

The Intersection of Star Culture in America and International Medical Tourism



Celebrity Treatment

Kathy Merlock Jackson, Lisa Lyon Payne,
and Kathy Shepherd Stolley

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We dedicate this book to our families with love and best wishes for their
good health and happy travel adventures

Preface and Acknowledgments

One of the pleasures of teaching at a small liberal arts college is having the opportunity to work closely with scholars in other areas of research that are interdisciplinary, exciting, and encouraged. This project bears all of those markings. Kathy Merlock Jackson specializes in American culture and media studies, Lisa Lyon Payne in public relations and journalism, and Kathy Shepherd Stolley in applied sociology. Stolley, who has published on medical tourism, was anxious to extend her study in new directions and collaborate with Jackson and Payne in exploring new aspects of medical tourism through interdisciplinary perspectives. What each brought to the topic was enthusiasm and different ways of approaching a subject that has been under-researched and has the potential to change the way that Americans think about the all-important topic of health care. The result has been a perfect collaboration that has enriched all of us.

As the three of us embarked on our study, we learned that we differ in the lenses that we use to explore topics, the modes of our research, the styles in which we write, and the conferences we attend. Jackson is firmly planted in the humanities and Stolley in the social sciences; Payne has a foot in each camp. As our discussions ensued, we opened one another's eyes to nuances in language, images, effects, and contexts. Payne, the youngest and most computer savvy of our trio, had the ability to pull together resources, perspectives, and formats that made this project go smoothly. In collaborative research, we learned, the meshing of personalities is just as crucial as the understanding and merging of paradigms; ours worked.

In 2012, we began showcasing our research in medical tourism at conferences, beginning with the national meeting of the Association for Applied and Clinical Sociology in the fall. The following spring we presented another medical tourism panel at the Popular Culture Association/American Culture Association Conference in Washington, D.C. Lindsey Porambo, a representative from Lexington Press, took interest in our topic and encouraged us to develop a book proposal. Around the same time, we completed an article titled "Celebrity Treatment: The Intersection of Star Culture and Medical Tourism in American Society," which was published in *The Journal of American Culture* in June 2013. The focus of the article—celebrity—became the focus of the book as well. Who can resist the allure of stars like Steve McQueen, Rock Hudson,

Farrah Fawcett, or Angelina Jolie? We were hooked and wanted to learn more about their medical tourism forays and what they meant to their star personae and to the public perception of health-care choices in America. In the summer of 2015, Stolley presented research on Rock Hudson and Jackson presented on Angelina Jolie at the International Popular Culture Association Conference in Reykjavík, Iceland, and we realized how timely our work was. The week of our conference coincided with the thirtieth anniversary of Rock Hudson's announcement that he was gay, had AIDS, and was being treated in France, sparking interest in the AIDS epidemic and what could be done. Also, shortly before the conference, Jolie had drawn attention to her body with an announcement of her second elective surgery to prevent cancer. Studies of these two celebrities' connection to medical tourism are included in this book.

Medical tourism has the potential to change health care in America through the choices in procedures, physicians, and facilities that it presents, and celebrities often lead the way. We found their narratives compelling and hope that our readers will too.

We are grateful for the graphic design expertise of Christina Mele, who helped create a unique cover that fit with our topic. Also, Virginia Wesleyan College librarian Stephen Leist, who handles interlibrary loan, deserves special recognition for tracking down hard-to-find sources all over the globe, and he has our admiration and appreciation.

Finally, we thank our families, as well as our colleagues at Virginia Wesleyan College, for their support of this project.

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Introduction

Going Abroad: Leaving on a Jet Plane for Hope, Health, and Holiday

"Do you know who I am?" implored actor Reese Witherspoon when she and her husband were pulled over by an Atlanta police officer in a drunk-driving incident. "Do you know who I am?" (qtd. in Yahr).

Reese Witherspoon is a celebrity, and America is a celebrity-driven culture. Because audiences know who celebrities are, these familiar personalities in the entertainment and sports industries make news wherever they go. They are people of privilege for whom the world holds many opportunities and often expects much. With money and contacts, they move effortlessly from place to place, continent to continent, their every action chronicled by the media and scrutinized by the public. What happens, though, when these individuals of great wealth and status are afraid, when they have serious illnesses that reinforce the fact that they are mere mortals? The majority of celebrities who face life-threatening illnesses seek treatment close to home, but some use their substantial resources to travel abroad for care, becoming medical tourists. What happens, too, when celebrities are not dying but seeking treatment for medical conditions that could compromise their careers or are contemplating routine or rare health-care decisions? They, too, sometimes seek care far from home. Their experiences highlight international medical facilities, physicians, and procedures, elicit dialogue, and shape expectations.

Celebrity culture, health care, and travel attract attention in America's media-saturated society. These worlds curiously intersect in the study of medical tourism—travel undertaken for obtaining health or wellness services. Although the US touts some of the finest and best-known medical facilities in the world from the Mayo Clinic to the Johns Hopkins University Medical Center to the Cleveland Clinic, many jet-setting A-list celebrities, who can well afford the finest of health-and wellness-care, seek treatment far away from home. These travelers both reflect and influence health-care concerns in America, a nation that lacks a universal health care-system and a fast track for approving new drugs and medical procedures.

THE CELEBRITY CONNECTION

In the pantheon of popular culture, actor Steve McQueen, who earned the sobriquet “the King of Cool,” brought the practice of celebrity medical tourism to light. The star of such Hollywood movie classics as *The Magnificent Seven* (1960), *The Great Escape* (1963), *The Thomas Crown Affair* (1968), and *Bullitt* (1968), he typified the rugged, sexy, and unconventional tough guy. Once married to actress Ali MacGraw, with whom he co-starred in *The Getaway* (1972), he was the man whom women loved and men wanted to be. In another arena, however, McQueen occupied a very different role: stricken with lung cancer, he was one of the first major celebrities who traveled abroad, to Mexico, for medical care not available in the US, linking his name with medical tourism. His story is not unique, and many stars have followed suit, journeying to places such as France, Germany, Switzerland, Denmark, Korea, and Namibia.

Celebrity medical tourism, of course, begins with celebrity and the assertion that Americans have always been obsessed with the lives of the rich and famous. This fact was recently brought to light with the media frenzy regarding Caitlyn Jenner’s appearance on the July 2015 cover of *Vanity Fair* following her gender transformation. In a review of the new television docuseries *I Am Cait* on E!, Melissa Maerz writes of former Olympic gold medal-winner Jenner, “It’s a good reminder that being transgender isn’t what makes her different from the rest of us. It’s being a celebrity that does” (Maerz 53). In his seminal work *Stars* (1979), later reissued as *Heavenly Bodies* (1986), Richard Dyer argues for the importance of stars in the understanding of a culture’s ideology. Through their representations, stars function as texts for analysis or signs to be read. According to Dyer, celebrities say what it means to “be human” and “dramatize ideas of personhood, in large measure shoring up the notion of the individual but also at times registering the doubts and anxieties attendant on it” (Dyer 6). As individuals grapple with their own identities, they see personalities in the media as reference points in determining what is or is not beautiful, healthy, successful, or acceptable. People look to stars as they ask themselves “Who am I?”

Celebrities draw attention and, as a result, place items on the public agenda. Daniel Boorstin was perhaps the first to theorize this when he wrote *The Image: A Guide to Pseudo-Events in America*. A pseudo-event is a happening—such as an interview, press conference, or ceremony—that is planned and planted primarily for media coverage (Boorstin 11). Celebrities often influence pseudo-events, thus introducing topics for consideration. In *Celebrity*, Chris Rojek expresses this dynamic through a simple equation: “celebrity = impact on public consciousness” (10). What people know and talk about often relates to what media personalities do, what they say, and what they wear because the media cover these instances. The plethora of American talk shows—from *The Today Show* to *The View*

to *Inside Edition*—exemplifies this phenomenon. Stars provide conversational currency, as useful for cocktail party ice breakers as the weather or sports. Celebrity culture and the issues associated with it, as Todd Gitlin has argued, can affect American values and mainstay of political life (Gitlin 83).

Fans seek intimacy into the private areas of stars' "real" lives by catching glimpses of them on the street, buying souvenirs, or in extreme cases going as far as stalking (Milner 70). The celebrity gossip industry feeds on this obsession where even knowing someone who knows someone famous is a vicarious connection to celebrity (Milner 70–71). *Driveways of the Rich and Famous*, developed for public access television by John Cunningham, offered a humorous and satirical example of the thirst for making almost any connection with celebrity (Beeton 32). Patterned after Robin Leach's *Lifestyles of the Rich and Famous*, Cunningham visited celebrity driveways and spoke to whomever he found available—"the real people, the gardeners, the mail carriers, the next door neighbors . . . who brush regularly with fame and have always wanted their chance to step into the spotlight" (Videomaker). He observed, "It was great getting Frank Sinatra's mailman, who admits that delivering his mail every day adds a thrill to an otherwise boring job" (qtd. in Beeton 33).

The media today are saturated with human interest stories relating the details of stars' personal lives that feed the hunger for celebrity connectedness. Audience members see celebrities as both larger than life and just like them, and they come to regard the celebrities they follow in the media as friends or intimates. This leads to the development of parasocial relationships. Such relationships are becoming more common in the digital age as the media seek to satisfy audience expectations for information and stars—through talk shows, reality programming, social media, and constant streaming. No topic, no matter how personal, is off limits, and this includes medical issues. A celebrity who shares health-care experiences is often beloved. Such stories humanize an adored media personality, strengthening the public's affection and engendering trust. This process has implications for American medicine.

THE MEDICAL TOURISM CONNECTION

Clearly, celebrity medical tourism does not occur in a historical or cultural vacuum. Today's medical tourists are the modern versions of health-related travel practices that are as old as recorded history, and long attached to the fashionable classes and popularized by the celebrities of the day. Even exclusive of the draw of celebrity influence, medical tourism has gained ground. Medical costs in the US are rising faster than inflation (Patton). The expense of health-care plans has risen faster than wages, and Americans worry about meeting health-care costs

("Health Costs"; Zamosky). How the Affordable Care Act will impact this situation remains to be seen. A graying population means more people in need of medical care (Williams). Medical tourism can result in savings as high as eighty-five percent depending on location and procedure (Woodman). Patients find quality care for lower cost and less red tape. When these powerful economic factors are combined with the power of celebrity, they intersect in ways that have potential to shape the future of health care.

Determining the size of the medical tourism market is challenging. Data are cobbled together from various information sources including governments, media, international organizations, consulting firms, and health-care providers (Bookman and Bookman). Estimates are based on inconsistent definitions of medical tourism and figures that cannot be verified by the countries where medical tourists travel to or from in their journeys (Medical Tourism Statistics and Facts). As estimated by Patients Beyond Borders, a leading source for medical tourism information, the medical tourism market is somewhere between \$38.5–55 billion annually. Those figures are derived from an estimated eleven million medical tourists worldwide traveling across international borders worldwide, and spending an average of \$3,500–5,000 per visit to include their treatment, transportation, and accommodations (Medical Tourism Statistics and Facts). Patients Beyond Borders estimates that the worldwide medical tourism market is growing at a rate of 15–25 percent, with the greatest rates of increase in Asian destinations (Medical Tourism Statistics and Facts). As John Connell, author of *Medical Tourism*, explains, the growth of medical tourism is

about international movements in search of cures and the resolution of more serious medical conditions, often by surgery, for various reasons and in diverse circumstances. There is both new demand and new supply for particular kinds of medical care and intense global competition to provide them. Affluence . . . disappointments with the performance of public medicine . . . [n]ew mobility, and its active marketing by governments and hospitals, has resulted in the rise of a new niche tourism industry. (xi)

Citing examples of Argentinian footballer Diego Maradona's 2000 travel to Cuba to detox and supermodel Naomi Campbell's 2008 trip to Brazil for laparoscopic surgery, Connell observes that celebrity medical tourism has drawn attention to these new opportunities (xi).

THE INTERSECTION OF CELEBRITY AND MEDICAL TOURISM

The medical tourism industry has embraced its celebrity connections. *Medical Tourism Magazine*, the official publication of the Medical Tourism

Association (MTA), celebrates the celebrity medical tourist as heroic trendsetter, a trend that began

with Steve McQueen . . . the movie star who wouldn't say "die." [Although] Steve McQueen did not survive . . . decades later, Hollywood's royalty still refuse to take "death" for an answer. And they continue to bypass the American medical establishment in favor of alternatives to conventional treatments that can be as punishing as the disease. (Celebrity Medical Tourism)

Brett Hudson, a director, writer, and producer perhaps best known for *The Hudson Brothers Show*, a summer replacement for *The Sonny and Cher Show* in the 1970s, was billed as a keynote speaker at the Sixth World Medical Tourism and Global Healthcare Congress—the MTA's annual international conference—in November 2015. After being diagnosed with Stage IV throat cancer in 2007 and undergoing taxing treatment in the US, Hudson was referred to a German clinic for treatment by his old friend Cher. Farrah Fawcett, whom Hudson calls his "cancer buddy," was also treated there (Celebrity Medical Tourism).

In a meta-narrative analysis on literature that explains celebrities' influence on patients' health-related behaviors, Steven Hoffman and Charlie Tan assert that a star's impact on public health can be as substantial as medical advisors. NBC journalist Katie Couric is a case in point. When she had a nationally televised colonoscopy to increase awareness of colorectal cancer, health experts reported a 21 percent surge in screenings the following month (Cram et al). *The Oprah Winfrey Show*, reaching 141 countries, proved a boost for medical tourism, including a website that featured patient testimonials and "A Global Guide to Medical Tourism" (Connell 88; Okura).

Media accounts of celebrity travel for health purposes can serve as either implicit or explicit endorsements with enormous persuasive capacity. Stars such as Farrah Fawcett openly urged her fans to consider medical options abroad and even promoted the cause through a nationally televised documentary. Steve Jobs, however, sought his treatment overseas quietly, divulging few details to the press and shareholders. Regardless of the motivations, stars hold powerful influence rooted in enhanced source credibility bestowed upon the American celebrity in two unique ways: trustworthiness and expertise. Audiences ascribe enhanced trustworthiness to celebrities who are viewed as elite sources of information, particularly with decisions about their own bodies. With all of the financial resources, travel opportunities and connections available to them, celebrities are also perceived as having greater levels of expertise on the health-related treatments and procedures they receive, especially when there is a strong congruence between the celebrities' attributes and the message. Peyton Manning, for example, enjoys a strong natural connection with a message about a procedure to heal a sports-related injury. Sex

symbol Suzanne Somers would likely be seen as an authentic source for beauty information. Scholars agree that “by sharing their past experiences and the sources of their health and achievements, these celebrities are perceived as credible, enticing people to follow their advice” (Hoffman and Tan).

However, even when there is no logical relationship between the celebrity and the medical information being reported, communication literature suggests that a halo effect may result in an enhanced persuasive appeal. Media consumers often unknowingly harbor a cognitive bias toward celebrities, which essentially gives the stars credit for many positive characteristics based on a singular notion of beauty or charisma. Also called the physical attractiveness stereotype, individuals tend to ascribe qualities such as intelligence, kindness or leadership abilities to beautiful people. Marketers seek to capitalize on this bias by associating the glamour of one’s star power with a wide-reaching set of skills that could include perception as a credible health advisor. Hoffman and Tan assert that because of this halo effect, “celebrities are in turn perceived to have greater credibility than their non-celebrity counterparts like physicians, despite having less medical knowledge and expertise.” Hollywood luminaries like Steve McQueen and Angelina Jolie are widely admired for their captivating looks. Transferring or associating their beauty to their decisions for unconventional health choices abroad, whether to treat cancer or give birth in a faraway land, popularized medical options and influenced health-related decisions nationwide.

From a more critical perspective, the status we afford celebrities also serves as a distraction. More than a half century ago, sociologist C. Wright Mills observed that when the public is focused on celebrities and “human-interest trivia” (117), they are not focused on other pressing social issues. Bolstered by already growing advocacy for the cause, Rock Hudson’s announcement that he had AIDS, prompted by the events surrounding his trip to France, did engage the public immediately in the broader issues surrounding the growing epidemic. The impact of celebrity medical tourism is, however, not always that direct. Does Karen Black’s crowdfunding appeal to her fans call attention primarily to sympathy for her individual plight, or does it also engage her fans in the larger issue of exorbitant health-care costs? Does Angelina Jolie’s trip to Namibia help raise awareness of the needs of Namibian children? So far, celebrity pilgrimages to Germany for arthritis treatment and Suzanne Somers’ efforts to bring cutting-edge options for breast-cancer survivors have not translated into widespread demand among the American public to have access to those treatments at home. The attention we give celebrities affords them a special status that makes celebrity itself a commodity (Mills; Milner). Simply because of who they are,