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4 Live Streamed Surgeries, Medical Media's Racial and Gendered Logics, and Patient Agency within Misogynoir

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Live streaming has entered the surgical theater. Plastic surgeons stream from the operating room on Instagram, promoting procedures that reshape the human form to meet ideals of appearance on the social media platform most associated with curating one's self-presentation to fit cultural norms. Hospitals use live streaming to market their services, and, to meet this demand, IBM's digital health division (Watson Media) has developed its own broadcasting service, BroadcastMed. The service advertises with a motto drawn straight from the digital content industries: "Discover how BroadcastMed is streaming healthier outcomes and revenues through creating engaging live content." Medical conferences routinely include panels on how health-care professionals can incorporate live streaming into their practice, often to market services that frighten the intended consumers. Live streaming has become embedded within the medical industries' public relations and marketing apparatus.

When the press reported on a significant moment in the history of internet broadcasting—Carnie Wilson's 1999 live lap-band surgery—the coverage used a sensationalist rhetoric. More than twenty years later, popular press coverage of broadcast surgeries no longer engages the sensationalism associated with a celebrity. Instead, today's coverage centers on the novelty of the technology or the media facilitating the broadcast. Since 2010, press coverage has emphasized the first surgery live-tweeted, the first Google Glass surgery, and the first Facebook live streamed surgery. Such coverage emphasizes a technology's novelty, along with the surgical expertise guiding the procedures. Obscured in this emphasis is live streaming's reshaping of patient agency and activism. After all, it is not just the hospital, its technologies, and its surgeons that are broadcast; the human at the center of their activities is broadcast as well.

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That reshaping is the topic of this chapter. Through a comparative analysis of two live streamed surgeries—the first, brain surgery on a young white woman, the second, breast cancer surgery on a middle-aged Black woman—it explores patient agency within the intersection of these two giants of the US economy, the social media industry and health-care industry. In particular, I critique this digital visual environment, characterized by specific racialized and gendered visual logics. Both events were live streamed on Facebook, saved to the hospitals' Facebook pages, and promoted on hospitals' websites, making them eminently suitable for comparison. I analyze these mediations in relation to rhetorics of patient agency to bring into relief how new mediations shape negotiations of patienthood.

In particular, the example of Sonia Johnson, a Black woman who underwent a lumpectomy, contributes to understanding where analyses of live streaming culture intersect with Black feminist health science studies. Articulated by Moya Bailey and Whitney Peoples, Black feminist health science studies intervenes in multiple points of scholarly and activist intersection: "feminist health studies, contemporary medical curriculum reform conversations, disability studies, environmental justice, and feminist technoscience studies" (Bailey and Peoples 2017). Studies of the mediation of Black women's health are particularly important within these intersections since media are "an important technology in the institutionalizing of medical practice as well as [in how it] impacts public perception of difference. . . . [M]edia [are] a public health pedagogy that [teach] us about what our society believes about health" (Bailey and Peoples 2017). By comparing the live streams of these two surgeries, this chapter argues that medicine's live streams visually stage women's health matters in ways that reproduce the raced and gendered logics that have characterized the history of medicine's visual culture. Johnson's example helps us understand how *misogynoir*—where anti-Blackness and misogyny meet—inform not only live streaming itself, but also how Johnson herself negotiated the limited spaces of agency allowed within the hospital-controlled broadcast setting.

Raced and Gendered Logics in Medicine's Visual Cultures

In October 2019, Jenna Schardt underwent brain surgery at Methodist Dallas Hospital to remove a mass of blood vessels that were causing seizures. After an initial period when she was anesthetized so that surgeons could open

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her skull, the anesthesiologist brought her back to consciousness so that she could verbally respond to surgeons' questions and move parts of her body as requested. A narrator told viewers that these responses allowed the surgeons to check whether they were appropriately removing problem tissue (Methodist Dallas 2019b). The surgery was discussed by the hospital's male chief of neurosurgery and its male public relations officer, both of whom remained off camera. Within the visual frame, two male surgeons and a male anesthesiologist circulated around Schardt's body, all of which was covered by a blue surgical drape except for her face, which remained visible. A press release from the hospital quoted Schardt as saying that she hoped that broadcasting the surgery would "educate and inspire others." Within the live stream itself, the narrator clarified that Schardt was enrolled in a graduate program to train as an occupational therapist for people who have had strokes. It was out of professional interest, then, that she agreed to the live stream, which might help undo people's misconceptions about brain surgery. Viewers did not see all the surgery; the live stream began after Schardt had been anesthetized, her skull opened up, and the surgeons were just at the point when they needed to bring her out of anesthesia. Fifty minutes of the surgery were live streamed on Facebook, with doctors answering questions posted to the chat, and the recorded video remains on the hospital's Facebook page.

The video's continued presence on that page indicates the promotional function of such live streams for hospitals. Having hospital staff answer questions during the surgery promotes the hospital as participating in new media's logic of interactivity: this is "engaging content" that is also participatory and produces audience engagement for the hospital. The broadcasting of a successful surgery also promotes the hospital and its surgeons as competent providers of complicated surgical operations. Although the online and print media cover these surgeries as human-interest stories and operate out of a cultural fascination with medical technological advances, a critical perspective on the medical-industrial complex situates them within the hospital industry's ongoing search for new ways to reach its customers. They also point to an individual hospital's need to market their services within a competitive marketplace. In the case of this particular operation, brain surgery's aura as the most dangerous and complex of all surgeries means that its successful completion adds prestige to a hospital.

In a key sense, it was the woman's consciousness during the procedure that framed this live stream as remarkable. In a promotional video released

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the day prior to the surgery, the two surgeons explained that luckily, advances in medical imaging technology now allowed them to map out precise portions of a patient's brain involved in speaking and motor functions, so that they could be sure to remove only the mass affecting those functions (Methodist Dallas 2019a). Schardt then testified to her own amazement at the wonders of these technologies, as well as a bit of hesitation: "Oh wait that's me! I'm the patient." She went on to say, "I mean it's cool that they can do that and that they have this kind of technology. I'd rather have them have me awake and speaking so that we know that we're hitting the right areas." The video cuts to one of the surgeons, who says, "She understands the importance of this, she understands the delicacy of this, and she's fully invested in this. We couldn't do this without her being fully involved and wanting to proceed." These rhetorical frames drew on the trope of the "empowered patient": a patient who understands the complexities of their medical situation and who engages with the process, educating themselves and, in effect, partnering with their doctors. Unspoken in this trope is that these patients operate in the for-profit health-care system context (see also Tomes 2016). The surgeons' use of phrases such as "we couldn't do this without her being involved" points both to her patient engagement and her involvement, via being awakened from anesthesia during the procedure, within the surgery itself. The surgery itself was thus narrated as an uncanny reproduction of the interactivity of new media themselves.

Considered within the history of medicine's promotional media, this live streamed surgery drew on longstanding medical visual logics of gender and race. Male surgeons (often white), their masculinity figuring authority, expertise, and scientific mastery, work over the body of a young (usually white) female, her youth marking her reproductivity and her whiteness. This representation reinforces longstanding Western visual conventions of the primacy of the young white woman to the future of the nation-state. For example, the made-for-television movie *Threshold* (dir. Richard Pearce 1981), which promoted the Jarvik artificial heart prior to its actual introduction to a public repulsed by the idea of it, featured a white male surgeon saving the life of a teenaged white girl; before this, live television broadcasts of heart surgeries during the 1950s featured young girls as the surgical patients (Serlin 2010; Kirby 2011).

In light of this tradition, it is not surprising that the hospital would have chosen Schardt as a model patient for its publicity efforts. Her reproductive

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age feeds into the cultural framing that young white women's continued health is of paramount importance to the US nation-state. It is also not surprising that the hospital would view this surgery, being performed by male surgeons, as a good choice to promote the institution itself. As an advertisement for medical expertise, men are culturally framed as the seat of authority. The live stream itself highlighted men as "authoring" the surgery, both visually and aurally. It featured two male voices: the head of the hospital's public relations office (Ryan Owens) as he posed questions to the hospital's chief of neurology, Dr. Nimesh Patel, both of them within the surgical room but not participating in the procedure. Thus, two male voices aurally reproduced the visual emphasis on masculine knowledge and authority. During their conversation, Owens would often self-describe as unknowledgeable about surgery and therefore able to ask Patel basic questions; this allowed viewers and chat participants a point of identification that also contrasted with the scientific mastery to which Owens did not lay claim. Twenty minutes into the forty-five-minute live stream, the camera moved to get a close-up of the two male surgeons working side by side, and Patel rhapsodized about them: "They came out of training programs that were top ten in the country; they chose to come to Methodist, they believe in serving in a purpose higher than themselves . . . Doing this surgery is basically surgical choreography; it's like doing a dance." Through his rhetorical flourishes, Patel underlined the cultural framing of brain surgeons as being atop the hierarchy of medical expertise, their powers almost godlike and deserving of reverence. Sometimes five men (neuromonitors and surgeons) surrounded Schardt; at other points, the camera caught glimpses of possibly female staff; but at no point did a woman appear within this live stream as a significant source of medical expertise.[1] In other words, men filled the entire visual scenario, their figures arranged around the central female body.

In addition to this compositional centering of the white woman, other features mirrored conventional cinematic modes of objectifying the female body. The film opened on a midshot of Schardt, still under anesthesia, framed by the surgical drape, her unconscious and passive face at the center of the visual frame. As the two surgeons responded to questions from Patel, the camera slowly zoomed in on her face, while the male voices discussed the history of her case, details about her young age and medical professional education, and finally, the procedure itself. This close-up on the passive, unconscious, young white female reproduces the longer visual

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cultural history of medicine's promotional media, where the zoom formally instantiates the male surgeons' agency and mastery around the passive female. Other moments in the live stream also reproduced gendered logics: for example, as she awoke from anesthesia and was surrounded by two male neuromonitors, she slightly smiled, and Patel and Owens explicitly paused in order to comment, in a phrase that highlighted the objectification of the male gaze, "What a great smile."

Framing the surgery as enabling Schardt to return to her medical career education, the live stream also emphasized her as productive worker. Her dedication to her future occupation, which she articulated as the reason for the live stream, was emphasized as the surgeons saved the life of a future worker in the feminized medical profession of occupational therapy. In this, brain surgeons were positioned again at the top of a hierarchy of value within the medical industry. In other words, the representational and visual logics of this surgery conformed to historical traditions of gender and race in medical media, emphasizing throughout masculinized expertise that saved the (re)productive white woman.

Misogynoir in Digital Media Culture, Medical Media, and Black Women's Agency

I turn now to a live streamed surgery that differed from Schardt's in terms of the patient, the procedure, and the surgeons, but whose similarities underscore that live streaming surgeries are now a mundane part of medicine's promotional media. In October 2018, Sonia Johnson, a fifty-year-old Black woman, underwent a lumpectomy to treat breast cancer at Methodist Charlton Medical Center in Dallas. The surgery was broadcast on Facebook Live; it remains on the hospital's Facebook page to this day (Methodist Charlton 2018), and an excerpt from the full video resides on the hospital's webpage (Johnson and Methodist Health 2018). The live stream began with a midshot that captured the surgical table on which Johnson lay prone, covered in a blue surgical drape. Two people in pink scrubs (the surgeon and a surgical aide) appeared at Johnson's side, while two blue-suited staff waited within the frame. The male nurse wore a blue face mask, while the female nurse wore a pink face mask. A woman, identifying herself as Dr. Keisha Hendrickson, a radiation oncologist at the hospital, introduced the live stream. She then handed off the narration to Nicole Metcalf, the executive director of

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the Komen Foundation in Dallas. They introduced Johnson as a mother and grandmother from DeSoto, Texas, with a history of family breast cancer, who has been rigorous about attending to her breast health through regular mammograms and check-ups. Throughout the surgery, these two women conducted a conversation in which Metcalf asked questions concerning what the surgeons were doing and Hendrickson explained. During the surgery, the surgeon, the narrating oncologist, and Metcalf also answered questions posted to the chat.

Komen's participation, plus the October date of the broadcast—in the US, October has been dubbed, by the Komen Foundation, Breast Cancer Awareness Month—tied the surgery to raising the awareness of Black women, who have a higher rate of aggressive breast cancer and a higher mortality rate from it, about mammograms. The pink surgical gowns and masks worn by attending staff visually thematized the pink ribbon, which, after decades of work by the Komen Foundation, has become ubiquitous in US culture as a sign of support for breast cancer patients (King 2008). In the excerpt of the live stream posted to the hospital's webpage, a close-up of the surgeon's pink-leopard-striped clogs revealed a pink ribbon pin attached to them. In other words, the event was staged so its participants were branded with the logo of the pink ribbon, highlighting the ties between pink ribbon culture, corporate sponsorship, and discourses of breast cancer as a matter of medical expertise. The live streamed surgery was both medical promotional media and corporate promotional media, serving both the hospital and the Komen Foundation.

While visually and rhetorically framed as an event to raise awareness about mammograms, the actual live stream emphasized the newness of technologies and procedures used during the surgery, promoting oncology's technological prowess and its welcoming of new media. For example, at one point, Hendrickson interrupted Metcalf due to a moment of heightened interest in the surgery, and the oncologist freed the camera from its tripod to move it closer to the surgical table. Hendrickson took over the narration, describing "a new innovation in technology for identifying the localized area in the breast for removal. Part of the tissue that Dr. DiPasquale removed was placed into a device by the operating room table. That device is also another innovative and sophisticated tool that is being used to assist with improving outcomes for breast cancer management." As Hendrickson explained, the broadcast showed a close-up of the image on the device's

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screen. Later, she narrated, "We have just seen Dr. DiPasquale using sophisticated, innovative, modern technology to accurately identify the sentinel lymph node." Hendrickson then identified by trademark one of the technologies being used: "Savi Scout is a tool that allows the surgeon to more pinpointedly identify the area of abnormality in the breast." Later, in the chat, the official Methodist account reiterated this, saying "The Savi Scout helps make [removal of the tumor with little disturbing of health tissue] possible." As the camera panned to show more machines at the other end of the operating table, Hendrickson said, "You are also seeing now a high-tech revolution in the management of breast cancer. We are viewing the surgical specimen on the machine that's called a Faxitron that allows the surgeon to accurately identify [that] the area of involvement has been completely removed from the breast." Where Schardt's live stream framed the technologies being used as awesome, in Johnson's live stream, the visual focus on the tools involved emphasized them as new and innovative technologies, with their status as innovations conveyed through the repeating of the trademark terms that mark them as part of US high-tech innovation culture.

Where Schardt was awake and aware during her surgery, the viewer able to see her face and mouth (and thus witness features of her agency), Johnson was neither awake nor any part of her visible. Instead, throughout the live stream, her entire body was covered by the blue surgical drape. Even when the camera was closest to Johnson's body, none of it could be seen. Silent and invisible, Johnson was a disappeared body in the live stream: the activity was located in the surgeon and staff, the technologies they used to view the tumor's location, the interactive, dynamic chat function, and the narrating voices of Hendrickson and Metcalf. The action in the live stream, in other words, directed the viewer to pay attention not to Johnson, but instead to this new technology, which supported the surgeons. In their similarities, then, Schardt's and Johnson's live streamed surgeries highlight how the medical industries view live streamed surgeries: as a method to showcase new technologies and the hospital's willing use of the new media of participatory culture itself.

The differences between these two live streams, however, highlight how misogynoir, as a characteristic of visual and digital culture, shaped Johnson's live stream and her media appearances outside the event of the surgery itself. To quote Moya Bailey (2016):

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> *Misogynoir* describes the coconstitutive, anti-Black, and misogynistic racism directed at Black women, particularly in visual and digital culture . . . The term is a combination of *misogyny*, "the hatred of women," and *noir*, which means "black" but also carries film and media connotations. It is the particular amalgamation of anti-Black racism and misogyny in popular media and culture that targets Black trans and cis women. Representational images contribute to negative societal perceptions about Black women, which can precipitate racist gendered violence that harms health and can even result in death. . . . [R]acism and sexism [are] public health concerns that critically impact medical treatment and medical science.

The specificity of "anti-Black" racism is important to identify here: misogynoir does not apply to all women of color, but rather specifically to Black women due to the West's historical legacy of anti-Blackness. This conceptual equation has scaffolded the history of medical racism. Documented by historians of medicine such as Harriet Washington and Dorothy Roberts, anti-Black misogyny informs the history of Black women subjected to medical experimentation in gynecology in the nineteenth century, forced sterilization in the twentieth, and a medical establishment that routinely ignores Black women's authority over their own bodies and minds—for example, Serena Williams's testimony about her medically racist treatment after giving birth (Roberts 1999; Washington 2006; Salam 2018).

This means that Johnson enters this highly mediated context with the question of a Black woman's agency, front and center. The rhetorical framing used by the narrator—that a Black woman asked to live stream her surgery to contribute to improving Black women's possibilities for longer lives—centered her agency, even as the event itself visually disappeared her entirely. In her media appearances, Johnson always brought attention back to the choices that she was making about her care. Her insistence on Black female agency is especially significant because of one difference between Schardt's and Johnson's live streams: where Schardt was awake, her agency demonstrated through responding to questions, Johnson was silenced and invisibilized (figure 4.1).

Johnson's *visually* invisibilized body during the surgery echoes with misogynoir—the specific form of misogyny directed at Black women, where anti-Blackness (the nonhuman) and misogyny meet. Whether or not the hospital or surgeons understand the broader general context of misogynoir is insignificant; the significant part is that Johnson's postsurgery insistence on her agency refuted the possible misogynoirist readings of the event.

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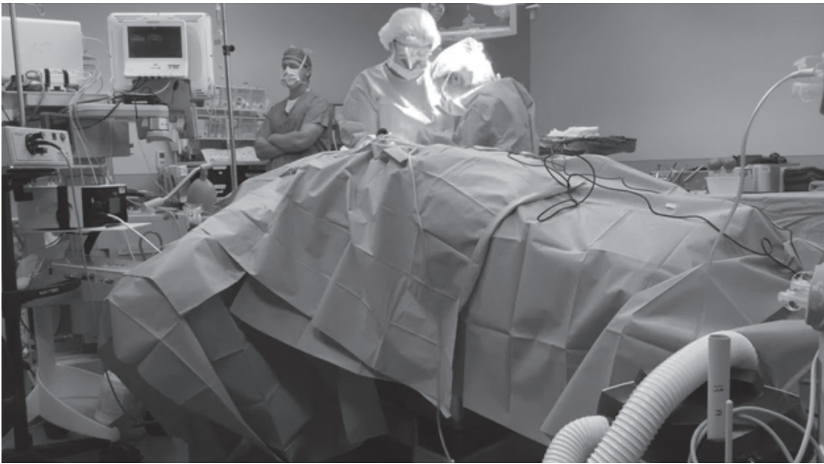

Figure 4.1
Screenshot of Methodist Charlton live streamed surgery. *Source:* https://www.facebook.com/115556565138653/videos/554610924992826.

Also, in her media appearances, Johnson reframed her own individual surgical event as oriented toward social justice public health, stating repeatedly that her individual act of broadcasting the surgery might help the collective aim of improving Black women's health. This is, whether implicitly or not, an antimisogynoir goal—one that responds to the history of medical racism directed at Black women. At one point during the live stream, Metcalf and Hendrickson gave statistics about Black women in Dallas—Black women's higher incidence of late-diagnosis cancer and that Dallas ranks number three in the nation in terms of the deaths of Black women from breast cancer—which, however obliquely, indicate how the slow violence of environmental and medical racism is itself a form of misogynoir. A commenter (whose avatar was of a Black man) wrote in the chat, "You just had to bring color into it didnt you" (figure 4.2). In undermining the criticism of racism that the hospital representatives seemed to articulate, this statement reproduces misogynoir once more.

Perhaps too, Johnson herself reviewed the live stream of her surgery and noticed that a number of comments were highly critical about how the surgery was filmed. One commenter wrote, "See better videos on YouTube. Being across the room and showing us nothing, isn't exciting!" Another wrote, "I

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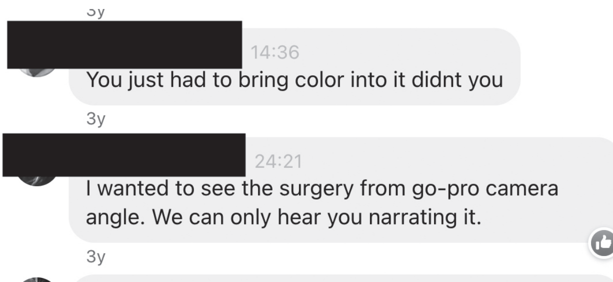

Figure 4.2
Chat commentary accompanying Methodist Charlton live streamed breast cancer surgery.

wanted to see the surgery from go-pro camera. We can only hear you narrating it" (figure 4.2).

These comments, and their disgruntlement with camera angles, conform to the objectifying visual logics that permeate visual culture and to what Michel Foucault (1975) named "the clinical gaze" of medicine. They dehumanize the actual person undergoing surgery in their quest for a zoomed-in view. In a sense, viewers who demanded these close-ups of fragments of the Black female body incised by surgical tools reproduce the clinical gaze of broadcast medical media. In this, Johnson's insistence on the agency, however limited, that she wielded within the affordances of US medical care contested the misogynoir of medical media.

Conclusion

This comparative analysis demonstrates that broadcast medical media produce gendered and racialized texts. Controlled by hospitals' public relations departments, such broadcast media also produce medicalized texts. Rather than emphasize how environmental racism determines racial disparities in breast cancer and mortality rates, the broadcasts depict a clinical gaze, highlight the hospital's technologies, and represent surgical procedures as curative.

When viewers complained in the chat that the camera wasn't zooming in close enough, hospital officials responded that they had to strike a balance between educating the public and "what the general public will find appropriate"—that is, not showing the gruesome details of the procedure,

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as well as not showing a woman's breast. While it is impossible to determine whether Facebook's policies on visual images of breasts affected their decision, what does seem likely is that the hospital purposefully avoided a more detailed view of the procedure's gory aspects. Certainly, they were eliding other surgical moments of violence to the body: rendering a person unconscious and inserting a breathing device, slicing flesh, burning tissue, and suctioning out blood and matter. The brevity of the stream—thirty minutes in the middle of the procedure, after Johnson was anesthetized and prepped—made the surgical process seem shorter than it actually was, an artificial brevity nevertheless presented as fact through the accompanying conversation that reemphasized it as a short procedure. In addition, the stream elided the grueling rounds of chemotherapy that Johnson underwent before surgery and the grueling rounds of radiation that she would undergo after. Instead of revealing the agony of the human undergoing breast cancer treatment, the stream framed surgical authority and modern technology as central actors in a seemingly simple, efficient, and smooth process.

The stream thus framed breast cancer and its care as curable through a single instance of technologically enhanced surgery. The presence of a Komen Foundation representative, seemingly insignificant within the cultural omnipresence of Komen, indicated that this live stream was predetermined by pink ribbon culture, which emphasizes philanthropy and obscures activism against environmental racism. And while the live stream noted racial disparities in breast cancer rates, this was a medicalized approach to racial disparities, not a social justice one, because the live stream elided a key additional aspect of racial disparities in breast cancer: wealth disparities, which lead to significantly disparate access to and provisions of health care, and US racial capitalism's debilitation of communities of color. Live streaming health care thus reproduces medicine's racialized and gendered logics, enacting a mediated misogynoir. Johnson worked within the existing limitations of for-profit, racist medicine and media to prioritize Black *women*. Within these limits, her efforts articulated a form of social justice health, what we might call social justice *health caring*.

Note

1. Fascinatingly, a female-presenting commenter on the Facebook chat asked why there were no speech language pathologists (SLPs) in attendance. Even after the official Methodist account responded that there were neuromonitors, rather than SLPs,

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present, and that the neuromonitors were trained specifically for this procedure, the same commenter pushed back, saying that SLPs did indeed have this expertise in their wheelhouse. This caused the Methodist account to respond that the hospital had a lot of "love" for SLPs, but they used neuromonitors in this instance. The gendered nature of this back-and-forth—SLP is another heavily feminized area of expertise—is undeniable, especially in light of the facts that the neuromonitors were male and the Methodist account chose to attempt to assuage the challenge to their policies through a gendered rhetoric of "love" rather than, for example, "value."

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Real Life in Real Time

Live Streaming Culture

Edited by: Johanna Brewer, Bo Ruberg, Amanda L. L. Cullen, Christopher J. Persaud

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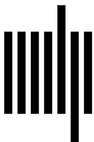

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