

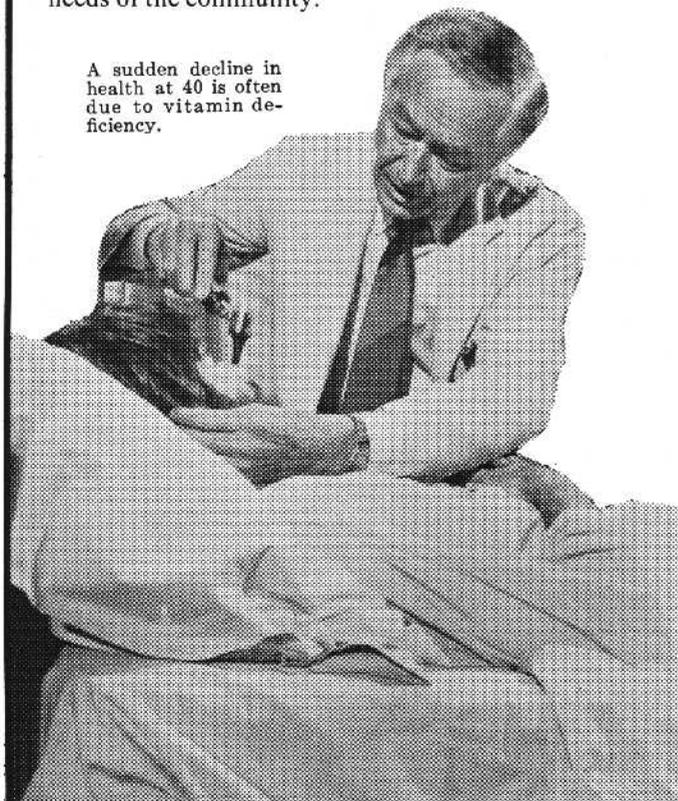
USING VIDEO IN HEALTH CARE by People's Video Theater

People's Video Theatre is an alternate media group which has been working with ½" video in metropolitan New York for the last two years. At present, we are a small working collective, supported in part with grants from New York State Council on the Arts and in part by commercial or contracted video work. As part of our objective to develop a community based television, our energy has increasingly been focused on a series of projects which we refer to as "health information". The purpose of this communication via Radical Software #5 is to describe some of the experiences which have oriented us to this project, explain what we understand by "health information" and why we think that this kind of approach to communications is valuable at this time.

Generating Information

Video Theatre takes place primarily in the public space. For us it developed as a result of working with liberation groups and around community issues. We saw that portable video with live feedback and various styles of selective feedback could define a space where people could psychically connect up with each other to create an information event. Initiated and recorded by a communications group with a sensitivity to how to move information, tape is shown to others who respond on tape and a process is begun whereby people have generated new kinds of information which they need and can use. We became aware of the need for health information through our desire to see this kind of event become the basis of a community-wide media experience which could begin to serve the real and immediate information needs of the community.

A sudden decline in health at 40 is often due to vitamin deficiency.



Initially our approach was to interview people in the street and parks asking them about the kind of health care they received and what kind of health information they could best make use of. We became aware that most people we talked to were in a state of frustration and confusion over their inability to connect up their own experience with the kind of information the health establishment was dealing through the various commercial media. Based on this, we felt we should start to create health information events utilizing as much feedback as was necessary to find ways of creating information about health concerns that people could trust and use. During the summer we made a series of tapes dealing with doctor-patient relationships in the examination and diagnostic process, peoples' and scientists' attitudes toward air pollution and their concerns about the effect of air pollution on health, and awareness of venereal disease.

The movement of these tapes was to try to bring together those sources of information and concern that are traditionally kept apart by institutional and class attitudes. The tape of V.D. was most successful. We went to a busy street with a doctor and nurse, set up our equipment with live feedback, and began asking people about venereal disease. People quickly got into using the doctor and nurse as an information resource for both their practical questions about V.D. as well as checking out some of their fears and fantasies of what it was all about. People with personal experience with various kinds of V.D. (especially one guy who claimed to have had clap forty times) began to fill out the linear, medical descriptions with graphic stories of what it felt like and how they handled it. In this way people began to exchange information, deal with each other's attitudes, with everyone digging each other on the live feedback—and the street temporarily became a place devoted to people's creating information for themselves. Using video in this way, we found we could analyse people's information needs, and demonstrate possible ways of meeting that need—though not on any expanded scale precisely because there is no real information media system to fulfill this role.

Health and Information Systems

Some groups don't have the problem of lack of awareness of a problem due to insufficient or bad information. Toward the end of last summer, we started working with a community of handicapped people (a summer camp) where the major concern was the isolation forced on the handicapped by a culture and professional elite which is both ignorant and hung up. Through getting into the equipment and designing messages to parents and non-handicapped people, people in the camp quickly saw video not only as a way of bridging their separation from the larger community, but also as a tool for documenting and presenting their needs to those who plan their space and administer their programs. Their goal is to resist the rip off that is laid on them by a professional elite and regain control of decision-making issues such

as transportation resources and space design-issues which directly determine their ability to relate to each other and the non-handicapped world.

As we got into the life of the camp, we found that with portable video we temporarily became the media system for the community. When a crab epidemic broke out and everyone had to be quarantined, we moved about with portapaks, connecting up different parts of the camp with information about other parts, and later playing back the whole drama and in the process, mediating between those who made a decision, those who had to implement it, and those affected by it. As a communications group, we found we could service a small community already defined by its special health need.

These experiences are related in detail because they have oriented us to a role through which we can have an immediate impact on a real information need. Video is like anything else, you have to learn to use it. Our experience has been that when people learn that with it they can become the productive means to generate information for their own situation, then they have the ability to take control of the issues of everyday life.

During the fall and winter, we've made contact with a large number of people, groups, and institutions which have either special health concerns or are involved in health services. Both through making tape and talking to people about media, we began to learn about the health system in this city. Like most other bureaucracies, this system is in an incipient state of collapse, with a growing inability to meet the health needs of all the people, and no prospect for reversing this trend. Grossly under-financed, with most decisionmaking coming from private interests, and virtually no feedback from those who carry out policy and are affected by it—it is an amplification of the overall American system that controls all our lives. It persists mainly through the fantasies which it generates through its own information system, which keep its reality at a comfortable distance.

On many fronts, people are beginning to deal with that aspect of the health system which hits them hardest. As groups make their own analyses, plan strategy, and take action, they begin to generate information which is useful to others in similar situations. Since this is not an information which is marketable, there is no prospect that it will be carried through commercially based media. It is also obviously not compatible with the political consciousness represented in profitmaking media. At this point, it requires groups and people committed to communications to create an information system which can deal real-information. In New York at this time, there are only two possibilities, closed circuit showings and the Public Access channels of cable Television.

The predominant attitude in New York toward the Public Access channels of cable television is one of defensiveness and defeatism. Admittedly, it's hard to see what it is that people could take for their own real use from this stupidly constructed cable system which, in its own way, is no less a rip-off than its rival—the networks. Cable operators will only strive to develop Public Access so as to sustain and protect their other real interests laid

down in the city franchise. It's obvious that one person can only watch one thing on one channel at one given time. If people are making programs and digging each other over the 2 to 5 Public Access channels, then the same people aren't watching commercial cable and broadcast programs, the potential advertising market decreases, commercial time is less valuable, profits lag, and ultimately the backbone of the information monopoly is weakened. But, to start from the beginning; how do you develop this constituency for public access in the first place? Our involvement with health issues has made us feel that there are small constituencies composed of special interest groups, defined by their health information needs, who could benefit from making programs and using public access to communicate first with each other and secondly with the larger community. For this reason we are interested in encouraging people to find cable outlets in the community so that if people with these outlets will allow their neighbors to gather to watch public access programming which they have made or are interested in by virtue of their own situation, than this will represent a step beyond closed circuit showings though not excluding them towards the formation of a constituency for public access and the basis of an information system specifically oriented toward real information needs. The ultimate extension of this process of constituency programming would be the formation of special channels devoted to programming health information.

These observations represent our attempt to make the best use possible of our experience in terms of the realities of the present situation. They originate in our desire to see video become an activist resource for social change. Health and a real-information system are two sides of any real future. We need to know how to take care of ourselves and develop support systems for keeping ourselves alive at a high level. If we can't do this, it's absurd to expect that we'll be able to know much about anything else let alone knowing how to take control of it when it goes out of control.

A catalogue of tapes dealing with health information and health issues as well as a wide variety of other topics is available by writing: People's Video Theatre, 544 6th Ave., N.Y., N.Y. 10011 (212) 691-3254

In addition we have material describing services available to groups, institutions, and communities wishing to learn about the use of video (and other media) for systems planning, mediation, and the development and facilitation of planning and action programs.