

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.*