



# “Happy Meals” in the Starship Enterprise: interpreting a moral geography of health care consumption

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## Abstract

This paper extends earlier explorations of the use of metaphor in the marketing of the Starship Children’s Hospital in Auckland, New Zealand, by examining controversy surrounding the opening of an in-hospital McDonalds fast-food outlet. The golden arches have become a key element of many children’s urban geographies and a potent symbol of the corporate colonisation of the New Zealand landscape. In 1997 a minor moral panic ensued when a proposal was unveiled to open a McDonald’s restaurant within the Starship. Data collected from media coverage, advertising and interviews with hospital management are analysed to interpret competing discourses around the issue of fast food within a health care setting. We contend that the introduction of a McDonald’s franchise has become the hospital’s ultimate placial icon, adding ambivalence to the moral geography of health care consumption. We conclude that arguments concerning the unhealthy nature of McDonald’s food obscure deeper discourses surrounding the unpalatable character of the health reforms, and a perceived ‘Americanisation’ of health care in New Zealand. © 2000 Elsevier Science Ltd. All rights reserved.

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## 1. Introduction

This paper considers the links between health care, place and consumption through the case example of a McDonald’s restaurant opening within the Starship, New Zealand’s national children’s hospital. In international context, this occurrence is neither new nor unusual given that there are reported to be 50 such restaurants in hospitals elsewhere in the world (New Zealand Herald, 1997). However, this otherwise minor

event in the re-imaging of Auckland’s built environment takes on greater significance given that it is placed geographically within a children’s hospital and temporally within a broader narrative of the commercialisation of health care in New Zealand. The aim of the paper is to examine and interpret narratives associated with the collision of the global and local as embodied in the opening of this in-hospital fast-food outlet. We argue that McDonald’s ‘coming on board’ the Starship was a logical, if controversial, step in light of two sets of factors: first, the malleability of the symbols and metaphors associated with both McDonald’s and the Starship; and second the political economy of health care, in New Zealand in the 1990s, that increas-

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ingly encouraged corporate philanthropy and a culture of consumption.

In what ways have symbols and metaphors associated with the fast food giant been associated with health and places of health care? George Ritzer (1996, 43) discusses how modern medicine bears unexpected analogies to fast food practices given evidence of “assembly-line medicine”. While such rationalisation has yet to be discerned with any frequency within secondary and tertiary care (notwithstanding Ritzer’s examples of ‘medical factories’), there is a persuasive analogy in the proliferation of ‘walk-in’ or accident and medical clinics (AMCs), as they are known in the USA and New Zealand, respectively. These sites are frequently located in conjunction with other consumption services and offer patients medical treatment characterised by predictability and haste. In Ritzer’s words

...each centre handles only a limited number of minor problems but with great dispatch. Although the patient with a laceration cannot be stitched as efficiently as a customer in search of a hamburger can be served, many of the same principles shape the two operations (1996, 45).

Ritzer cites the heightened efficiency of a patient being able walk in without an appointment, and of the overly-personal (and thus inefficient) attention a patient might otherwise receive from a traditional family doctor. He identifies public expectation as partly fuelling these developments. For increasingly, consumers are “...accustomed to efficiently organised ‘McDonaldised’ systems (and demand) that their trips to clinics or HMOs offer one-stop visits that include lab work, needed drugs and consultations with physicians” (Ritzer, 1996, 45). Recent evidence in New Zealand certainly emulates such trends, with AMCs commonly incorporating one-stop-shopping in mini-medical malls (Kearns and Barnett, 1997). Arising from both their commitment to efficiency and their siting in fast-turnaround service hubs, they have been termed in popular parlance — and significantly for this discussion — ‘McDoctors’ and ‘Kentucky Fried Medicine’ in the US and New Zealand respectively (Ritzer, 1996; Kearns and Barnett, 1997). It is within this context of symbolic associations that in 1997 a minor moral panic ensued when a proposal was unveiled to open a McDonald’s restaurant within the Starship Children’s Hospital in Auckland.

The present paper thus focuses on the internal geography of a single higher order health care facility. There is precedent for such specificity of focus in health geography with Chiotti and Joseph’s (1995) interpretation of an AIDS hospice in Toronto, as well as local justification with the Starship being the only ter-

tiary-level facility for children in New Zealand. Previous geographical work on the hospital sector in New Zealand has been firmly rooted in the welfare tradition, focusing on issues of distribution and resource allocation (e.g. Barnett, 1984). In this paper we extend an earlier analysis of the deployment of metaphor in the design and marketing of the Starship hospital (Kearns and Barnett, 1999) to examine the recent inclusion of a McDonald’s in the Starship. We argue that there is a synergistic relation between the powerful symbols and metaphors associated with this food outlet and the hospital itself. In so doing, the paper extends the contention that clinical settings, which have provided such fertile ground for exploring the power-dynamics of professional practice (e.g. Foucault, 1973), are now being materially and symbolically transformed into arenas of broader consumption practices. Further, it builds on Wilbert Gesler’s exhortation that we “...read or decode healing environments for their symbolic meaning.” (1991, p. 182).

While geographers have been increasingly interested in the relations between place and consumption, health care is an area neglected by recent surveys (e.g. Jackson and Thrift, 1995). Incorporating health care contexts into the intersection of urban geography and cultural studies is overdue as new styles of service provision have taken highly visible and symbol-laden forms in the built environment (Kearns and Barnett, 1992). With this in mind, the remainder of the paper is organised as follows. First, we provide a political-economic context by briefly surveying patterns of hospital restructuring in New Zealand. Next is an overview of the background, character and naming of the Starship hospital. Section 3 surveys discourses surrounding the announcement of the planned McDonald’s at the Starship and this is followed by a consideration of the conditions under which the franchise opened. The final sections explore links between food, health and morality and draw conclusions from the case study.

## 2. From bandages to burgers

In this section we survey the broader question of why, and how, hospitals in western countries are addressing changing financial circumstances such that space is being rented to fast food franchises. To a large extent, changes in the organisation and financial viability of hospitals in western countries can be attributed to changing sources of capital. Historically capital financing of hospitals came from a variety of sources including philanthropy, debt financing (loans), government grants or equity financing (i.e. sale of stocks) (Kearns and Barnett, 1999). The main factor determining access to these different sources of finance has been the type of ownership, but increasingly this is less true

as the boundary between private and public sectors has become blurred (Pinch, 1997). As the earlier Starship paper indicated, public hospitals have faced increasing challenges in receiving large enough government grants, and proprietary and non-profit hospitals have encountered difficulties in generating sufficient cash flows from patient care revenues to support their current level of operations (Kearns and Barnett, 1999). This situation has come about mainly because of the structure of the internal market for hospital care in New Zealand and the inability of the corporatised providers [i.e. commercial profit seeking entities, formerly known as Crown Health Enterprises (CHEs)]<sup>1</sup> to secure adequate contracts from regional funders [Regional Health Authorities (RHAs)]. Given the lack of public involvement in RHAs and close monitoring of their spending activities by the Government (Treasury) 'watchdog', CCMAU (Crown Company Monitoring and Advisory Unit), RHAs, not surprisingly, were fiscally very conservative. The end result has been a distinct 'hollowing out' of the state (Jessop, 1994) whereby RHAs engaged in a complex form of cost shifting with the result that in 1996 the combined CHE fiscal deficits exceeded those of the RHAs by 467%. (At the end of the 1995/96 financial year the total deficit of the 23 CHEs was \$561 million versus \$1.2 million for the four RHAs.)

Such cost shifting can be seen as a means by which the national state has attempted to devolve problems of economic and political legitimacy to local governance organisations. In this sense such trends are consistent with post-Fordist notions of 'increased flexibility' of economic and welfare policy, but they also reflect key ideas from agency theory (e.g. see Petersen, 1993). According to the latter perspective, in hierarchical systems principals and agents will often take advantage of one another given the opportunity. The 'hollowing out' process discussed above indicates how, in the absence of adequate resources with which to perform their function, relatively weak agents at one level (i.e. RHAs), attempt to cope by behaving as relatively powerful principals at the next level down the hierarchy (i.e. in their contracts with CHEs).

As a result of such trends, heavily indebted CHEs, in turn, have developed a variety of coping strategies. These have been more fully discussed elsewhere (Kearns and Barnett, 1999), but include closing or downgrading hospital services, exiting from rural services completely, and developing new sources of finan-

cing. It is the last strategy which is increasingly being favoured given that downgrading and closing, or attempts to close, hospital facilities has led to considerable political unrest (Prosser et al., 1996; Kearns, 1998). The emergence of various forms of collective action, together with a waning of political support for the neoliberal health reform agenda in New Zealand has resulted in a new Central Government hospital services plan which effectively represents a moratorium on further hospital closures (Ministry of Health, 1998). One consequence of these developments is that hospital providers attempting to rationalise their budgets have increasingly resorted to developing new sources of financing. This is also the strategy most evident in the CCMAU (1996) report to the incoming Minister of Health where in Section 3.2.4 it is stated;

We wish CHEs to access private sector capital where possible. This includes considering proposals to lease facilities or equipment as well as borrowing from the private sector. Such proposals should be assessed on a commercial basis...

In at least indirect response to this exhortation, some CHEs, including A+ Auckland Healthcare, have attempted to court private capital in the form of encouraging corporate donations from major banks and companies and have, in the case of the Starship, offered an in-hospital concession to the major fast food chain, McDonald's.

The Starship case, therefore, can be interpreted as a hospital marketing itself to increase income from philanthropic donations. This 'packaging' to maximise sellability not only benefits the hospital concerned but also potentially enhances the image of sponsors in the community especially when corporate donors are associated with high profile community projects. This is evident at the Royal Alexandra Hospital for Children in Westmead, a suburb of Sydney, where the names of Woolworths and Shell Oil are prominently displayed to identify a landscaped courtyard and operating theatre respectively (L. Brown, personal communication). In what seems to be a return to a nineteenth century trend, donations are again becoming an important source of capital for 'deserving institutions' and in the 1990s are contributing to new geographies of corporate philanthropy (Hurd et al., 1998).

Elsewhere (Kearns and Barnett, 1999), we have noted that throughout the developed world there is increasing pressure on hospitals to market themselves as distinct commodities and that there are strong parallels between ideas of 'place marketing' in the 'selling cities' literature (eg. Kearns and Philo, 1993) and trends within the health care sector. In this discourse hospitals, just as other parts of the urban realm, have become commodified and have been rendered attrac-

<sup>1</sup> In 1997 CHEs were renamed Health and Hospital Services (HHSs) and no longer have a statutory requirement to be profit oriented. In addition the four regional health authorities were abolished and replaced by one central funder, the Health Funding Authority (HFA).

tive to patients and investors through the conscious manipulation of images. As Briavell Holcomb (1993) notes, the selling of an urban lifestyle has become an integral part of an increasingly sophisticated commodification of everyday life, in which images and myths are packaged and (re)presented until they become 'hyperreal' (i.e. elevated from the metaphoric into the everyday and taken-for-granted) (see Perry, 1998). These observations derived from internationally observed trends and geographical literatures relate to the local specificity of our case example of hospital marketing and McDonald's at the Starship.

Exercising such 'packaging' via consumption activities has been noted elsewhere in the hospital sector. In Canada, for instance, Johnston (1992) reports that the St. Boniface Hospital in Winnipeg has opened an in-house pizza franchise, and the Royal Children's Hospital in Melbourne introduced a McDonald's into its foyer. Children's hospitals, in particular, have benefited from such developments. In the case of the Starship, while New Zealand's sole teaching and tertiary care paediatric hospital has no need to compete for patients, it nevertheless needs to compete for the donated dollar. It is arguably important that an organisation regards its potential benefactors as consumers of a branded image. Thus the strategic choice by a hospital administration of a catchy logo and name, and the development of a building with high imageability (Lynch, 1960), was seen as a way of encouraging potential benefactors to become actual patrons and consumers of the charity in question. In the present case study the reputed competition between McDonald's and Burger King to be the franchise at the entrance of the Starship is evidence of the impact of such strategic moves and the chance to be associated with the choice 'to boldly go' where no health enterprise had gone before in New Zealand (Kearns and Barnett, 1998).

### 3. The Starship Enterprise

A hospital without sickness and death — well not that you talk about, anyway...Did I say death? Well, feed me to the Daleks. The 'D' word must be banned. No one will die. They'll be beamed up to the Big Burger King in the sky instead (Rudman, 1992).

In 1992, the recently completed national children's hospital was officially designated 'Starship'. This 185 bed hospital was opened the previous year and described by architects Stephenson and Turner Ltd as the most complex building in New Zealand. At a cost of \$79 million, it was also one of the most expensive.

An effort was made by the designers to create a distinctive post-modern structure as well as a space-efficient, yet child-friendly building (Vernon, 1988). According to the architect, "...the bending of an otherwise rectangular plan into a curve successfully avoids the typically long, straight corridors of an institutional building" (Land, 1992). This move represented a break from the customary use of efficiency-driven calculations based on bed numbers, a practice that had prevailed at the time when the adjacent box-like Auckland Hospital was designed by the same architectural firm. The award winning design of the Starship is characterised by pastel colours, the use of all-wool carpets throughout the wards and waiting areas, and space for children's art work on the walls. These features mark departures from efficiency and the launching of a new direction in hospital design: the manufacture of enchantment. The cynicism of the quotation by a newspaper columnist opening this section involved a perception that the Starship was trivialising its purpose and, by allusion, placing itself in the league of fantasy playgrounds found in fast food restaurants. It is thus ironic that 5 years later a fast food franchise had indeed been taken on board by hospital management.

The hospital's name involves application of a metaphor that strategically de-emphasises the institution's medical purposes and invokes notions of other-worldliness. This naming incorporates a 'norming' (Berg and Kearns, 1996) that involves a calculated elision of images ordinarily associated with medical environments (Shore, 1984). The full name 'Starship Children's Hospital of the South Pacific', which was officially given to the hospital in April 1992, astutely captured a combination of connotations: familiarity and other-worldliness. In choosing this name, symbols were being (re)placed both tangibly and linguistically in an attempt to reorient children's health care in an era of branding and marketing.

Elsewhere we have placed the construction and naming of the Starship Children's Hospital in Auckland, within the context of increasingly consumer-oriented health care provision in New Zealand (Kearns and Barnett, 1998). The deployment of the starship metaphor alludes to the hospital's distinctive design features and represents an attempt to de-emphasise connotations associated with institutionalised medicine, thus attempting to normalise the place for children. To this extent, the Starship might be interpreted as an example of a contrived 'therapeutic landscape' (Gesler, 1992). However, those naming the hospital had more than children in mind. Rather, there was a dual intent: to market the hospital as a distinctive place for monetary donors, as well as promoting a more potentially acceptable built environment for its youthful users.

Hospitals are conventionally places of medicalised

care that tend to be highly functional elements in the urban landscape. They have generally only advertised themselves inadvertently through location (e.g. elevated, or central city sites), or through their form (e.g. large size relative to surrounding buildings). Consonant with the box-like form of the modernist skyscraper the built form of many hospitals is austere and angular, their interiors potentially generating feelings of placelessness (Relph, 1987). In New Zealand, many hospitals were dedicated as war memorials or in homage to distant members of British royalty. In the case of the Starship, however, such an orientation to the past is replaced by a naming that aims to be novel, marketable and suggestive of a journey beyond the particularities of time and place.

At the Starship, one can observe a proliferation of what Jeffrey Hopkins (1990) has termed 'placial icons': features that promote a perception of 'elsewhere'. Within the hospital, the green astroturf floor of the atrium, together with the presence of wooden park benches, is suggestive of the relaxing setting of a city park. Similarly, the large parachuting teddy bear suspended within the atrium prompts associations with a child's nursery. But it is placial icons associated with the hospital name itself that are most germane to the present discussion. The rocket-like elevators, for instance are said to have inspired the naming of the Starship (B. Harvey personal communication). Further, space-fantasy effigies such as robots speak of an other-worldliness complementary to the hospital's name. These images have been sedimented into children's imaginations and paradoxically suggest a space that is figuratively beyond known geography, yet firmly located within mental maps of Auckland.

From the outset, there was excitement at the name in terms of its 'sell-ability' and ultimate potential to be a highly popular and visible part of Auckland's therapeutic landscape. It was optimistically reported that "...the Starship image could put the hospital on the tourist trail...overseas visitors could soon visit Kelly Tarlton's Underwater World, the Aotea Centre and the Starship" (*New Zealand Herald*, 1992). Such media reports clearly aided 'inventing' the Starship as a place (Anderson and Gale, 1992), and cementing its attractiveness to potential sponsors. In avoiding a prosaic name,

...the hospital was following in the footsteps of many overseas children's hospitals which marketed their product to attract sponsorship...the Starship image and logo would give sponsors something to which they could relate...most importantly, every child in the country would come to know the Starship as an exciting place rather than something of which to be scared (*New Zealand Herald*, 1992).

The naming was thus concerned with setting norms for the hospital: the metaphor potentially had euphemistic content for users, and also connoted a catchy optimism for sponsors. The allusion to science-fiction involved links between the Starship name and the television (and later film) series 'Star Trek'. Suggestions of the Star Wars series were also present in the lettering and image included in the original promotional logo for the hospital. In all such representations, the emotions evoked by youthful hospital users are likely to vary from excitement to anxiety, an almost unavoidable ambivalence given the intrinsically polysemic qualities of metaphor itself (Kearns, 1997). Given this ambivalence, two events are of note: first, the change to a more light-hearted logo; and second, the introduction of the 'normalising' franchise McDonalds into the hospital's atrium.

#### 4. The promise of Happy Meals?

The Starship hopes to feast on a deal struck with its new tenant, McDonald's, in which the rent goes up as more hamburgers are sold (Young, 1997).

It was announced in late August 1997 that a deal had been struck between Starship management and McDonald's that would result in a franchise opening within the atrium of the hospital. The announcement brought immediate public reaction in the columns of the major daily newspaper. Cynicism prevailed among commentators. Denis Welch, a national columnist, for instance, identified a link between benevolent gesture and commercial foothold, asking

So you thought that when McDonald's set up Ronald McDonald House for kids with cancer at Auckland children's hospital, they were doing it out of the goodness of their hearts? Think again.

Correspondents were quick to link health and place in their expectations regarding children's welfare:

Now we have our Starship children's hospital endorsing the sale of junk food on its premises, which surely must give the wrong message to parents and children that this type of food is all right after all...otherwise it would not be promoted there? (Browning, 1997)

In a similar vein, the executive officer of the National Council of Women (NCW) wrote on behalf of its Home Economics and Consumer Affairs Standing Committee to the *New Zealand Herald* expressing concern

...that the prominent position of McDonald's restaurant at the Starship Childrens' Hospital will send a strong message of endorsement by health professionals that takeaways are an appropriate everyday food (Morris, 1997).

Diane Morris, the correspondent, went on to cite the Ministry of Health's Guidelines for Healthy Children which caution that "...fast foods must be eaten in moderation" in light of the fact that "a variety of food is essential for the maintenance of growth and good health". The NCW's concern was:

...that health promotion messages will not be effective with a visibly dominant fast food outlet with limited food variety and possibly high in fat, salt and sugar, which appears to have the endorsement of the Starship...

Responses countering this moral high ground were rapidly published. A weekly columnist dismissed the NCW as 'food police' (George, 1997) and a correspondent, Joanna Razzell (1977), questioned;

How many members of the National Council of Women have spent weeks on end living at the Starship children's hospital at the bedside of a sick child? Having been in that situation myself I feel strongly that a McDonald's restaurant will be warmly welcomed by parents as a source of consistent quality food at a reasonable price when there is nothing else conveniently available.

Ms Razzell went on to cite instances of parents coming to the Starship from elsewhere in New Zealand, leaving behind their sources of regular family support, as well as families who, through the suddenness of child health emergencies, have been unable to bring food with them. In countering their objections to fast food, Joanna Razzell produced a trump card, saying:

I am sure a great patronage would be given to home cooked meals produced by a roster of members from the National Council of Women. Until this happens a McDonald's restaurant downstairs will be a great addition to a wonderful hospital

Another correspondent similarly rebukes the NCW;

...blame the weak-willed fatties, particularly the parents. As for the self-appointed guardians of the nation's health, overwhelmingly women, tell them they have the cart definitely before the horse. They should be preaching to the customers, not the suppliers (Phillips, 1997)

Within these commentaries we can discern indicative

evidence of a two-layered discourse. This involves most obviously a concern for the health effects of excessive nutritional transgression by especially the youthful users of the hospital. There is also a deeper, more implicit, concern at the corporate alliance the announcement represents, a move described elsewhere as "...another slice off the carcass of the ailing public health system (which is) increasingly prey to the predations of private enterprise" (Welch, 1997, 23). The countervailing discourse is one of pragmatism. Indeed the parental perspective of gratitude at the prospect of quality and convenience is echoed by hospital general manager Grant Close who saw the move as "simply a matter of getting the best service for the hospital" (Welch, 1997, 23).

## 5. Enter the golden arches

The (Starship) metaphor is a distraction for kids who are the real target. We're keen to normalise the hospital experience. That's one reason we got McDonalds in here (Grant Close, General Manager, personal communication 1997).

I'm not a spoilsport, but, as a politician, as a mother, as a former health worker, it screams out to me to be wrong (Annette King, Labour Party spokesperson on health, 1997)

The McDonalds at the Starship opened in November, 1997 with the hospital being guaranteed either an annual base return of \$70,000, or an upwardly graduated percentage from sales (from 7.5% of sales up to \$1.29 million to 8.5% of sales above \$1.69 million). The hospital's General Manager commented that in lieu of the Starship being a shopping mall, Auckland International Airport was used as a guide for the setting of these rents. He expected that the Starship would receive approximately \$75,000 annually, a rental the *New Zealand Herald* estimated as being close to that paid by streetfront shops on Broadway, one of Auckland's busiest retailing streets. Among other details obtained by the *New Zealand Herald* under the Official Information Act, it was reported that this rent would go into the hospital's operating budget (*New Zealand Herald*, 1997).

The deal also involved three conditions. First, the fast food corporation had to run two public awareness campaigns each year by printing health messages (e.g. child safety) on its paper placemats in its 138 stores nationwide (*New Zealand Herald*, 1997). According to Starship's general manager;

We were looking for someone we could go into a long-term relationship with, someone who could

share some of the values we as a hospital have. McDonalds was the provider most prepared to go the extra mile and have these campaigns (cited in Welch, 1997, 23).

A second condition was that external signage would be minimised. Thus a 45 cm illuminated yellow 'M' in the window of the front entrance of the hospital, along with window decorations involving Ronald and friends, is the extent of streetfront advertising. The third condition was 'nutritional extras'. Above and beyond their regular menu, McDonalds agreed to provide customers with the choice of lowfat milk, fruit and four kinds of breakfast cereal. To this last announcement, the medical director of the Nutrition Foundation wryly commented;

I would be very interested in seeing...statistics six months after they've opened to see how well they've sold (cited in Welch, 1997, 23).

A prominent left-wing political spokesperson on health, Phillida Bunkle, added that such additions to the menu surely amounted to a recognition that regular McDonalds food is not as healthy, an interpretation McDonald's communication director Glenn Corbett refuted by stating that "we have the highest

standard of food of any provider in New Zealand" (cited in Welch, 1997, 23) (Figs. 1 and 2).

## 6. Discussion: interpreting 'McHospitalisation'

We can interpret 'McHospitalisation' from two perspectives; from the point of view of the changing political economy of health services and in terms of the moral geography of food consumption. First, the opening of a McDonalds restaurant in a children's hospital says much about the nature of the health care reform process in New Zealand. The withdrawal of the state and the decentralisation of responsibility for funding health services has resulted in cost shifting between funders and providers and an increased inability of the latter to maintain 'normal' levels of service given current levels of government funding. The incorporation of McDonalds into a hospital environment must be seen, therefore, as a compromise between health and economic goals, a compromise that may have been avoided in other financial climates. This was evident in the relative silence of the hospital management to the possible health disadvantages which were likely to arise from 'embracing' McDonalds as a corporate sponsor, especially given the high



Fig. 1. 'McDonalds in Starship': view towards main entrance from within hospital.

incidence of hospital admissions from the poorer parts of Auckland (Hoskins, 1990). Even if one acknowledges the beneficial nutritional impacts of hamburgers (e.g. in terms of iron intake), the presence of a fast food restaurant in a hospital setting nevertheless conveys very mixed messages to the general population in terms of the requirements for healthy living. While the McDonalds may help create a certain normalcy within the Starship one can only speculate upon its wider impacts in terms of legitimising nutritional practices detrimental to the population's health.

Secondly, McHospitalisation also raises broader questions regarding patterns of food consumption and their links to place and culture. As Bell and Valentine (1997, p. i) have indicated, "food occupies a seemingly mundane position in all our lives (yet) we all read food consumption as a practice with high impacts upon our sense of place". Geographies of food continue to be constructed predominantly from the perspective of production (e.g., Le Heron and Roche, 1995) a legacy, perhaps, of the discipline's traditional focus on the land and its uses. Bell and Valentine's (1997) recent survey of geographies of food consumption offers a large step towards redressing this imbalance and, in so doing, offers a prompt to discuss links between food, health and morality. They cite Arjun Appadurai, for instance, who writes of eating and food having

"...become largely dominated by ideas of bodily beauty and comportment, rather than by ideas of energy and sufficiency" (1993, 11). Thus, in western societies in which food sufficiency is the norm, a degree of identity and 'place-in-the-world' is derived from what and where we eat (Bell and Valentine, 1997; Caplan, 1997). For example, in urban New Zealand, which has witnessed a recent and rapid rise of conspicuous consumption, drinking cappuccinos rather than powdered instant coffee says much about status, income and the 'where' of coffee consumption (Liberty, 1998). Similarly, Whale's (1993) analysis of the proliferation of foodbanks offers a salutary reminder of the spatiality of hunger in Auckland.

Thus there is a clear morality of food connected to availability and we can speculate that the geographies of this 'who gets what where and why' (Smith, 1977) are mapped onto geographies of health. However, more subtle links between food, morality and health can also be discerned. Epidemiological advances of the last two decades have honed the abilities of experts to cast judgements upon the healthfulness of food. Significantly, it is the most democratised sites of eating out such as fast food restaurants that have most come under scrutiny for the cholesterol levels of their menus (Welch, 1998). Thus, despite valiant attempts to address these concerns, fast food chains seem wedded

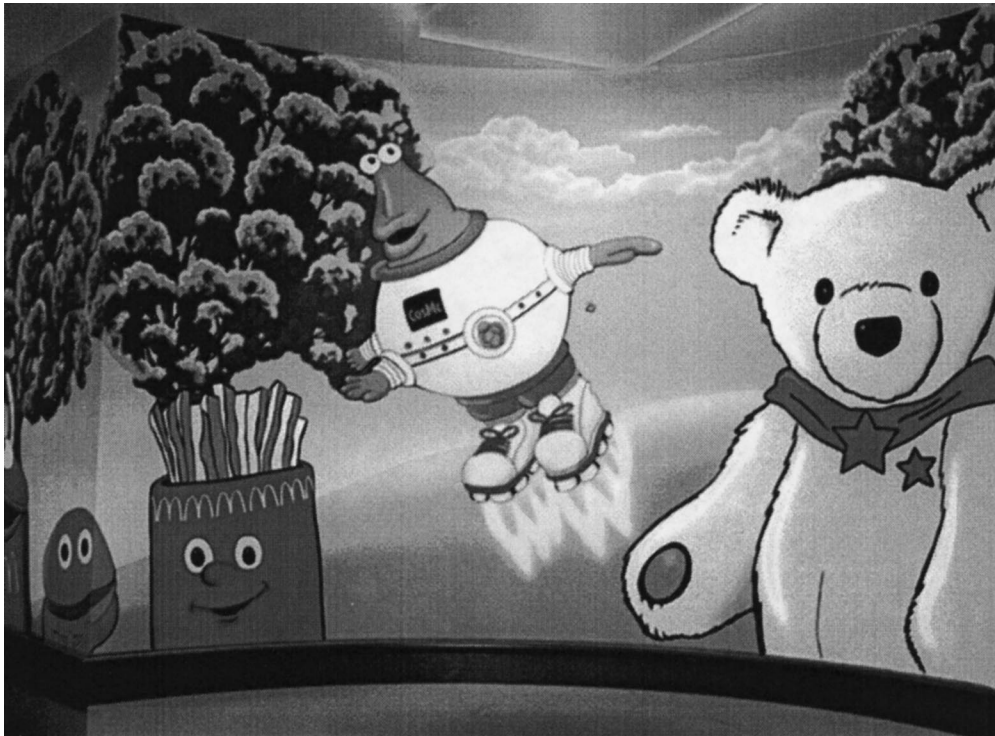


Fig. 2. Mural adjacent to the McDonalds outlet: hospital mascot 'Star Ted' with fries.





Fig. 3. CosMc: the resident alien at McDonalds in the Starship.

to the 'junk food' label such that, despite the obvious benefits of moderate levels of consumption, to some, partaking in a burger and fries amounts to a transgression of food morality. However, despite such concerns, only recently have dietary issues become an integral part of child health policy (Welch, 1998). But, in New Zealand, much remains to be done in terms of disentangling the subtle links between patterns of food consumption and health and how these are shaped by the combined influences of class, ethnicity and place.

A key landmark in the (at least perceived) links between food, health and place can be traced to the 1976 launch of New Zealand's first McDonald's restaurant in Auckland. The development opened the door to eating takeaways without taking them away. There have been at least two symbolic implications of

this opportunity. First, the low cost and no-dress code approach meant that for the first time outside pubs in New Zealand, a restaurant was open to all. Secondly, the American origins of McDonald's have also been important. There has long been at least an implicit link between Europe and 'high culture' and the United States and 'popular culture' (Lealand, 1988). The proliferation of graffiti 'tags' in Auckland, for instance, has been regarded as an American scourge and linked to the emulation of Afro-American culture by disenfranchised Pacific island youths (Lindsey and Kearns, 1994). Thus in this context, the 'golden arches' have an ambivalent place in the New Zealand landscape: they have at once become a key element of children's mental maps and a potent symbol of the multinational colonisation of the New Zealand landscape.

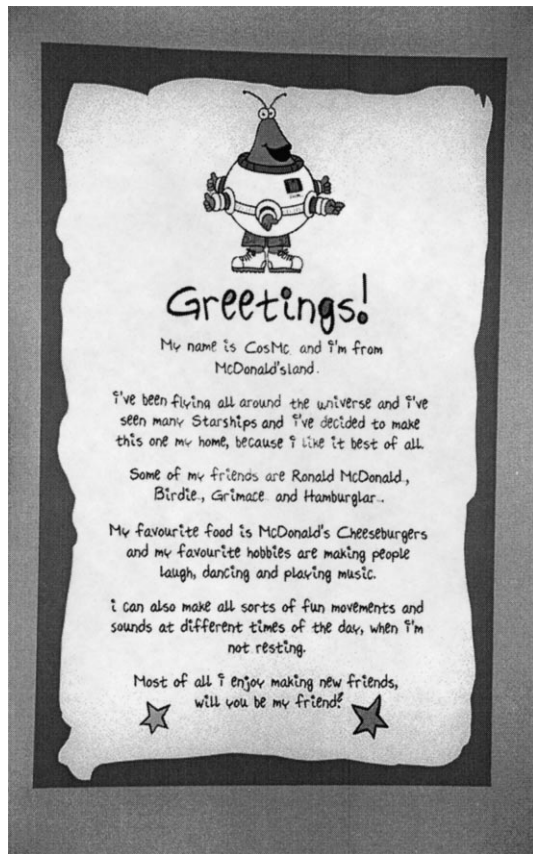


Fig. 4. CosMc's message.

Beyond the specifically New Zealand's cultural-geographical context, McDonald's and its near-synonymous gastronomic creation, the 'Big Mac', is probably unrivalled as a target of moral and cultural comment. As Bell and Valentine's (1997) survey attests, these names have become metaphoric and symbolic stand-ins for commentary on aspects of 1990s western society and culture. Coined neologisms have ranged from McJobs (Coupland, 1991) to the McUniversity (Parker and Jarry, 1995) and McIdentity (Probyn, 1998), in each case implying a diminution of status and popularisation to the point of blandness. Indeed, in his seminal work, George Ritzer (1996) describes the 'McDonaldization of society'. In this coinage, Ritzer goes beyond popular vernacular associations and ascribes the production and consumption of the Big Mac as iconic in its representation of the drive for efficiency within the Western world in general, and America in particular.

Building on the ideas of George Ritzer (1998), we can interpret the Starship as a new cathedral of (health care) consumption in which the disenchantments of modern medicine have been diagnosed and treated

with the creation of an illusory environment of parachuting teddy bears, mock city parks and flashing robots. The entry of a McDonald's franchise extends the simulation of hospital-as-mall, adding opportunities to consume food (rather than simply medical treatment) in this other-worldly space. The installation of 'CosMc', a site-specific McDonald's fantasy figure at the Starship outlet represents the malleability of the both the McDonald's repertoire of symbols and the Starship metaphor. It localises into the specific timeless (outer) space of the Starship what might otherwise be an acutely ordinary experience of consumption. In this sense, time becomes part of the spectacle that is Starship: the fast food restaurant produces meals at a speed that is (metaphorically) light years ahead of conventional hospital kitchens, thus paradoxically introducing a sense of wonder through the introduction of familiarity. A McDonald's heightens the invitation to be a consumer at (and of) the hospital, illustrating how the master metaphor (Starship) effectively works to link health and place (Figs. 3 and 4).

While smell and sound contribute to place (Rodaway, 1994), the main cues for transmission of identity are visual and are to be found both tangibly in the built environment and reproduced in printed representations of products and services. Thus, while the seductive smell of Big Macs potentially neutralises the more sterile smellscape associated with hospitals (Porteous, 1985), it is the visual impact of the golden arches and jolly effigies of Ronald McDonald and friends at the main entrance to the hospital that compellingly complement the impact of the Starship experience. The McDonald's franchise is paradoxically both extending the rationality/ efficiency of the hospital-as-service-hub as well as adding to the enchantment of the place for its youthful consumers by offering a fantasy-laden eating experience. In the words of Bell and Valentine (1997) 'we are where we eat'. In this case, at the Starship McDonald's, we are placed in a two-fold position: both as a co-participant in a spatio-temporal fantasy; and at the output end of a highly rationalised food assembly line. The result is an 'all-consuming' experience within the internal geography of a highly medicalised environment.

## 7. Conclusion

This paper has argued for the need to move beyond viewing hospitals as service entities, and equating health care consumption with utilisation behaviour. Rather, a merging of insights from the political economy of health care and new cultural geography literatures can aid the development of more finely textured understandings of the meaning of contemporary health care, and the role of metaphor and marketing in selling

places of health care consumption (Kearns and Barnett, 1999).

The labelling of the bold new hospital as ‘Starship’ works as a more general metaphor for the changes in New Zealand’s health care system. As Kearns and Barnett (1998) remark, within the

...narrative(s) of the planning, naming then launching of the Starship, we can discern in microcosm the broader shift from a state-owned and run health care system focused on sick people to a commercially-influenced system conscious of its corporate identity and serving people who are not only patients but also ‘consumers’.

To this extent, the Starship represents an iconic metaphor for what Jane Kelsey (1995) has described as the ‘New Zealand Experiment’ in a way that health camps similarly epitomised an earlier experiment — the quest for a bold new world within the welfare state in New Zealand half a century ago (Bryder, 1991; Kearns and Collins, 2000).

Gesler’s therapeutic landscape idea reminds us that the urban environment comprises more than composite elements of tangible built form. Rather it is an interpretable text which contributes to meaning and well-being in the broader canvas of urban life. In 1989, John Rennie Short claimed that our cities are generally unresponsive to the needs of children. The Starship case study has presented an opportunity to assess the extent to which the hospital has responded to children’s needs in a tight fiscal environment. In the present paper, we extended that assessment by considering the case of the incursion of corporate capital and symbolism into the built environment of the Starship. Thus, in considering the evolution of a health care setting for children, the paper contributes to redressing the limited place for children in geography (James, 1990), a gap that has only recently been addressed in a sustained manner (e.g. Valentine, 1996, 1997).

Over the course of the health reforms in New Zealand, users have been systematically transformed into consumers. According to Ritzer (1998), consumers throughout the capitalist world are demanding increasingly enchanted settings. In New Zealand, previous work on primary health care has indicated that it is the enchanting elements of new clinics that are of greatest appeal to especially low-income users (Barnett and Kearns, 1996). This paper has demonstrated the symbiotic relationship between a fast food corporation and the new Starship hospital. This symbiosis has been facilitated by the malleability of the symbolism and metaphorical content of each partner. In terms of benefits, the Starship has gained revenue from site rental and percentage returns that is needed in times of fiscal

austerity in the health system, and is responsive to the exhortations of the state health funding watchdog, the CCMAU. Starship has also gained a raised profile as a place more fully integrated into Auckland’s urban fabric than its medical function might otherwise suggest. To this extent, Starship is edging closer to an international airport in its ability to address a spectrum of service and consumption needs within a quasi-public place. For its part, McDonalds has gained a prominent if modestly-sized outlet in which patronage at varied hours by patients, parents, staff and visitors is assured. Perhaps, more significantly, it has also gained a position from which to speak more forcefully of its philanthropic acts.

What of the actual and potential users? We have argued that the introduction of a McDonald’s franchise was a predictable outcome of a conscious process of mystifying illness and medicine, and has become the hospital’s ultimate placial icon. The concerns about nutritional quality and the mystification of medical purposes expressed through newspaper columns highlight an ambivalence in the moral geography of fast food consumption. We conclude that arguments raised by adults concerning the unhealthy nature of McDonald’s food essentially obscure deeper discourses surrounding the unpalatable character of the health reforms, particularly the commercialisation of health care in New Zealand. For children, however, McDonald’s potentially offers additional familiarity in a medicalised site of considerable uncertainty. As the words on one piece of children’s art proclaimed from a hospital display board “I love happy meals. They make me happy in hospital”. Far from the evil incursion of poor nutrition as portrayed by some commentators, McDonald’s seems to have fast become a comfortable passenger on the Starship, literally adding to the ‘McDonaldisation of Society’ in New Zealand.

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