Curating the Contemporary: A Case for National and Local COVID-19 Collections

DIRK H.R. SPENNEMANN

Correspondence
Dirk H.R. Spennemann,
Institute for Land, Water and Society,
Charles Sturt University, Albury, NSW, Australia.
Email: dspennemann@csu.edu.au

INTRODUCTION

The COVID-19 pandemic of 2020/21 has not only proven to be a global health emergency not seen since the influenza pandemic of 1918/19 but has also emerged as a social and economic disruptor that affected directly, or indirectly, every aspect of human life.

The paper, conceptualised in December 2020, is based on a lived Australian experience and perspective. The key points, while exemplified with Australian data, have global applicability and can be readily adapted to local conditions. While the public response to the pandemic is eminently local, with its manifestations varying between countries, no country has been spared. Thus COVID-19 provides a unique opportunity to develop a collection of individual, local responses that are pertinent to each country (or administrative region there in), while cumulatively documenting humanity’s global response, allowing for future inter-cultural comparison.

Dirk H.R. Spennemann (dspennemann@csu.edu.au) researches and teaches Cultural Heritage Management, Environmental History and Historic Ecology with an emphasis on the Indo-Pacific Region. His current research foci are heritage theory, especially emerging technological heritage(s); the cultural heritage under COVID-19; and the cultural history of ornamental palms.

Abstract

With its rapid spread, intensity, duration, global geographic reach and cross-sectorial disruption, the impact of the COVID-19 pandemic is so profound that it will become the focus of public exhibitions in the future. Now is the time to collect examples of material culture associated with COVID-19. Some of the material is generic to healthcare, but some is specific to responses to COVID-19 in the medical and community sphere (e.g. social distancing). A substantive number of objects only exist in the digital sphere. Expanding on concepts initially developed for the collection of items associated with natural disasters and terrorist events, this paper (i) outlines the need for the establishment of local and national collections before items become too scarce and (ii) provides a sample multi-phase collections and collections management framework.
Soon after its existence became public in late January 2020, COVID-19, the zoonotic disease, caused by the coronavirus SARS-CoV-2 (WHO, 2020), rapidly developed into a global pandemic facilitated by a globally interconnected world of business and leisure travel. At each national level, government reactions to curb or slow the progress of COVID-19 have involved the reduction of international arrivals to repatriation flights, limitations to domestic travel, the temporary shut-down of non-essential businesses, and the restriction of human movement during periods of ‘lockdown’ (Moloney & Moloney, 2020). This was followed by the promulgation and enforcement of measures to limit the seeding and spread of COVID-19 clusters. While almost all countries were affected, national and local responses differed due to variations in cultural norms, social expectations, ideological stances of governments, levels of digital infrastructure and geographical isolation/connectivity, compounded by the individual socio-economic status of the citizens. As the year 2020 progressed, many countries experienced a second and even a third wave of infections. At the time of acceptance (on 8 September 2021), 221.1 million people had been infected on all continents in all but seven countries, with a global death toll of 4.57 million persons (Ritchie et al., 2021).

The public response to the pandemic followed two main phases: in the beginning the nature, extent and rapid spread of the pandemic threatened to overwhelm the health system. In response, the capacity of hospital beds was rapidly expanded by establishing (predominately) temporary facilities such as field hospitals in public spaces and repurposed community and sports halls (Jeffery, 2020). Once the lockdown conditions were eased, people rapidly, or gradually, resumed prior activity patterns (Spennemann & Parker, 2020). The second phase entailed epidemiological control measures such as wearing of face masks, mandatory contact tracing and social distancing which limited the number of persons in any given enclosed space (in Australia for ex. 1 person/4 sqm) or which regulated seating arrangements (in Australia for ex. 1.5 m apart). This imposed limitations on businesses by reducing the maximum number of patrons permissible within a premises at any given time, affected all contact and many team sports, as well as many cultural and religious events.

Once dealing with COVID-19 had become the ‘new normal,’ individuals, businesses and organisations responded to government regulations by adapting their personal habits and business models. While some went out of business, others adapted to an on-line or take-away economy. Imposed lockdowns reduced the three-dimensional face-to-face interactions to a two- dimensionality of face-to-screen. Virtual ‘working from home,’ virtual school and university classrooms and even virtual cafés, became a new normal. Some of this persisted even after lockdowns ended as domestic and international travel restrictions forced families and friends to communicate via digital media and videoconferencing (‘Zoom’). In the museum and cultural world, many existing exhibition and performance spaces proved unsuitable for the mandated social distancing requirements, exhibitions had to be deferred or attendee numbers that were limited through strict visitor counts. As with other sectors, museums were forced to develop a visual (websites, videos, Facebook), verbal (podcast) or interactive on-line presence to reach and interact their audiences (Catalani & Hughes, 2020; Crooke, 2020; Galani & Kidd, 2020; Hendon, 2020; Hondsmerk, 2021; Sullivan, 2020; Yaverbaum, 2020). While
some exhibitions and performances could be moved to online, some venues had to shutter completely (Catalani & Hughes, 2020; Kist, 2020). Either way, the changes to operations caused organisations to lose revenue, with flow-on effects of staff employment.

Where customer contact remained possible, shops and venues adopted floor markings to facilitate adherence of social distancing, deployed hand sanitiser dispensing stations and erected Perspex barriers at cash registers and customer counters to protect staff. Governments produced a number of sample posters on COVID safety for businesses to download, print and display within their premises. In countries where contact tracing was required, premises carried signs with a QR code linking to a website that collected the government-mandated contact information of customers and patrons. Premises that did not invest in digital data collection were required to maintain a paper-based system that posed privacy concerns.

Due to its rapid spread, intensity, duration, global geographic reach and cross-sectorial disruptive impact, the COVID-19 pandemic has no predecessor. The closest analogue would be the influenza pandemic of 1918–19 that cost between 17.4 and 50 million lives (Spreeuwenberg et al., 2018). While the disruptive effect of COVID-19 on society is perceived by many as an aberration (e.g., voices in Spennemann and Whitsed, subm.), it is predictable from an epidemiological point of view that another zoonotic coronavirus will manifest itself in the foreseeable future (Peeri et al., 2020). Consequently, it is apposite that a wide-spread discussion is emerging on the future make-up of studying (Neuwirth et al., 2020), working (Kramer & Kramer, 2020), living (Spennemann, 2021b), commuting (Musselwhite et al., 2020), and recreation (Spennemann and Whitsed, subm.). A similar discussion will also have to occur as to the future-proofing of cultural institutions.

This paper posits that the social and economic impact of COVID-19 is so profound that the pandemic will become the focus of public exhibitions in the future. As curatorial concepts have changed since the time of the influenza pandemic of 1918–19, we have the unique opportunity to decide what material culture and other ‘artefacts’ should be collected now in order to provide future curators with a choice of items to display and interpret.

COLLECTING THE PRESENT FOR THE FUTURE

Many heritage agencies espouse the rhetoric of preserving the past for the future without clear ideas whether future society will desire the places thus preserved (Spennemann, 2007a,2007b). The theoretical underpinning is that of cultural significance as constructed by the assessors’ generation (Spennemann, 2011), which in common usage can only be adequately assessed if some passage of time has elapsed (NSW Heritage Office, 2001; 2004) US. By its nature, cultural significance is reflective of the societal values at the time of assessment and thus a mutable quality (Spennemann, 2011). In some instances, however, heritage significance can be instant as the event associated with the place or object provides a fundamental advancement of humanity or represents a social, economic and cultural disruptor that affects all of society in a given country or even globally. Here, it can be argued,
hindsight is not required. A prime example are the objects and places (both on Earth and on the Moon) associated with the human landing on the Moon, which were imbued with instant significance the moment that Neil Armstrong stepped on the lunar surface (Spennemann, 2004; Spennemann & Murphy, 2020).

Object collections in museums are no different, where accession policies require local (national) relevance and cultural significance. Museums, by and large, have been more flexible to collect the immediate, where instant significance was present or highly likely. The collections relating to 9/11 are one example (Gardner, 2010, 2013; Gardner & Henry, 2002) as are collections derived from ephemeral sites such as instantaneous memorials and shrines that eventuated after the terrorist bombings in Oklahoma City (1995) (Linenthal, 2003), Brussels (2016) (Boquet & Van Eeekernore, 2018) or Manchester (2017) (Arvanitis, 2019); the mass shootings such as Columbine High School (1999) (Doss, 2008) or Virginia Tech Campus (2007) (Purcell, 2012); or natural disasters, such as Hurricane ‘Katrina’ (2005) (Shayt, 2006) or floods in Queensland (2011) (Besley & Were, 2014).

In his discussion of the 9/11 collection process, Gardner stresses the need to collect holistically and integrated, rather than piecemeal and fragmented (Gardner, 2013). Arvanitis noted the absence of a rigorous collections framework for items from instantaneous memorials (Arvanitis, 2019, but see: Morin, 2015). Indeed, Gardner and Henry, when discussing the 9/11 collection, raise the questions as to what to collect, or whether to collect at all; when to start collecting; and how to resolve a possible subsequent conflict between the preservation and protection of the collected material and its interpretive use (Gardner & Henry, 2002) especially if there may be a desire to incorporate them into memorials and commemorative artworks.

It is posited that the COVID-19 pandemic falls into the same category, of instant significance, but on a global, rather than a local scale, not seen since the influenza pandemic of 1918/19. Other major health emergencies, were either regional (SARS, MERS, Ebola) or were global but with limited cross-sectoral disruptive effects (e.g. HIV/AIDS). While COVID-19 is a pandemic of global proportions, the manifestation and responses to the pandemic, and thus the relative cultural significance of the event, varies between countries. While the significance of COVID-19 as an important event at the beginning of the twenty-first century is beyond doubt, it remains to be seen which specific objects and places are best suited to exemplify and illustrate that event. The remainder of this paper will illustrate this with Australian examples.

CULTURAL ARTEFACTS ASSOCIATED WITH THE COVID-19 PANDEMIC

The cultural artefacts associated with the COVID-19 pandemic range from tangible elements, such as structures, moveable artefacts, and ephemera, to virtual artefacts such as digital ephemera and internet memes. Given that COVID-19 is a communicable infectious disease, many of the structures, paraphernalia and ephemera are associated with standard public health responses to contagious
diseases. The potential collections universe related to COVID-19 encompasses government-sponsored public education materials (posters, fliers, how-to guides), personal protective equipment (PPE) (disposable gloves and gowns, face shields, and face masks covering nose and mouth), SARS-CoV-2 specific testing kits, batches of vaccines and respective paraphernalia of administration (PPE, swabs, syringes etc), custom-built ventilators, hand sanitiser dispensers (pump-action bottles and automated wall- or stand-mounted units), floor markings to facilitate adherence with social distancing rules (taped crosses, formally printed vinyl stickers), Perspex barriers at cash registers and customer counters; vests worn by COVID marshals (in Australia), contact tracing registers (signage, paper records, digital records/screenshot), and travel permits (where ring-fencing and border closures occurred; Spennemann, 2021a). Among the larger objects are temporary field hospitals, testing and vaccination sites as well as border control structures, (Spennemann, 2021) all associated with their own paraphernalia.

Initial panic-buying by both the public and by health administrators, exposed the vulnerability of just-in-time global supply chains to unexpected surges in demand. In addition to food shortages, the supply of essential stocks of personal protective equipment (e.g., face masks), hand sanitiser and specialised medical equipment (e.g., ventilators) was no longer guaranteed. During this period numerous ad hoc and makeshift solutions were developed, often serviced by cottage industries. In addition to formal, single use personal or hospital-grade face masks, for example, people wore home-made or commercially manufactured fabric masks in a range of colours and designs. Unique solutions included automated Holy Water dispensers in some Catholic churches (Spennemann, 2021a).

CURRENT COLLECTIONS

A small number of papers explored the COVID-19 pandemic from the museums’ perspective as a social, psychological, economic, and cultural phenomenon. Other work considered the ethnic vilification felt by some sections of the community brought about by a geographic labelling of SARS-CoV-2 as the ‘Chinese virus’ by the US administration of the day (Chu, 2020) as well the differential effect the COVID-19 pandemic had on ethnic neighbourhoods (again in the U.S.A.) Setting aside the responses of shuttered museums to deliver a digital experience during lockdown (see above), it is not surprising that numerous authors in the museums sphere considered collecting and documenting not only the digital realities of the pandemic (Gorton, 2020) but also considered how digital technologies can be called on to chronicle the events from an individual and communal perspective and to document the personal and public responses to the pandemic (Chu, 2020; Kist, 2020).

While much was made of the pivot of private and public life to the digital communications, the lived reality of the COVID-19 pandemic is both virtual and real. Consequently, some institutions considered collecting items related to COVID-19 but abandoned the idea due to cost considerations (Hendon, 2020). Some institutions considered crowdsourcing techniques to increase reach, but that is by and large limited to digital ‘acquisitions’ (Zumthurm, 2021). Others, such as the Law Museum in Western Australia, commenced an industry-specific collection (Church, 2020). While a number
of archives in the U.S.A. commenced the collection of COVID-19 related material as part of their remit (Kocken et al., 2021), 83% collected digital material but only 51% decided to collect physical material as well (Klettlinger & Grinstead, 2020). Collections of objects in the museums’ sphere seem to be even less common. While a number of American museums have begun small collections and associated exhibitions (Budds, 2021), no formal collections policies have been published in the literature. The closest is a paper on the systematic collection which is being assembled by Museums Scotland, with a collections plan that “is divided into six main areas: public health, hospitals and treatment; politics; economy; tourism; education; and everyday life” (Laurenson et al., 2020).

COLLECTIONS PRIORITIES

Clearly, any selection of objects will be informed, and shaped, by the collector’s/curator’s political and ideological gaze, nowhere more so than in collections that document a community’s social history (Cramer & Witcomb, 2019; Edmundson, 2019; Simon, 2014). In a normal curatorial setting, a curator works with an existing social history collection which can be developed and expanded through acquisition, but only rarely pruned. The potential methodological dilemma faced in the compilation of a contemporary COVID-19 collection is that it has to be developed ‘from scratch’ and that therefore not only do establishing curators have a disproportionate influence on the composition of the collection, but through their actions potentially also constrain the interpretive opportunities of future curators. A framework for contemporary objects has the unique opportunity to not only collect tangible (as well a digital) artefacts, but also document them in their actual use both in context and in situ, and to document public perceptions relating to their function, use and personal relevance.

It is therefore imperative to identify through observation, as well as via consultation with COVID-19 practitioners (medical staff, public health professionals, business owners, wider public), to select objects and developments specific to the COVID-19 pandemic, and augment these with non-specific but ubiquitously deployed public health items that dominate the visual landscape and public narrative.

As the vaccination rates increase, and as constraints on social interaction and personal movements are being relaxed, numerous COVID-19 specific objects and developments are becoming obsolete. Given that most have a single-purpose function, there is no need to maintain them, and they are thus at risk of being lost. There is an urgency for national, regional and local museums and collections institutions to act and collect now, while objects are abundant and curators still have a choice over what and how much they collect. Given that manifestation and responses to the pandemic vary between countries and often even between regions/states in the same country, it is imperative that country- or location-specific collections frameworks are developed. Tables 1 and 2 provide an example framework for Australia (Spennemann, 2021a).

The actual collection of specific objects must be accompanied by a visual documentation of their use in context (still or video photography), including first-person narratives (Table 2),
Table 1.
Overview of artefacts associated with COVID-19

| Category                  | Generic                                      | COVID-19 specific                                      |
|---------------------------|----------------------------------------------|--------------------------------------------------------|
| Personal protective       | Single-use face masks, surgical grade        | Cloth face masks                                       |
| equipment                 | ● domestic grade                             | ● self-made masks                                       |
|                           | Face masks for construction and gardening    | ● commercially produced masks                          |
|                           | Single-use/disposable gloves                 | ● commercially produced branded masks                  |
|                           | ● surgical gowns                             | Australian-made surgical grade single-use face masks*  |
|                           | ● head caps                                  | Australian-made face shields/visors                     |
|                           | Face shields/visors                          |                                                        |
| Hand sanitiser            | Generic commercial production                | Hand sanitiser produced by local distilleries**        |
|                           | ● domestic                                   |                                                        |
|                           | ● imported                                   |                                                        |
| Hand sanitiser dispensers | Generic commercial production                | Hand sanitiser dispensers and stands                   |
|                           |                                               | ● Ad-hoc designed                                       |
|                           |                                               | ● Australian designed/made                             |
|                           |                                               | ● Australian designed/made, branded                     |
|                           |                                               | ● Australian designed/made, branded for alcohol-based  |
|                           |                                               | considered wet-wipes                                    |
| Social distancing         | n/a                                          | COVID marshal                                           |
| enforcement               |                                               | ● vests                                                 |
|                           |                                               | ● badges                                                |
|                           |                                               | ● rules of conduct                                      |
| Social distancing         |                                               |                                                        |
| compliance signage        |                                               |                                                        |
| Ventilators               | Generic commercial production                | Carpet and floor tile signage                          |
| Testing Kits              | n/a                                          | Shop signage (shop capacity indicators)                 |
|                           |                                               | NOTUS Vivere emergency ventilator**                    |
|                           |                                               | Imported test kits of US or Chinese origin              |
|                           |                                               | Beijing Genomics Institute SARS-CoV-2 Real Time PCR     |
|                           |                                               | platform’                                              |
|                           |                                               | Nationally-designed test kits:                         |
|                           |                                               | ● ‘AtomoRapid™️’ COVID-19 IgM/IgG Antibody Test         |
|                           |                                               | ● ‘AusDiagnosics respiratory virus panel [incl. SARS-  |
|                           |                                               | CoV-2] test’                                            |
|                           |                                               | ● ‘Ellume Covid-19 Home Test’                           |
| Swabs                     | Generic commercial production                | Examples of Australian manufacture*                    |
| Public education          | WHO examples                                 | Government sponsored posters (Federal, State, local)    |
| Contact tracing           | n/a                                          | Examples of QR code advisory signage                   |
|                           |                                               | Examples of paper-based recording solutions            |
|                           |                                               | Examples of screenshots of on-line recording applications |
|                           |                                               | ● state mandated versions                              |
|                           |                                               | ● business-specific versions                           |
|                           |                                               | Examples of the underlying computer coding             |

(continued)
to be augmented by a canvassing of the width and breadth of similar, non-collected items (e.g., Spennemann, 2021a). It needs to be considered that the majority of the items are ephemera, created ad hoc for immediate and short term use, which may engender long-term preservation issues due to non-permanent inks and the like. In addition, depending on the digital infrastructure, a number of ephemera will only exist in purely digital form (e.g., contact tracing applications) and thus will need to be appropriately documented and curated. In this context, both the computer/smart phone application itself and the entry permits it generates are both ephemeral. Further, some of these items, such as border permits, contain personal data such as date of birth and address, which raises ethical questions of secure curation and physical/digital display to prevent identity theft.

Finally, and importantly, the collected objects need to be accompanied by eye-witness testimony about the conditions of living under COVID-19, ranging from individual responses to lockdown mandates, such as costume-themed rubbish bin outings (Goetze, 2021; Stephens & Shaw, 2020); to working from home during lockdown including home schooling via Zoom; to the contributions by essential workers (e.g., supermarket staff, delivery drivers) operating throughout the period to ensure that the community could function during these periods. This is not confined to targeted audio-visual recordings of interviews, but also includes a harvesting and archiving digital media such as FaceBook and Twitter (Gorton, 2020). This allows curators to offset biases that are inherent in the material culture. Given that COVID-19 is a global health emergency, the material culture associated with it is inherently representative of the public health response.

**COLLECTION CONSTRAINTS**

There are two main constraints to the collection of objects and ephemera associated with COVID-19: internal curatorial/managerial considerations and external political constraints.

Any collection of contemporary social history objects is caught in the tension between the (i) need to be able to select items that are significant at the time, that are likely to retain that significance...
Table 2.
Overview of audio-visual documentation of artefacts associated with COVID-19. Australian examples

| Category | Documentation in context | First person narratives |
|----------|--------------------------|------------------------|
| Personal protective equipment | Types of masks being worn by persons of different gender, age and ethnicity (stills and video) | Wearing masks (comfort, social reactions etc.) Need for wearing masks (differing opinions) Home manufacture of masks |
| | Home manufacture of masks | |
| | Medical Covid-testing staff donning PPE (showing sequence) | |
| | Medical Covid-testing staff demonstrating activities while wearing PPE | |
| | Types of masks being worn by persons of different gender, age and ethnicity (stills and video) | |
| | Home manufacture of masks | |
| | Medical Covid-testing staff donning PPE (showing sequence) | |
| | Medical Covid-testing staff demonstrating activities while wearing PPE | |
| | Types of masks being worn by persons of different gender, age and ethnicity (stills and video) | |
| | Home manufacture of masks | |
| | Medical Covid-testing staff donning PPE (showing sequence) | |
| | Medical Covid-testing staff demonstrating activities while wearing PPE | |
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| Hand sanitizer production | Stills (videos) of hand sanitizer production by local distilleries | Interviews with local distillers regarding motivations, business decisions and satisfaction |
| Hand sanitizer dispensers | Types of sanitizer dispensers (stills and video) | Using dispensers (comfort, social reactions etc) Need for hand sanitizer use (differing opinions) |
| Holy water dispensers | Types of Holy water dispensers (stills and video) | Interviews with priests regarding motivations of installation and appropriateness |
| | Dispensers in use | Interviews with parishioners regarding appropriateness of such technology |
| Social distancing enforcement | Stills (videos) of COVID marshals wearing vests, engaging with public | Experiences of COVID marshals enforcing social distancing rules Perceptions of the public w.r.t COVID marshals Experience of local law enforcement/regulatory bodies when enforcing social distancing rules incl. issuance of fines |
| Social distancing compliance signage | Stills (videos) of social distancing compliance signage in shops, incl examples of adherence and non-adherence | Experiences of shop owners enforcing social distancing rules/using social distancing compliance signage Perceptions of the public w.r.t social distancing compliance signage |
| Living with COVID | Stills (videos) of essential services workers performing duties under COVID rules | Experiences of essential services workers performing duties under COVID rules Perceptions of the public w.r.t food security |
| Ventilators, swabs, Testing kits | Stills (videos) of ventiliser/swab production by local manufacturers | Interviews with local manufacturers regarding motivations, business decisions and satisfaction |
| | Stills (videos) of testing kits production by local manufacturers | Interviews with local testing kit developers (scientists) regarding motivations |
| | | Interviews with local testing kit producers regarding business decisions and satisfaction |
| Public education | Stills (videos) of public education signage in shops | Interviews with public health officials regarding motivations, messaging and satisfaction |
| Contact tracing | Stills (videos) of contact tracing signage in shops Videos (and screen shots) of contact tracing applications being used (incl data entry in actual applications) | Experiences of shop owners contact tracing rules Perceptions of the public w.r.t contact tracing (as a principle and in terms of usage of applications) Interviews with public health officials regarding motivations satisfaction of contact tracing |
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even after a passage of time, and that allow us to exemplify and illustrate the story; (ii) the need to collect while these objects are still readily obtainable and documentable in their use; and (iii) the need not to overburden collections management with material that takes up storage, conservation and curatorial resources for uncertain benefit (Morgan and Macdonald, 2020). Clearly, the latter poses a major risk, in particular when collections are being developed ad hoc and in response the lived experiences of the curatorial staff and their collaborators and advisers. Numerous authors counsel against indiscriminate collecting, resulting in curatorial overheads and dead collections (e.g., Gardner, 2013). When discussing the collecting process of the instantaneous memorials to the Manchester bombing, Arvanitis noted a ‘vagueness about the purpose, use and future of [such] collections” (Arvanitis, 2019). This is not the case for the COVID-19 collection(s) as their purpose is to demonstrate and document the socio-economic impact of the pandemic and the societal responses and adaptations to this health emergency as well to exemplify individual responses reflecting lived experience.

There is a fundamental difference between the collections compiled in response to COVID-19 and those derived from singular events such as the ephemeral instantaneous memorials. Among the latter, full contextual framing and range of expressions is evident in the material. Its collections universe is firmly circumscribed by all objects deposited at the memorial site, which provides for a spatially, chronologically and ultimately, numerically well-defined entity. Derived from an initial gathering into, curatorial decisions are made on each item to retain or record and discard, thereby resulting in a defined quantity of items to be accessioned. In the case of a COVID-19 collection, however, the collections universe is spatially amorphous, chronologically diffuse and numerically undefined. These parameters need to be defined by a collections COVID-19 policy, either at the point of collection or at a later point in time when the initial collection is assessed and refined.

It should be stressed that museum collections, in particular social history collections are subject to real or perceived political pressures, both in terms of establishment and then exhibition and interpretation (Gray, 2011; Levitt, 2008; Rodner & Preece, 2015). There can be no doubt, that public health responses to the COVID-19 pandemic have been politicised by the governments of the day (Balmford et al., 2020; Greer et al., 2020; Shumba et al., 2020; Yamey & Gonsalves, 2020). Thus it can be posited that, depending on the extent of curatorial freedoms, public collections in some countries may be constrained. A case in point is the recent exhibition in Wuhan, in which the Chinese administration attempted to control the public narrative of the early days of the outbreak (Huaxia, 2020; Zhao, 2020).

OVERCOMING COLLECTION CONSTRAINTS

The major concern about an ‘indiscriminate collection’ of physical and digital artefacts related to COVID-19 are curatorial costs which can be defined as (i) immediate costs (staffing costs engaged in identification and acquisition; preliminary identification and documentation of context); (ii)
temporary costs (storage costs incl. digital and physical space management of items of initial collection); (iii) deferred costs (evaluation of collection, discarding of unwanted items and formal accessioning of selected items) and (iv) permanent costs (long term curation and audio-visual archiving of final selection of items).

A broad and general collections plan needs to be developed, drawing on the lived experience of curatorial staff and ethnographic observations of the contemporary reality around them. That policy needs to be reviewed regularly, with the collections remit being expanded as the COVID-19 situation and the societal responses to it change. To avoid individual curatorial bias, but also in order to broaden perspectives on collections management, a multi-agency COVID-19 acquisition committee should be formed at each location that is composed of curators, collection managers, archivists and educators to create a location/locale specific strategy for pandemic collecting. This collecting strategy should spell out the shared collecting responsibilities (museum vs archives vs government instrumentalities), each developing their own, congruent collecting plan (Figure 1).

The curatorial philosophy should be to collect as much as possible at this point in time. The initial collection should be comprehensive, with each item given a preliminary record that includes a broad classification of the item, its provenance of the item and relationships of other items collected at the same location or in the same context. Detailed cataloguing can be deferred to a specified future point in time (see below). Ultimately the depth and breadth of the interim collection will primarily depend on the appetite of an institution’s curatorial staff to develop such a collection and the available storage capacity. While the accumulation of duplicate and variant items will be inevitable despite a definition of collecting responsibilities, care should be take not to discard such objects at this stage.

From a collections management perspective, these items would form an interim collection, with the objects are placed in ‘purgatory’ until such time that the pandemic is well and truly over and its social impact has became clear, essentially benefitting from some level of hindsight (Figure 1). At this point the acquisition committee would morph into a management committee with the addition of materials conservators and social historians. At this point, the interim collection would undergo a reduction process in keeping with a curatorial retention policy. Where all duplicate items as well as variants deemed insignificant would be discarded (the latter after documentation). Each remaining item would be evaluated in terms of its significance and contribution to understanding the COVID-19 pandemic, as well as ongoing curatorial and conservation costs. Objects deemed not significant or outside the social relevance framework will not be discarded outright, but offered to other institutions. The residual, evaluate core collection will then be accessioned in the normal way (Figure 1). After another five years, the curatorial retention policy would be reviewed and items no longer required would be deaccessioned and offered to other collecting bodies.

This two phase process allows us to capture relevant items at the time they are being used in the community, without creating a major, long-term impost on the collections agency.
Figure 1. Proposed collections process for a COVID-19 collection. Source: The author.
CONCLUSIONS

The rapid onset of the COVID-19 pandemic caught numerous just-on-time supply chains off guard leading to shortages in numerous food, sanitary and health products, some of which were essential in controlling and managing the pandemic. In consequence, local production commenced to cover the shortfall, providing ad hoc as well as long-term commercial solutions. Public health measures to contain the spread entailed hand sanitising, mask-wearing, social distancing, regulating numbers of patrons and attendance registers to facilitate contact tracing. All of these are associated with often unique tangible and digital objects, which may be of generic or COVID-19 specific manufacture. Collection precedence should be given to national, COVID-19 specific objects, to be augmented, as required, by generic examples. There is an urgency to this as the collections universe is set to shrink as vaccination rates increase and subsequently herd immunity develops, obviating the need for many of the control and containment measured. The time to collect is now.

ACKNOWLEDGMENTS

I am indebted to an anonymous referee who provided an extensive and constructive review that improved the positioning of the paper.

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