynecologist you talked to is absolutely right and surgeons for endometriosis should be, it should be a priority that they're reimbursed at a higher rate. I mean it doesn't make sense that it's again larger, you know a symptom of a much larger systemic issue in women's health and undervaluing of women's health procedures and surgeons that you know do women's health procedures. There's been a lot of research on that in papers there are that especially recently?

0:16:15 - Adele Scheiber

well, and just to clarify, the only way right now to diagnose endometriosis is through invasive exploratory surgeries. Right.

0:16:22 - Shannon Cohn

That is correct. I mean imaging can definitely, an MRI, for example, can definitely if you have a large endometrioma, like a large cyst on your ovary, where it can certainly lend to the fact that this is an endometrium and you likely have endometriosis elsewhere. But negative imaging does not mean that you don't have endometriosis. For example, I had an MRI a month before I had surgery for endometriosis, this is years ago, and it was negative and then my surgeon went in and I had stage four endometriosis.

0:16:54 - Adele Scheiber

Wow, Well. So why is it that the MRI doesn't pick it up? Is it in use of a tissue?

0:16:57 - Shannon Cohn

No, it has to be larger. It just has to be larger. A lot of times, endometriosis can be very diffuse. You know what I mean.

It can be tiny little, but it can be a lot of places you know it's not necessarily when you think of like a tumor for cancer, where it's usually like one mass, [Adele – yeah], endometriosis, I mean it can manifest that way if it's big, you know, but a lot of times it's like diffuse, like you open the pelvic cavity, you open it, and then it's like small little nodules, you know, and I'm not a surgeon and your surgeon could speak better to that, but I have learned that much, you know, and that's one reason it doesn't show up on the imaging.

0:17:29 - Adele Scheiber

We didn't know that. No, I didn't hear that. We didn't talk about that. So that's fascinating. Yeah, it's good to know. And so, people, if you suspect you have it and it doesn't show up in the MRI, case is not closed.

0:17:39 - Shannon Cohn

Case is not closed. I mean, and I do think imaging is improving and I do think more specialists like radiologists who are reading this imaging are getting better at recognizing like little abnormalities in the imaging. But it's kind of like anything, like if you go to a radiologist who's not specialized in reading or looking for endometriosis, they look at everybody part, like it's like going to a generalist for a very specific problem, Like are they going to see it? Are they going to see what the mind doesn't know? You know what they haven't learned to look for? Exactly so it's like everything is like if you have a specialist, then your chances of getting diagnosed or getting the proper treatment go up exponentially.

0:18:19 - Adele Scheiber

Well, we hear this over and over and over again, right? Like you know, doctors have specialties, just like everybody else, right, and there are more specialties than you think. So, you know that's in this field, you know, a urogynecologist, somebody who focuses on this kind of thing, is probably what you want to look for if you really suspect endometriosis. But let's talk about the diagnosed delay, right, and part of that delay, as I understand it and you know, correct me if I'm wrong but it's the fact that it's very painful, right, endometriosis is quite painful a lot of the time, and I mean, isn't it true that, like when women come to doctors with pain and they don't know immediately how to diagnose it, it's very easy to just be, like, well, “going to live with that pain I guess,” like, talk to me about your experience with that, of course.

0:19:12 - Shannon Cohn



Yeah, well, I mean, I was told at 16, you know, as I was having these symptoms, debilitating pain that it was part of being a woman. I was exaggerating the pain, I needed to suck it up. I was told I was trying to get attention, which, as I remember thinking like, I know how to get attention. I'm a 16-year-old girl like I, just like these people are crazy. Like, what are they saying?

0:19:34 - Adele Scheiber

This is bad attention.

0:19:37 - Shannon Cohn

I would think of it another way to get attention. Guys. I wouldn't be complaining about this. Like it was so confusing and it's something that was really, I mean, now we have a word for it, it's called gaslighting, but we didn't know, I didn't have that vocabulary then, like it felt very scary and confusing and very abstract because no one was actually, first of all believing me, and meanwhile I'm on the bathroom floor alternating between hot flashes and cold sweats because the pain is so intense and so terrible. But I mean not all the time, but you know a day or two of my period.

0:20:10 - Adele Scheiber

Yeah.

0:20:10 - Shannon Cohn

And so, first of all, you're not being believed about what you're saying about your own body. That you know is true, that's first. And second, when finally someone believes you that this is going on. You know I went 13 years before I heard the word. So, 13 years of going through, finishing high school, going through college, going to law school, trying to have a successful career.

0:20:32 - Adele Scheiber

This is not a rare disease either.

0:20:35 - Shannon Cohn

This is happening to millions of people every day. I'm not special in this.

0:20:39 - Adele Scheiber

Like every every day.

0:20:40 - Shannon Cohn

There's so many people navigating this and trying to do everything and be everything that women are trying to do these days, you know be everything to everyone, and it is just almost impossible when you're living with a disease like this and not being properly treated.

0:21:21 Okay, there's a lot wrong. And how did you talk to me about how did you find the subjects of this documentary? Like, how did you find these peers who were then like "yes, I'll talk about my below the belt problems to millions of people on television."

0:21:36 - Shannon Cohn

Yeah, well, I found most of them through online, talking about endometriosis and, for example. Yeah, I think I found everyone's stories online except for Emily, who is a teenager, and I found her through word of mouth because I was, I really wanted to tell the perspective of being a younger person and living with all of the things, especially the pressures that teenagers have these days trying to you know, project one persona online and you know at school, but really having these confusing and debilitating you know sometimes what she did, so and how did I? You know, honestly, I started filming this a decade ago.

0:22:20 - Adele Scheiber

Really.

0:22:22 - Shannon Cohn

Yes. My first, my first shoot within the OR was in 2014. So that's almost you know, it's quite a while ago. So really building trust over many meetings, years, conversations, because it's not easy to share your life with anyone, you know like, when you know that it's going to be seen by so many people, whatever your life is. But it's certainly not easy when it's something so personal and intimate and life altering in really private ways you know, like in endometriosis.

So over time, just building the trust with them and me really being open and about the fact that I feel tremendous responsibility to get their stories right. And of course, I was so nervous when they saw the film for the first time, really sweating, sweating like crazy more so than we when we showed it. We screened this film at MoMA to like 400 people last year and it was amazing, but I think I was more nervous, for example, when some of the subjects, when I knew they were watching it for the first time, because I really wanted them to feel safe and feel like their stories were represented in a respectful and authentic way.

0:23:38 - Adele Scheiber

Yeah, and just for clarity, how many subjects are in the film? [Shannon - There are four subjects.] There are four subjects, okay, and we have a teenage girl and then can you give like the Twitter feed of like the rest of them?

0:23:48 - Shannon Cohn

Yeah, there's a teenage girl, Emily, from an affluent family in Boston. There's Jenna, who's an African American nurse based in Los Angeles, who is around 30. There's Kyung, who is a Korean American painter and artist who lives in Brooklyn and she and her husband or she's newly married and they're trying to start a family. And then there's Laura, who is in Canada and she's around 30 and also newly married and trying to navigate a health system, like she had had four surgeries to try to improve her symptoms with general OBGYNs in Canada and not only did not get relief, actually felt worse. So, it's her search to try to find expert care and a healthcare system that seemed to not be working for her.

0:24:39 - Adele Scheiber

Right, which, so that's great. Sounds like you have a really broad spectrum of experiences, and that leads me beautifully into my next question, It's you kind of hinted at this, but if you, and perhaps the subject of this film, could wave a magic wand, how would endometriosis care be different in the US?

0:24:58 - Shannon Cohn

Well, first of all, all women's health conditions would be, you know, receive a transformative amount of research funding so that we have more answers, or we have answers to all the questions, rather than a huge amount of unanswered questions about all of these conditions, so that when a girl or someone goes into a school nurse's office, a pediatrician's office, a family medicine, you know with family medicine, doctor's office, with these symptoms, right away a light bulb, you know, goes off and they say this sounds like endometriosis. We should, you know, get some testing done, we should refer you to a specialist and endometriosis. That would be ideal.

And then then we would have enough, you know, research funding, that we would have a non-invasive diagnostic test, [I was going to ask about that] something that doesn't require yeah something that doesn't require an invasive procedure like surgery, where it's like a blood test or urine test or, you know, swap, anything like that, that can definitively say, yes, this person does have endometriosis. And then, with treatment, you know we have targeted treatments because endometriosis, you know it, manifests in different ways in different people. So, we, you know a lot of research is suggesting that maybe there are different types, you know, different phenotypes at play for sure, and what may be the best treatment for, for you know, patient A may not be the best treatment for patient B. We're already, I know that, like I always preface when people ask me like, oh, what did you do, what do you do every day to help treat it, I always say, listen, this works for me, this does not work for everyone.

So, it's a disease where you really have to be your own advocate and find what works for you. What I wish in an ideal world is the provider side reflected that idea too, this idea of individualized,

multidisciplinary care and leading the way with patients so that they find you know what, what helps their endometriosis symptoms the most, and really looks at life course and thinking like, okay, well, what needs to happen? As a teen, as someone in their 20s, as someone, you know, with family planning, someone going into menopause. You know a lot of people don't realize, but endometriosis is actually, can you know, still present itself when women have stopped you know, having their periods.

So really taking into account all of the different, the life course of a woman, when developing treatments and awareness campaigns.

0:27:27 - Adele Scheiber

You were speaking right to the NWHN's heart, right? [laughter] We, you know, we really believe in recognizing the different phases of the life continuum here, right? So, for instance, you know, you, if you're 46 and you just get diagnosed and you've already got, you might not care so much about preserving your fertility, but you might care a lot about pain relief, whereas, like, there are pain warriors out there who want to have a baby. You know what I mean. So, I totally hear that and I think, yeah, that would be on my wishlist too. So thank you for elevating that. All right, the big question: when is this film coming out and how do we see it?

0:28:05 - Shannon Cohn

Well, in the US you can watch it actually on PBS on the PBS app and PBS Passport.

0:28:10 - Adele Scheiber

Like now, like today.

0:28:13 - Shannon Cohn

Yes It premiered this summer.

0:28:14 - Adele Scheiber

So it is available on PBS.

0:28:17 - Shannon Cohn

It will be more widely available elsewhere on different platforms soon. We're doing a lot of hosted screenings. So, if you're listening and you have, whether you're an individual and just want to spread the word or you have an organization or any type of corporate entity, we're doing special screenings right now, virtual and in person, and what I really love about these screenings is they provide an opportunity

not only to share the film but to have discussions about them and communities and workplaces, for example, who have gender equity initiatives, things like that, and it really gives shares the human side. You know of all of these issues that we all care about, you know, within women's health care, but it really helps push the issue forward. We actually screened on Tuesday for the 20,000 employees of the NIH and that screening was attended live by Janine Clayton and Diana Bianchi, who are NIH directors, as you know, and talked about all of these issues for NIH specific, you know, employees and how people from different institute centers, offices could come together and actually help solve the issues, not only in the endometriosis, but women's health, and how taking a systems wide approach to diseases like this can actually be part of the answer.

0:29:36 - Adele Scheiber

This sounds like a great screening for medical schools. Just saying.

0:29:38 - Shannon Cohn

Well we have a medical school screening tour. We screened at 14 medical schools across the country since spring of 2023. And I actually taught a class in bioethics utilizing the film to first year medical students at Harvard Medical School in the spring and, interestingly enough, I, as a lawyer co-taught it with a surgeon at Harvard and we looked at all of the issues the film raises the ones I just talked about with bias and barriers to care. We talked about all of these issues but told through the lens of the film and through the stories of the film, and what was incredibly impactful about that is med students are learning about all of these things and know they should care about it, but the humanity, you know, really understanding the lives outside of the doctor's office, outside of clinical, outside of the OR, and understanding real lives being affected and how that reverberates to their family, their friends, their career their life course and how it really shapes the rest of their lives, I think, was enlightening for them. So we are we are on it.

0:30:43 - Adele Scheiber

That's awesome. Well, we are. We are a story people, right? I mean you're speaking, I'm a comms director, so we know this. But I mean I think it's amazing how you've been able to capture that lived experience in such a useful and educational way, and honestly, I'm glad you're here because I feel like film like film and movies are underrated ways of learning, especially the higher up in the Ivory Tower you go right, yeah, you know. Yeah, we can all read the 50,000 page articles. I used to read what 250 pages a week as a history major. But you know, the films stay with you because you use all your senses and you're meeting these people like on the screen.

So you know, I really just, commend you. I commend you and the producers and everybody involved. I think it's great. I wish there were 10 more of you. So, keep doing what you're doing, thank you. Thank you, of course. Well, Shannon, is there anything else you would like our listeners to know? And this is your chance to plug in literally anything.

0:31:42 - Shannon Cohn

No, I mean, I'm honestly, I would say come to [belowthebelt.film](http://belowthebelt.film), that's the website and learn about different ways that maybe you could bring the work or the film or the message to your community, whether it's professional or personal, and because we all need to be having these conversations, you know, on a really broad level, and that's why it's on, you know, pbs, that's why we're here doing the work, because we believe that endometriosis and other conditions are something that everyone should care about. Whether you know it or not, you are actually affected by endometriosis. I can say with 100% certain to you either have it or you love someone who does.

0:32:23 - Adele Scheiber

Absolutely. Well, we'll make sure to link to the website in the show notes. So thank you so much again, Shannon, for your time today.

0:32:30 - Shannon Cohn

Of course, yeah, great talking to you.