

Medical Privacy and the Professional Singer: Injury Stigma, Disclosure, and Professional Ramifications on Broadway

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MEDICAL PRIVACY PRACTICES

IN THE UNITED STATES OF AMERICA, medical privacy policy often reads like a bureaucratic quagmire. Impenetrable policies littered with legalese have left consumers embittered and skeptical, questioning the benefits of promised protections. However, protected health information saves lives. For those in the performing arts, it may save careers as well.

Medical privacy is the fulfillment of the expectation that personal health information (PHI) shared with healthcare providers, employers, and teachers stay private. Many regard this expectation as a basic human right.¹ When trust is breached, there are consequences. People become less likely to share sensitive information and show a decreased willingness to seek care, particularly in cases of stigmatic illness and injury.² In such cases, disclosure to family or employers without an individual's express consent can be devastating, resulting in social isolation, job loss, and higher rates of serious mental illness, including depression.³

In 1996, the federal government took action on the issue of medical privacy by passing the Health Insurance Portability and Accountability Act (HIPAA). This act created privacy protections for personal health information (PHI) disclosure by establishing ironclad protocols for medical conduct.⁴ All employees working in healthcare settings receive mandatory training and must successfully pass a HIPAA certification exam before commencing their duties.⁵ This system, while largely regarded as cumbersome,⁶ has effectively reduced privacy breaches within the healthcare system.⁷ However, healthcare professions are not unique in their collection of PHI. Many corporate employers, human resource departments, and teachers also handle and manage PHI on a regular basis.⁸ In the performing arts, a singer's ability to perform is intrinsically tied to his/her personal health. Unfortunately, HIPAA does not apply to health information in these settings and employers are not required to obtain any privacy certification or training.⁹ This gap in protections exposes those working in the performing arts, making them uniquely susceptible to breaches regarding their medical privacy.

MEDICAL PRIVACY PRACTICES ON BROADWAY

Official policy and documentation largely ignore the issue of Broadway performers' PHI. Medical privacy is not mentioned within the current production contract (Broadway) handbook published by Actors' Equity Association.¹⁰ Additionally, medical privacy is not addressed in either the standardized principal or standardized ensemble performer's individual contracts,¹¹ and is also missing from standardized union agreements with talent agents and managers.¹² Currently, a performer's PHI is handled by stage managers and company managers on a case-by-case basis. Anecdotal evidence suggests that stage managers and company managers all use their own system when handling this information, resulting in different procedures and expectations for companies and even individuals.

Documentation is further complicated by the wide disbursement of employment records within the industry, often containing performers' PHI. Show reports, which may include lists of illnesses and injuries,¹³ are disbursed eight times a week to all department heads, including directors, music directors/conductors, choreographers, producers, and even casting directors. In addition, theatrical management companies, which employ company managers, typically handle multiple Broadway shows simultaneously.¹⁴ Therefore, Broadway production companies have far greater access to interviewees' PHI during the "job interview" process than traditional corporations.

IMPACT OF PERFORMERS' PHI DISCLOSURE

The specific impacts of performers' PHI disclosure have never been formally explored, yet consequences resulting from performance-related injuries are often mentioned in the research literature. For example, a study by Gehling et al. stated that injuries might be "deleterious to a performer's career," but did not go into any detail about how or why.¹⁵ Additionally, a study by Evans et al. cited performers' reactions to injuries as a potential source of bias within their study, due to the "vividness" of these injuries, but did not elaborate on what makes these injuries unique (e.g., fear, heightened awareness, or potential for consequences).¹⁶ A study by

Zeigler et al. briefly mentioned singers' fears of injury, stating that this fear is so extreme many singers fear for their mental health after being injured.¹⁷ The research literature examining work-related injuries in the general population lends support to this claim. Specifically, Degen et al. discovered that one-third of injured workers screened positive for symptoms of depression, panic disorder, or posttraumatic stress disorder;¹⁸ however, mental health outcomes associated with work-related injuries in professional singers have never been formally explored.

Nevertheless, the concept of singers' fear of injury is widely accepted within the performing arts and is expanding into clinical practice and pop culture as well. The Weill Cornell Medicine Sean Parker Institute for the Voice recently hosted a medical conference dedicated specifically to combatting singers' fear of injury.¹⁹ In addition, performers such as Adele, Sam Smith, Meghan Trainor, and John Mayer, have banded together to combat this fear. In fact, by sharing their personal stories, vocal injuries have almost become trendy and are discussed everywhere from *The Wall Street Journal*²⁰ to the *Today Show*.²¹

This sudden influx of disclosure has had an interesting impact on the performing arts community. Thanks to these high-level singers "going public," discussion boards abound about how injury ramifications are simultaneously worsening and improving, with little consensus achieved among contributors.²² Perhaps the contentiousness surrounding this issue stems from the paucity of evidence regarding outcomes for professional singers, including career longevity and stigma. Therefore, to create effective evidence-based practices within this population, a methodologic exploration of these consequences is warranted.

OBJECTIVES

This study aims to examine the experiences of 30 singers employed on Broadway in 2015. The researchers sought to describe:

- individual disclosure of PHI on Broadway through practical use of illness/injury leave;
- professional ramification following PHI disclosure;
- a possible stigma surrounding injuries on Broadway, and any disparity due to injury type (vocal vs. physical).

METHODS

In 2015, 30 Broadway singers were surveyed. The criterion for inclusion was current employment as a performer on Broadway. Excluding criteria consisted of currently using illness or injury leave, or an extended leave of absence. Each survey consisted of seven questions (see Appendix A). The parameters examined included performers' level of hesitation (if any) to disclose PHI, history of practical illness/injury leave use, history of professional ramifications due to disclosure of medical information, and perceived effects of PHI disclosure on career longevity. Respondents were also encouraged to contact the researchers to share additional information and viewpoints.

Performers working under the Actors' Equity Association (AEA) Production (Broadway) contract were chosen as the focus for this study due to the extensive worker's entitlements and protections included in the contract.²³ Broadway is widely regarded as the highest achievement for theater professionals; thus, this contract represents the most accurate description of ideal working standards in professional theater today.

It should also be noted that the AEA Production Contract was renegotiated in October of 2015 and that the new contract resulting from these negotiations had not been published as of the disbursement of these surveys. The wording of sick leave, injury pay, and workers' compensation, however, were not significantly altered during this update;²⁴ therefore, the opinions and experiences of the performers are still relevant and indicative of current performing conditions on Broadway.

RESULTS

PHI Management on Broadway: Practical Use and Disclosure

Survey data indicated that the misuse of injury and illness leave is widespread on Broadway, with 87% of respondents personally reporting misuse. The use of a sick day for a vocal injury was the most common misuse reported (63%). This misuse is significant in terms of medical privacy as employers do not have access to PHI when employees claim sick leave instead of Workers' Compensation. Hesitation to disclose voice related PHI was also reflected in performers' Workers' Compensation claim history; 80% of respondents

reported having filed for physical injuries, yet only 13% reported filing for vocal injuries.

When performers were asked about their feelings regarding disclosure, 37% reported feeling hesitant to disclose injuries to employers. Of those, the vast majority (86%) reported greater hesitation towards disclosing vocal injuries as opposed to physical injuries.

Professional Ramifications following PHI Disclosure

Seventy-three percent of respondents reported negative professional consequences following the use of illness/injury leave. Reported consequences affected both work environments and career longevity. Performers reported social consequences such as being ostracized, feeling belittled, minimized, and trivialized after using illness/injury leave. One respondent related her personal experience of discovering a parody show report lampooning her, following a serious injury.

Performers also reported how their use of illness/injury leave had impacted their career longevity. These consequences ranged from mild to severe and included performance schedule alterations, disciplinary hearings, being asked to resign, and job termination. Importantly, of the respondents who reported these adverse outcomes, all but one also reported using fewer leave days than the maximum allowable described in their contract.

Performer responses regarding the impact of injuries on performance careers were unanimous, as 100% of respondents believed injuries could cause reputational damage. When asked about the impact of gaining this reputation, 93% believed this negatively impacts future employment, and 83% of total respondents believed that vocal injuries are more detrimental in the long term than physical injuries.

Stigma

Survey findings revealed negative outcomes for performers following performance-related injuries, with vocal injuries consistently receiving the harshest treatment. Performers reported greater hesitation to disclose vocal injuries to their employers (86% vs. 14%) and reported filing for significantly fewer vocal injury claims (13% vs. 80% for physical injuries). Additionally, the most commonly reported misuse of illness/injury leave was using a sick day for a vocal injury (63%).

This finding was further supported by the additional information provided by respondents. Performers reported greater social isolation and professional ramifications following vocal injury related PHI disclosure. One performer explained, “With a physical injury they think you’ll get better, with a vocal injury they just think you suck.” Another elaborated that this is reflected even in performers’ personal vocabularies, specifically that singers will call themselves injured only if they have an official diagnosis from an ENT, whereas a dancer will call himself/herself injured without seeing a physician.

Stigma also surfaced through a lack of awareness of employee resources for vocal injuries. For example, one respondent reported that she had always utilized sick days for vocal problems because she did not know that vocal injuries were covered under Workers’ Compensation. Another respondent related the story of a colleague who was also unaware of vocal injury coverage and acquired over \$80,000 in personal debt due to medical expenses from a work-related vocal injury. These stories indicate a dangerous lack of knowledge among performers regarding union policies and contractual protections, which may be the result of fewer discussions and disclosures of vocal injuries.

DISCUSSION

Current Practices

For Broadway performers, the disclosure of PHI may have deleterious effects. Consequently, performers are finding alternate ways to protect their health information, in particular by using sick leave for work-related vocal injuries. While performers seemingly engage in this activity to ensure their career longevity, it may ultimately be placing performers at risk.

First, the use of sick leave to cover a work-related injury is a risk due to the severe consequences associated with this practice. Both the current production contract handbook and the production contract in effect at the time of this investigation, stipulate that performance-related injuries should not be reimbursed in this way. Instead, claims should be filed through either Actors’ Equity Supplemental Compensation Insurance or Workers’ Compensation Insurance.²⁵ In fact, a performer’s contract may be terminated for using sick days if no illness is present.²⁶ As a result, the widespread incorrect

usage of sick days by performers, seemingly to maintain privacy surrounding the nature of an episode of sickness, might be placing them in a precarious position.

Additionally, the use of sick leave for a work-related injury may also lead to litigation if performers seek medical treatment and claim their private health insurance. The private health insurance plans offered to Broadway performers through AEA do not cover work-related injuries.²⁷ Performers who use private health insurance to seek medical treatment for a work-related injury may be unknowingly committing insurance fraud and exposing themselves to serious ramifications including lawsuits and prosecution by not pursuing the proper channels.²⁸

Lastly, performers’ hesitation to disclose vocal injuries to their employers may limit their access to medical services. If performers choose to withhold information regarding work-related vocal injuries, these injuries are not reported to the managing company. Consequently, performers’ time lost due to vocal injury is not calculated into the production’s running costs, resulting in little financial incentive for productions to provide therapeutic services. Perhaps this is a contributing factor to the current disparity of health services easily accessed by performers. Individual physical therapy sessions are provided by production companies for performers backstage on a weekly/biweekly basis. However, voice therapy for singers, delivered by speech-language pathologists, is not provided to performers. Greater disclosure of vocal injuries to Broadway employers could help to communicate performers’ need for these type of services.

The unanimous response regarding the effect of injuries on a performer’s reputation speaks to the enormous impact that PHI disclosure may have on a performer’s long-term career goals and aspirations. Many performers believe disclosing injuries may cause reputational damage and even future job loss, so they choose to withhold sensitive information from employers. Due to the disproportionate treatment of vocal injuries, singers (vs. dancers) are more likely to participate in this behavior. Survey results also suggest that while all injuries may be detrimental, vocal injuries have been linked to harsher outcomes in terms of reputational damage, immediate and long-term career consequences, as well as performer hesitation, demonstrating the stigmatic nature of vocal injuries among Broadway performers.

Given the stigmatic nature of injuries on Broadway and the harsher treatment of vocal injuries, Broadway singers are in a precarious situation. If they refuse disclosure in order to protect themselves, they may also be putting themselves at risk.

CALL FOR CHANGE

Broadway could benefit from additional policies protecting performers' medical privacy. In an ideal world, this change would occur on a large scale and institutional level. There is a precedent for this type of overhaul. Actors' Equity Association and the Broadway Producers' League have worked together in the past for the safety and health of performers, particularly in regard to smoke and haze effects²⁹ and raked stages.³⁰ This collaboration proves that given enough research and formalized documentation, better policies based on evidence can be created to benefit performers. Clear and direct guidelines, however, must be in place before industry level change occurs.

Unfortunately, there is not currently a clear solution regarding performers' medical privacy; however, guidelines could be created based on models from outside industries. Employees in many professions rely on their health to perform job-related tasks to the best of their ability. Innovative solutions have been developed regarding employee PHI, most interestingly from the adult entertainment industry. The Free Speech Coalition, a trade association, created the Performer Availability Screening Service.³¹ This service is a database that maintains specific and limited health information relating to a performer's availability but does not contain any complete medical records.³² This database can then be accessed by agents and producers in order to determine the necessary production schedule.

The Free Speech Coalition also runs an advisory committee that consists of medical, legal, and industry professionals who work with testing facilities and corporate administrators to create effective privacy procedures and policies regarding the specific health and safety needs of their representative population.³³ Perhaps this type of system could be useful in the theater industry as well.

While optimism regarding institutional and industry change is imperative, the day-to-day reality is that

large-scale change cannot happen overnight. Given the current industry climate, wherein contract negotiations between the Broadway Producers' League and Actors' Equity Association are historically contentious and Actors' Equity Association is facing a drawn-out legal battle regarding small theater venues, it is unlikely that this issue will seem a top priority to either institution. Therefore, medical privacy protections need to be enacted on an individual level in the interim, through education and activism. To this end, the researchers have provided guidelines regarding the protection of performers' PHI in Appendix B.

LIMITATIONS AND NEED FOR FURTHER RESEARCH

In all surveys, people with strong opinions are more likely to participate. This study also utilized a small sample size with no randomization. Demographic factors including age and gender were not controlled. Performers in all current Broadway shows were not surveyed. Given these factors, our results may not be fully representative of every Broadway company and performer.

Further research should include a large-scale survey study, highlighting both legal and corporate perspectives. Privacy practices in other areas should also be explored, specifically, privacy practices in other performing arts disciplines including opera, film/television, and others. Performance-based professions outside of the arts may also be of interest, including professional athletes, pilots, and surgeons.

CONCLUSION

There is a large disparity between intended and practical use of illness/injury leave on Broadway. There is also a negative stigma surrounding injuries on Broadway, with vocal injuries receiving the harshest treatment. The reported prevalence of professional ramifications and negative impact on future employment indicate that personal health information disclosure may impact career longevity. Therefore, employers, performers, coaches, and healthcare providers must understand and address privacy needs when handling performance-related injuries.

APPENDIX A

Medical Privacy Survey

1. Have you ever used a sick day/“called out” of a show due to vocal complications that weren’t specifically the result of illness (i.e., vocal fatigue from overuse or hoarseness)?
2. Have you ever used a sick day to call out of a show due to a physical injury?
3. Have you ever filed for or collected Workers’ Compensation or Actors’ Equity supplemental injury compensation?
 - a. If so, how many times?
 - b. For what type of injury (vocal vs. physical)?
4. Do you feel any hesitation toward disclosing injuries to your employers?
 - a. If so, does this hesitation change with the type of injury (vocal vs. physical)?
5. Do you think that a performer can acquire a reputation for being injured?
 - a. If so, do you think that acquiring this reputation can negatively impact the performer’s potential for future employment?
 - b. Do you think that this impact changes for the type of injury (vocal vs. physical)?
6. Have you or anyone you know experienced any professional ramifications for their use of sick days?
 - a. If so, please briefly describe.
7. Have you or anyone you know been terminated or disciplined after being injured outside of work?
 - a. If so, please briefly describe.

APPENDIX B

Medical Privacy Tips for Singers

- The only information a performer has to provide when calling out are the words “illness” or “injury.”
- Singers may request that personal health information is omitted from widely distributed employment records such as daily show reports.
- Singers may be fired for using sick days instead of injury leave.
- Singers could face litigation for using personal health insurance if they were injured at work.
- Vocal injuries are covered by Workers’ Compensation.
- Personal health information from medical providers is protected by law under HIPAA.

- Employers cannot access personal health information if a singer uses his or her personal health insurance or self-pays.
- Employers can legally access limited personal health information if a singer is collecting Workers’ Compensation.

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Natalie Bradshaw, BFA, MS, has pursued a diversified career pathway, exploring both vocal performance and clinical science. She completed her undergraduate work at the University of Cincinnati College-Conservatory of Music, graduating *magna cum laude*. More recently, she completed her graduate training in speech-language pathology at the University of Pittsburgh, where the faculty presented her with the prestigious Emeritus Award for outstanding academic achievement at the time of graduation. Currently, she is completing her clinical fellowship in medical speech-language pathology at the Portland VA Medical Center. Additionally, she has coauthored multiple research projects in clinical science, culminating in peer-reviewed presentations at the national level. However, before transitioning into clinical science, Natalie worked as a music theater performer alongside legends such as Jerry Lewis, Garry Marshall, Paul Williams, Rupert Holmes, and Alan Menken, among others. Her Broadway

credits include *Mamma Mia*, *Sister Act*, *Hair*, and the original Las Vegas production of *Jersey Boys*. She also worked as an actor and collaborator on popular television shows, including, *All My Children*, *The View*, and *The Celebrity Apprentice*. As a studio singer, she recorded major motion picture soundtracks, demos, and cast albums. As a concert vocalist, she played diverse venues ranging from Birdland to orchestra halls, her favorite being an invited performance with the late Marvin Hamlisch, singing his masterpiece, "While I Still Have the Time," accompanied by the legendary composer himself. Currently, she also has the privilege of running a private voice studio and is a member of the National Association of Teachers of Singing. Please see her listing in the teacher directory for more information.

Amy L. Cooper, MS, CCC-SLP, has been a licensed speech language pathologist and singing voice specialist for more than 16 years. She began her professional life in music theater and went on to become a leading clinician, manager, lecturer, and advocate for patients and clients with a wide range of communication disorders and differences in the field of

speech pathology. Ms. Cooper is the founder and owner of The Jersey Speech Lab, a speech pathology private practice specializing in care of individuals with voice, swallowing, and upper airway disorders, located in Maplewood, New Jersey. Previous appointments have included serving as the Assistant Director of the Voice and Swallowing Institute at Columbia University Medical Center, Director of Speech Pathology at The New York Eye and Ear Infirmary of Mount Sinai, and as a voice specialist at Long Island Jewish Medical Center (Northwell). She was honored to work side by side with laryngologist Dr. Michael Pitman for more than 12 years. Ms. Cooper has also lectured both nationally and internationally, has been published in peer-reviewed journals, and has contributed to multiple textbooks. She is a member of The American Speech-Language-Hearing Association (ASHA), The Voice Foundation, and is an LSVT-LOUD certified clinician. Ms. Cooper received her undergraduate degree from Northwestern University in Speech and Musical Theatre and her graduate degree from Teachers College Columbia University in Speech Language Pathology. She can be reached at amy@jerseyspeechlab.com. For more information, please see her website at www.jerseyspeechlab.com.

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Larry McGinn, on-air radio review

"...inspired tunes and imaginative orchestration, seasoned with dramatic instinct...late-French-romantic lushness...the simple, folk-opera style of Beauty's "Homesick Song", (and) the last act quartet, provided beautiful contrast...visually as lavish as the score..."

E. Thomas Glasow, OPERA NEWS review

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Henry Fogel, program guide review



Frank DiGiacomo, photographed by Rick Powers