Exhibiting Human Rights: New Narratives of Global Health

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CHAPTER NINE

EXHIBITING HUMAN RIGHTS: NEW NARRATIVES OF GLOBAL HEALTH

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IN 2005, I BEGAN DEVELOPING a major exhibition on global health planned to launch in 2008, to coincide with the 60th anniversary of the founding of the World Health Organization.¹ The exhibition was displayed for two years at the National Library of Medicine (NLM), the world’s largest medical library, followed by a traveling version touring the country through January 2016. Part of the United States’ federal government, the library is housed on the campus of the National Institutes of Health and is located on the outskirts of Washington, DC. Target audiences include medical librarians, scientists and physicians, undergraduate and high school students, and the general public. Although first-time visitors might expect library exhibitions to reflect a narrowly conceived, medical model of health (Dodd, 2002: 183), previous projects have ranged beyond these boundaries to explore the art of anatomical illustration, for example, and the impact of women physicians on the medical profession and healthcare. Most, reflecting an important aspect of the library’s educational mission, have promoted careers in scientific research or medicine.

Against the Odds: Making a Difference in Global Health went beyond traditional approaches to the subject. The finished exhibition broke with the most common narratives of foreign dependency and United States aid to the so-called developing world, to focus instead on the shared human rights, and human rights abuses, which shape health all around the globe. An online version is available at: www.nlm.nih.gov/againsttheodds.

Framing global health
Preliminary research for the project revealed that mass media
coverage and political discourse on global health is characterized by a handful of common narratives. These representations offer a skewed perspective on the risks of disease around the world and the range of possible responses. While infectious disease outbreaks such as SARS or Avian Flu dominate media headlines, for example, the worldwide burden of chronic illnesses associated with obesity, smoking, and injuries related to environmental toxins or violence receives far less attention. The idea that diseases will spread from other countries to infect Americans traveling abroad or at home also underwrites United States involvement in a narrow range of health issues overseas. As illustrated in US in the World: Talking Global Issues with Americans (Rockefeller Brothers Fund, 2006), popular opinion on international cooperation and America’s role in the world is shaped by widespread misconceptions across a range of issues. This resource, based on surveys, poll data, focus groups, and an analysis of media messages, provided a useful starting point to consider effective strategies for countering such assumptions among the target audience.

Informal surveys of visitors already attending exhibitions at the library suggested a higher level of interest in the topic among young people than had been anticipated, although many respondents admitted feeling overwhelmed by the scale of global health problems. Some were also confused by the sense that although America gave a great deal of financial aid to countries to address problems such as AIDS and malaria, no solutions had been found. This viewpoint corresponded with one of the more well-known misconceptions among the American public – the belief that the country is the most generous in the world in terms of providing aid to other nations. Yet proportionally, the United States actually spends far
less on all kinds of aid than many other countries. In 2002, for example, the total official development assistance for all countries and all purposes was only 0.1% of GNP, placing the US in last place out of 22 countries in terms of development assistance as a share of GNP. Total US aid for health was little more than one-tenth of the country’s total aid, or around 0.01% of GNP (Sachs, 2002). Money, of course, is not the only answer to global health problems, and higher health expenditures do not guarantee better health outcomes. It is the most egalitarian of industrialized nations, in fact, not the richest, that enjoy the best health (Dodd: 184).

Overall, this preliminary research pointed to four key themes in global health discourse:

1. that global health is about other people in poorer countries;
2. that infectious diseases are the most dangerous and pressing health challenges worldwide;
3. that the problems are so overwhelming that governments (rather than individuals) must take the lead in solving them;
4. and that the US has a vested interest in health elsewhere primarily because problems over there may become problems over here, thanks to international travel and the lax disease control efforts of other nations.3

In contrast, the most recent scholarship on the history of global health dramatically reframes these issues in terms of the unequal distribution of global power and its consequences for quality of life and cause of death. Drawing on article 25 of
the 1948 Universal Declaration of Human Rights, which defines “a standard of living adequate for health and well-being” as a fundamental human right, such work explores the connections between inequality, discrimination and vulnerability to illness (Mann et al., 1999). Such accounts document a complex international network of global interdependence and responsibility. Illnesses caused by poverty, discrimination and lack of access to affordable health care, which we may typically associate with poor nations, also occur in industrialized, wealthy countries. Furthermore, as sedentary lifestyles, diets high in processed foods and smoking travel in the opposite direction, rates of obesity and lung cancer follow.

As a more complex picture of the causes of global health problems emerges, ideas about possible solutions to these issues also shift. Rather than charging individuals with the responsibility for their health, we must acknowledge the role of social factors such as class, location and political power as influences both on disease and on access to treatment. Accepting that health is connected to every other aspect of our lives also means looking beyond medicine for solutions, to consider the benefits of economic development, gender parity and social activism. Such an interpretation highlights the opportunities for people not normally engaged in health issues to get involved. The exhibition thus provides a means to reach audiences without aspirations to scientific careers who can nonetheless make important contributions to health, as advocates for social change.

Although a growing body of literature reflects these ideas, in 2005 there were few examples of exhibitions to draw from in developing this project. Internet searching yielded a couple
of projects on aspects of global health, although infectious diseases were, once again, overrepresented (CDC, not dated; University College London, 2005). I did not find any examples of English-language sites that covered a broad array of issues from historical and contemporary perspectives. In November 2005, however, WGBH Boston released a major media campaign including a six-part television series on global health issues titled *Rx for Survival*. Funded by the Bill and Melinda Gates Foundation and the Merck Company Foundation, and narrated by actor Brad Pitt, the series was accompanied by seminars for journalists, as well as an extensive web site with resources for teachers (WGBH Educational Foundation and Vulcan Productions, Inc., 2005). The team behind the project generously shared their audience research and met with members of the global health exhibition team to answer questions.

While *Rx for Survival* garnered extensive press attention, it was not well received by people within the global health community or historians of global health. As one reviewer commented, “the series plays as an extended infomercial for the approaches – narrowly framed technological interventions and behavior-change strategies – and particular activities of the Gates and Merck Foundations” (Birn, 2007: 442). This emphasis came at the expense of a wider discussion of the social and political conditions that create health inequalities within nations and between them. Furthermore, the approach reinforced the common narratives identified above and occasionally resorted to “fear-provoking subliminal messages” to generate empathy and action.

The proposed exhibition at the National Library of Medicine therefore presented an opportunity to significantly broad-
FIG. 1: The AIDS gallery of the exhibition *Against the Odds: Making a Difference in Global Health*, National Library of Medicine, 2008-2010.
en current discussions of global health issues. As we know, audiences interpret museum narratives in the context of their own knowledge and experiences, “deploying and extending their existing interpretive strategies and repertoires” (Hooper-Greenhill, 2000: 139). An exhibition which challenged assumptions and proposed alternative explanations of the causes of ill health and the communities most at risk could, therefore, bring a neglected perspective to audiences familiar with only a narrow range of narratives on the subject.

Furthermore, as the 1998 study by Roy Rosenzweig and David Thelan (1998: 12) demonstrated, Americans “want to make a difference, to take responsibility for themselves and others”. Many explore the past to understand the place of their families in the world, and to interpret current circumstances, even as they reject the way history was taught to them at school as boring and irrelevant. This idea, that museum visitors are amateur historians in search of a usable past, has influenced the development of museum exhibitions on a wide variety of topics. Such projects exemplify a shift in curatorial practice, away from the traditional museum mission of preserving the past, towards a more proactive role in shaping the future. By connecting health at home to similar issues in other countries and drawing lessons from the past, the global health exhibition could likewise cultivate broad appeal and engage audiences in getting involved.

**Health and human rights**

Because many visitors expected money to solve problems, it would be crucial to illuminate the other elements that contribute to the success or failure of a global health initiative, such as
FIG. 2: Exhibition website including links to lesson plans, toolkit for action, and information on the traveling exhibition tour.
political will, sustainability, the existence of health care infrastructure, and access to accurate information and affordable treatment. The emphasis respondents gave to “solving” AIDS or malaria illustrated great faith in high-technology solutions, reinforcing the need for a more well-rounded analysis. My approach to the exhibition storyline built on the trend within the global health community to consider ill-health in the context of human rights at a time when human rights narratives are also emerging as a powerful framework for museum scholarship. Such narratives can rehabilitate difficult topics for museum audiences such as slavery or genocide by serving as powerful indictments of past discrimination. Evoking universal themes of equality, justice and dignity, they may broaden the appeal of narrowly framed museum collections to generate compelling exhibitions for a wide audience. The discourse of human rights can also bridge differences between communities depicted and those visiting the museum by highlighting shared values, concerns and responsibilities. This strategy may help to prevent audiences from interpreting artifacts and peoples from foreign places as exotic or so different as to have little relevance to their lives.

Building on the core principle, then, that health is a basic human right, Against the Odds: Making a Difference in Global Health is organized into a series of thematic sections. In Community Health, the message that we invest in our future by empowering communities shapes narratives from China, South Africa, the United States, Bangladesh and Egypt. Each explores the needs of people living without proper access to affordable health care. Beginning in the 1940s, for example, doctors serving a poor community on a Zulu tribal reserve in Natal, South
Africa created a holistic approach to health to tackle every aspect of their patients’ needs. This model was introduced in the United States in the 1960s. Today, community health centers based on these principles serve as a vital resource for those without health insurance.

Highlighting the elements that help determine whether a solution will fail or prove successful, another part of this section focuses on Oral Rehydration Therapy (ORT), a lifesaving treatment for dehydration named one of the top fifteen innovations in health since 1840 by the *British Medical Journal* (Fontaine *et al.*, 2007). In 1970s Bangladesh, where diarrheal diseases left children vulnerable to extreme dehydration, women traveled from village to village to teach families how to make the solution from household ingredients. In Egypt in the 1980s, funding from USAID and the Egyptian government was used to manufacture packets for sale at subsidized prices. Unlike the sustainable Bangladeshi model, when funding ended, the price of the solution rose and families were unable to afford the therapy.

The exhibition then turns to the subject of food security and the dual epidemics of hunger and obesity in Brazil, where many people do not earn enough to buy nutritious food. To solve this problem, the Landless Workers Movement (MST) is leading the charge to turn over unused agricultural land owned by large corporations to communities for subsistence farming. Government programs such as *Agita Brazil* and *Fome Zero* (Zero Hunger) are also underway to promote exercise, improve nutrition and provide access to affordable, high quality food in the country’s urban communities.

The next two sections look at two of the biggest health
challenges of the twenty-first century: HIV/AIDS and conflict. Housed on the campus of the National Institutes of Health (NIH), the library might be expected to highlight those scientists who played an instrumental role in the response to the AIDS epidemic. Action on AIDS expands on that story, however, to also include the efforts of the activist group, the AIDS Coalition to Unleash Power (ACT UP). Members of the organization stormed the campus of the NIH in 1990 to demand that people living with HIV be allowed to participate in decision-making about research priorities and the structure of clinical trials, and the display includes images and artifacts from this and other ACT UP demonstrations. An End to Violence focuses on the long-term consequences of conflict on health care infrastructure, civilians and in peacetime. Elements highlighted include the International Campaign to Ban Landmines and International Physicians for the Prevention of Nuclear War. Both earned the Nobel Peace Prize for their work.

The last section of the exhibition explores examples of global collaboration. It features the WHO’s smallpox eradication campaign, the use of temporary ceasefires across conflict zones in Central America in the 1980s to allow for childhood immunizations and the current search for an effective vaccine against malaria. While all these stories center on infectious diseases and technological solutions, such medical interventions form only one part of the successful health programs as they are described here.

In an area at the end of the exhibition, visitors are invited to read about people making a difference in global health issues and to share their own perspectives. As well as a comment board, which features questions designed to provoke discus-
sion, there are computer kiosks with access to the exhibition website. Online, there are classroom and career resources. Visitors can also learn more about different perspectives on global health issues and post comments about provocative images from the exhibition. A toolkit of links illustrates various ways to challenge media representations of global health, raise the profile of an issue online, at school, or in the local community, and to train as an advocate. Docents leading tour groups have been encouraged to ask visitors to identify an issue that matters to them and to discuss ways they might get involved.

**Evaluation**

Although I left my position at the NLM before any formal evaluation of the impact of the exhibition was undertaken, I have gathered informal feedback at conferences where I have presented the project, as well as from press coverage and reviews, via audience feedback on curator- and docent-led tours and from the gallery and online comment forums. The response has been overwhelmingly positive. Historians and members of the global health community have been very supportive of this effort to broaden visitors’ understandings of the causes of ill-health and the role inequality and discrimination play in putting lives at risk. Often, they express surprise that these issues appear in an exhibition housed at a federal institution within the Washington, DC community of museums. The Culture Wars of the 1990s discouraged many American museums from mounting exhibitions that had contemporary political resonance. Since then, curators that have successfully launched such projects have learnt to provide multiple perspectives on contested issues, to let exhibition subjects speak for them-
selves, and to provide a forum for discussion or feedback on the issues raised (Rubenstein, 2007), all elements included in the global health project.

It is also important to realize that so-called controversial topics are no longer automatically off-limits. In fact, subjects that have contemporary relevance may be especially appealing to visitors, and decision-makers may be won over by this potential to increase the number of visitors and energize new audiences. Avoiding such topics, or ignoring recent scholarship that revisits traditional interpretations, may also prove far more damaging to the credibility of the institution in the long run. As Ruth J. Abram (2002: 133), founder of the Lower East Side Tenement Museum has written, we need not fear that the public cannot handle sensitive materials, as they are, in fact, “clamouring for the truth”.

In fact, those subjects that might be considered controversial have not generated complaints. Instead, the most common negative comment is regret, expressed by visitors involved in a particular health issue, that their specific subject is not included. It would have been impossible, however, to address every aspect of global health. Instead, my aim was to equip audiences with the tools to apply a critical perspective to a broad array of topics.

Bringing an exhibition of this significance to fruition was tremendously satisfying and provided some valuable lessons for future projects. While infectious diseases were overrepresented in global health narratives, for example, it was not acceptable to exhibition stakeholders to leave such a significant part of the story out of this exhibition. It was also valuable to include these stories, to present visitors with new perspectives
on familiar issues. Reframing global health therefore meant reinterpreting well-known subjects, as well as introducing lesser-known topics. The result was a very broad scope across a number of complex topics. Museum professionals considering such a project should be mindful of the likelihood that they will need to accommodate the old and the new in this way. Satisfying some of the expectations of funders and decision-makers who are committed to traditional approaches can also help to smooth the way for the introduction of less conventional narratives. In the case of Against the Odds, broadening visitors’ understanding of the causes of illness and promoting an expanded range of health-related careers could also be tied directly to the institution’s mission.

Finally, the exhibition makes its most significant contribution to social change by reframing the discussion on global health, rather than advocating for a particular solution to a problem. Rx for Survival promoted donations for child health as an effective way for viewers to get involved. The strategy is based on the idea that audiences are more likely to sympathize with the plight of children than adults, that making a financial contribution is something everyone can do, and that money will improve the situation. In contrast, Against the Odds asks audiences to rethink their assumptions, question media and political representations of the issues and commit to taking action. While it is assuredly easier to measure the number of donations made than to evaluate these less tangible effects, I believe the goal is well worth pursuing.
NOTES

1. Of course every exhibition is a team project involving a great deal of effort by a large group of participants. I would like to acknowledge the Exhibition Program in the History of Medicine Division at the National Library of Medicine for their creativity and tireless work at every stage of the project. A full list of exhibition credits is available online at: www.nlm.nih.gov/againsttheodds/exhibit/credits.cfm.

2. Although the guide does not directly address global health, many sections provided relevant information on related topics as well as guidelines on "common critiques" and "effective responses."

3. See for example, comments made by Vice Admiral Richard H. Carmona (2005), then United States Surgeon General, in 2005: "Disease knows no borders. In an era of terrorism and mass global transit, deadly and debilitating germs can travel between nations as easily as carry-on luggage."

4. Paul Farmer (1999, 2004) is one of the most influential writers on critical global health. See also Krieger (2004).

5. The Lower East Side Tenement Museum, for example, draws from stories of nineteenth-century immigrants living in New York to build relationships between different communities living in the same district today. In a series of educational events intended to promote action to improve living standards within these communities, young visitors were encouraged to learn housing safety code standards and to look for infractions when they returned to their rented accommodation.

6. My approach was also greatly enriched by a workshop held at Hull-House Museum in Chicago, IL entitled "Using the Past to Shape the Future: Addressing Civic Issues at Historic Sites, Museums and Cultural Centers," November 18-19, 2004.

7. The Lower East Side Tenement Museum is one of a growing community of museums that make up the International Coalition of Historic Site Museums of Conscience, whereby places of oppression, including sites in Russia, South Africa, Argentina and the United States, have been converted to "museums of conscience."
These museums are part of a larger focus on human rights narratives that is growing rapidly across a broad range of topics in locations all around the world. National and international organizations, including the Smithsonian Institution and Human Rights Watch, have developed traveling exhibitions on historical and contemporary human rights abuses that visit communities far and wide, and in 2010, the Canadian Museum for Human Rights, envisioned as the largest human-rights centre in the world, is scheduled to open in Winnipeg, Canada.


9. While local media and national tabloids launched a “vicious attack” on an exhibition on HIV and AIDS held at Britain’s Walsall Art Gallery in 1996, for example, visitors reacted warmly to the project. Dodd, p. 188. The challenge may be to convince museums to weather a short-lived media backlash in anticipation of the potential beneficial impact on a more receptive visitorship in the long run.
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