Queering the Healthcare Information Film

Exploring the application of community healthcare archiving and participatory filmmaking to the creation of NHS staff training resources.

Introduction: The Healthcare Information Film

A healthcare information film is a subcategory of educational and instructional film that tends to manifest in two familiar formats. The first format consists of institutional medical teaching films, which are designed to train healthcare professionals by showing surgical techniques or medical procedures. The second is public healthcare service announcements that explore medical themes, typically aiming to inform the public on diseases, vaccinations, or healthy living practices. Each subtly or unsubtly encourages specific behaviours in the general public and national healthcare service (NHS) workers. The behaviours taught, perhaps with the objective of increasing the efficiency or effectiveness of the NHS, are often rooted in colonial modes of knowledge production. Examples from the 1950s-1980s comprise important cultural time capsules, with glimpses of insight to institutionalised colonial violence and the lingering effects eugenicist ideologies have had on medical policy and practice in the UK. An emblem of this is how far healthcare information films fail to account for experiences outside of Western heteronormativity, denying narrative power to marginalised groups and their lived experiences.

Imperial Medicine and Indigenous Societies (Arnold, 2021), delves into the role of medicine as a significant tool of colonial power. The book highlights how Western medicine was used to assert control over indigenous populations by promoting the superiority of European medical practices while often dismissing or undermining indigenous knowledge systems. It discusses how colonial medicine reinforced social and racial hierarchies, depicting European doctors as authoritative figures and using medical interventions as a means to justify and maintain imperial rule. With this work in mind, it’s useful to consider how the traditions of colonial medicine continues to effect social and medical policy in the NHS, and the experiences of those with multiple marginalisations like trans+ people of colour with disabilities.

Decolonizing Methodologies (Tuhiwai Smith, 2012) addressed how academic research is lodged in practices that continue to ‘privilege Westerns way of knowing’ and ‘dehumanise’ Māori people and Māori knowledge. Smith discusses the importance of involving indigenous communities in research to challenge colonial power dynamics, exploring ‘what happens to research when the researched become the researchers?’ This builds a case for the application of participatory methods in decolonising practices like medical research, to prioritise the knowledge systems and perspectives of marginalised communities. Borrowing from this line of investigation and from ‘The Parallax Effect (Ginsburg, 1995)’ exploring the applications of re-angling the perspective of ethnographic film to those belonging to marginalised communities, I will propose a blue print for community-made healthcare information films, by those who have, historically, been medicine’s ‘objects’.

I will make reference to the creation of ‘Dr. XYZ: A Medical Drag Transthology’, a trans+ healthcare information film I made with Dr. Raviv Piccus and Birmingham’s trans+ community between 2023 and 2024 (XYZ Projects). Examining parts of this process I will explore how methods of ‘queering’ healthcare information films can aid the decolonising of their knowledge production. Our work focused on the re-purposing of healthcare information formats to represent and respond to the specific healthcare needs of trans+ people with multiple marginalisations.

The ‘NHS on Film’ archive (BFI, 2023) is a collection of healthcare information films, depicting the timeline of the National Healthcare Service, as part of its 75th anniversary. Many of these films were created by the Central Office of Information, to be used as publicly broadcasted campaigns or internal training resources for NHS workers. In this sense, some additionally fall into the category of ‘industrial film’.

Industrial film refers to films that are specifically produced for the use of companies, organisations, or institutions for training and educational purposes. Specific tropes and conventions of industrial film, can be identified by anyone who has ever been in, or a part of, a public institution. These films are often in place to encourage particular kinds of behaviours from staff, as well as service users, through engaging and persuasive storytelling devices. Though serving an institution, they are often known to defy genres and ascend into avant-garde and surrealist filmmaking techniques to engage viewers. In ‘Films That Work’ (Heideger, 2009), ‘The three Rs’ are explored as the areas of purpose that industrial film can serve. These are ‘record (institutional memory), rhetoric (governance) and rationalisation (optimising process)’. Where healthcare information film naturally functions as an archive record for the medical institution, it’s contribution towards governance and the optimising of processes for institutions is primarily through its encouragement of the social organising of staff and service users. This is achieved, in a simplified sense, through the rewarding and punishing of specific behaviours related to the delivery or use of the national healthcare service. These behaviours are demonstrated by characters in the films, who for the purpose of education, act as agents of the institution, or figures to be shaped by it. Furthermore, these institutional behaviours are often coded with specific gender and race-related fictions, reflective of colonial rhetorics. Many feature an *authoritative narrator*, eventually manifesting in a voice off-screen, who is characterised as a calm, knowledgeable, masculine figure with an assertive (RP) english accent.

This archetype is implemented in ‘Your Very Good Health’ (Batchelor and Halas, 1948), ‘A New Way of Caring (Payne 1973)’ and ‘Word of Mouth (Urban, 1989)’, to name a few. The authoritative narrator tends to possess a combination of broadcast charisma and medical sincerity as they guide us through step-by-step instructional sequences and deliver us into the hands of white medical ‘experts’,

for a closer look. Unsurprisingly, this type cast suggests affiliations of intelligence and validity with masculinity and whiteness and echoes the ethnographic tradition of the all-knowing voice of information in documentary.

‘Word of Mouth’, Central Office of Information, 1989

Additionally, the archive introduces us to another stock character of the medical information film, the trusty and maternal nurse. In “Life in Her hands” (Leacock, 1951), “Understanding Aggression" (Thomson, 1960) and "Modern Day Nightingales" (London Line, 1978) we perceive the narrative events from the perspective of exclusively white nurses, who inform us on life on NHS wards through dramatised depictions of first-hand nursing experiences. *Life in Her hands* was a nursing recruitment campaign produced by the Crown Film Unit in response to a critical shortage of NHS nursing staff in the 1950s. It is described in the NHS on Film archive as an ‘instructional film’ and ‘women’s picture’, depicting life on the ward in an hour-long drama ‘revealing that nursing's no picnic’, but a commitment 'profoundly rewarding but not without cost.’ Here the labours of an NHS nurse are presented through dramatic reconstruction, playing out in a landscape of fashionable post-war ideologies on gendered labour. Through a melodramatic sentimentalising of bed-side care-giving work, focused around providing comfort to patients, the film promotes the role of a NHS nurse as a natural extension of a woman's inherent qualities e.g. compassion, care, and selflessness. This

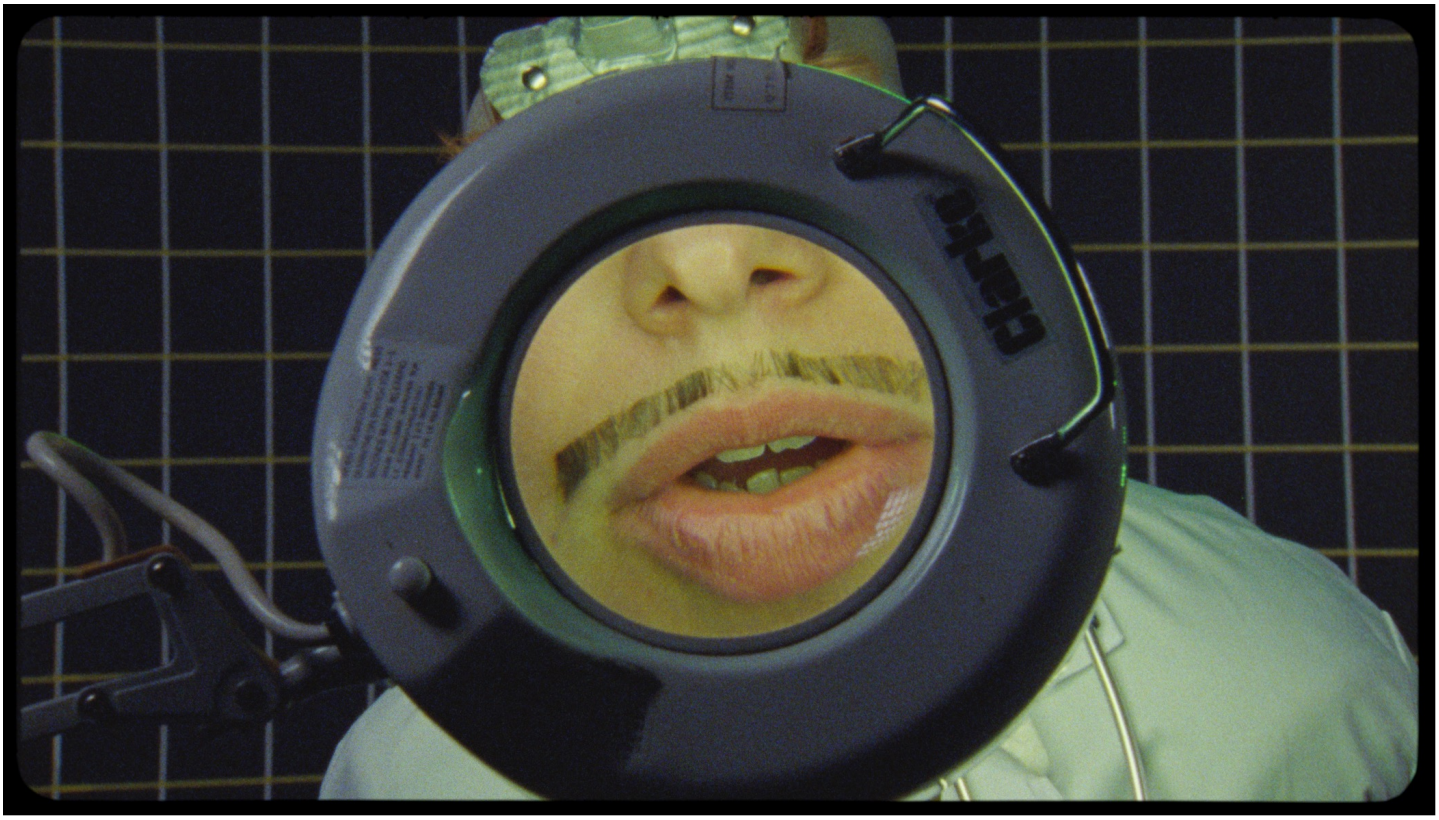
character archetype is depicted in direct contrast to the decision-making work undertaken by male doctors in the film. However, in *Modern Day Nightingales*, following technological developments in hospital care equipment, female nurses are suddenly depicted as mechanically-competent labourers. The film reports on how the traditional role of nurses is changing, showing an array of busy nurses operating various medical machinery in high pressure scenarios. ‘In the background we see – sitting over an incubation chamber in a maternity ward – the figure of a lone Black nurse’ (Alexaner-Pillai, 2023).

'Modern Day Nightingales' (1978)

Given the time of production of these films, we generally see a striking lack of portrayal of Caribbean nurses, who then made up a significant part of the NHS workforce. With overseas recruitment from Commonwealth countries and the Caribbean beginning in the 1950s, due to a critical shortage in NHS nursing staff, by the 1960s-1970s 12% of all nurses were from overseas. Moreover, more than 66% were from the Caribbean (Simoes, 2023). When depicted, Black nurses were highlighted to be undertaking labor-intensive roles in medical settings, as opposed to operating medical equipment or advancing in specialised fields, as white nurses were. This represented, meanwhile re-enforcing, the reality that white nurses were more likely to advance in specialised fields, while Black nurses faced

significant barriers to career growth.

Dramatised gender and racial stereotypes of NHS workers appear to be at play in these films as a means of encouraging the British public to form certain attachments, or personal identifications with cinematically palatable characters. This dramatising aids instructional storytelling through it's emphasis and simplification of concepts and characters, meanwhile reinforces colonial hierarchies. With this in mind, education films are interesting examples of film formats which blend documentary conventions (such as talking head interviews) with dramatised sequences, through their use of theatrical re-enactment. Re-enactment sequences, implemented to promote desirable institutional behaviours, are considered to bring teachings 'to life' for the viewer. This approach is similarly used in medical schools and healthcare training settings, where trainees are required to take part in patient 'simulations' and perform role-plays of these interactions, until a satisfactory performance has been demonstrated. *Performing* the role of the doctor, brings to mind 'operating theatres', known historically as sites of spectatorship and medical performance. Essentially, this is where medical knowledge (and traditionally surgeries) was presented to a live audience, in the hope it would be re-enacted and reproduced by its spectators. This presence of performative assimilation in healthcare settings, was one of the initial influences for the creative approach to 'Dr. XYZ; A Medical Drag Transthology'.



‘Dr. XYZ; A Medical Drag Transthology’ (2024).

Our objective in making Dr. XYZ was to repurpose the genre of the medical information film as a means of archiving the experiences and responding to specific needs of trans+ people with multiple marginalisations. We invite viewers to engage with the systemic failings of the UK’s public healthcare system and with those who it fails the most. Part of our approach was assimilating the traditional tropes of healthcare information films and revisiting them through a performative approach of ‘medical drag’. This partially refers to the aesthetic qualities of ‘medical camp’ throughout, but also to the use of verbatim drag re-enactments of ethnographic healthcare accounts. These were drawn from an archive of audio accounts we collated with trans+ people from Birmingham who have have sought gender affirming care from their GPs. Through the comedy satire of drag performance, we wanted to engage healthcare workers in these realities and emphasise the failings of primary care. Part of this was engaging and involving trans+ people, particularly global majority people who identify as disabled, neurodivergent and/or non-binary in the writing of the training film. Our objective was to place them at the centre of the narrative.

Frequently to this day, trans representations are carefully mediated and censored by ‘media gatekeepers’, solely celebrating ‘palatable’ trans identities of cis-gender ‘passing’, white, non dis-

abled people. There is still a huge amount of emphasis around ‘passing’, ie assimilating the aesthetics and behaviour of Western idealised cisgendered identities. This is significantly reflected in the UK’s medical assessment criteria in place to grant access to hormone replacement therapy (HRT), which is widely known within the trans+ community to result in forms of gender performativity by those seeking support. During the archive building process of Dr. XYZ, we encountered numerous people who felt a pressure to ‘perform binary gender roles’ to healthcare professionals in order to access HRT or get a referral to the gender identity clinic (GIC).

(interview transcripts):

Mia:

“When I would go to see therapists, when I would go to see any medical professional within the NHS and private sector, I would be in high heels, a pencil skirt, make up a blouse, a bra. Uncomfortable as hell. To try to present the most femme as possible, to try and get them to see me as what I needed them to see me. In order to get the gender affirming care I needed.”

Beckett:

“I think part of one of my fears when accessing like gender affirming care is, like, I don't have an end goal to be like super macho. I think there is this perception that if you want to be a man, but you don't want to be like super macho and you still want to be a little androgynous, then clearly you don't really want to be a man. And that if we don't want that, then we don't actually need gender affirming care.”

With this in mind, Medical Drag re-enactment, was an ethnographic storytelling method we used to play on the specific instances of gender performativity that take place in the sphere of medical assessment. Collectively, we wanted to highlight the need for primary care services that actively accounts for non-binary and gender-queer identities, instead of re-enforcing gender binaries.

Community Healthcare Archiving + Medical Drag Re-enactment

Dr. XYZ became a project on assembling a general practice training film around findings from an oral history archive of trans+ healthcare experiences. The method was composed of interview/ archive-building workshops, collaborative script development and medical drag re-enactments. The idea was to deliver a resource which identifies the existing gaps in the UK's healthcare system. We wanted two achievements this by including first-hand accounts of how trans+ have navigated them, in order to incite structural change in primary care practice. GPs would be given the opportunity to learn from other GPs' failures by hearing about some of the direct implications their actions, or lack of action, can have on trans+ people and their well-being.

Interviews/ XYZ Archive Building:

When designing our research framework we drew inspiration from 'Kinship Imaginaries' (Rapp and Ginsburg, 2011) and its methods of access-centred re-worlding for children with learning disabilities. Ginsberg references focused interviews with both families and medical researchers to build a foundation of understanding from various perspectives on disability experience. Combining a multi-faceted lens from both institutional and domestic spheres allowed Ginsberg to draw cross-relational conclusions on how to improve the individual experiences of care and access support. Kinship Imaginaries connotes the journey of ethnographic research to practical change in the US education system, through the unveiling of common shortcomings in disabled children's education.

By interviewing members of Birmingham's trans+ community about trying to access gender affirming healthcare through NHS GPs, we gathered about poor experiences guided the narrative of the information film. Grey literature research was used to support the first hand accounts and NHS

guidelines directed how these issues can be resolved within the current system. In our archiving sessions we interviewed both trans+ people seeking healthcare and medical professionals in the NHS.

Activated by an open call, trans+ people in Birmingham were invited to attend group and individual interviews at a local, fully accessible community hall. To promote a safe space for sharing intimate healthcare stories, the interview team were all members of the trans+ community. Understanding the potentially triggering interview questions, we had a trans+ wellbeing support worker present for all interviews with the trans+ community. Consent to record and archive verbal accounts was taken prior to all sessions, and people were offered the chance to remain anonymous if they wished. Our approach to interviewing and archiving encompassed some of the principles of community-led archiving, which has application to empowering communities to manage and preserve their own health records and histories. This approach recognises the unique needs and perspectives of different communities, ensuring that their health experiences and knowledge are accurately documented and accessible. For instance, *The Black Cultural Archives* is dedicated to archiving the healthcare experiences of Black communities in Britain. This archive serves as a resource for advocacy, highlighting healthcare inequalities and pushing for systemic changes within the UK's healthcare system. Additionally, *The Museum of Transology* is a community-archiving project, which documents and celebrates the lived experiences of transgender, non-binary, and gender-nonconforming people (Museum of Transology, 2014). It is considered the founding of a trans+ 'intimate public' by focusing on domestic stories of transitioning by including personal artifacts (many healthcare-related), handwritten stories, photographs, and memorabilia that highlight the diversity and complexity of trans+ lives. The museum promotes a more intimate understanding of trans identities by showcasing items that hold deep personal significance to those who have donated them.

During the XYZ Projects' archiving workshops we invited interviewees to respond to the same questions the interview team had about their unpredictable futures. "What are the bad experiences we've had so far?", "what can we learn from them?" and "how can we improve the system to accommodate us in the future?" Through these prompts, we wanted to learn, not only about people's negative experiences with the healthcare system, but additionally their ideas around how the UK's GAH system could be re-imagined.

Script development:

To develop a script for a trans+ healthcare training film we began by listening back to the archive of oral histories and transcribing them. We then identified some of the reoccurring categories of practice errors made by GPs, or failures to deliver support for gender affirming care. These came under two main categories — the *institutional* and the *interpersonal*. Institutional failures included long wait times to be seen by specialist services and administrative errors, like the mislaying of referrals to gender identity clinics. The key interpersonal issues spanned staff's lack of knowledge, unequal treatment in the form of discrimination or harassment when accessing healthcare services, and inappropriate curiosity from healthcare providers. In response to these findings, we designed an initial structure for the training film, which encompassed the key lessons and concerns we needed to cover. Using this initial structure as reference, we then held a participatory script-writing workshop designed to focus on developing a script from the key areas of concern, and invited contributors to the archive to take part.

We opened the session by discussing instructional and healthcare information films that people had seen and what was memorable about them. Then what it might look like to 'queer' this format, and how it could effect the depiction of the NHS through a trans+ gaze. Approaches suggested were; trans+ performers mimicking cis-gendered doctors and the lip-syncing of ethnographic healthcare accounts. One of the other primary outcomes from the writing exercises, shared by all contributors in attendance, was that those that would like to, could play themselves in the film. This would involve re-enacting their recorded accounts, through live delivery to camera. Additionally, it was decided that contributors would perform in their regular clothes, using smartphones. This would be in contrast to

the 1960s-1970s styling of ‘institutional agent' characters, depicting the healthcare system as trapped in the past.

XYZ Projects Script-writing Workshop (Birmingham), 2024.

The film’s characters, specifically those serving as institutional agents of the NHS, directly manifested from key concerns from the archive. ‘Dr. Mess’, ‘The Receptionist’ and ‘The Practice Manager’ were individually designed to depict instances of interpersonal and institutional violence. The Receptionist and The Practice Manager, both played by non-binary Birmingham drag artist Cycki Brockat, were the film’s agents of administrative violence. Their scenes drew on archived accounts of lost referrals, difficulty changing name and gender with the practice, gatekeeping medical appointments and gaslighting trans+ people in open receptions. These front-of-house characters were depicted as unknowledgeable, heteronormative figures of the GP practice. The character was depicted similarly to ‘The Strange Case of Penny Allison’ (Katis, 2002)’, wherein Hugh Laurie played multiple characters of the institution eg the doctor, the pathology lab employee, the nurse that displayed examples of poor practice leading to a patient receiving the wrong blood transfusion.

Whilst not directly malicious intent, their violence stems from a lack of understanding and insight – almost more dangerous than direct prejudice.

In contrast, the ‘authoritative narrator’, ‘Dr. XYZ’, was an exercise in decolonising the voice of information and reason. Played by a Black non-binary drag performer with a thick ‘Brummie’ accent, Don One’s guiding dialogue was compiled by combining GMC guidelines with excerpts from interviews we conducted with GPs, who disseminated effective GAH practices. By subverting the assumed traits of cis-masculinity and whiteness of medical narrators, their presence between information sequences served as a reminder of narrative’s centering of POC trans+ experiences. Dr. Mess on the other hand was devised by elaborating on the existing archetype of the ‘white expert’ in the NHS on Film archive, newly revived with ethnographic data on the negative encounters contributors reported having with their GPs. Since these discriminatory instances primarily resulted from a lack of knowledge of trans+ healthcare needs, as well as from inappropriate curiosities and personal biases, Mess came to life as a clown-like gatekeeper of essential care. Played by the white non-binary drag artist, Wet Mess, who from their previous performance work, we knew specialised in ‘cisgender surrealism’. We asked Wet to lip-sync to the verbatim statements made by GPs to trans+ people from our audio archive.

Mess shines an interrogation light into the lens.

DR. MESS (L.S.)
Yeah...not to dismiss what you were saying but, because of your previous *autism diagnosis*, it might just be that you're confused.

Though the UK offers few examples of educational films about the trans experience. The first example of this was A Change of Sex (Pearson, 1979) an episodic documentary covering gender affirming healthcare which aired publicly on BBC Two. It follows a transfeminine person, Julia Grant, through her transition with Dr. John Randell — the first physician offering medical transition in the UK. While Randell is acknowledged as one of the early pioneers in the field of transgender healthcare, many of his patients reported feeling mistreated and disrespected under his care. Some

individuals reported that they were subjected to unnecessary surgical procedures as a condition for continuing their treatment. One patient recounted being pressured to undergo a rhinoplasty, which was neither desired nor medically necessary, simply to remain under the clinic's care. This kind of coercive practice was unfortunately not uncommon, leading to significant distress among those seeking care. Randall's treatment of Grant is mirrored in the history of medicalisation of trans people (Vincent, 2018). The Transsexual Phenomenon (Benjamin, 1966) is a medical textbook that came to be used as a standard of care for gender affirming healthcare, coining the term 'transsexual'. Whilst Benjamin rightly recognised that gender nonconformity exists as a spectrum, he was criticised for his dated stereotypes about transgender identities that unfortunately persist today. For example, the desire of 'passing' as a pre-requisite for medical therapy. These medical stereotypes are perpetuated to this day as highlighted by the Dr. XYZ archive.

Interview transcript:

Mia: [00:30:38]
My GP was very much fixated on the idea of being cis-het. I already had my own biases of wanting to conform to that. So my entire early transition up until very recently was all about conforming. It was all about becoming as passing as possible, becoming the most ideal woman as possible. And that was the entire goal for me. And. I was very unhappy. It's not what I wanted.

An important theme from the historical medicalisation of trans identity and the Dr. XYZ archive is the patriarchal relationship that exists between doctor and patient. This defies the notion of patient-centred care that is the gold standard today. This relationship, along with the perpetuating medical gatekeeping, became the cornerstones of the characterisation of Dr. Mess.

Filmmaking + Community Screening:

The film shoot took place over 3 days. It consisted of filming the participants re-enacting the scenarios they had accounted in the archive, meanwhile working with the drag artists to shoot the scenes forming the healthcare information format. With a first edit of Dr. XYZ, we held a closed community-feedback screening in Birmingham to discuss the development of the final film into a GP

teaching session, to be piloted initially by Dr. Piccus at Homerton hospital in September 2024. Throughout this discussion, of which 12 of the original archive contributors attended with 4 trans+ friends, we talked through the successes and failings of the film and its process. I asked the group, if we were to devise a *blueprint for community-made healthcare information films*, what we'd include from this particular process, and what we'd do differently. The key thoughts and concerns from each stage were as follows.

Interviews/ Archiving: ***to include***

- **Offering group and 1-1 interviews;** this accounts for contributors who may experience social overwhelm in large groups.
- **Accessible interview space**; wheel chair accessible, stim-toys and doodle pads offered + chill-out zone available throughout.
- **Community member (e.g. trans+) Well Being Officer;** being on hand for contributors and facilitators throughout interviews, leading a sensory warm up activity at start of session + sending an aftercare menu to contributors with support-related resources post-interview.
- **Community member (e.g. trans+) Interview Facilitator;** writing a set of rules and well-being practices on the whiteboard at the start of interview session, suggested and agreed by the group.
- **Scheduling a 'relaxed ending'**; a window of time at the end of a group interview session, so contributors have the option to leave when they are ready, relax and socialise with one another, or speak with the well-being officer post-interview.

Interviews/ Archiving: ***to improve***

- **Option for Remote Archive Contributions;** invite people to send in voice notes or submitting written responses of healthcare accounts. Increasing access further for disabled and neurodivergent trans+ people and possibility of an 'intimate public' through contributions from people's domestic spaces.

- **Participatory Archiving;** Develop a system for collective/participatory organising of the archive, once transcribed by the workshop facilitators, so that contributors are included in the identifying of

key themes/ possible narrative threads for the film.

Script Development: ***to include***

- **Collaborative Scriptwriting Workshop**: invite archive contributors to script development workshops, read through as a group, inviting people to play different characters, and offer a variety of methods to contribute to the development e.g. writing, drawing the storyboard or soundboard dialogue as voice notes.

Script Development: ***to improve***

- **Use of Collaborative Writing Tools;** consider software like Final Draft Collaboration and Trello, allowing participants to remotely contribute to editing and note-making on a shared document.
- **Improvisation and Role-Playing: m**ake time to do improvisation work with the group; write scenarios based on scenarios from the oral history archive, and allow contributors to play them out, exploring different dialogue and reactions.

Filmmaking/Editing: ***to include***

- **Engaging Aesthetics:** create visuals which are interesting and striking, so healthcare information communicated is more memorable.
- **Multiple Narrative Perspectives;** switching between multiple characters to aid the inclusion of multiple perspectives and lived healthcare experiences.

  Community Well Being officer on set; on hand to support anyone on set.
- **Access Materials:** create subtitles and an audio description track for film work so accessible.

Filmmaking/Editing: ***to improve***

- **Develop inclusive shooting process:** include contributors in the shooting process by holding camera and editing workshops prior to filming.

- **Create accessible shooting environment:** create a space where people waiting to perform can relax and talk without impacting the shoot.
- **Shoot digital**: 16mm, though beautiful and an interesting process of construction, is not as easy to access (for its cost and technical requirements), and results in a particularly rigid and time-consuming process of shooting.

Dr. XYZ: A Medical Drag Transthology sought to subvert the traditional tropes and conventions of healthcare information films, which have historically reinforced colonial hierarchies and excluded non-white, non-heteronormative perspectives. By engaging in a participatory archiving and writing processes with multiply marginalised trans+ people, we tried to implement methodology towards a decolonising of the healthcare information medium. Through verbatim drag we caricatured the authority traditionally associated with medical professionals and emphasised the absurdity and harm of enforcing binary gender norms. By exploring some of the applications of community- healthcare archiving and participatory filmmaking we, *XYZ Projects*, presented our small contribution to the larger project of decolonising medical knowledge in the UK's healthcare system.

'Dr. XYZ; A Medical Drag Transthology' (2024).

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