

# LARRY SAVES THE CANADIAN HEALTHCARE SYSTEM: RESEARCH-BASED MUSICAL SATIRE GOES DIGITAL

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**ABSTRACT.** *Larry Saves the Canadian Healthcare System* is a research-based satirical musical tackling fundamental health policy issues. This companion text describes *Larry's* content, style, and educational intent. It also tells the story of the piece's development, including its pivot to video due to the COVID-19 pandemic and its evolution following initial audience reception.

## LARRY SAVES THE CANADIAN HEALTHCARE SYSTEM : UNE SATIRE MUSICALE BASÉE SUR LA RECHERCHE DEVIENT NUMÉRIQUE

**RÉSUMÉ.** *Larry Saves the Canadian Healthcare System* est une comédie musicale satirique fondée sur la recherche, qui aborde des enjeux fondamentaux de politique de santé. Ce texte d'accompagnement décrit le contenu, le style et l'intention pédagogique de l'œuvre. Il raconte également l'histoire de sa création, y compris son passage au format vidéo en raison de la pandémie de COVID-19, ainsi que son évolution à la suite des premières réactions du public.

*Larry Saves the Canadian Healthcare System* is a research-based satirical musical that tackles the complex of issues making emergency department crowding such an intractable problem. It uses humour, song, metaphor, and narrative to facilitate understanding of one of the most critical – but frequently misunderstood – issues facing the Canadian health system. *Larry* is being piloted as an educational tool in university classes, but in equal measure its intent is to educate and empower the general public to participate meaningfully in the conversation about health reform.

Satire is a powerful genre for exposing systemic errors by drawing attention to the contradictions and absurdities inherent in prevailing assumptions or practices (Bore & Reid, 2014; Day, 2011). It is also a genre with which I have long been well acquainted, having created and performed musical political satire since my teens. Nonetheless, I did not make the leap to research-based satire until my program of research on patient flow generated findings so absurd that only a musical could do them justice (Kreindler et al., 2021). As well as translating evidence from this research program, the show provides an overall health policy primer and a (heavily) fictionalized account of my experiences as an embedded researcher in a regional health system.

The story, set in an unspecified Canadian province, follows an idealistic young policy analyst's quest to get to the bottom of the crisis plaguing emergency departments. On this voyage of discovery, Larry encounters misaligned structures, dubious improvement projects, bankrupt ideas, political posturing, and the ghost of Tommy Douglas. At the show's core are 12 satirical songs, each highlighting a particular systemic absurdity. The scenes provide context for the songs and advance the comic mystery plot as Larry excavates ever-deeper and zanier layers of system dysfunction. During the process of workshopping the screenplay with director / dramaturg Ann Hodges and music director Paul De Gurse, a subplot was added to embed the action in a personal journey. The 5-day Zoom-based workshop also enabled us to incorporate feedback from six diverse actors and a few healthcare professionals and researchers.

*Larry* as a project adheres to key elements of Research-based Theatre (RbT) by engaging closely with research and the artistic process (Belliveau & Lea, 2016). Its commitment to honouring the research and the art form situates it within the spectrum of RbT delineated by Beck and colleagues (2011); specifically, it is a public-facing "aesthetic performance" with systematic research as its primary source (p. 693).

I initially drafted *Larry* as a theatre script, which was to have been presented on university campuses and revised iteratively upon audience discussion and feedback. The advent of COVID-19 compelled us to pivot to video, with each actor filmed individually in front of a green screen (with the exception of one 2-actor scene, for which we obtained special permission). Needing a product that would outlast the pandemic, the creative team strove to maximize the aesthetic potential of COVID-safe video by incorporating digital gags and advanced visual effects by production company Tripwire Media Group, as well as "site-specific" choreography by Matthew Armet. We took inspiration from the quirky,

kitsch aesthetic of Randy Rainbow's (n.d.) green-screen videos (see <https://www.youtube.com/@RandyRainbowOfficial>) and from pandemic-era digital musicals, while also seeking to innovate.

The switch to video led us to shift our initial focus from student to public audiences, aiming to maximize reach by hosting the production on YouTube. On the advice of a communications professional, we split the hour-long show into 11 micro-episodes, hoping to accommodate short attention spans, facilitate sharing of single episodes, and build momentum across multiple release dates. In the 6 months following its June 2022 launch, *Larry* garnered over 30,000 episode views. However, releasing 11 discrete videos proved a poor distribution strategy: Typically, viewers simply watched the episodes in sequence, so the introduction of barriers to continuous viewing fuelled viewer drop-off without yielding the intended benefits. With the advantage of hindsight and YouTube analytics, I would now suggest that an attention-grabbing opening, fast pace, and congruence with YouTube's raw, anarchic aesthetic are more important than video length.

The great challenge in translating research into satire is harmonizing a researcher's precision with a satirist's exaggeration (in this project, these two personages happened to be one and the same). The most information dense of *Larry*'s songs ("When Medicare Was Born") is also the most restrained in its satirical approach, simply recounting a historical incident in a humorous way. Most of the songs, however, critique practices by portraying their absurd extremes (e.g., "You're Going Home Today," in which a chipper flow nurse hustles a heavily bandaged patient out of the hospital). I believe all episodes did maintain the delicate balance between madcap irreverence and fidelity to the evidence, with one exception. In Episode 5, the comic impulse pushed me too far, resulting in a misleading representation — which I did not recognize as such until some viewers posted critical comments. This episode's song ("Guidelines") actually predated the musical, beginning its life as a crowd-pleasing singalong about some doctors' nonadherence to clinical practice guidelines. As it seemed a perfect stylistic fit for *Larry*, I shoehorned it in to serve as an indirect comment on system fragmentation, neglecting to consider how the change in context would alter the audience experience. As a stand-alone song, its manifest intent was to have satirical fun with the topic; however, as part of an educational product, it appeared to be making a serious and fundamental statement about primary care — and worse, about physicians. I soon added an extensive content advisory to this video; however, the fact that the episode itself did not properly represent the evidence continued to gnaw at me.

The chief advantage of video over theatre — the creation of an enduring artifact that can rapidly reach large audiences — is also its chief drawback when one belatedly discovers elements one would like to amend. In pivoting to video, we gave up the ability to revise iteratively; financial and contractual considerations made reworking and reshooting scenes impracticable. However, I ultimately realized that some remedies still lay within our grasp — especially when working in a medium (YouTube) that celebrates the homemade and ragged edged and disdains the stuffy and slick. Accordingly, I redressed the problematic episode by interpolating a DIY cameo in which the author (identified as “The Research Scientist — An Expert”) addresses the audience against a backdrop of nonsensical images, and making its incongruity part of the humour. I also recut the episodes into a continuous version, with some tweaks to ensure a consistently fast pace and an immediate hook at the beginning of Episode 1. Having confirmed that the recut was outperforming the original playlist on audience retention and engagement, I changed the older version’s visibility from public to unlisted.

Linked here is the recut version of *Larry Saves the Canadian Healthcare System* (Kreindler, 2023): <https://www.youtube.com/watch?v=U7weVo2qV0>. Findings on public reception, as well as student responses to in-class screenings, are shared in Kreindler et al. (2024). Meanwhile, I hope you enjoy the show.

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