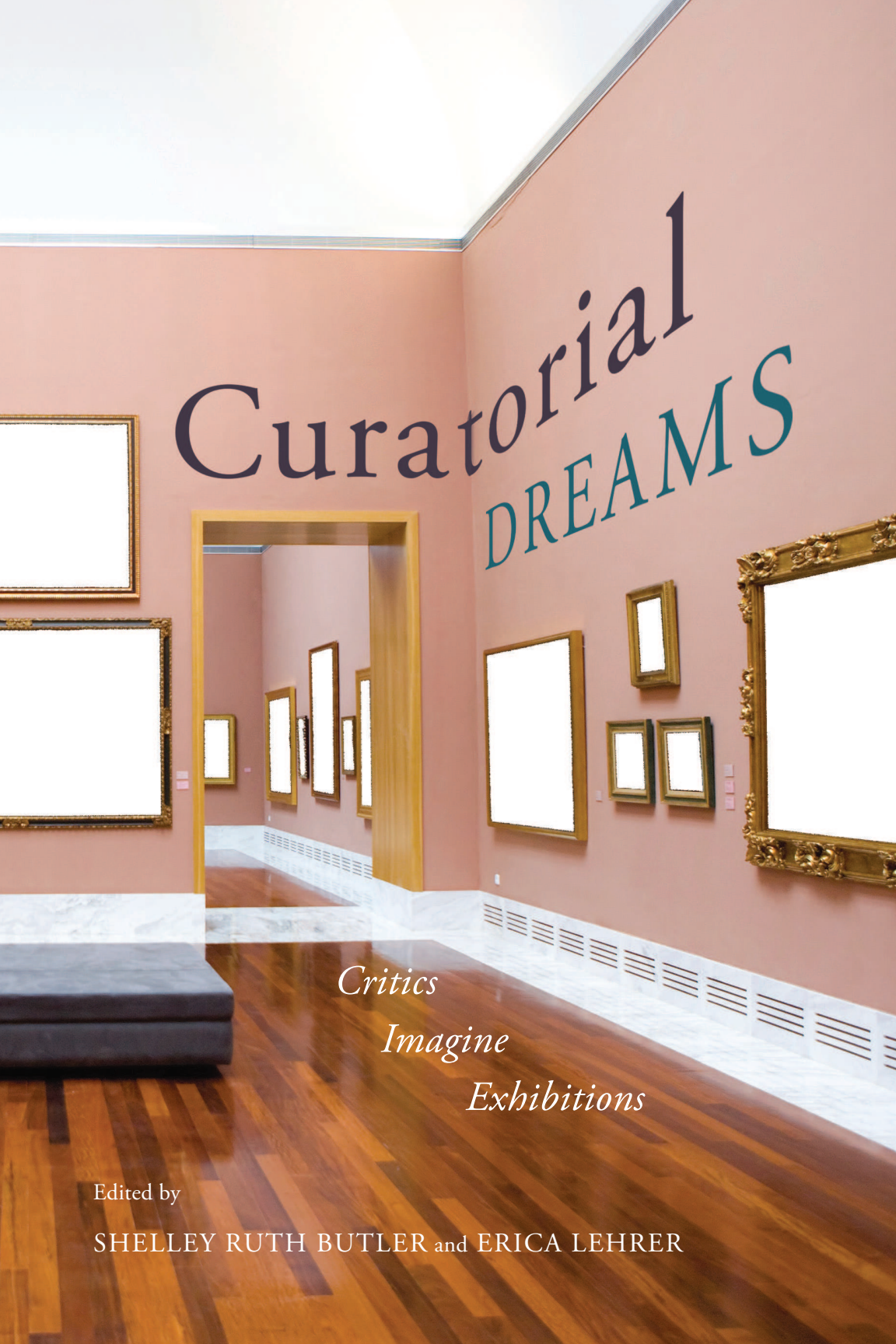

Curatorial
DREAMS
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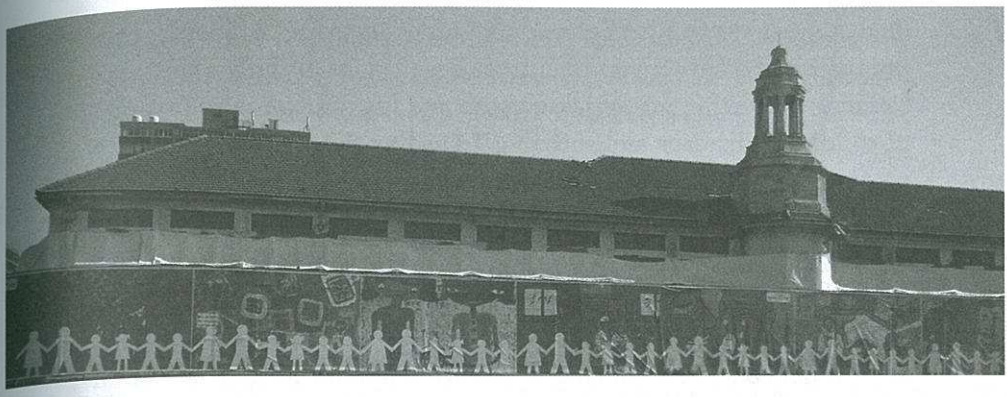
CHAPTER FOUR

By and For Children: History and Healing in a Hospital Museum, KwaZulu-Natal

MONICA EILEEN PATTERSON

On 15 July 2010, a group of about two hundred children, health care workers, community activists, researchers, government officials, and members of the public celebrated the official launch of the KwaZulu-Natal Children's Hospital Restoration Project (KZN CHRP) in eThekwini (Durban), South Africa.[1] They gathered inside the hospital complex where the dilapidated main building still stood, encircled in white sheets that had been stitched together to evoke a giant bandage secured with a larger-than-life safety pin (see figure 4.1). Along the periphery of the grounds, a protective gate displayed enlargements of children's drawings and explanatory text on the hospital's origins. That day of hope was followed by months of frustration, as the project stalled, its projected cost skyrocketed, and unspent provincial funds earmarked for the restoration were returned to the National Treasury. But the initiative is once again moving forward, advancing the latest chapter in a century of struggle for the establishment and protection of a separate children's hospital in the region.

This chapter is situated between the unfolding developments of the actual KZN CHRP and my vision of one path that this and other children's hospitals might pursue.[2] Inspired by the project's visionary leaders, its future patients, and local South African initiatives that could be applied in a wide range of contexts, my curatorial dream presents the unique potential of an arts- and history-based hospital museum that is *by* and *for* children.[3]



4.1 | KwaZulu-Natal Children's Hospital prepares for renovations, August 2010.

A wide range of actors, including children themselves, have long been active in the advocacy, activism, and engagement that led to the establishment of the originally named Addington Children's Hospital in 1931 and its planned resurrection some seven decades later. Located on the sunny shores of the Indian Ocean, Addington was the first children's hospital in South Africa. For decades before its full closure in 1984, a popular medical museum on the premises attracted local and international visitors alike.

Now flanked by uShaka Marine World theme park to the south and high-rise hotels and condominiums to the north, the renamed KwaZulu-Natal Children's Hospital (KZNCH) will serve as a crucial node in a broader and expanding infrastructure of healthcare, social services, education, and heritage preservation in the province and beyond.[4] With its aim of becoming an integrated children's wellness centre and a regional health precinct, KZNCH Trust CEO Arthi Ramkissoon hopes it will be a "one-stop facility for a whole range of child-related issues."[5] This chapter explores the vast potential of the unique presence of a museum space on a hospital premises. My curatorial dream, then, involves simultaneously re-envisioning what a children's hospital – and a museum – can be.

History of the Children's Hospital

According to popular accounts, when Durban Town Councilor Mary Siedle heard that a ten-year-old boy named James "Mickey" Freshwater

died of dysentery in 1923 because of a lack of adequate facilities for children, she and other concerned citizens began plans to create a children's hospital "as a living memorial to youth and life through the alleviation of childhood diseases and suffering."[6] Leading the effort to establish a separate institution for sick children, Siedle was instrumental in securing the four acres of land upon which the hospital was built with grants from the town council (for 3.5 acres) and the provincial government (for 0.5 acres). She also collected over £23,000 GBP (a surplus of £9,000 GBP) as chairwoman of the fundraising committee, a group composed of provincial and city government representatives, healthcare professionals, and members of the public.

According to Catherine Burns, a leading historian, visionary of the hospital restoration project, and former advisor at MatCH, plans for the building were drafted by government architect John Stockwin Cleland, chief architect of the Public Works department, and designer of many other hospitals and health facilities in South Africa.[7] In accordance with a growing appreciation for the interconnectedness of psychological well-being, aesthetics, fresh air, and bodily health in the 1920s and '30s, the architect and planners aimed to make the wards as open and cheerful as possible to help speed children's recovery.[8] Large balconies were thus installed, with custom-made doors that could be fully opened on nice days, exposing the children to sunlight and the fresh sea breeze. Rendered in Union Period style, the six-ward, sixty-six-patient-capacity Children's Hospital was also equipped with an open-air sunbath, gardens, courtyards, and tennis courts for the nursing staff.[9] Planners commissioned South African artist Mary Stainbank and her British colleague and friend Wilgeford Vann-Hall to produce hundreds of works for installation, and the pair worked intensely between 1926 and 1930, creating statues, stained glass windows, ceramic pieces, relief panels, and glazed fountain figurines to grace the grounds.[10]

Attached to the main hospital, Addington opened its doors – to white children only – on 12 February 1931, some eight years after Mary Siedle first conceived of a separate children's hospital, attached to the main hospital.[11] Following the Second World War, the hospital admitted only children officially registered as White or Coloured, but a new outpatient section was established to extend specialized services to African and Indian children.[12] This movement toward broader racial inclusiveness

eventually created problems for hospital staff, however, as in the early 1970s, when tensions between the *verlichte* (Afrikaans for "enlightened") Children's Hospital workers and the *verkrampte* (closed-minded, literally, "cramped") pro-apartheid establishment played out in intra-institutional battles over the relationship between the Durban Children's Hospital and the adjacent general Addington Hospital.[13] In 1971, citing the need for "budget cuts and savings," the operating rooms at the Children's Hospital were closed.[14]

In 1979 hospital staff began admitting children of colour, "non-whites" in the parlance of the times, further alienating the institution and its advocates from the Nationalist leadership in Pretoria. These were the years of "high apartheid," in which the government imposed major structural changes that stripped Africans of even more of their already limited rights and economic opportunities. But as Burns notes, even white children's needs were subordinated to the "louder voices of centralized planning and management-driven care," and in 1984 the Durban Children's Hospital wards were permanently closed.[15] The children's health services that were not dissolved outright were significantly downgraded or fractured, and relocated to the thirteenth floor of Addington Hospital. In particular, surgery was severely curtailed. In 1985 the state appointed Dr Mannie Steyn to chair a commission of inquiry tasked with investigating the future of the Durban Children's Hospital. As Burns comments, such official "one-man" commissions were a common tactic of the non-transparent, non-inclusive, and authoritarian apartheid state, and its findings were never released to the public.[16] Over the next several years, repeated requests to rehabilitate and reopen the building for people needing services were refused. From late 1991 to early 1992, as negotiations for the transition to democratic rule in South Africa began,[17] a group of long-time activists and progressive doctors at the Medical School in Durban formed a collective advocating for the "just and equitable use of this special space for the increasing needs of children of the city."[18]

After a solid decade of sustained organization and effort, the KZN CHRP was launched in June 2010 with a 118-million rand project budget. According to the project's website, the fundraising goal now sits at 540 million rand, or 50 million US dollars.[19] At the launch, officials projected a two-and-a-half year timeline to completion, which was later adjusted

to five years.[20] Since it closed its doors in 1984, the hospital building has survived two fires (in which arson was suspected), and almost three decades of neglect and vandalism.

The Children's Hospital Museum

With its unique period artwork and architecture, and as South Africa's first hospital for children, the Durban Children's Hospital has been recognized by the Architectural Heritage Trust and Amafa, the provincial heritage conservation agency for KwaZulu-Natal, as a valuable heritage site. Of particular interest and importance to heritage conservationists – and to readers of this volume concerned with innovative curation strategies – is the presence of a small museum in the historic Nurses' Quarters at Addington, which opened in 1979. The Addington Centenary Museum collection includes archives and artifacts dating back to 1900. Housing a modest exhibit still listed on tourism websites as a popular site of interest (though for years no longer open to the public), the Addington Museum presented a well-worn narrative of the triumph of Western biomedicine over earlier and other forms of medical practice – complete with historical artifacts such as turn-of-the-century tools for tooth extraction.[21]

When I became aware of interest in preserving and updating the museum space in the overall renovation, it struck me as an ideal opportunity to address the interconnections between contemporary health issues and the history of apartheid, particularly as they relate to the under-acknowledged and over-simplified history of childhood in South Africa. This is a history of violence, racism, and sickness; but also of resilience and agency. In South Africa, apartheid produced a set of complex entanglements, contradictions, and inconsistencies that rendered black children at turns extensions of women, carriers of disease, beneficiaries of white custodianship, future labourers, pitiful innocents, targets of a security state, or simply invisible.[22] The consequences of these policies and practices still continue to unfold in the public health issues that face the country.

While the formal system of apartheid may have been officially dismantled more than two decades ago, countless legacies of this legally enshrined and socially upheld system of racial oppression endure. In the

absence of significant socioeconomic change and psychosocial repair following the end of apartheid, a tiny (still disproportionately white) South African minority live in relative opulence while the vast (largely black) majority struggle to survive. This inequality continues to determine the distribution of resources in South Africa today, and hence the distribution of suffering among its people.[23] The HIV/AIDS epidemic has had a detrimental effect on many aspects of South African society in the post-apartheid era, including children's health. South Africa has more people living with HIV than any other country: more than 6 million in 2013.[24]

But there are particular challenges to the health and happiness of poor children in the province of KwaZulu-Natal, where the children's hospital (KZNCH) is located. With provincial prevalence rates of 37.4 percent reported among women attending antenatal clinics in 2011,[25] KwaZulu-Natal has long been considered one of the world's HIV/AIDS "hotspots." As a result, the country has the largest orphan population caused by AIDS in the world.[26] Children who have lost parents to HIV/AIDS are stigmatized to varying degrees within their communities as a result of their association with the disease. While most other parts of the world have seen drops in child mortality rates, as the KZNCH website notes, the rate in the KwaZulu-Natal region is rising, largely because of the prevalence of HIV, which contributes to 50 to 60 percent of deaths in children under the age of five.[27] The region, and South Africa more generally, is also plagued with a related tuberculosis epidemic featuring drug-resistant strains of the disease.[28] Another exacerbating factor for health in the region is that Durban is one of the most polluted areas in the world.[29] With its primary constituency of black, poor, sick children at the bottom of multiple hierarchies, how can the Children's Hospital Museum maximize its impact in the current socioeconomic reality?

To address children's health in South Africa today is to intervene in history. It requires attending to environmental, social, political, and cultural issues. Such work must interrupt the deeply entrenched conditions and structures of a political economy that has kept a poor black majority impoverished and marginalized, even in the post-apartheid era. A meaningful curatorial intervention would require a new way of conceiving of children, not as mere recipients of care but as valuable resources in today's society and active agents in larger historical struggles against

poverty, inequality, and suffering. Achieving this deeper understanding of children's importance in turn demands greater recognition of the many ways in which South African children and youth were pivotal in toppling the apartheid regime: beyond their varied roles in the Soweto Uprising of 1976 they were and continue to be effective as local and international spokespersons on a range of issues, including children's rights. In addition, children have always been vital members of households, schools, communities, and economies, and though often un(der)acknowledged, their participation has a significant impact on these domains.

Re-imagining the Museum

Reflecting the racist underpinnings of colonialism and apartheid, museums and monuments in South Africa traditionally celebrated apartheid and its beneficiaries, while demonizing, belittling, or simply ignoring the black majority population. Post-independence, initial attempts to democratize such sites in terms of both access and content focused on correcting one-sided, often overtly racist representations to insert the experiences of South Africa's black population into the historical record and commemorative landscape. But many of these initiatives were designed and imposed from outside the communities they sought to represent, and lacked the kind of community involvement that should have driven the process.[30] Many have, for example, criticized the hegemony of ANC-centred interpretations, narratives, and key figures.[31] Furthermore, many of the new monuments, museums, and memorials in South Africa have catered to foreign visitors, and have emerged from an orientation in which culture and history are increasingly commodified for (tourist) consumption.[32] Finally, the dominant notion of inclusion has remained largely grounded in apartheid-era racial categories, which rarely allow for more textured or nuanced representations of differentiated black community.

The socioeconomic realities of contemporary, post-apartheid South Africa demand multiple, overlapping interventions, not isolated or temporary solutions. To that end, I propose that the mission of the KZN Children's Hospital Museum (KZN CHM) should be to provide visitors with a holistic encounter that will have a positive impact on their lives in ways

that extend to their families, classmates, and communities, and continue beyond the time spent on the premises. Such an ambitious goal requires first and foremost that the patients of the Children's Hospital be recognized as a crucial resource in extending the museum's impact. In what follows, I explore possibilities for using the institutional space of the hospital museum to create a more dynamic, democratic, and participatory space of encounter and emergence. The museum I envision will directly engage with complexities around the roles, experiences, and participation of children in South African society, and their continued marginalization in many spheres. In so doing, the difficult task of animating South Africa's constitutional ideals into broader social practice and everyday thinking may be advanced in a small, unique way, and may serve more generally as a model for social justice in museology.

Two of the strongest impulses in the last twenty years in what has been termed "New Museology" are the calls for museums to democratize, and to evolve into more engaging, dynamic sites.[33] The KZN CHM is uniquely situated to build on these goals by becoming a museum not just *about*, but *by* and *for* children. Thinking across these three vectors – each with its own purpose, concerns, and constraints – opens new possibilities for more inclusive participation in a *living museum* defined as much by the activities, conversations, and experiences it fosters as by the content it may feature.

Re-envisioning the museum to address these three dimensions – about, by, and for children – requires an elaborate exercise in curating difficult knowledge.[34] This includes knowledge about racism, inequality, illness, poverty, suffering, and death. It demands that children be recognized as expressive agents, involved in acts ranging from the laudable to the unthinkable. Would it be possible to create a dynamic space that is nurturing for all children – including those who may never leave the hospital and whose lives may be cut very short – while simultaneously engaging with the painful historical realities that they faced, and often continue to face?[35] To do so we must ask: How can the history of childhood in South Africa best address the often silenced racism that erased black children from the picture (even while powerfully invoking universalist framings of "the child")? What insights from recent critical museology might address the cultural, historical, and political issues that define

the situation of children in South Africa today? How can these be leveraged to engage suffering in ways that involve children as active contributors with their own considered perspectives?

Curatorial Strategies: Multifunctionality, Localism, and Constellation

My vision for the KZN CHM is based on three curatorial strategies: multifunctionality, localism, and constellation. Most commonly referenced in agriculture, *multifunctionality* refers to the capacity for a given activity to produce numerous benefits in different domains. Although it may not be named as such, the idea is increasingly driving the approach of many museums striving to survive. From the earliest days of its conceptualization, the original Addington and renamed KZN Children's Hospital functioned as a vehicle for a wide range of work: in addition to the employment and healthcare it provided, it was also a key site of artistic expression and philanthropic, memorial, museological, political, and human rights work. In the South African context, multifunctionality is a survival strategy for the millions who must eke maximum value from every resource. In the face of such privation, it is important that every aspect of the KZN CHM fulfill multiple needs of visitors and their larger communities. I therefore propose that the museum commit to multifunctionality as a primary methodology.

At the hospital's Restoration Project Launch in June 2010, the children's cause was used to morally frame and politically demand both abstract principles of human rights and specific state-provided services. As stated by KZN Member of the Executive Council (MEC) Sibongiseni Dhlomo:[36]

> The healthy growth and development of children is crucial to the future of this province and country. Health and wellbeing are an integral part of the child's right to life, survival, and development. The principle of human rights is universal and each child, including the adolescent, is entitled to fundamental rights and freedom. Our government's mandate is universal, as enshrined in our Constitution. It calls for equity: the enjoyment of the highest attainable standard of health is one of the fundamental rights of every

human being without distinction of race, religion, and political belief, economic or social condition.[37]

This fusion of nation building, health, human rights, and children's welfare invokes multiple, historically powerful (if sometimes empty) discourses, and performs multifunctionality on a discursive level: providing quality health care for children not only improves their lives individually but ensures the nation's future, while promoting freedom and equity. But on the ground, through a long history of grassroots activism, children's rights have proven to be a potent political node around which many broader sociopolitical and historical issues have cohered. Identifying the multifunctional possibilities in addressing these issues can yield a deeper understanding of their historical roots and present realities. For instance, during the last decades of apartheid rule, after political parties were banned and public gatherings were severely curtailed, community days were organized for children that both enabled their parents and caretakers to organize and to meet, and prompted reflection and action on the basic rights that children should enjoy. As far as the apartheid government knew, the events were simply creative workshops enabling children to express themselves through art, music, and theatre. But some of the cultural production that children created in these workshops circulated through local and global children's rights and anti-apartheid literature and drew attention to the deplorable conditions of black childhood in apartheid South Africa to wider publics. What started as highly localized efforts helped drive the global children's rights movement, and the movement's growing momentum symbiotically directed international attention and resources to a range of South African organizations. Today, similarly harnessing, utilizing, and directing the power of such multifunctional activities can also help galvanize efforts to manifest socioeconomic change.

With the (unrealized) hope of lasting economic stimulation promised by the proponents of South Africa's hosting of the FIFA-sponsored Soccer World Cup in June–July 2010, powerful local politicians and business people targeted the prime real estate upon which the old hospital sits for tourist development.[38] At stake in the ensuing debates, which still continue, are competing claims about the priorities of the ongoing project

of nation building, the best way to address the needs of grossly underserved publics, and the comparative importance of local communities in these decisions as the consequences of apartheid policies and practices continue to reverberate in public health issues facing the country. Multifunctionality involves making every act, artifact, and activity beneficial in as many ways as possible, embedding maximum functionality and value into each component.

A strong case can be made for using scholarly research and community collaboration to intervene in social problems and to communicate with broader – particularly local – audiences about issues that affect them.[39] Drawing from existing local resources, initiatives, and ideas – what I call *localism* – not only helps to conserve effort and energy but also helps to ensure relevance and resonance, which are crucial for the long-term success of any public institution. With the increasing globalization and corporatization of heritage and museological production of many memory projects, local values and practices are not adequately considered or engaged. This neglect can result in lost opportunity, wasted resources, and feelings of resentment and alienation in host communities.[40] A commitment to localism must therefore drive the KZN CHM orientation at all levels.

My third curatorial strategy, *constellation*, involves looking outward with the goal of integration across disciplines and sectors: identifying, seeking out, and strengthening connections across expansive networks in order to actively position the museum within multiple broader contexts. Unlike networking, which maintains a core centre from which connections are made through various forms of outreach, constellation demands multiple versions of a single institution in relation to the assemblage of other units with which it is aligned. So for some visitors, the Children's Hospital may be a place for medical treatment and care, for others a site for health education, and still others an enjoyable diversion in a commuting itinerary, or the venue for the latest popular art exhibit.

The Children's Hospital and its unique museum are well positioned to connect and involve families, communities, nurses-in-training, social workers, educators, health workers, researchers, heritage workers, tourists, and children. On the premises there will be satellite offices for various NGOs, as well as the departments of Education, Social Development, and

Home Affairs. When it come to procedures like applying for and receiving disability grants, all these offices will be able to provide better services by constellating their efforts. The museum must situate itself within multiple clusters of related institutions such as the Red Cross Children's Hospital Trust, the Department of Health, the Children's Rights Centre, and the Provincial Treasury; and it will have the potential to capitalize on opportunities and places where the work it is doing on-site may be reinforced in the public realm, schools, government, health, and local communities.[41] Working with already existing infrastructure and institutions to complement and augment the museum's efforts is particularly important in a society plagued with extreme poverty and inequality.[42]

Combining the curatorial strategies of multifunctionality, localism, and constellation, the KZNCH includes plans for eco-therapy and environmental psychology components to the children's care and rehabilitation package. To this end, planners will consult with urban designers, play therapists, fitness experts, and children themselves to collaboratively design multi-purpose open spaces that help connect the Children's Hospital and Museum to other buildings and services in the precinct. Safe pedestrian walkways, bike paths, sidewalks, and conveniently placed, well-marked pathways and waiting areas for the People Mover public transport bus will link the various buildings. These areas will feature sculpture gardens, play areas, and scenic walks. The museum entrance will be easily accessible from the south beach's open new promenade, maintaining a sense of connection to life outside the hospital.

Planners have already committed to "greening" the spaces of the hospital grounds. As described by education specialists Janet Dymant and Anne Bell, greening is a growing international movement focusing "primarily on the design, use and culture of school grounds, with a view to improving the quality of children's play and learning experiences."[43] Their research has demonstrated the importance of environmental factors for children's physical activity levels, and for promoting active, imaginative, and constructive play, civil behaviour, and a better integration of physical activity into life more generally. By replacing some of the asphalt with a range of outdoor features (such as nature trails, trees, composting stations, art, mixed terrain, bird feeders, greenhouses, fountains, and food, flower, and butterfly gardens), they argue that children's "play

repertoires" are also diversified, in turn increasing their opportunity for physical activity. Combining other kinds of terrain with asphalt, which provides even ground and allows wheelchairs to roll, will also enable a wider range of children to be active, and will expand the possibilities for play beyond the rule-based, competitive games that asphalt and sports fields tend to promote.

Dyment and Bell maintain that green spaces invite greater, more inclusive community involvement and an increased sense of investment.[44] In many ways, the application of greening practices is a return to the earlier visions of Mary Stainbank and the Addington Children's Hospital planners for the space as a place for nurturing and promoting not only physical but also social and cognitive health. Involving children as active participants in the process of greening can extend the benefits of such practices beyond the hospital grounds. Workshops on gardening, composting, and the use of indigenous medicinal herbs, for instance, could provide hands-on opportunities for children to learn skills directly related to the improvement and maintenance of their health and well-being.

Interventions and Exhibits

Restoration project planners have expressed interest in creating on the hospital site a lively new museum that is open to the public, drawing in tourists and locals alike. It is important to think expansively about constituency, and to recognize the many roles children embody: as potential patients, students, family members, community builders, expressive individuals, and agents with interests and agendas. Other populations, including family members, researchers, hospital staff, and members of various local communities, will also visit the museum or be influenced by its existence. The museum will include collaborative, community-engaged, interactive temporary and permanent exhibitions, using diverse multimedia presentation strategies, aspects I expand on below. The exhibits should focus not only on tangible but also on intangible cultural heritage,[45] and allow for multiple and emergent narratives (rather than closed, dominant, authoritative accounts). One of the best – and simplest – ways to facilitate these ambitious goals is to create opportunities for visitors to engage with and comment on the content that the

museum presents. The exhibits should therefore be designed to promote and inspire dialogue, presenting the history of health and healing in South Africa dynamically, with particular attention to children's roles and experiences.

According to Burns, the new museum's permanent exhibition will "act as a magnet for health education, as well as [presenting] works that stretch and engage us around the complex history of health in South Africa, a lens through which to view so many layers of our history."[46] The museum collection contains the many pictures, letters, diaries, and medical and healing instruments featured in the Addington Hospital's original exhibit, in addition to original artworks, sculptures, and mosaics created by noted South African artists Barbara Tyrell, Mary Stainbank, and Wilgeford Vann-Hall. But the future exhibition is intended to present the long history of Western, African, and Indian healing traditions in the region, including content on the roles of traditional healers, nurses, midwives, and doctors, the rise of Indian Ayurvedic medicine in Durban and in KZN, and the achievements of the first professional nursing and medical elite among the amaKholwa (Christian converts) of the region.[47] Drawing from oral historical sources and using narrative framings that incorporate visual, audio, and other sensory materials, the exhibits will explore the social impact of disease and its context (poverty, race, gender, power, personal sacrifice, and striving.[48]

In my curatorial dream for the Children's Hospital Museum, a significant section of the museum will explore understandings of childhood itself. Such a topic is important at this site because children – particularly those who are hospital patients facing the possibility of death – need a space to engage with life in all its dimensions. Adults, too, must confront the realities of what it has meant to be a child in South Africa, in order to change this reality for the future. Through a critical history of children's rights in the country and abroad (with participating children's rights organizations as partners), my proposed exhibition will examine South African childhoods, the role of children and youth in the struggle for liberation, and local child heroes and heroines. The museum will address several questions relating to childhood, including: What is the history of childhood in this region where the infant mortality rate is rising, and where romantic imaginings and assumptions about childhood as a

time of innocence, comfort, and freedom from labour and strife are often inadequate or even irrelevant? What is childhood like in South Africa today? What can it be?

Maximizing opportunities for multifunctionality, localism, and constellation, I envision that exhibit planners will work with local educators to ensure that exhibits augment and draw from primary and secondary school curricula to facilitate the integration of field trip visits from area school children throughout the school year.[49] Exhibit design should be generated through transparent and collaborative processes that involve community members, patients, and at every stage, children, taking them into account both as primary constituents and as resident experts. In addition, community organization and NGO partners, health care and social service workers, parents, and children themselves can help identify and recruit local children who might benefit from participation in hospital museum programming. Given that the definition of "child" is an open debate in South Africa, where the internationally sanctioned termination of childhood at the moment of reaching eighteen years does not adequately reflect the plasticity of more nuanced and context-specific social understandings of "child" and "adult," a generational approach to gathering young people in flexible age cohorts that reflect cultural and communal understandings of childhood is advised.[50] Interactive exhibits with the capacity to record visitor responses can double as vehicles for data collection and community forums, lending deeper insights into the question of what it means to be a child to various constituencies. I propose several "Community Days of Dialogue" a year: workshops organized around a single question such as "What are children's rights and responsibilities?" or "How do you practise good health?" Organized in partnership with local groups, these open community workshops will produce educational content, build community, connect patients with the outside community, collect data, and offer opportunities for self-expression and dialogue.

While democratizing the museum space and the processes leading to the creation of exhibits, I suggest that other spaces in the health precinct may include exhibit components such as plaques and informational panels that make visible the history of the hospital and the region, and installations of children patients' artwork in available spaces. Engaging

and provocative public service messages concerning health and wellness should also be integrated into the health precinct's public spaces, particularly in the waiting areas. The museum can generate revenue through a coffee and gift shop that sells children's books and toys, and originals, prints, postcards, and catalogues of children's artwork. Local institutional partners such as the Killie Campbell Africana Library and Museum should be consulted for assistance with documentation and reproduction, and new opportunities for collaboration should be identified.

Children's Art Gallery and Art Production

First and foremost, the museum will be a child-centred space. Drawing from the field of art therapy, the KZN CHM will serve as a venue both for the display of children's original artwork produced by hospital patients on the premises and by children from the region, and for workshop-based discussions with the aim of creating friendships and allegiances across lines of difference. Creating art serves many functions for children. It can provide a means of creative self-expression, education, dialogue, memorialization, fun, and psychosocial repair. It can also help children deepen their cognitive, linguistic, creative, and social development.

Historically, children's art in South Africa has conveyed powerful messages to local communities and to the world about the harsh realities the artists have faced. During the 1980s and early 1990s in particular, children's art featured regularly in international and local anti-apartheid posters, calendars, books, and pamphlets as an indictment against a system deemed by the United Nations in 1973 to be a crime against humanity.[51] Several travelling exhibits became public, political rallying grounds as they toured South Africa and beyond.[52]

While my imagined core exhibit presents a brief history of the role of children's art and travelling exhibits in the struggle against apartheid, the hospital will also feature an adjacent art gallery that will allow something of the museum to spill out into the larger expanse of the hospital. Display parameters will privilege child viewers, with art displayed professionally, but lower on the wall to meet a range of children's eye-levels.[53] Labelling will not only include child-appropriate language (in several of South Africa's eleven official languages), but will involve audio components and

various methods of recording viewers' reactions to the artworks. Children will participate in workshops to generate labels for the museum's works as a way to initiate dialogue, build self-confidence, encourage self-expression, and come up with better labels. Visitors will also be invited to create their own labels, and responses, and attach them to designated areas with adhesive notes. A guest curator program will invite children who are hospital patients to curate temporary exhibits, producing curatorial statements that explain their choices in the selection and arrangement of artworks. These exhibits will be digitized, and their works tagged and archived with open access for researchers and members of the public. Child-friendly (touchable, sit-able, climbable) sculptural works can also be incorporated into open spaces and along walkways.

Several local initiatives are already doing important work within the intersection of art, healing, and oral history, and their methods could be productively employed in workshops for children at the hospital.[54] Three examples come to mind. The first, South African artist Jane Solomon's "body mapping" process, was developed in 2002 as a form of art and narrative therapy through memory work for people living with HIV/AIDS in South Africa.[55] In a series of workshops, participants help each other to trace the outlines of their bodies onto large pieces of paper, sketching and painting in images and words to express their life experiences in personal, often intimate self-portraits. The body mapping process includes visualization exercises, group discussion, reflection, sharing, and community engagement, which could be powerfully combined with education about health and illness at the KZN CHM.

A second example may be found in the the Memory Box Programme, established in 2000 by the Sinomlando Centre for Oral History and Memory Work in South Africa. Combining artistic expression and oral history methodology, the project was designed to assist vulnerable children facing the loss of parents and loved ones to HIV/AIDS. Facilitators help to gather family life histories from sick parents or caregivers, and provide a recording and transcription of the interview to be stored in the child's "memory box." These decorated boxes contain the life story of the deceased, personal mementos, and the child's artwork and writing. The boxes are produced over a series of about nine weekly workshops with ten to twelve children participants, using techniques from play

and art therapy.[56] The extended process of making these receptacles of memory helps build community, establish on-going support networks, document lost lives, and provide an outlet for children's self-expression. Most importantly, the project helps to foster resilience as the children come to terms with negotiating loss.

A third, similar, initiative is "The Suitcase Project," first organized by educationist and researcher Glynis Clacherty in 2001, to provide psychosocial support for refugee children in Hillbrow in Johannesburg.[57] In facilitated group settings, children come together to share their experiences of war and displacement, their struggles with identity and xenophobia, and their hopes and dreams for the future. Through a creative process of designing their own individual suitcases and with the support of art therapist Diane Welvering, the children explore questions of identity and reclaim memories. As Clacherty describes it, the suitcase is a powerful symbol and medium for immigrant children not only because it alludes to journeys but because it possesses both an open public face and a hidden interior. She hoped the suitcases could "help some of the children to reclaim the memories, both difficult and happy, that they were now choosing to hide."[58] Providing children with counselling, an outlet for personal and creative expression, education, and opportunities to develop their skills and support networks, the project is designed to help children counteract their sense of loss and displacement resulting from oftentimes forced migration from their homes. In addition to forming meaningful and often rare personal possessions for the children who produce them, the suitcases are also powerful artifacts, dense with meaning, symbolism, and cultural and historical information and, with their creators' permission, are worthy of exhibition and sustained engagement.

In connection with the KZN CH Restoration Project, associated children's groups have been participating in a child-initiated international program called "Room 13," a "social enterprise organization" started by a group of primary school students in Scotland. Room 13 helps to bring adult artists-in-residence to interested schools and communities to work in a mentoring capacity for children in art studios that they set up, work in, and administer. At the artists' discretion, prints and originals of some of the artwork they produce could be sold online and in the KZN CHM gift shop to generate funds for materials and operating costs. The

agentive, child-empowering framework of this project is important and unique. As the participants in South Africa's fifteen partner schools in South Africa write:

> Room 13 is a place where our imagination runs free. It is a place for us to go to after school and express our creativity through painting, drawing, drama, poetry and storytelling, any form of artistic expression we desire. We run Room 13 ourselves – we have our own management team and we choose our artist-in-residence to act as our employee and run our studio like a business. Our biggest project yet was to let you know who we are and what we do, so we created our own website for you to see for yourselves ... So check it out and see what our art lets us do.[59]

Original art is available for sale on the website and in Room 13 studios around the globe.[60] Constellating beyond the Children's Hospital Museum itself, with the artists' permission children's art produced in the Room 13 studio will decorate and enliven many other spaces in the hospital complex. Labelling and signage by children and adults will also help direct people in other parts of the precinct to the museum and gallery space.

In the past few decades, memorials for the dead have proliferated around the globe. They are often site-based, reflecting the value placed on the aura of authenticity and return: visitors want to "be there," in the place where loved ones last lived, as a way of (re)connecting.[61] Memorialization has been embedded throughout the Children's Hospital since its inception, with commemorative plaques honouring hospital donors' deceased family members installed in hallways, gardens, and above cots. Several rooms or wings were also named after the deceased.[62] But such approaches hardly exhaust the therapeutic potential for memorialization and commemoration in the hospital's unique space. A hospital is a place where death is institutionalized and commonplace, but also tragic. How might on-site commemoration both honour those who have passed and comfort the living – a group that includes family members of the deceased but also sick patients who are still receiving treatment at the hospital? What ethical issues are involved in mourning and memorializing loss of life when children are involved not only as mourners, but also as

the mourned? And how can the KZN CHM protect space for the personal and culturally specific processes of mourning a child's death, while also acknowledging or even emphasizing that the circumstances of physical health and sickness are embedded in larger socioeconomic conditions?

Serving a broad demographic, the KZN CHM is a powerful place to address and make visible these often-obscured aspects of hospitals, as part of a holistic approach to treating health in all its dimensions: physical, psychological, emotional, historical, cultural, and social. I propose that a special Memorial Room next to an interfaith prayer and contemplation room provide a space for hospital visitors to think and talk about loss, death, and dying – as well as to remember and commemorate those who have passed. With the permission of their creators, products of the body mapping, memory box, and suitcase workshops may be displayed to facilitate exploration of these issues, offering an intimate entryway into larger social, cultural, and political challenges that other parts of the exhibit might address. The Memorial Room will also allow for a range of activities, including workshops and presentations by grief counsellors, culturally specific events, and memorial services with community members.

Conclusion

As South African author and activist Gabeba Baderoon has written, "What we choose to display in our public spaces, who curates our perspectives, who becomes visible to us in art – represents a national conversation [of] who 'we' are."[63] Museums can thus extend the parameters of visibility and engagement. As both communal and state institutions, they can serve as forums for important dialogue and debate. A site of potentially impactful intervention, today's newly named KwaZulu-Natal Children's Hospital Museum is a place where the powerful and fraught category of "childhood" can be publicly unpacked and leveraged *by* and *for* children, affording them a place in national debates not only as the subject of more serious discussion, but as sovereign participants in the conversation themselves. Through children's active participation in this unique institution situated at the interface of many needs and services, children and those who care for and about them can re-envision what a museum and a children's hospital can be. Drawing on the expertise,

experience, and hopes of community members, academics, business leaders, members of government, and non-governmental organizations, planners have committed to private-public partnership – a groundbreaking approach in a country where the quality and availability of healthcare are still overwhelmingly determined by one's race and class. The history of the hospital parallels the larger story of apartheid, and offers opportunities to reopen and reconsider questions about children's agency, worldviews, and life circumstances. My curatorial dream envisions the KZN CHM as a potentially transgressive space for moving beyond those circumstances and their ongoing legacies, by taking South African children seriously not just as recipients of advocacy and care but as active participants who deserve space to express themselves and to shape the institutions that serve them according to their needs and wishes.

33 Lewis and Taylor, "Security Guards Accused." Carpet karaoke is a tactic that involves guards "bending deportees over in their seats and placing their head between their legs."

34 G4S Guard Diary, "Virgin Atlantic Flight 601, Heathrow to Johannesburg, May 3." This excerpt comes from a G4S guard's diary, which she gave as evidence to the British Parliament.

35 For all passages quoted in this paragraph, see witness testimony in Lewis and Taylor, "Security Guards Accused."

36 Naipaul, *The Mimic Men*.

37 Walker, "Finger-raped in Barbados."

38 For the Barbadian government's response, see *Nation News*, "Touchdown!" and *Barbados Free Press*, "Jamaican women welcome in Barbados if they submit to a finger up their vagina?"

39 NGO director, in discussion with author, April 2001.

40 Spiritual and other forms of flight have long been part of black diasporic travels.

41 For all passages quoted in the paragraph, see *Barbados Free Press* (2008); Caribbean *Net News* (2008); *Nation News* (2008). For an additional analysis, see Bhimull, "Passages."

42 For a discussion of the role of dreams in the African diaspora, see Kelley, *Freedom Dreams*.

CHAPTER FOUR

1 The launch was sponsored by the Maternal, Adolescent and Child Health (MatCH) division of the University of the Witwatersrand Health Consortium in partnership with the KZN Department of Health. A variety of groups from the private sector were also involved in this effort to inform the public about the restoration project. Children were key participants as well: a children's choir performed at the ceremony, and artwork by children involved in the Room 13 Project was on display.

2 At the time of writing in 2014, Phases One and Two of the seven-phase, projected five-year project have been completed, with backing from the KwaZulu-Natal provincial government, USAID, Save the Children, and a host of private donors.

3 Restoration of the Children's Hospital Museum has not yet begun, but it will take its own course, in some areas diverging from my dream. In particular, it seems that the actual museum will have more of a curriculum-based health sciences orientation than the arts and history emphasis that I propose here. While my curatorial dream may diverge from what is ultimately installed

in the KZN CHM, the strategies I present are relevant to any number of museum and hospital contexts interested in child-centred approaches.

4 The hospital will offer in-patient services of treatment, prevention, and care which include rehabilitation, palliative care, and psychological and social benefit support services. The precinct will include a residential facility for lodging children's caregivers, as well as NGO and social services offices providing community outreach and training. It will also host a range of research programs focused on child health issues. Walford, "Children's Hospital opens in Durban."

5 Ryan, "Facelift for Addington Children's Hospital."

6 Department of Health, Province of KwaZulu-Natal, "KwaZulu-Natal children's hospital to be unveiled."

7 Most of the historical background I present here was conveyed to me by Catherine Burns, who has worked tirelessly and against great odds to push forward the restoration project in multiple capacities: as former legal technical advisor at the Maternal, Adolescent and Child Health (MatCH) Unit, as a historian of South Africa, as a political activist, and as a concerned Durbanite. For a detailed history of the Children's Hospital and the complex circumstances of its creation, operation, and tragic closure, see her work in progress: Burns, "The Children's Hospital in Durban" (2011), paper presented at the History and African Studies Seminar at the University of KwaZulu-Natal in Durban. The following section draws primarily from interviews (12–20 August 2010) and correspondence (June 2010, ongoing) with her as well as from her foundational article.

8 Burns, "The Children's Hospital in Durban," 18.

9 Such features were first developed in Britain's influential open-air school movement for debilitated children which began in 1907 and flourished in the 1930s. See Bryder, "Wonderlands."

10 Kwa-Zulu Natal Children's Hostpital, "Historical Overview."

11 The terms "White, "African," "Coloured," and "Indian" formed the foundation of apartheid legislation, which sought to categorize and separate its population according to an invented racial hierarchy, and while the distinctions are still used in certain contexts today, they do not (nor did they ever) accurately depict the cultural complexity or forms of identity found in South Africa. It is not my intention to reproduce these categories, perpetuate the kind of thinking from which they emerged, or contribute in any way to the pain that their invocation can induce, but I use them only in reference to the historical context that I am trying to represent. In my discussion of contemporary South Africa, I follow common usage of the term "black" to refer to people of African descent, and depending on context, this may also include people formerly classified as Coloured and Indian.

12 Coovadia et al., "Retain the Children's Hospital." Unpublished report, 28 August 1989.

13 Interviews with Catherine Burns, Durban, August 2010.

14 Burns, 20.

15 Ibid.

16 Burns, 21.

17 Following negotiations and the release of liberation leader and political detainee Nelson Mandela on 11 February 1990, the first plenary session of the Convention for a Democratic South Africa (CODESA) began on 21 December 1991, at the World Trade Centre in Johannesburg.

18 This collective included former head pediatrician at the Children's Hospital Professor Bill Winship, and doctors Imran Coovadia, Miriam Adhikari, R. Green-Thompson, and Z. Mkhize. See Burns, 21.

19 See KwaZulu-Natal Children's Hospital. "KwaZulu-Natal Children's Hospital."

20 Instead of the initial three phases identified by KZN Health MEC Sibongiseni Dhlomo, the Master Builders architectural firm in charge of renovations and constructions has identified seven phases of the project. See KwaZulu-Natal Master Builders Association, "Restoration of the Old Addington Children's hospital." Phase 1 was launched on 16 July 2013.

21 Two websites still contain descriptions of the non-operative museum, both framed within a discourse of progress over so-called primitivism: "In places this can be a maccabre [sic] exhibition, with medical equipment of a more unusual nature, illustrating the technological advances (thankfully) of more recent years. There is an underlying emphasis on the fortitude of the human spirit, patients having to overcome quite primitive treatments, early in the hospital history. Visit this museum, be amazed and be thankful for modern methods." AOL Travel, "Addington Hospital Museum, Durban." And, "The primitive history of healing highlights modern day technology's assistance in the preservation of human life ... The thought of surviving an operation in the original antique operating theatre might be enough to induce a panic attack but the knowledge that modern medicine is practised a few feet away is enough to survive the museum visit with gratitude." SA Venues, "KwaZulu Natal Things to Do: Visit the Addington Centenary Museum (Durban Beachfront)."

22 Patterson, "Constructions of Childhood."

23 As reported in a state-of-affairs summary article in the medical journal *The Lancet* in 2008: "The under-5 mortality rate is at least four times higher in the poorest quintile than the richest, and only 40% of the total health-care expenditure is spent on the public system, despite it serving 80% of the population. Such inequalities drive poverty. Millions of South Africans still

live in shacks. At the end of apartheid 6.3% of the population were living on less than US $1 a day. By 2005 this had risen to 11%." "South Africa in the Spotlight," 1215. In the subsequent issue, Clare Kapp reports that conditions have only since worsened since 2008: "There is a glaring gap between the semi-luxurious private sector which accounts for more than 56% of health expenditure for 7 million people and operates independently of the over-stretched public sector which serves 40 million people." Kapp, "New hope for Health in South Africa," 1207–8.

24 UNAIDS, *Global Report: UNAIDS Report on the global AIDS epidemic 2013*, A14.

25 This survey is based on 36,000 women attending 1,445 clinics across all nine provinces. The results were published in 2012 by the Department of Health. Republic of South Africa Department of Health, *The 2011 National Antenatal Sentinel HIV & Syphilis Prevalence Survey in South Africa*, iii.

26 Whiteside, *HIV/AIDS: A Very Short Introduction*, 1, 1087.

27 KwaZulu-Natal Children's Hospital, "About the Hospital"; Cullinan, "South Africa far from targets to reduce maternal, infant morality."

28 Known as the "twin epidemic," HIV and TB have created a global health crisis of tremendous proportions, impacting life expectancy, communities, economies, and health systems around the world. Shesgreen, "Reminder."

29 See Leonard, "Civil Society Leadership"; Wiley et al., "Democratisation and Globalisation."

30 See Coombes, *History after Apartheid*.

31 See, for instance, Newbury, "Living historically through photographs"; Solani, Noel, "The Saint of the Struggle," 42–55.

32 See, for instance, Hansen, "Public Spaces for National Commemoration," 43–60.

33 See Ross, "Interpreting the new museology," 84–103; Vergo, *The New Museology*; Macdonald, *A Companion to Museum Studies*; Witcomb, *Re-Imagining the Museum*; Marstine, *New Museum Theory and Practice*.

34 For further discussion and illustration of this concept, see Lehrer et al., *Curating Difficult Knowledge*.

35 In addition to general pediatric medicine and inpatient wards, the hospital will also provide psychological services and house a centre for HIV-positive teenagers. KwaZulu-Natal Children's Hospital, "KwaZulu-Natal Children's Hospital."

36 As MEC, Dhlomo is the head of the Health Department in the province of KwaZulu-Natal.

37 Department of Health, Province of KwaZulu-Natal, "KwaZulu-Natal children's hospital to be unveiled."

38 In a series of protracted and bitter deliberations, negotiations, and legal wranglings, advocates from MatCH and other organizations succeeding in securing the future of the hospital through the development of the Renovation Plan.

39 See, for instance, High et al., *Remembering Mass Violence*; Hurley, *Beyond Preservation*; Adair et al., *Sharing Authority*; Luchs et al., *Mapping Memories*; Igloliorte, "We Were So Far Away."

40 See, for instance, Hansen, "Public Spaces for National Commemoration," 43–60.

41 Other important partners include the Nelson Mandela Children's Hospital Trust, the Durban Office of the Reproductive Health and HIV Research Unit, and several South African universities and Colleges of Nursing. Interviews with Catherine Burns, Durban, August 2010.

42 The sheer number of factors and challenges faced by the average South African often serves to reinforce a permanent condition of poverty in which possible benefits of various initiatives are undercut and even sabotaged by other life circumstances. For example, the effectiveness of anti-retroviral medication for people who don't have enough to eat or access to adequate drinking water is severely curtailed. Similarly, what good are schools for learners who are malnourished, who have no means of getting to them, or who may be hurt or killed on their journeys between home and school?

43 Dyment et al., "Grounds for movement," 953.

44 Ibid, 957.

45 In its "Convention for the Safeguarding of the Intangible Cultural Heritage" treaty adopted in 2003, UNESCO defines intangible cultural heritage as "the practices, representations, expressions, knowledge, and skills – as well as the instruments, objects, artifacts and cultural spaces associated therewith – that communities, groups and, in some cases, individuals recognize as part of their cultural heritage." The treaty lists the following manifestations of such heritage: (a) oral traditions and expressions, including language as a vehicle of the intangible cultural heritage; (b) performing arts; (c) social practices, rituals and festive events; (d) knowledge and practices concerning nature and the universe; (e) traditional craftsmanship. UNESCO, "Safeguarding of Intangible Cultural Heritage."

46 Correspondence from Catherine Burns to members of the KZN CHRP team. No date available.

47 Ibid.

48 From "The Proposal: Jan 19, 2011 letter from Catherine to Mrs. Khumalo" on MatCH letterhead.

49 The syllabus for all primary school children in South Africa now has a health and medical theme in the integrated section from grades four to seven. Many schools are looking for spaces to take children where they can learn and work on this theme.

50 Patterson, "Constructions of Childhood."

51 Ibid., 90–163.

52 For published examples, see Crwys-Williams, *I Want Love in South Africa, Dear God*; Open School, *Two Dogs and Freedom*.

53 The International Museum of Children's Art in Oslo, Norway, is a good model. See: The International Museum of Children's Art, "The International Museum of Children's Art."

54 For an examination of the Sinomlando Memory Box Programme, the University of Cape Town's Memory Box Project in Khayelitsha, the Bambanani Group's Body Map Project, and Community-Based Theatre Projects addressing HIV/AIDS in South Africa, see Doubt, "Making Memory Work."

55 Stories and artwork of participant members of the Bambanani Women's Group in Cape Town, South Africa, were published in *Long Life: Positive HIV Stories*, 2003, a collaborative book based on the related Body Map and memory book projects. The method has also been used in the "treatment literacy" initiatives of the Treatment Action Campaign (TAC), an HIV/AIDS activist movement in South Africa. See Solomon, *'Living With X.'*

56 Denis, *Never Too Small to Remember*.

57 Clacherty et al., *The Suitcase Stories*.

58 Clacherty, "The World in a Suitcase."

59 Room 13, "Room 13."

60 Ibid.

61 Williams, *Memorial Museums*.

62 Many of the dedicated cots were named for military regiments, battles, or individuals killed in the First World War. Through the years, others were donated by families remembering their deceased children.

63 Baderoon, "How to Look."

CHAPTER FIVE

1 The author would like to thank the co-editors of this volume for their enthusiastic reception, patience, and belief in the Mundo Meza dream. This piece is deeply indebted to several fortuitous encounters, conversations, and chance meetings with museum stalwarts, archivist renegades, and art activists. Support for this research was supported in part by a gener-