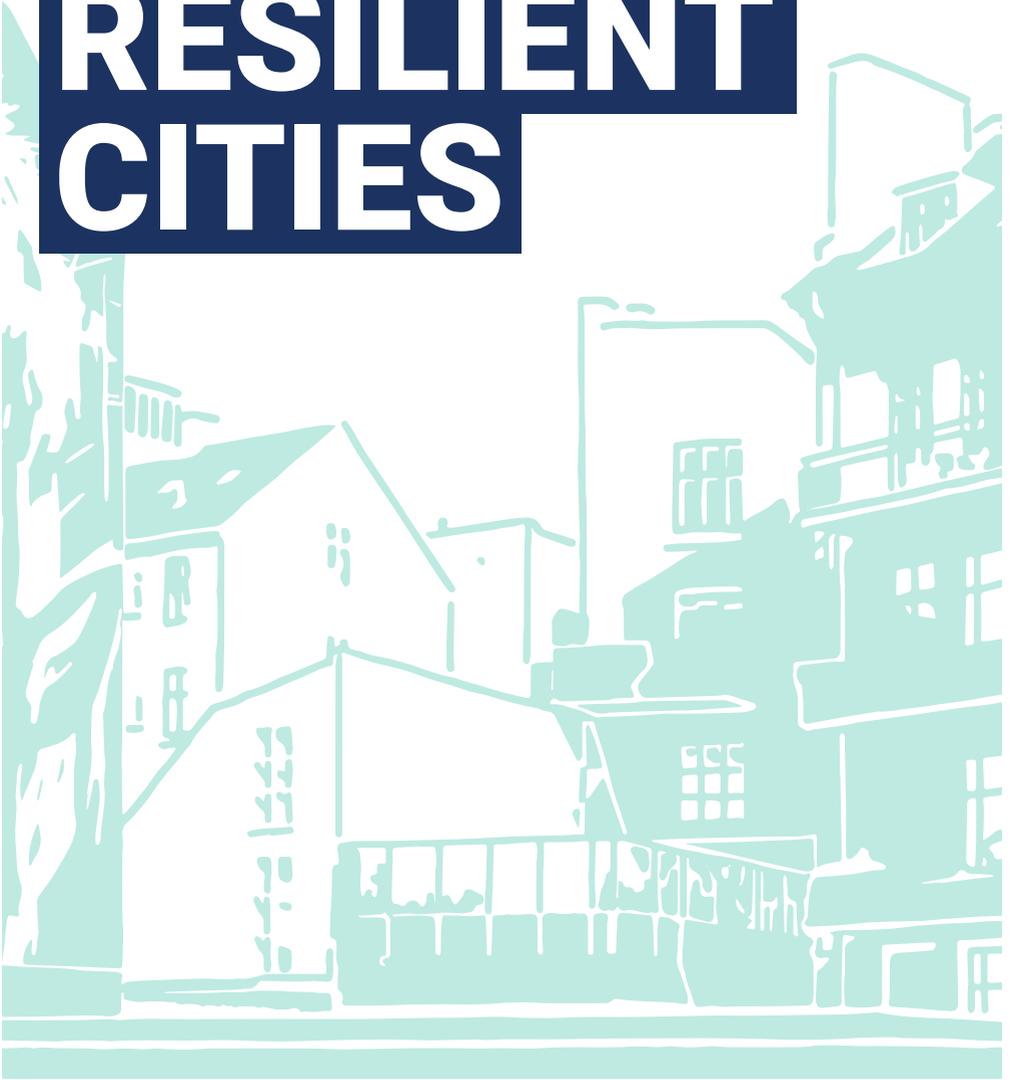


PANDEMIC RESILIENT CITIES



**Emergency Architecture
& Human Rights**

Pandemic Resilient Cities

Pandemic Resilient Cities

© Emergency Architecture & Human Rights 2021

Some rights reserved. This work is available under the Creative Commons Attribution–NonCommercial– ShareAlike 3.0 IGO licence (CC BY–NC–SA 3.0 IGO; <https://creativecommons.org/licenses/by-nc-sa/3.0/igo>).

Under the terms of this licence, you may copy, redistribute and adapt the work for non–commercial purposes, provided the work is appropriately cited, as indicated below. In any use of this work, there should be no suggestion that EAHR endorses any specific organization, products or services. The use of the EAHR logo is not permitted. If you adapt the work, then you must license your work under the same or equivalent Creative Commons licence. If you create a translation of this work, you should add the following disclaimer along with the suggested citation: “This translation was not created by Emergency Architecture & Human Rights (EAHR). EAHR is not responsible for the content or accuracy of this translation. The original English edition shall be the binding and authentic edition”. Any mediation relating to disputes arising under the licence shall be conducted in accordance with the mediation rules of the World Intellectual Property Organization (<http://www.wipo.int/amc/en/mediation/rules/>).

Edited by Nicolás Palacios

Project coordination by Corinna Voll, Nicolás Palacios & Celeste Meersohn

Illustrations and graphic design by Nicholas Jungblut

Graphic design supervision by Veronica Hamilton

Funding procured by Ida Brink (EAHR)

Translation of chapter “Architecture & Human Rights: an Historical Connection Towards an Egalitarian Future” by Celeste Meersohn

Set in Roboto & Merriweather

Printed by Eks–Skolens Grafisk Design & Tryk

1. edition, 2021

ISBN: 978–87–973050–0–3

EAN9788797305003

dreyersfond

PANDEMIC RESILIENT CITIES



**Emergency Architecture
& Human Rights**

CONTENTS

INTRODUCTION

- 09 **Preface: Think Fast: a Collective Urban Response to COVID-19**
Amani Alshaaban & Armando Caroca Fernandez
Think Fast: a Collective Urban Response to COVID-19
- 13 **Preface: Copenhagen Architecture Festival**
Josephine Michau
Copenhagen Architecture Festival
- 17 **And Now... What Have We Learned: an Introduction**
Nicolás Palacios
Emergency Architecture & Human Rights

THE URBAN; HUMAN RIGHTS, VULNERABILITY UNDER THE PANDEMIC

- 25 **Architecture & Human Rights: an Historical Connection Towards an Egalitarian Future**
Michele Di Marco
Emergency Architecture & Human Rights
- 37 **Equality, a Precondition for Resilience**
Dr Morten Kjærum
Raoul Wallenberg Institute

The Entanglement of Social Inequality with Climate Change & COVID-19: What Can We Learn from Intersecting Injustices? 47

Dr Vasna Ramasar
Lund University

COVID-19 & Urban Settlements – Time to Rethink Vulnerability 55

Emmanuel Raju & Benjamin Schmid
University of Copenhagen

EVERYDAY URBAN LIFE UNDER THE PANDEMIC

The Right to Personal Space 71

Amani Alshaaban & Armando Caroca Fernandez
Think Fast: a Collective Urban Response to COVID-19

Stay Home(less) – the Impact of the COVID-19 Pandemic in Relation to Homelessness in Sweden 79

Dr Marcus Knutagård
Lund University

Neglected, Sacrificed: Older Persons During the COVID-19 Pandemic 89

Dr Isabel Ortiz
IPD Columbia University

A Pandemic Resilient Festival – How COVID-19 Impacted Copenhagen Architecture Festival 99

Josephine Michau
Copenhagen Architecture Festival



INTRODUCTION

PREFACE: THINK FAST: A COLLECTIVE URBAN RESPONSE TO COVID-19

Amani Alshaaban & Armando Caroca Fernandez

Think Fast: a Collective Urban Response to COVID-19

Back in April 2020, we decided to start the online platform *Think-Fast* as a way to overcome anxiety and despair during the first stages of the COVID-19 pandemic. We perceived that us, urban practitioners, were left out from the mainstream discussions at the time, which mainly focused on the humanitarian, economic, and scientific aspects of the crisis.

Think-Fast aimed to provide a space for practitioners from the built environment, public health, and other related disciplines to share their views, fears, and positionality regarding the outbreak as unfolded in their own territories, with a particular focus on cities. We wanted to know not only how professionals – and the communities they were engaged with – were affected by the pandemic, but also how they were coping with it. Thus, we organised a series of online discussions (Global Talks) on topics such as forced detention, migration, border cities, and home confinement among others, which proved to be extraordinarily rich, and that we were able to convene with the invaluable support of our fellow colleagues Natalia Child, Ayesha Khalil, and Jessica Lau. This platform was our humble way to respond to the complexities and overall confusion that the world was facing back in those first stages of the pandemic.

In May 2020, we started our collaboration with Emergency Architecture & Human Rights (EAHR) through Michele di Marco – CEO of EAHR – who had previously worked in Jordan with Think-Fast co-founder Amani Alshaaban and by the time was working with the World Health Organisation as a coordinator for emergency health infrastructure. We had the idea of producing a *Manifesto on Pandemic Resilient Cities* as one of the outcomes of Think-Fast, and the notion of *Architecture as Human Right* championed by EAHR seemed like a perfect match to our own approach. During June 2020, we jointly organised five discussions on the topic of the post-pandemic city as part of the Copenhagen Architecture Festival, bringing in experts from the field of public health and urban studies to reflect on four main topics: disasters and pandemics, health infrastructure, urban density, and human rights and contested cities. Many of such experts have also kindly contributed to this book.

By the time of writing this foreword, the notion of *pandemic resilient cities* seems to have been largely institutionalised and mainstreamed: a quick search on Google yields multiple reports, seminars and lectures from multiple United Nation agencies, international city networks, and schools of architecture, among others, revolving around this concept. Thus, the question about the contribution and novelty of this publication becomes highly relevant. Despite of being far from definitive, we can provide four hints as a means of answering the above question:

1. *Imagination*: We think that this book proposes *an act of imagination* embedded in the question *How would be the post-pandemic city?* As we believe that this question should be answered as democratically and collectively as possible, a certain independence from large institutions and agencies provides the valuable possibility to include

in this book a broader array of contributors, widening the range of potential *acts of imagination* feeding the idea of a pandemic-resilient city. Furthermore, it is possible to open up the discussion on the very meaning of resilience, as it has been to a certain extent co-opted and depoliticised by international agencies and academic institutions.

2. *Timing*: Given that the pandemic is far from being over yet, there is still an urgent need for ideas and quick action, especially in the fields of public health and the humanitarian sector. However, we also need to simultaneously produce initiatives to collect, disseminate and build on the accumulated grounded knowledge produced by multiple practitioners around the world. We are aware that in order to *think fast* we need to reflect (thinking slow and hard) so we can learn from past experiences.

3. *The pandemic-resilient city is nothing new*: As we have learned, one of the main ‘roles’ of the COVID-19 pandemic has been to expose multiple layers of historically constructed socio-spatial inequalities, embedded in the way we construct and inhabit our cities. This is not only true for the cities in the Global South but also, and sometimes even more so, for the urban centres of the Global North. In the same way that there are no such thing as ‘natural’ disasters (as climatological and geological phenomena only produces damage when they meet poorly planned cities and socio-economically vulnerable population) there is no reason for a human/non-human interaction to become a threat per se. In this regard, this book’s objective to define the pandemic-resilient city as a *just city* in its spatial, social, economic, and intersectional dimensions seems critically relevant from our perspective, especially now that the promise of a global immunity due to new vaccines opens up the possibility to overcome the pandemic in the near future, without addressing the structural aspects leading to the current situation.

4. *Taking interdisciplinarity seriously*: One of the obvious learnings from the past few months has been the need to urgently tackle interdisciplinarity when working in the built environment, something that this book strongly addresses. As we will always need specialists, we envision the emergence of new, hybrid kind of practitioners, creating bridges between enclosed disciplines and knowledges. The most urgent of such interdisciplinary bridges is probably the one between the built environment disciplines (architecture, urban design, and planning) and public health, but we also propose the need to strengthen links with disaster risk sciences, environmental management, and biological and ecological studies.

Finally, we deeply appreciate the invitation done by the EAHR team to contribute to this book by summarising and reflecting on our findings from *Think-Fast*, both from our Global Talks and the pandemic resilient cities sessions. We sincerely hope that our contribution will add up to the valuable knowledge presented in this publication. Thank you.

PREFACE: COPENHAGEN ARCHITECTURE FESTIVAL

Josephine Michau

Copenhagen Architecture Festival

In May 2020 EAHR called us to ask whether we would be interested in collaborating with them, WHO and *Think Fast: A Collective Urban response to COVID-19* on a series of talks asking people from various professional fields to reflect and discuss the issue of 'Pandemic Resilient Cities'.

As a collaborative partner for many years, for whom we have a lot of respect and with whom we share many of the same ideals and ideas about how to approach architecture, we said yes – of course. In October we said yes again to co-host a seminar on the same subject during our festival, co-ordinated by EAHR. And in February another yes, when asked to contribute to this publication.

To talk about Pandemic Resilient Cities is not only relevant today. It has a long history. Pandemics have shaped our cities throughout history which we can learn from when dealing with today's pandemic challenges and when moving into the future. It is important that we continue to share our experiences, knowledge and learnings with each other to collaboratively deal with the

situation, also in the future. This is why this initiative by EAHR is important and we are happy to contribute.

The COVID-19 is the first pandemic in our lifetime and we are all learning how to navigate it within each of our fields. As a tech generation working within the field of cultural events, we have become pioneers of our time in how to deal with the pandemic situation. Our contribution to this publication will be focusing on what we, as a festival, have learned this past year and reflections about the future of cultural events.

Context:

Copenhagen Architecture Festival (CAFx) is a platform for research, discussion and dissemination of architectural and urban challenges.

This unfolds through a public program of film and debate screenings, exhibitions, guided tours, performances, seminars, workshops, publications on- and offline, etc. in the cities of Copenhagen, Aarhus and Odense. The goal of the festival is to challenge the field of architecture and promote critical thinking, inspire, engage and increase public awareness of how architecture and urban planning shape our lives and the world – and how our lives and the world affect the other way around.

The festival was established in 2014 and is the largest annual architecture event in Scandinavia.

See more: www.cafx.dk

With a background in Political Science and Urban Studies from Universidad Católica de Chile, and an MSc In Human Geography from Lund University in Sweden, Nicolás Palacios has focused his work on power struggles in urban contexts and life in public spaces, approaching research from an interdisciplinary perspective.

AND NOW... WHAT HAVE WE LEARNED: AN INTRODUCTION

Nicolás Palacios

Emergency Architecture & Human Rights

In December 2019, reports of a mysterious disease outbreak in Wuhan were overtaking the news. At that point, what captured the screens was the novelty of a new SARS variant, more than the understanding of it as a global threat. As the weeks progressed, more information was being collected and published, the now identified COVID-19 was steadily growing and overtaking different geographies, thanks to the global chains of production and accelerated commercial exchange.

As the virus moved towards the “western” world, the threat was still considered a minor issue, and no early measures were taken. Spaces of leisure, the playgrounds of the global elites rapidly became -if not ground zero- early events of super spreaders in Europe. Skiing centres and convention venues in areas heavily reliant on tourism, became the melting pot for highly movable individuals who, without knowing it, were carrying which would halt the global economy and impact our everyday life in ways we have never seen in the last decades.

Globally, cities became the ground of struggle, where decision makers had to react in face of the unknown; Do we need a lockdown? How long should it be? What should be closed?

What is essential work? Are we delivering relief packages? How do we reorganize public space? For over a year now (at the time this volume was published), we have been wondering what we have learned or even if we have actually learned something. If there is something that cannot be understated, it is that this crisis highlighted the overlapping inequalities which have been taking places for several decades, particularly in urban settlements, where; spatial segregation, poor infrastructure, lack of green areas and crowded living spaces, have interacted with already existing economic, social and political inequalities. All this has amplified the effects of the pandemic in vulnerable neighbourhoods on a global scale.

Even though vaccination programmes are unrolling, and there seems to be an end to this pandemic -for those countries who can afford it-, we cannot help asking ourselves how we can improve the spaces where we dwell? And how do we fight the structural conditions which generate vulnerability? This is of course not an easy question and not an easy task. Strong political will is needed, but also the construction of even stronger communities, based on the principles of solidarity and mutual aid. On the other hand, Individualism has been -particularly, but not exclusively- one of the biggest enemies in our fight against the pandemic; absence of empathy and the instinct of economic-self-preservation, above the communal good has overtaken the discourse of too many.

This volume seeks to address some of the multiple and overlapping urban dimensions of the COVID-19 pandemic, as we believe that these complexities and vulnerabilities are the result of decades of: neoliberal governance, dismantling of welfare, unequal exchanges, lack of investment in social, educational and health programmes and the purposeful disintegration of the social fabric, to be replaced with the mantras of the free market.

To think of pandemic resilient cities, is to think beyond the built environment. Resilience must address previous conditions, dismantle the social relations which create a state of vulnerability and address the previous inequalities which are expressed in a multiplicity of ways. Therefore, we have gathered scholars and practitioners from different sectors, nationalities, and experiences to bring a short, but comprehensive resource to give input to those interested and willing to contribute towards a more than necessary change in the way we create our cities of the not-so-distant future.

Our first section will explore the social dimensions of urban resilience, as well as the role of the built environment, starting with an historical perspective on the close relationship of architecture and urban planning with disease control, through a thorough account by the hand of Michele Di Marco.

The interaction of urban design, architecture and urban planning, are built and respond to underlying social conditions, therefore we engage with the necessary discussion on the need to consolidate egalitarian societies as a precondition for urban resilience, as developed by Morten Kjærum.

Nowadays the looming threat is the pandemic, nonetheless, it is impossible not to aim at unraveling the linkages between hazards and the multiple dimensions of inequality that are present in our cities, here a timely critique to the intersection of injustices shaping our cities, is developed by Dr Vasna Ramasar, engaging with a broader discussions on gender, climate change and solidarity.

Last in this section, is the work of Emmanuel Raju and Benjamin Schmid, where they examine the interplay between inequality, vulnerability and COVID-19, reminding us the

need of social security for all, while advocating for a greener and more sustainable approach to recovery in a post-pandemic world.

Our second section will address a dimension which is usually overlooked in grand discourses about structures and macro-economic effects: everyday life. Urban everyday life is filled with happenings, challenges, opportunities. Urban life is a constant interaction of social, political and economic dynamics, and when the pandemic struck, the cracks on the surface of everyday life started to become (more) visible.

In this section, we wanted to bring together experts voices, while addressing not just through an academic approach, but also to understand how the pandemic, isolation, policies -or lack of them-, impacted their work, but also their everyday lives.

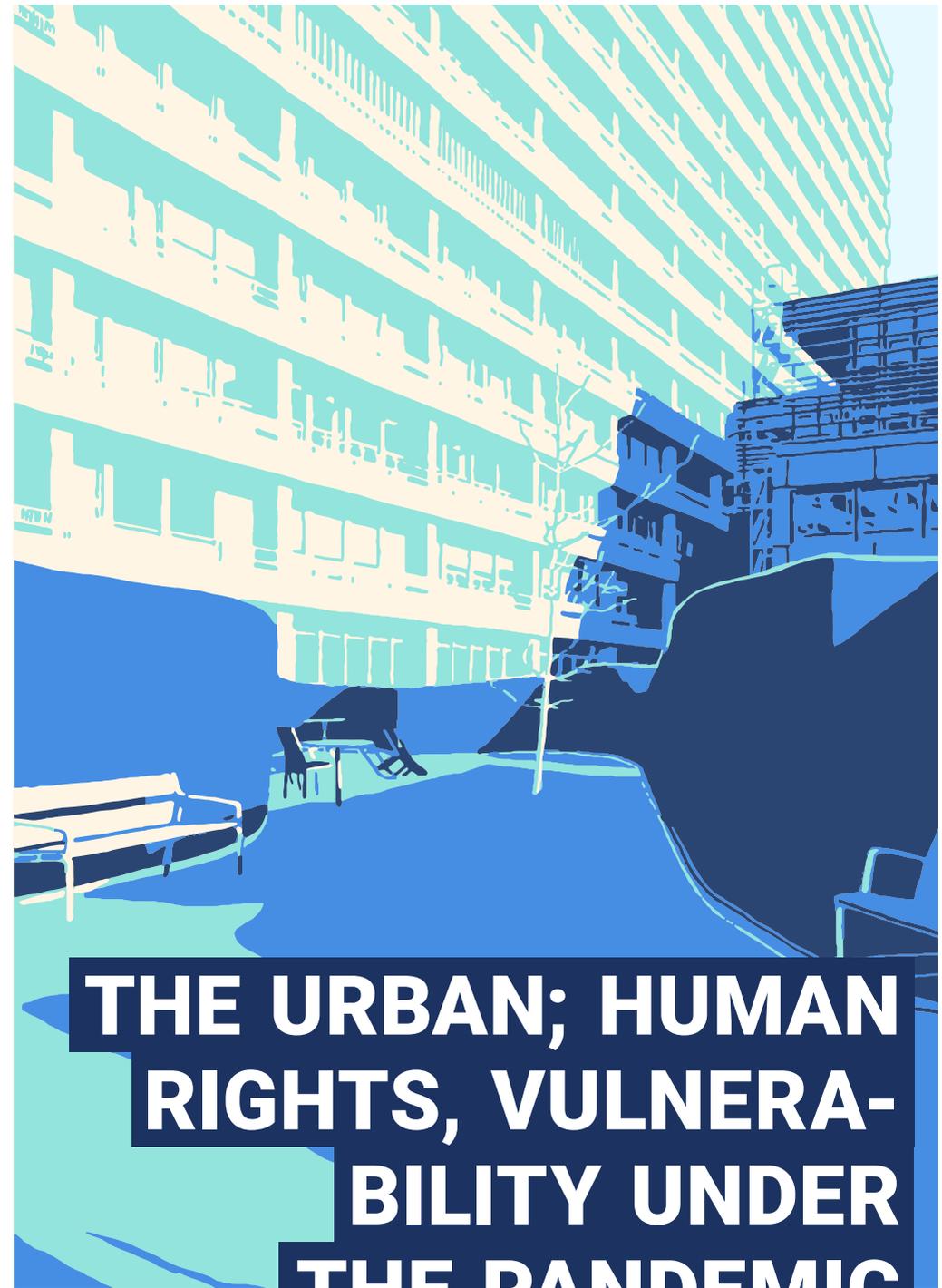
Now we are more conscious than ever on the need to maintain physical distance, while craving social proximity, it becomes necessary to also advocate for the need of personal space, not just in our immediate surroundings, but to have enough space to develop a dignified life, to have a place in the city. In their contribution, Amani Alshaaban and Armando Caroca Fernandez, discuss the role of personal space in a post-pandemic urban imaginary.

The same need for personal space is exemplified by the now globally known “stay at home” guidelines, which work on the assumption that everyone has a “home” to stay in, while millions worldwide live on the streets. In his contribution, Dr Marcus Knutagård, will guide us through the Swedish case of homelessness under the pandemic, highlighting the intersections and difficulties that the new scenario brings into housing policy for the homeless.

Urban life means sharing space with others, and through different stages of our life, the spaces we share change; we go from the playground, to the schools, we pass through a long period where our lives are (mostly) revolving around spaces of labour and the domestic, and in certain cases, our golden years are spent in facilities dedicated to care and catter for the elderly. Under COVID-19, the population over 65 has been a central part of the debate, as they face a greater risk of getting to a critical condition. In this volume, Dr Isabel Ortiz, explores through a global perspective, the alarming conditions in which older persons have, in a way, been left behind during the pandemic.

Lastly, but just as important, are the spaces of entertainment, culture and leisure, spaces that allow us to find meaning and purpose, beyond the everyday race for productivity. Our last contributor, Josephine Michau, will explore the effects of COVID-19 and lockdowns on cultural events, such as the Copenhagen Architecture Festival, where she is co-founder and director.

Finally, we would like to thank the contributors for bringing in their voices, professional knowledge and personal experiences together, into a less traditional publication, which tries to respond, reflect and call to action for the future of our cities. We strongly believe that cities will keep playing a central role in the future of our societies, therefore, we need to address the ravaging inequalities and intersections which have been present for far too long.



**THE URBAN; HUMAN
RIGHTS, VULNERA-
BILITY UNDER
THE PANDEMIC**

Michele Di Marco is an Architect specialized in disaster risk reduction with several years of experience in the humanitarian and development sector. From September 2019, Michele is the CEO of EAHR, after being the Director of International Operations for three years. Michele is teaching in several universities on the topics of architecture, human rights, emergency response and disaster risk reduction. He is a World Health Organization consultant and a true internationalist believing in the power of networking and multidisciplinary approach.

ARCHITECTURE & HUMAN RIGHTS: AN HISTORICAL CONNECTION TOWARDS AN EGALITARIAN FUTURE

Michele Di Marco

Emergency Architecture & Human Rights

Introduction

Thinking about how architecture is related to human rights, gives us the possibility of articulating some answers.

The point of view presented in this article defines architecture as an accumulated knowledge, a tool that everyone has the right to use and therefore, if used properly, can be useful to defend human rights.

In different parts of the world and in different historical moments, architecture has been used as a tool for social change. Regarding health, experience has shown us that in cities, infectious diseases are a major problem, for example, the bubonic plague persisted in Europe for more than three hundred years, between the so-called Black Death of 1348 and the last major outbreaks in the London of 1665 and Marseille in 1720. It is believed that a third of the western European population died between 1348 and 1350.

Urban mortality, as the result of infectious diseases, was a constant since the first half of the 14th century in European history: and it is estimated that 60% of the population of Genoa died between 1656 and 1657; 50% of the inhabitants died in Milan (in 1630); Padua (in 1405) and Lyon (between 1628 and 1629); and the death rate reached 30% in Norwich (in 1579), Venice (in 1630-1631) and Marseille (in 1720) (Slack, 1989).

Infrastructure design for epidemic control

When we are referring to the facts mentioned above, it is not the disease itself, but the system as a whole. Many authors agree that the base of the pyramid of epidemiological studies is found in the discovery of the cause of the cholera epidemic occurred in Soho during the autumn of 1854, one of the most important areas of London, where around 500 died in only 10 days. The disease was found to be caused by drinking contaminated water from the pump that supplied it, located on Broad Street, thanks to a series of interviews, the analysis of water samples and the elaboration of a density map that illustrates the spatial concentration of sick people.

Opening the area near the well found that there were leaks, 20 feet underground, in a sewer pipe that ran near the water source. With this, it was possible to understand the transmission mechanisms of the pathogen that causes the disease, architectural modifications were made in this area of the city and that is how the changes within the infrastructure department reduced the incidence and mortality from cholera caused by pollution of the water coming from that pump (Ramsay, 2006). Even though hygiene problems were a constant in European cities, there were crises that left important lessons to the first health workers and promoted the transformation of the urban.

During the 19th century, London was one of the most populated cities on the planet and, due to the lack of sewage system or a public waste collection service, the River Thames became the largest open drain in England. The crisis had developed over the years, but in the summer of 1858 the high temperatures caused the accelerated decomposition of the waste that floated in the river. At this time, bad smells were still believed to transmit disease. *The Great Stink* flooded the entire central London area with pestilence and reached the newly built House of Commons. Parliament was forced to close its assignments during that hot summer. Finance Minister Benjamin Disraeli proposed a bill, which was debated and approved in 18 days, giving authority and resources to the Metropolitan Board of Works to carry out the largest civil engineering work of the century: a system of interconnected sewers to driving waste out of central London, which led to a vast improvement in public health (Halliday, 2001).

The problem was similar in the United States during the 18th century. In Philadelphia, then the capital of the new Republic, the inhabitants stored water in barrels, which favored the growth of dipteros that transmit multiple diseases, in addition to the large number of seagulls and open drains. In the humid and hot summer of 1793 there was an outbreak of yellow fever that caused the death of around 5,000 people, approximately 10% of the population (David, 1992), where the highest mortality was concentrated in the area near the banks of the Delaware river. During those years, the possibility, and procedures to urbanize the country were still under debate; the yellow fever epidemic in Philadelphia led to an investigation into whether the city could be reinvented. In 1795 a Public Health Council was established, which promoted a series of innovations, such as the construction of new drainage, a vision never seen before and that linked technological progress and citizenship.

Measures to deal with the spread of disease have a long tradition. This is how quarantine has been used since the 14th century, beginning as a method to control the spread of the Black Death in Europe. Between 1348 and 1350, an uncontrollable pandemic caused the death of more than 50% of the population; The seriousness of the situation forced the authorities to take extreme measures to control the transmission: for example, the Lord of Milan decreed the expulsion from the city of any infected person, and in Mantua it was ordered that anyone traveling to areas with high mortality could not return, under pain of death.

In 1377 in the port of Ragusa, today Dubrovnik, it was decided to impose a thirty-day isolation period – the Trentino – for all travelers arriving at the port and their goods, which had to be fulfilled on three small uninhabited islands. Shortly after, other cities adapted the Ragusa initiative and extended the period from thirty to forty days, which is why mandatory isolation was called quarantine (Gensini et al., 2004).

The first permanent hospital to care for people affected by the Black Plague – lazaretto – was located on the island of Santa María di Nazareth, which was part of the Republic of Venice, in 1423.

In general, the name “lazaret” is associated with Nazarethum or Lazarethum, due to the relationship it has with the biblical name “Lazarus”; In 1467, Genoa adopted the Venetian system of a lazaretto, and in 1467 in Marseille, France, a hospital for people with leprosy was created. These facilities played an important role in reducing contagion during the Renaissance, since they allowed the separation between healthy and sick, through correct isolation, to monitor and attack the disease (Tognotti, 2013).

The right to housing and the right to live

Beginning with the Industrial Revolution, several utopians and activists in the United States and the United Kingdom warned and fought for the right to housing, the right to work, the pursuit of health and well-being in urban life, which was the basis for a series of urban movements in the 20th and 21st centuries.

The Manchester progressive movement in the last two decades of the 19th century laid the groundwork for the construction of a new type of urban housing and environmental reform, for working- and middle-class people. The growth of the cotton industry in English cities promoted the expansion of working-class neighborhoods, where families were crowded together under exceptionally difficult conditions. The Ancoats area, in the city of Manchester, was one of the first industrial suburbs in the world, made up of small, terraced houses where workers from the fields flocked in the hope of finding work in the factories.

In 1878, the workers political mobilization and the sanitation efforts to rebuild the working-class neighborhoods led them to participation in local elections and under the leadership of Charles Rowley, who came from the unhealthiest area of Ancoats, a successful campaign to achieve better living standards, healthy homes, and environments. The creation of an institution that would later be replicated on both sides of the Atlantic: social settlement house, the elimination of substandard housing, the design of the neighborhoods and the construction of developments in the suburbs (Platt, 2007).

In Copenhagen, the overdensification and poor conditions of working-class housing, as a result of the explosive growth of the population in the walled city, produced

a cholera epidemic in 1853 (56.7% of those who were infected, died) which influenced the need to dismantle the fortifications of Copenhagen. A delayed decision, as for decades it was being considered an urgent need. As a result of the epidemic, a new meat market and safer water supply were built in 1857 and the Medical Society completed the first stage of a housing project – Brumleby – considered the birth of social housing in Denmark.

In the 1890s, the first Danish national legislation was passed to provide cheap home loans, aimed at workers' associations, albeit from an individual property perspective. Just before World War I, new workers' associations emerged with a novel vision of providing collective housing for workers (Sverrild, 2014).

The devastation, a product of World War II, led to a global movement for social rights. The United Nations General Assembly, in its Resolution 217 A (III) of December 10, 1948, adopted the Universal Declaration of Human Rights, which is the document that directs decision-making, public policies of the countries and the efforts of civil associations in the world; Article 25 indicates that all people have the right to an adequate standard of living that ensures them, as well as their family, health and well-being, food, clothing, housing, medical assistance and the necessary social services (UN, 2015).

Between 1920 and 1970, 34,000 houses were built rapidly in Eastern Europe and many more in Western Europe, due to the need to rebuild the continent. Between 1980 and 2000, when the neoliberal politics promoted by Ronald Reagan and Margaret Thatcher predominated, the need for social housing became more acute and, at the same time, social architecture entered its darkest period. Fortunately, these

processes tend to be like waves; in 2000 a new interest in social architecture bloomed, which can be observed in international competitions such as the Venice Biennale, held under the curatorship of Massimiliano Fuksas, which focused on the ethical responses that can be proposed from architecture to the problematic 21st century urban, before aesthetics [10]. Just as relevant, is Alejandro Aravena's obtaining of the Pritzker Architecture Prize in 2016, for his projects of social impact and public interest.

What will post-COVID-19 cities be like?

This year has caused a radical change in our lives, and it will have a great impact on the future of our cities. About 90% of COVID-19 cases have been reported in urban areas due to population density, living conditions, and the way we interact in cities. The impact of the pandemic has been superimposed on problems of security, work, transportation, health services, and the most affected population is the one that lives in lower spaces and income.

As a result of the crisis, we observe that cities represent obsolete systems that need to be renewed, because the urban population is the most affected by any type of catastrophe, whether these are natural hazards, pandemics, or wars. Crisis lead us to question the place where we work, spaces where we live and the way we inhabit, density and extension of cities and elements or parts that make up a city, such as parks, public spaces, and streets.

In recent months, publications, articles, and webinars that correlate COVID-19 and cities have seen the light of day, many of them sharing a similar question: will post-COVID-19 cities be like?

It seemed unthinkable that a virus, such as SARS-CoV-2, could have such a large effect on the urban structure and generate an even greater deficit in health systems. However, this pandemic gives us the possibility of correcting these mistakes and, especially, favoring the rights of the most vulnerable populations.

Before the pandemic, there was already the idea of creating a city where people did not have to use more than 15 minutes to get to any place. With the pandemic, the idea of a metropolis made up of self-sufficient and interconnected communities is timely, and the crisis is likely to be a catalyst for the decentralization of cities at a global level.

The pandemic shows us the fragility of our planet and made visible the need to have recreational spaces in our homes and streets. We believe that, in the years to come, we will observe a change in architecture as it happened almost a century ago, when hygienist perspectives influenced modern aesthetics; At this time, for fear of contagion of diseases such as tuberculosis, the construction of open spaces was promoted, leading towards a transformation of the social use of such spaces.

Finally, the COVID-19 pandemic shows that urban inequity, in addition to being a structural problem, is what defines our time. For this reason, it is important to reflect on the post-COVID city; Although it may become similar to what we know today, we must emphasize the need for a fairer city, and build the future recognizing people's rights as a central element in this process.

A city is an ideological, social, and intrinsically political product.

A city is built collectively and not through a discussion between communities, technicians, and politicians. It is time to rethink answers and questions. Together we can create a healthier city. A work of giants that a single organization cannot solve.

References

- Bienalle di Venezia (2000) Less Aesthetics More Ethics. 7. Mostra Internazionale di Architettura.
- David, K. (1992). Yellow fever epidemics and mortality in the United States, 1693-1905, *Social Science and Medicine*, 34(8), pp. 855-865.
- Gensini, G. et al (2004). The concept of quarantine in history: from plague to SARS. *Journal of Infection*, 49(4), pp.257-261.
- Halliday, S. (2001). *The Great Stink of London. Sir Joseph Bazalgette and the Cleansing of the Victorian Capital*. Gloucestershire, Sutton Publishing.
- Platt, H. (2007). From Hygeia to the Garden City. Bodies, Houses and the Rediscovery of the Slum in Manchester, 1875-1910. *Journal of Urban History*, 33(5), pp.756-772.
- Ramsay, M. (2006). John Snow, MD: anaesthetist to the Queen of England and pioneer epidemiologist. *Baylor University Medical Center Proceedings*, 19(1), pp.24-28.
- Slack, P. (1989). The black death past and present. 2. Some historical problems. *Transactions of the Royal Society of Tropical Medicine and Hygiene*, 83, pp.461-463
- Sverrild, P. (2014). Housing, Modernism and Cultural Heritage, *Inventorisation of Modern Heritage: Urbanism and Landscape*.
- Tognotti, E. (2013). Lessons from the History of Quarantine, from Plague to Influenza A. *Emerging Infectious Diseases*, 19(2), pp.254-259.
- UN (2015). Universal Declaration of Human Rights. Geneva, United Nations Regional Information Center UNRIC. Retrieved from https://www.un.org/es/documents/udhr/UDHR_booklet_SP_web.pdf

Dr Morten Kjærum has been Director of the Raoul Wallenberg Institute of Human Rights and Humanitarian Law in Sweden since 2015. Prior to that, he was the first Director of the European Union Agency for Fundamental Rights (FRA) in Vienna from 2008 to 2015. He is also currently Chair of The Board of the European Council on Refugees and Exiles (ECRE).

EQUALITY, A PRECONDITION FOR RESILIENCE

Dr Morten Kjærum

Raoul Wallenberg Institute

Introduction

The World Economic Forum's Global Risks Report 2021 (World Economic Forum, 2021) ranks pandemic risk highest in terms of impact, above climate action failure and weapons of mass destruction, and fourth in terms of likelihood. This has been demonstrated by the COVID-19 crisis which is global, profound and existential, having a severe impact on hundreds of millions of people. It has brought about new human rights challenges and made very visible — and deepened — already existing violations. It is grave and at the same time it may constitute a window of opportunity allowing for a serious confrontation of some of the key human rights concerns. Following the massive exposure of injustice, the realities of inequality and human rights deprivation, including the risk of destabilization of societies on a large scale, people may be able to imagine a more equal world and to conceive of the wider societal benefits of creating such a world.

In this article I will explore the key elements of the human rights agenda in the post COVID-19 era and draw some conclusions charting the way forward for local communities.

Key human rights concerns

According to the Freedom in the World Index, 2019 was the fourteenth consecutive year that experienced a global decline in freedom (Repucci, n.d.). This trend has continued and even accelerated in some countries during the COVID-19 crisis.

Governments across continents have to varying degrees side-stepped democratic procedures and ruled by decrees, through speeches and administrative circulars or by merely tweeting new orders for how citizens should act. Some countries have applied or adopted emergency legislation, which lacks basic rule of law and human rights safeguards and taken measures going beyond what domestic legislation and international human rights law permit.

These illiberal and authoritarian trends coincide with what seems to become the deepest recession since World War II, more than twice as deep as the recession following the financial crisis. Consequently, between 70-100 million people will be pushed into extreme poverty erasing most of the progress that has been made the past five years in reducing extreme poverty. In this scenario, global and local inequality stand out with immense clarity.

In some countries, social security schemes provide a safety net for those at risk of unemployment, but in the least developed countries hundreds of millions of people have been thrown into situations of extreme precariousness (International Labour Organization, 2020). Social protection is a human right according to the International Covenant on Economic, Social and Cultural Rights; nonetheless, 55 percent of the global population is completely unprotected (International Labour Organization, 2017). Thus, the global inequality that was already serious prior to the COVID-19 crisis has been severely deepened.

The crisis has further exposed pre-existing intra-societal inequalities to the extent that they should be difficult to ignore. Local outbreaks of COVID-19 in specific industries such as in the meat industry in Germany and the agriculture sector in Spain have revealed the extremely harsh and exploitative living conditions of migrant workers in these sectors in Europe and elsewhere. Poor living conditions pose not only a serious threat to the life and health of workers but also entail a health threat for the entire surrounding community.

The disproportional number of migrants, ethnic and racial minorities among those who have been exposed to COVID-19 illustrates not only the exploitative working conditions, but also how members of these groups often occupy the most exposed frontline work, working in care homes and hospitals, retail and other places with a persistent exposure to other people (Drefahl et al., 2020).

It also bears witness to the poor housing conditions of many migrants and racial minorities, who may share minimal living space with more people. Very few COVID-19 response plans relate to these groups and to the contrary many governments and local authorities have de-prioritized these groups in terms of ensuring proper information, offering testing, or ensuring accessibility to other health provisions despite their precarious situation. Recognizing the considerable burden these groups have carried in order to assist others throughout the crisis has made structural racism visible to more people and raised its profile on the local and global agenda.

Inequality does not exclusively manifest along the lines of ethnicity, race or migration status, but it also has a clear gender dimension. Women are overrepresented in frontline

positions and during the crisis women often had to support families through increased unpaid labor. At the same time, women faced a higher risk of violence during confinement. Men, on the other hand, are disproportionately represented in COVID-19 related deaths when they are single, low-educated and make minimum or no income. Finally, persons who have been detained, imprisoned, or live in care homes for older people or persons with disabilities, have faced extremely hazardous situations. Indeed, many thousands have died due to lack of professional care, resources, structural deficiencies or simply due to neglect of their situation.

The combined challenges caused by the COVID-19 crisis — of declining respect for basic rule of law principles, deepening of economic inequality and intense exposure of structural discrimination in relation to gender, ethnicity, race, age and disability — calls for a serious global conversation about the strengthening of all human rights in the years to come and to how all governance structures – all duty bearers – can contribute to build back better or rather build forward better. In particular local governance structures.

New Social Contract

An increased focus in the post COVID-19 crisis period on economic inequality as well as status inequality (gender, race, ethnicity etc.) entails a renewed and more central positioning of economic and social rights in combination with the UN Sustainable Development Goals. This was the core message when the UN Secretary General made his call for a New Social Contract and New Global Deal (Guterres, 2020). Local communities will be at the center of the build-forward-better agenda, since people live their life locally and have their social and economic rights fulfilled close to home.

The COVID-19 crisis has highlighted where the current social contract has failed and where it is being eroded. The current social contract builds to a large extent on the traditional structures of the labor market as it was developed in the second half of the nineteenth century. The globalized economy, including global supply chains, automation, artificial intelligence, the gig economy and the demise of labor organizations, have eroded traditional structures and contractual relations which historically contributed to a sense of equality, security and trust in many societies.

The COVID-19 crisis has made the erosion clear with millions of people losing their income now working in the precariat; losing their jobs in the garment sector or other industries in the global south due to supply chain disruption; and experiencing deep inequalities along ethnic and gender lines as witnessed in the care and health industry.

Where is the global or local responsibility for these people? States have failed; social partners have not delivered or do not care sufficiently about equality issues; and market forces have shown their incapacity to be entrusted with creating a system based on solidarity and equality. The crisis has illustrated how vast numbers of people in reality have been at the fringes of the existing social contract.

The new social contract has to address status and economic inequality simultaneously. However, it should also include elements to address what has been labelled the inequality of attention or poverty of satisfaction (Kennedy, 1968). This encompasses the feeling of not belonging or being listened to, either because the person was not given the skills needed to succeed in the modern world or the person's skills were not utilized. Feeling unheard and invisible is an important driver

for the success of the populist movements in the global north (Müller, 2016). People at the extreme right as well as other extremist groups build their understanding of their place in society around the feeling of being excluded or a feeling of poverty of satisfaction (German, 2007). In the global south the same sense of not belonging has in some studies been seen as a driver behind migration flows because people leave, not exclusively due to lack of work, but rather because they lack agency to impact society and their own lives due to discrimination, gender inequality or corruption (United Nations Development Programme, 2019). These weaknesses in governance systems limit people's potential and make decisions of authorities non-transparent with little or no accountability. The feeling of no future and no way to impact the situation is an important driver for anger and for others the desire to leave.

Local communities

Local communities being close to the citizens have the possibility to engage actively in addressing all three levels of inequality (economic, status and attention) and thereby building stronger resilience in the community. Throughout the pandemic local authorities in many countries have stepped up their engagement with, and protection of the citizens applying a human rights-based approach. The human rights-based approach provides a very strong analytical tool to identify those who are most marginalized or left behind. Detecting those groups that are or will be left behind. Further, it provides a tool for local authorities, staff at hospitals, care homes, education system, prisons and elsewhere to take action and find solutions.

Local authorities have struggled to fulfil, for instance, the rights to food and housing for the most marginalized and disempowered persons in the local community. To mitigate these

risks some states in collaboration with local authorities have prepared specific plans for each marginalized group. They address the specific vulnerabilities for each group in a comprehensive manner meeting the diverse needs that people may have in the context of the pandemic. For instance, the measures adopted range from the mental health approaches to the attention on health and food services; strengthening the capacities of community-based networks and services to carry out socio-sanitary interventions that offer effective support; and diversified communication that ensures that all people fully comprehend the measures they need to take. A human rights-based pandemic preparedness and response framework would not only promote measures to help ensure that no one is left behind, it would also address the need for measures to avoid active discrimination.

Although the right to adequate housing has in the context of the pandemic arisen to be the first line of defense against both the virus and other hazards, only few countries have taken measures to ensure the continuity of housing. If people are prevented from working or otherwise earning money, covering the cost of housing can become impossible. This neglect increases the risk of eviction and brings people in a very vulnerable situation in a time of health crisis.

Consequently, a human rights-based approach for local authorities and governments must contain measures to fulfil the right to housing including deferral of mortgage and rent payments during a national lockdown, protection from eviction and foreclosure, expansion of the shelters for battered women, street children and other homeless etc. Traditional market forces have to be modified in these cases.

As part of the new social contract and the resilient city, the right to participate will be an integral element. Local communities have the power to make this right genuine by realizing a duty to engage all citizens including those that feel a lack of attention in the decisions about their lives individually and in the community. In a time of crisis where fear and insecurity prevail it is important that trust has been built in order for citizens to follow the instructions given, such as social distancing and other precautionary measures that have been communicated throughout the pandemic. Fulfilling the right to participate is an obvious instrument to reconnect citizens and authorities and offer the local community a sense of control and influence.

Conclusion

Human rights have validity and legitimacy to guide global developments in the post COVID-19 era. Their very purpose is to avoid the repetition of actions that severely undermine the stability of any society and they can build on the strong global and local imagination that a more equal and democratic world is achievable; however, commitment and devotion is required at all levels of government and civil society to fully explore the openings that the current crisis offers.

This contribution is built on the article “The Post-Crisis Human Rights Agenda” in “COVID and Human Rights” eds. Morten Kjærum, Martha Davis and Amanda Lyons, Routledge, 2021; and the RWI/OHCHR study Evaluating legal and policy responses to COVID-19 from a human rights perspective in developing countries implemented by the Raoul Wallenberg Institute of Human Rights and Humanitarian Law in cooperation with the UN Office of the High Commissioner for Human Rights. RWI, 2021.

References

- Drefahl, S., Wallace, M., Mussino, E., Aradhya, S., Kolk, M., Brandén, M., Malmberg, B. & Andersson, G. (2020). Socio-demographic risk factors of COVID-19 deaths in Sweden: A nationwide register study. *Stockholm Research Reports in Demography*. doi: <https://doi.org/10.17045/sthlmuni.12420347.v3>
- German, M. (2007). *Thinking Like a Terrorist: Insights of a Former FBI Undercover Agent*. USA, Washington DC: Potomac Books.
- Guterres, A. (2020, July 18). Opening remarks at Nelson Mandela Lecture: Tackling the Inequality Pandemic: A New Social Contract for a New Era. Retrieved from <https://www.un.org/sg/en/content/sg/speeches/2020-07-18/remarks-nelson-mandela-lecture-tackling-the-inequality-pandemic-new-social-contract-for-new-era>
- International Labor Organization (2017, November 29). World Social Protection Report 2017-19: Universal social protection to achieve the Sustainable Development Goals. Retrieved from https://www.ilo.org/wcmsp5/groups/public/---dgreports/---dcomm/---publ/documents/publication/wcms_604882.pdf
- International Labour Organization (2020, September 23). ILO Monitor: COVID-19 and the world of work. Sixth edition, Updated estimates and analysis. Retrieved from https://www.ilo.org/wcmsp5/groups/public/@dgreports/@dcomm/documents/briefingnote/wcms_755910.pdf
- Kennedy, R. (1968). Remarks at the University of Kansas, 18 March 1968. *JFK Library*. Retrieved from <https://www.jfklibrary.org/learn/about-jfk/the-kennedy-family/robert-f-kennedy/robert-f-kennedy-speeches/remarks-at-the-university-of-kansas-march-18-1968>
- Müller, J. W. (2016). *What is populism?* USA, Philadelphia: University of Pennsylvania Press.
- Repucci, S. (n.d.). Freedom in the World 2020: A Leaderless Struggle for Democracy. *Freedom House 2020*. Retrieved from https://freedomhouse.org/sites/default/files/2020-02/FIW_2020_REPORT_BOOKLET_Final.pdf
- United Nations Development Programme (2019, Oktober 21). Scaling Fences: Voices of Irregular African Migrants to Europe. Retrieved from <https://www.undp.org/content/undp/en/home/librarypage/democratic-governance/ScalingFences.html>
- World Economic Forum (2021, January 19). The Global Risks Report 2021 – 16th Edition. Retrieved from http://www3.weforum.org/docs/WEF_The_Global_Risks_Report_2021.pdf

Dr Vasna Ramasar has more than 15 years of research experience in different context, while currently an Associate Senior Lecturer in Human Ecology in the Division of Human Ecology, Director of the Masters in Culture, Power and Sustainability (CPS) and Research Affiliate in Sustainability Science at the Lund University Centre for Sustainability Studies (LUCSUS) at Lund University in Sweden

THE ENTANGLEMENT OF SOCIAL INEQUALITY WITH CLIMATE CHANGE & COVID-19: WHAT CAN WE LEARN FROM INTER- SECTING INJUSTICES?

Dr Vasna Ramasar

Lund University

Cities have long been places of hope and opportunity, a chance for a new start and an opportunity to reinvent ourselves. At the same time, cities have had the hard edge of make-or-break, survival of the fittest and anonymity turned to loneliness and abandonment. In addition, cities are the sites with the largest environmental impact; drawing resources from the rural and peri-urban areas for production and social reproduction.

The ecological footprints of the world's cities are enormous. London for example has been calculated to have an ecological footprint 125 times its geographical footprint (Rees and Wackernagle, 2008). With the world's populations concentrated in cities around the world, urban settings are the settlements of choice for most. This creates a complex configuration of challenges as we strive for sustainable and resilient cities.

In striving for sustainable and resilient cities, we are currently facing two large challenges. The first is to understand and address the deep-seated social and environmental inequalities of the city and the second is to rapidly adapt and address the COVID-19 pandemic and its far-reaching consequences.

As this book situates the issues, these two challenges are mutually reinforcing and cannot be addressed in isolation of each other. Crisis is a multidimensional phenomenon and the impacts of social inequality; climate change and the pandemic are mutually reinforcing on urban dwellers. Perhaps what should be most concerning is the way that there is a layered impact of climate injustices on top of social inequalities and these further exacerbated by the uneven distribution of pandemic impacts on individuals and households. So it is not just that all urban dwellers are facing the phenomena in the same way, but that the most vulnerable are the worst affected by each successive element.

As a starting point, we must acknowledge that social inequality is a feature of cities around the world. We know that class, race, gender and ethnicity dictate access and opportunity in the city and who has the right to the city as critical scholars such as Henri Lefebvre (1996) and David Harvey (2010) have illustrated. In many ways, social inequalities define a city and social inequalities keep a city functioning as we see in the mass labour migration to cities such as Dubai and Riyadh where poorly paid immigrants allow the construction sector to operate with high profit margins and tight deadlines.

Similarly, environmental inequalities are built into the landscape of cities. Environmental justice movements and scholars have mapped how cities are planned in a way that

poor and communities of colour are more likely to be settled in unsafe environments with the greatest exposure to environmentally hazardous sites (Bullard, 1993). In more recent times, we see similar patterns with climate impacts. From flooding in coastal cities in Bangladesh to the racialized character of Hurricane Katrina impacts in New Orleans – we know that climate impacts are unevenly distributed so that race; gender; class, disability, amongst others intersect with climate. In cities in Scandinavia where climate impacts may be less severe, the experience of hotter summers; and flooding events are different based on whether you can afford to retreat to your summer house; have the resources to recover lost property or choose the luxury of driving rather than being dependent on public transport.

The COVID-19 pandemic has simply exacerbated these inequalities by shaping who and how we access and use the city. Similar to the situation with climate change, those who do not have the option of working from home; those who must use public transport and those who, for economic or social reasons, live in dwellings with many other people are more exposed to infection and cannot protect themselves, regardless of the amount of knowledge they might have about disease spread.

We also see the gendered dimension of the pandemic through the disproportionate burden of care work on women as well as less opportunity to migrate in search of safe economic opportunities. And we should not forget that the normalization of working from home during the pandemic also hides the higher cost often placed on women and single parents as well as increasing our carbon emissions from lives lived mostly online.

How do we address this cocktail of inequalities in a fair and just manner? How do we ensure that the solutions to one dimension of the crisis do not exacerbate another dimension? These are the challenges that face city planning in the past, present and into the future.

What we have seen in the way that climate change has been dealt with, that unfortunately, policy makers tend to take a single-issue approach. A focus on climate solutions at all costs can sometimes lead to the promotion of initiatives that are good for some but excluding for others. For example, the placing of wind farms on indigenous territories in Sapmi or development of big dams in Brazil are carried out in the name of an energy transition. Additionally, a number of solutions framed within an ecological modernization approach have led to a transfer of resources and responsibilities to the private sector in search of technology solutions such as geo-engineering (Buck, 2012). In the same way, we are dependent on private research to develop and produce vaccines against COVID-19. The repercussions of this is that everything comes at a cost and it is a cost that not all can afford to carry. Winnie Byanyima, executive director of UNAids and a UN undersecretary general has spoken of the vaccine apartheid and this is certainly something we are seeing when a country like Canada for example has enough vaccines to vaccinate its population five times over (Amnesty International, 2020).

Looking beyond the formal state-led initiatives, we are seeing hope and courage in how ordinary people are choosing to operate in alternative ways that are both just and sustainable. In the face of climate change and the pandemic, there have been a growing number of practices of sharing; commoning and living more collectively. A sense of community has been re-awakened in the face of crisis.

In Portugal, examples of people operating in solidarity with each other can be found through social centres such as *Disgraca and Requeirão dos Anjos*⁶⁹ where community building happens through a social kitchen amongst other activities (Esteves, 2020). In Budapest; Cargonomia has developed as an urban food distribution hub which uses locally-manufactured cargo bikes to deliver locally-grown food across the entire city. And in the US; Cooperative is building a solidarity economy in Jackson, Mississippi, anchored by a network of cooperatives and worker-owned, democratically self-managed enterprises. Many such examples of pandemic solidarity exist and are being woven together (“Global Tapestry of Alternatives”, n.d.). These may be on a local scale but they suggest that concrete utopias can be developed and have the value of creating resilient communities.

What we can take away is that solutions oriented to the market and built on structures that foster inequality cannot be sustainable into the future. Instead, we need to re-orientate ourselves to develop cities that are centered on the human and nature.

Some principles that are essential to tackle the multiple dimensions of social inequality; climate change and the COVID-19 pandemic are:

- Focus on the most vulnerable
- Make cities inclusive
- Allow people to participate in planning cities that work for a good quality of life
- Build for communities rather than individuals – more co-housing, more sustainable, more infrastructure to support sharing resources
- Protect green spaces and make them accessible for everyone
- Channel resources to local community-led initiatives that foster social and ecological relations

None of these principles are innovative – they are simple and grounded in struggles that have been fought by communities in cities around the world for decades. They emphasize the point that urban phenomena are deeply political and in order to achieve sustainable and resilient cities; we need to focus politics on the multiple dimensions of justice. As Jacqueline Patterson, the director of the NAACP Environmental and Climate Justice Program has said to Bill McKibben (2017) “Climate Justice Is Racial Justice Is Gender Justice” The pandemic is just one more site of injustice and until we take an intersectional and historical view; the dimensions of our crisis will continue to grow.

References

- Amnesty International (2020). *A fair shot: Ensuring universal access to COVID-19 diagnostics, treatments and vaccines*. UK: Amnesty International Secretariat.
- Buck, H.J. (2012). Geoengineering: Re-making climate for profit or humanitarian intervention? *Development and Change*, 43(1), 253-270.
- Bullard, R. D. (Ed.). (1993). *Confronting environmental racism: Voices from the grassroots*. South End Press.
- Esteves, A. M. (2020). *Solidarity Economy Markets as “mobilizational commons”: re-signifying the market through the lens of cooperation*. *Community Development Journal*.
- Global Tapestry of Alternatives (n.d.). Retrieved from <https://globaltapestryofalternatives.org>
- Harvey, D. (2010). *Social justice and the city (Vol. 1)*. University of Georgia Press.
- Lefebvre, H. (1996). “The right to the city”, in Kofman, Eleonore; Lebas, Elizabeth (eds.), *Writings on cities*. Cambridge, Massachusetts: Wiley-Blackwell, p. 158, ISBN 9780631191889.
- McKibben, B. (2017). Climate Justice is racial justice is gender justice. *Yes magazine: The Just Transition Issue, Fall 2017*, Retrieved from <https://www.yesmagazine.org/issue/just-transition/2017/08/18/climate-justice-is-racial-justice-is-gender-justice/>
- Rees, W., & Wackernagel, M. (2008). Urban ecological footprints: why cities cannot be sustainable—and why they are a key to sustainability. *In Urban Ecology (pp. 537-555)*. Springer, Boston, MA.

Emmanuel Raju is Director of the Copenhagen Centre for Disaster Research (COPE) and an Associate Professor of Disaster Risk Management at the Global Health Section at the University of Copenhagen. He is also a Visiting Associate Professor at North-West University, South Africa.

Benjamin Schmid holds a master's degree in Global Health with a specialization in disaster risk management from the University of Copenhagen. He is working and publishing at the intersection of global health, private sector, chronic diseases and health inequalities. Benjamin has a strong interest in responsible business conduct, accessible research and (social) entrepreneurship.

COVID-19 & URBAN SETTLEMENTS – TIME TO RETHINK VULNERABILITY

Emmanuel Raju & Benjamin Schmid

University of Copenhagen

Introduction

Over 55% of the world's population currently reside in urban areas as of 2018 and that share is projected to rise to 68% by 2050 (United Nations Publications, 2019). Further, reports indicate that 30–50% of the urban population in the Global South live in informal settlements (Satterthwaite *et al.*, 2018). Cities, seen as engines of economic growth and development also have alternative urban realities of many large population groups and communities who are not part of the so-called development story. These groups of people are very often the ultra-vulnerable and are often the worst affected during various disasters such as the COVID-19 pandemic. Globally, a number of initiatives such as The Sustainable Development Goals and the New Urban Agenda have put cities on the top of priority development areas. Beyond their focus on the importance of cities for sustainable development, their renewed recognition of the role of inequalities and generations of injustice in cities and its cascading threat to the achievement of the other 16 development goals is even more critical. The COVID-19 pandemic, as one of the biggest societal disruptions of modern times, has foremost played out in cities across the world. Beyond the emerging narrative

of COVID-19 accelerating the existing global inequalities, its impact on exposing inequalities must not be forgotten (Raju and Ayeb-Karlsson, 2020).

Vulnerability in general is at the core of why different groups of people are impacted differently during disasters and global health emergencies.

The COVID-19 pandemic has established this fundamental knowledge with a new force that may accelerate another known relationship: disasters often provide the opportunity to create momentum for change in the context of sustainable development. This chapter is only an attempt to remind governments and other actors that it is high time to move beyond a reactive response-oriented nature be it the climate crisis or any other disasters and pandemics and address issues of systemic risk and structures of vulnerability.

Urbanization and Vulnerability

Urban areas continue to attract many people who migrate for work and in search of prosperity (a better life). While for many, this promise may be kept, an arguably even larger proportion of people are left behind and experience a very different urban narrative. Many people sharing this fate are absorbed in rapidly growing informal settlements, experienced by around a billion people in one form or another in 2018 (United Nations Statistics Division, 2019). These settlements are the face of urban inequality capturing the narratives of unplanned urbanisation and social exclusion which are critical aspects of vulnerability to disasters. Informal settlements may not only cut off people from the urban promise but also cause increased health and economic risks compared to their previous livelihoods (Schmid and Raju, 2020).

Vulnerability is manifested in different ways. One dimension is the lack of access to resources that ‘invisible’ and ultravulnerable groups and communities are faced with, ranging from basic water and sanitation infrastructure, to social protection mechanisms, to economic opportunities and health care infrastructures. In the absence or difficult access to many of these resources, communities depict incredible innovation and resilience with existing inherent capacities as shown in previous research.

Exemplary favela residents in Rio De Janeiro organized self-help groups to fill the gaps in the government response or women’s collectives organised information distribution in Mumbai during COVID-19 (Klugman and Moore, 2020). However, these capacities (during disasters and during ‘normal’ times) may not be sufficient and there is a need for external intervention as well (Rolsted and Raju, 2020). These community and individual capacities should not distract from the systemic inequality and root causes which manifest in various ways during disasters.

A second dimension of vulnerability is systemic inequality and its detrimental effects on the health and wellbeing of communities. The role of social determinants on the health of populations has been under investigation for a long time now. The understanding, and evidence, highlights that beyond healthy environments and care (e.g. healthy food options or access to care) there are root causes that influence good health such as income and livelihoods, social protection mechanisms, education, housing and working conditions (Marmot and Allen, 2014). The role of these root causes is ubiquitous, such as the World Health Organization (WHO) noting that people with lower education report “poor health” 100% more often than those with tertiary education (World Health Organization, 2021b).

The pathways from lower education, or other socio-economic factors, to poor health are complex but may in many settings be more important than the biological predisposition (World Health Organization, 2021b). In cities, these socioeconomic dimensions of health may play out through a mix of greater exposure (e.g. infrastructure resilience, types of workplaces) and fewer adaptation capacities (e.g. immobility, lack of economic capital) (Schmid and Raju, 2020). Poor health for many urban communities is fundamentally a result of structural factors (root causes) mentioned above. The mere complexity of pathways towards poor health, including education, housing or work, or uncertainties around the cost-effectiveness of interventions may often diffuse the accountability of those in positions of power. During “normal” times these inequalities are very often not addressed, while in the face of major disruptions, such as the current pandemic, these gaps manifest in different ways and are often exacerbated. During the pandemic, increasing reports have shown this phenomenon of worsening situations of poverty, gender disparity, and other social determinants (Bambra *et al.*, 2020; Qian and Fan, 2020).

Natural Hazards and Vulnerability

The representation of disasters in the media and the public is largely portrayed and perceived as a natural phenomenon that is causing devastation for humans (and/or animals; environment). This view persists, despite social science disaster research repeatedly and strongly calling out its core fallacy of ignoring the social and political realities that underlie any disaster. A disaster is never natural. There are natural hazards (e.g. a virus, drought, tsunami) that interact with structural vulnerabilities that have been created by human society which are seen in various forms of inequality (Wisner

et al., 2004). Disasters occur only through the presence of such social vulnerability in combination with risk, exposure and hazards. While there arguably is inherent value in getting the semantics of “natural disasters” right, the implications of this misnomer are becoming ever more apparent.

The recognition of disasters as social phenomena demands that during major disruptions and most importantly during “normal” times, and when preparing for such events, a focus on the existing vulnerabilities is critical. Unfortunately, very often the focus is only on the hazards. Further, it must be noted that very often many hazards are affecting a community, region, place at the same time. Risk is systemic and interconnected and is very evident during the COVID-19 pandemic (Raju and van Niekerk, 2020). While the hazard’s specifics and details are playing a critical role in specific responses, it must be noted that we notice many times, disasters affecting the same communities disproportionately due to existing vulnerabilities while they are still recovering from previous disasters. Existing systems have failed to address the root causes of why disasters occur by their prevailing response-focused and technocratic disaster management. The focus needs to move dramatically from disaster management (i.e. response) to ‘disaster risk management’. This failure continues to be observed in the persisting and widespread use of the “natural disaster” language that minimises or neglects the active role of human systems in disasters. The looming threat of climate change in many forms such as extreme weather events has started to force the realisation that anthropogenic activities are accelerating the intensity of these events (Pachauri *et al.*, 2014). Similarly, COVID-19 has brought attention to the fact that it is these existing systemic risks and vulnerabilities which have created massive disproportionate impacts among different groups of people worldwide in our cities (Lambert *et al.*, 2020).

COVID-19

The COVID-19 pandemic has made hard discussions around structural inequalities unavoidable, with dilemmas around health promotion messages, health versus livelihoods, individual rights vs. community wellbeing or access to vaccines at its forefront, both across and within countries. Dr Mike Ryan, Executive Director of the WHO Health Emergencies Programme, powerfully stated acknowledging the role of social inequalities as a “very uncomfortable truth” (Hilliard, 2020).

The COVID-19 pandemic has also resulted in disastrous impacts worldwide. Current urbanization and unsustainable practices contribute to cities being at the centre of COVID-19 transmissions globally, with the United Nations estimating that 90% of all infections have occurred in urban spaces (Guterres, 2020). Emerging data also continues to highlight the depths of the differing impacts of COVID-19 across different communities globally. Most powerfully, this phenomenon has been captured with the term “double COVID” by the WHO, referring to the observed doubling of mortality and incidence rates in the poorest areas compared to wealthier areas (World Health Organization, 2021b). Data from across the globe mirrors this trend, often with a much higher (three to fourfold) mortality or incidence rate. Some examples of disproportionate impacts include- differences in impacts based on race and ethnicity for example in Chicago (Kim and Bostwick, 2020) as well as socio-economic fault lines in the capital of Sweden (Burström and Tao, 2020) or San Jose (Klugman and Moore, 2020). These differences may better be understood through the lens of social determinants of health.

Worse COVID-19 health outcomes are affected by the interplay of multiple factors, including the greater exposure to the virus, the prevalence of pre-existing health conditions (e.g.

noncommunicable diseases (NCDs)) and access and affordability of quality care. It might be extremely useful to study these impacts using an intersectionality lens (for example- aspects of gender) (see Raju, 2019). All of these factors are themselves influenced by underlying social determinants of health (Burström and Tao, 2020).

NCDs and their shared risk factors (e.g. smoking, misuse of alcohol, overweight) are an interesting case in point. NCDs themselves are highly unequal with 85% of global premature deaths occurring in low- and middle-income countries (World Health Organization, 2021a). Further, socioeconomically disadvantaged groups have higher rates of NCD risk factors (Marmot and Bell, 2019). The relationship is reciprocal with NCDs forcing 19-50 million people of the poorest billion each year to spend catastrophic out-of-pocket expenditures for healthcare (Bukhman *et al.*, 2020).

The patterns of exposure to the virus have also been a manifestation of inequalities during the COVID-19 pandemic. We witnessed many groups of people finding it difficult or impossible to adhere to the core health promotion messages of social (physical) distancing, hand washing, and avoiding public spaces when unwell, simply because of their living or employment conditions or the lack of access to the most basic services (Raju and Ayeb-Karlsson, 2020; Wilkinson, 2020). For example, rough estimates have shown that 20% of the urban population of Mumbai or 53% of Kinshasa may be unable to adequately socially distance (Klugman and Moore, 2020). Many people caught at these intersections, such as people across many informal urban settlements (slums, favelas etc.) are faced with challenges to protect themselves (How to frequently wash your hands without running water?) and with dilemmas of choosing between health and income/daily wages (Raju and Ayeb-Karlsson, 2020).

The direct relationship between inequality and the impacts of COVID-19 has been seen across many communities globally. As suggested by other factors leading to complex disasters or emergencies (e.g. climate change), some of the unknown severe impacts on the wellbeing of communities may also be indirect and long-term (Schmid and Raju, 2020). Much of these effects on communities' health will be caused through the mediator of social determinants of health, with inequality at its heart. Inequality penetrates direct and indirect health impacts (Cénat *et al.*, 2020), accelerates economic stress (Qian and Fan, 2020), creates a double-burden of COVID-19 and disasters (Simonovic, Kundzewicz and Wright, 2021), ignites social tensions (Sharifi and Khavarian-Garmsir, 2020) and worsens economic and housing security (Burström and Tao, 2020; Klugman and Moore, 2020). For example, just after the one-year mark of COVID-19 first being reported, over 70 countries have experienced floods during local COVID-19 outbreaks, a forceful reminder of the multi-hazard nature of disasters (Simonovic, Kundzewicz and Wright, 2021).

Social inequality remains the common denominator for multiple hazards becoming disasters occurring layered on top of each other, among the same groups of people and communities.

Much of the current focus remains on the immediate impacts of the COVID-19 pandemic. While this is necessary, we must not forget that recovery is a long process and an opportunity to address existing vulnerabilities. The long term impacts of disruptions on health through social determinants are generally less understood (Nomura *et al.*, 2016). There are however strong arguments that the economic consequences of COVID-19 may trigger even greater health inequalities in the long-term (Bambra *et al.*, 2020). These future impacts are indicated in emerging data on the differential impacts of

financial insecurity and educational disruptions. In a study from China, families with pre-existing social vulnerability factors lost their income source at twice the rate of higher-income families (Qian and Fan, 2020). In India, the suspension of the Mid-day Meal Program, catering nutritional meals to around 144 million children, and the predominant focus on online learning meant that pupils in government schools and those without access to electricity or digital networks/online-learning resources were affected more strongly (Alvi and Gupta, 2020). Across these examples, the story remains the same, the pandemic is not natural but human-made structures of inequality (social, economic, political) determine its outcomes. Disaster studies and research has shown the value of social protection systems and these must be in place before disasters occur. These social protection measures (in the forms of insurances, cash transfers etc.) can help in reducing the impacts of the disaster (Bastagli, 2014).

The COVID-19 pandemic has brought the many dilemmas of the most vulnerable people to the forefront of the public's and media's attention. The shared experience and undivided global attention on COVID-19 may have paved the way for the realisation that the experiences and impacts of COVID-19 are generally different across different groups. However, it is far too early to tell if this realization will lead to any systematic change in society. The potential risks of individualising these systemic factors of health behaviours continue to be depicted by the global NCD epidemic, where the initial focus on individual-level intervention has done little to flatten the NCD epidemic curve (Marmot and Bell 2019). However, much of this responsibility and attention will be on local governments across urban centres, putting them onto a key trial of how they manage, plan and live in a future affected by climate change, and in the context of new and emerging infectious diseases (Acuto, 2020). Disasters are known to create

momentum for change and COVID-19 with its unprecedented scale of disruption may well provide room for unprecedented change. Looking at lessons from historic pandemics and the lack of equitable recovery (Wade, 2020), reminds us that the current momentum is far from enough, especially looking at the patterns of vaccine nationalism globally. With hopes of an equitable COVID-19 recovery, the need for equitable vaccine distribution and more social protection mechanisms must be stressed.

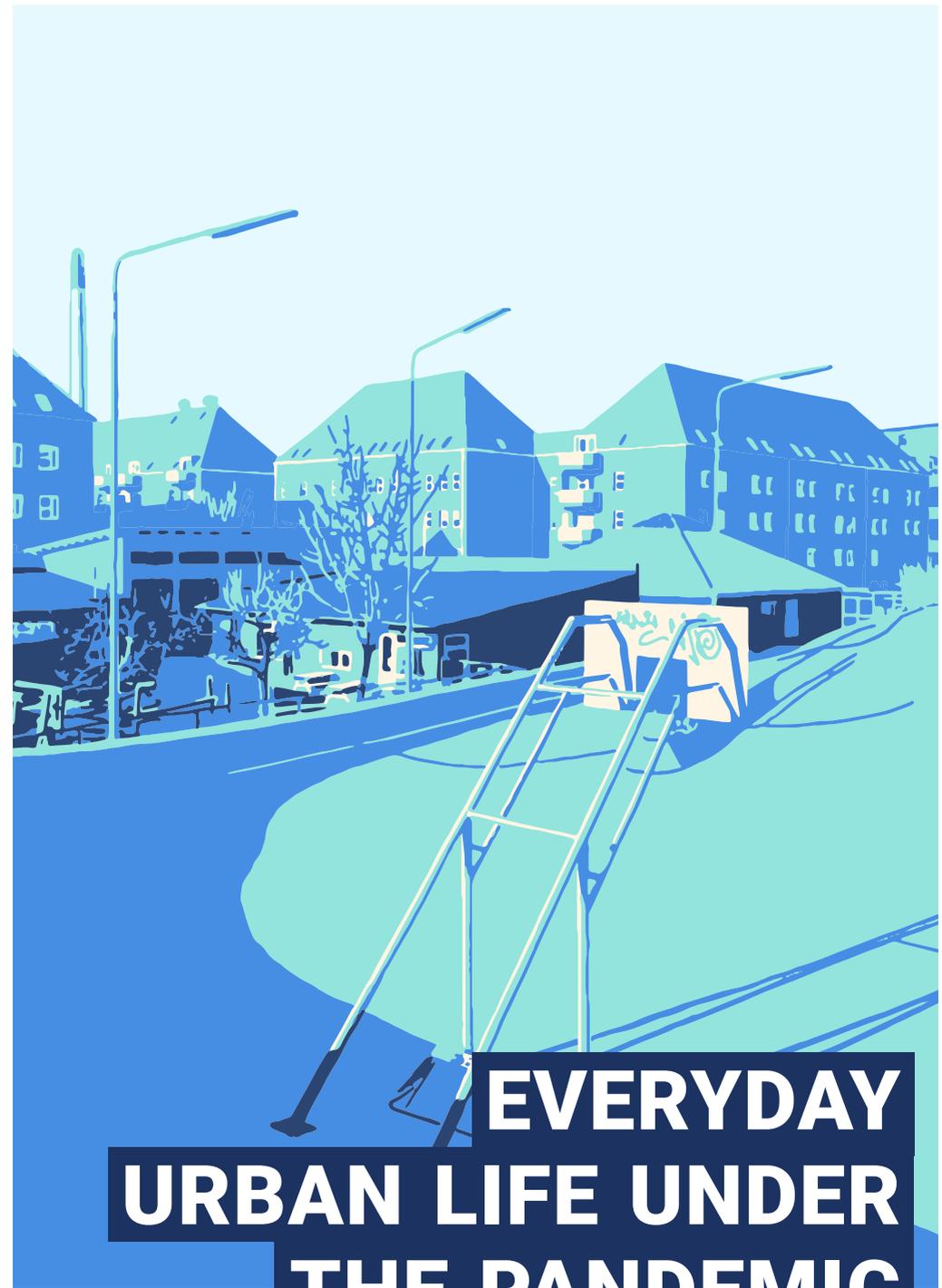
Conclusion

The COVID-19 pandemic has yet again reminded the world of the need to ensure that social protection mechanisms are in place for all (Raju, Dutta and Ayebe-Karlsson, 2021). While cities and urban spaces need massive shifts in thinking about how these physical spaces look, ultimately resilient communities cannot be built without addressing core vulnerability issues mentioned throughout this chapter. Further, recovery must be designed to be green and sustainable. Previous disasters have shown that lessons-learned are very often quickly forgotten in the aftermath of a disaster. However, history has also shown that disasters can create momentum for positive change (while this is a slightly rare phenomenon). The COVID-19 pandemic could be used to accelerate the commitments set out in the New Urban Agenda and the Sustainable Development Goals. To achieve the goals of these ambitious agendas, every action taken by different actors at the global, national and local levels will need to include considerations of inequality and must work towards strengthening social protection mechanisms.

References

- Acuto, M. (2020). COVID-19: Lessons for an Urban(izing) World. *One Earth*, pp. 317–319. doi: 10.1016/j.oneear.2020.04.004
- Alvi, M. and Gupta, M. (2020). Learning in times of lockdown: how COVID-19 is affecting education and food security in India. *Food security*, pp. 1–4. doi: 10.1007/s12571-020-01065-4
- Bambra, C. *et al.* (2020). The COVID-19 pandemic and health inequalities. *Journal of epidemiology and community health*, 74(11), pp. 964–968. doi: 10.1136/jech-2020-214401
- Bastagli, F. (2014, June). Responding to a crisis: the design and delivery of social protection. ODI. Retrieved from <https://www.odi.org/sites/odi.org.uk/files/odi-assets/publications-opinion-files/9040.pdf>
- Bukhman, G. *et al.* (2020). The Lancet NCDI Poverty Commission: bridging a gap in universal health coverage for the poorest billion. *The Lancet*, 396(10256), pp. 991–1044. doi: 10.1016/S0140-6736(20)31907-3
- Burström, B. and Tao, W. (2020). Social determinants of health and inequalities in COVID-19. *European journal of public health*, 30(4), pp. 617–618. doi: 10.1093/eurpub/ckaa095
- Cénat, J. M. *et al.* (2020). Social inequalities and collateral damages of the COVID-19 pandemic: when basic needs challenge mental health care. *International journal of public health*, 65(6), pp. 717–718. doi: 10.1007/s00038-020-01426-y
- Guterres, A. (2020). *COVID-19 in an Urban World*, *un.org*. Retrieved February 17, 2021, from <https://www.un.org/en/coronavirus/COVID-19-urban-world>
- Hilliard, M. (2020). Award-winning Mike Ryan of WHO flags healthcare inequality. *Irish Times*, 15 December. Retrieved from <https://www.irishtimes.com/news/social-affairs/award-winning-mike-ryan-of-who-flags-healthcare-inequality-1.4437847>
- Kim, S. J. and Bostwick, W. (2020). Social Vulnerability and Racial Inequality in COVID-19 Deaths in Chicago. *Health Education & Behavior*, pp. 509–513. doi: 10.1177/1090198120929677
- Klugman, J. and Moore, M. (2020). *COVID-19 has a postcode: How urban housing and spatial inequality are shaping the COVID-19 crisis*. Retrieved February 19, 2021, from https://cic.nyu.edu/sites/default/files/cic_pathfinders_COVID-19_has_a_postcode.pdf

- Lambert, H., Gupte, J., Fletcher, H., Hammond, L., Lowe, N., Pelling, M., Raina, N., Shahid, T. and Shanks, K. (2020). COVID-19 as a global challenge: towards an inclusive and sustainable future. *The Lancet. Planetary health*, 4(8), pp. e312–e314. doi: 10.1016/S2542-5196(20)30168-6
- Marmot, M. and Allen, J. J. (2014). Social determinants of health equity. *American journal of public health*, 104 Suppl 4, pp. S517–9. doi: 10.2105/AJPH.2014.302200
- Marmot, M. and Bell, R. (2019). Social determinants and non-communicable diseases: time for integrated action. *BMJ*, 364, p. 1251. doi: 10.1136/bmj.1251
- Nomura, S., Parsons, A.J.Q., Hirabayashi, M., Kinoshita, R., Liao, Y. and Hodgson, S. (2016). Social determinants of mid- to long-term disaster impacts on health: A systematic review. *International Journal of Disaster Risk Reduction*, pp. 53–67. doi: 10.1016/j.ijdrr.2016.01.013
- Pachauri, R. K. et al. (2014) *Climate Change 2014: Synthesis Report. Contribution of Working Groups I, II and III to the Fifth Assessment Report of the Intergovernmental Panel on Climate Change*. Edited by R. K. Pachauri and L. Meyer. Geneva, Switzerland: IPCC, p. 151. Retrieved February 18, 2021, from <https://epic.awi.de/id/eprint/37530/>
- Qian, Y. and Fan, W. (2020). Who loses income during the COVID-19 outbreak? Evidence from China. *Research in social stratification and mobility*, 68, p. 100522. doi: 10.1016/j.rssm.2020.100522
- Raju, E. (2019). Gender as Fundamental to Climate Change Adaptation and Disaster Risk Reduction: Experiences from South Asia. in C Kinnvall & H Rydstrom (eds). *Climate Hazards, Disasters and Gender Ramifications*. 1 edn, 7, Routledge, London, Routledge Studies in Hazards, Disaster Risk and Climate Change.
- Raju, E. and Ayeb-Karlsson, S. (2020). COVID-19: How do you self-isolate in a refugee camp? *International journal of public health*, pp. 515–517. doi: 10.1007/s00038-020-01381-8
- Raju, E., Dutta, A. and Ayeb-Karlsson, S. (2021) 'COVID-19 in India: Who are we leaving behind?', *Progress in Disaster Science*, 10, p. 100163. doi: <https://doi.org/10.1016/j.pdisas.2021.100163>
- Raju, E. and van Niekerk, D. (2020). Why do the impacts of coronavirus disease 2019 and the response surprise the world? *Jamba: Journal of Disaster Risk Studies*, 12(1), p. 1028. doi: 10.4102/jamba.v12i1.1028
- Rolsted, M. and Raju, E. (2020). Addressing capacities of local communities in a changing context in Nepal. *Disaster Prevention and Management*, 29(4), pp. 485–495. doi: 10.1108/DPM-05-2020-0137
- Satterthwaite, D., Archer, Diane., Colenbrander, S., Dodman, D., Hardoy, J. and Patel, S. (2018, March 31). Responding to climate change in cities and in their informal settlements and economies', *International Institute for Environment and Development, Edmonton, Canada*. Retrieved from <https://reliefweb.int/sites/reliefweb.int/files/resources/G04328.pdf>
- Schmid, B. and Raju, E. (2020). Humanitarian crisis and complex emergencies-- Burden of disease, response, and opportunities for global health. *Handbook of global health*, pp. 1–36. Retrieved from https://link.springer.com/content/pdf/10.1007/978-3-030-05325-3_128-1.pdf
- Sharifi, A. and Khavarian-Garmsir, A. R. (2020). The COVID-19 pandemic: Impacts on cities and major lessons for urban planning, design, and management. *The Science of the total environment*, 749, p. 142391. doi: 10.1016/j.scitotenv.2020.142391
- Simonovic, S. P., Kundzewicz, Z. W. and Wright, N. (2021). Floods and the COVID -19 pandemic—A new double hazard problem. *WIREs. Water*, 8(2). doi: 10.1002/wat2.1509
- United Nations Publications (2019). *World Urbanization Prospects: The 2018 Revision*. UN. Retrieved from <https://play.google.com/store/books/details?id=Kp9AygEACAAJ>
- United Nations Statistics Division (2019). *SDG reports. Make cities and human settlements inclusive, safe, resilient and sustainable*. Retrieved February 17, 2021, from <https://unstats.un.org/sdgs/report/2019/goal-11/>
- Wade, L. (2020). An unequal blow. *Science*, 368(6492), pp. 700–703. doi: 10.1126/science.368.6492.700
- Wilkinson, A. (2020). Local response in health emergencies: key considerations for addressing the COVID-19 pandemic in informal urban settlements. *Environment and urbanization*, 32(2), pp. 503–522. doi: 10.1177/0956247820922843
- Wisner, B., Blaikie, P., Cannon, T. and David, I. (2004) *At Risk: Natural Hazards, People's Vulnerability and Disasters*. Oxon: Routledge.
- World Health Organization (2021a). *Noncommunicable diseases fact sheet, who.int*. Retrieved February 17, 2021, from <https://www.who.int/news-room/fact-sheets/detail/noncommunicable-diseases>
- World Health Organization (2021b) *Social determinants of health*. Retrieved February 17, 2021, from https://www.who.int/health-topics/social-determinants-of-health#tab=tab_1



**EVERYDAY
URBAN LIFE UNDER
THE PANDEMIC**

Amani Alshaaban is a Jordanian Architect and participatory urban development practitioner holding an MSc Urban Design in Development at the UCL. she is the former secretary-General of Architecture Sans Frontiers International and the Co-Founder of Think-Fast platform. She is currently working as an integrated development advisor in Jordan. Her research interest lies in emerging spaces and conflict dynamics in the Middle East.

Armando Caroca is a Chilean architect holding an MSc Urban Design in Development at the UCL Bartlett Development Planning Unit. He has worked in Chile and the UK, developing housing schemes, informal settlements upgrades and urban public infrastructure; he has also conducted research and published articles on informal urban development, urban disaster risk, and mining extractivism. He is also co-founder of Think-Fast: A collective Urban response to COVID-19

THE RIGHT TO PERSONAL SPACE

Amani Alshaaban & Armando Caroca Fernandez

Think Fast: a Collective Urban Response to COVID-19

By the time of writing this essay, the world is entering its second year in quarantine. Yet, despite knowing that the only way to overcome this crisis is by protecting each other, global inequality and exclusion are on the rise, as exemplified in the extremely unequal distribution of vaccines among rich and poor countries (WHO, 2021).

The pandemic has challenged the balance between individuality and collective social responsibility, opening multiple reflections on the current and future spatial, social, and economic dynamics informing the production of cities worldwide.

In this article, we would like to briefly reflect on the notion of ‘personal space’. Debates around affordability of self-isolation or access to public space – linked to specific epidemiological requirements to reduce the spread of COVID-19 – have opened the opportunity to acknowledge the right to personal space in post-pandemic cities, and to explore the ways such acknowledgment might shift planning paradigms in a rapidly urbanized, neoliberal world. We would like to contribute to such debates by referring to the broad range of human needs (biological, psychological, legal, and socio-economical) so as to better understand the urgency and relevance to address the right to personal space.

Respect and consideration for personal space is largely deemed as a learned custom or common courtesy, passed down through generations, and differing from one context to another across cultures, ethnicities, and gender (Hall, 1963; Reid and Novak, 1975; Hecht et al., 2019). In legal terms, personal space is not granted per se, yet it is implicitly addressed in cases of violation and harassment, following the human right for privacy (Article No 12 of the Universal Declaration of Human Rights, 1949). In the built environment, the notion of right to space is unlikely to be explicitly addressed, being replaced by a technocratic approach through local or national building codes and regulations, recommendations on minimum housing standards and square meters of green areas per inhabitant, or urban density figures (Mather G, 1971; Hecht et al., 2019). Only the ‘right to adequate housing’ – also part of the Universal Declaration of Human Rights and the International Covenant on Economic, Social and Cultural Rights – approaches the idea of universal access to space, but only at the domestic scale (WHO, 2018).

However, there are several theoretical and practical disciplines addressing other dimensions of personal space, such as the study of *Proxemics and Territoriality*. Both aim at exploring the psychologically defined ‘personal bubble’ from which a better grasp of architectural and urban space can be obtained. In these disciplines, personal space is commonly theorized as a ‘buffer zone’ that serves as a protection against perceived threats to one’s emotional wellbeing (Dosey and Meisels, 1969; Mather G, 1971; Reid and Novak, 1975; Hecht et al., 2019). In the case of *Proxemics* – which focuses on understanding the way people unconsciously structures personal space – movement and behaviour is looked at across four spatial domains: the intimate, the personal, the social, and

the public (Hall, 1963; Hoppál, 1987) On the other hand, ‘Territoriality’ explains the particular actions taken by individuals to enforce spatial occupancy, describing the socio-political attempt of the body to affect and influence space at different geographic scales (Mather, 1971; Hoppál, 1987; Sack, 2017). In cities, ‘spatial dynamics’ are defined by dwelling practices, including the multiple economic, social, political, and cultural activities of individuals across geographical scales (Sadri and Sadri, 2012). However, due to the unequal access to socio-economic and cultural activities in cities, spatial dynamics in modern cities might be used as an indicator to understand possible human rights violation, exclusion, and limitation of individual’s autonomy to influence the city freely and rightfully (Ibid).

Cities’ socio-economic features are largely defined by a complex system of interactions, restrictions, and decisions taken by institutions and individuals, as well as by interdependencies between cities and their surrounding ecosystem. Understanding the dynamics of cities requires a deep analysis of individuals’ degrees of freedom across different domains (Albeverio et al., 2008). Within those domains, economic activities have historically been a major guiding factor for shaping and influencing spatial dynamics in cities (Ibid), and this has also been true for the COVID-19 pandemic, with some of the major hotspots of contagion located around or within high-intensity economic centres. We argue that market-led urbanization and the search for maximum profitability of urban land – leading to high population densities – is overruling any other consideration for individual spatial needs, restricting the individual’s ability to influence space – at best – to the intimate or private domain. In other words, the individual agency to influence spatial dynamics has been co-opted by neoliberal rationalities of efficiency and affordability.

The COVID-19 pandemic has drastically affected cities' spatial dynamics to the extent that individual space is not defined in economic but in epidemiological terms, deeming spatial distancing a matter of life and death based on interactions between human and non-human agents (viruses) instead of economic agents.

Psychological wellbeing and customary use and respect for each other's individual space has been temporarily suspended due to the pandemic's restrictions, thus inducing a shift in personal distance from an average of 59 to 79 cm (Reid and Novak, 1975; Hall, 1963) to 1.5 to 2 meters. We are now more cautious about how close we are to each other, and further aware of our preferred personal bubble to protect ourselves and others around us.

Furthermore, the pandemic caused a worldwide state of emergency, leading authorities to take extreme measures of closure, lockdown, and restriction, limiting human movement to private or domestic realms. We witnessed a radical transformation in the way public space and facilities are used: a reduction of maximum occupancy was imposed, thus limiting their operational capacity to half or less of their originally intended use. All these temporary measures are to be considered a necessary response to the emergency. However, the current scenario presents a major challenge to most of the population around the world, leading in many cases to the expansion of pre-existing urban exclusion and inequalities. And while a call for a more just post-pandemic city – where self-protection choices are allowed and encouraged – has widely been embraced by authorities, politicians, and institutions, we suggest that there has been a parallel

process of normalisation of temporary exclusionary regimes, where access to safe distancing is only possible through economic means and relative socio-economic status.

The risk we perceive is that temporary exclusionary use of space reinforces the notion of 'space as a commodity' by producing an artificial resource scarcity.

If taken as a template for future city development, these exclusionary regimes are deemed to leave many behind, jeopardising the production of more human spaces at the intimate, personal, social, and public scales. This is why the debate on the right to personal space becomes urgent and relevant; 'Who has the right to self-protection and comfort and who does not?' arises as a fundamental question for the future of cities, one that should not be answered only based on economic terms of affordability or efficiency, and one that is to be addressed by the multiple disciplines working on the built environment. Based on that, we propose to revisit some of the work done in previous decades by disciplines such as *Proxemics and Territoriality*, and to expand it based on recent, more accurate epidemiological requirements and ecological understandings.

We argue that the right to personal space should be an overarching notion, to be stated prior to sectorial discussions at each city scale, while guiding the decision-making process. For example, the right to personal space could be tackled at the domestic level with the requirement of having a '+1' room in each house used for temporal isolation due to physical or mental illness, at the public level, it could imply a change in spatial zoning, securing individual access to a green area within a 15 minute walk. We suggest that opening the discussion to include such options is only possible if

76 access to space is conceptualised as a universal right, regardless of economic or contingent limitations. This requires to radicalise urban planning thinking and process, stopping any 'new normal' dismantling of social production of space, and deeply considering individuals' biological and psychological needs. Thus, an 'act of imagination' is required from all practitioners working in the built environment, in order to go beyond current trends of urbanisation.

References

- Albeverio, S. et al. (2008). The Dynamics of complex urban systems.
- Dosey, M. A. and Meisels, M. (1969). Personal space and self-protection. *Journal of Personality and Social Psychology*, 11(2), pp. 93–97. doi: 10.1037/h0027040.
- Hall, E. T. (1963). A System for the Notation of Proxemic Behavior. *Method and Technique*, 65(5), pp. 1003–1026.
- Hecht, H. et al. (2019). The shape of personal space. *Acta Psychologica. Elsevier*, 193(April 2018), pp. 113–122. doi: 10.1016/j.actpsy.2018.12.009
- Hoppál, M. (1987). Proxemic patterns, social structures, and world view. *Semiotica*, 65(3–4), pp. 225–248. doi: 10.1515/semi.1987.65.3-4.225
- Mather G., W. (1971). Territoriality, Proxemics, and Housing, U.S. Department of Commerce. doi: 10.1002/j.2161-4296.1950.tb00541.x
- Reid, E. and Novak, P. (1975). Personal space: An unobtrusive measures study. *Bulletin of the Psychonomic Society*, 5(3), pp. 265–266. doi: 10.3758/BF03337629.
- Sack, R. D. (2017). Human territoriality: A theory. *Politics: Critical Essays in Human Geography*, 73(1), pp. 3–22. doi: 10.4324/9781315246512-2
- Sadri, H. and Sadri, S. Z. (2012). The Right to Appropriation: Spatial Rights and the Use of Space. Architecture as a tool for the re-appropriation of the contemporary city. October 9th–11th – conference [Polis University, Tirana, Albania, (June). Retrieved from https://www.academia.edu/2297915/Spatial_Rights_and_the_Use_of_Space_the_Right_to_Appropriation
- United Nations. General Assembly (1949). Universal declaration of human rights (Vol. 3381). Department of State, United States of America.
- WHO – World Health Organization (2018). WHO housing and health guidelines.
- WHO – World Health Organisation (2021, March 12). WHO director-general's opening remarks at the media briefing On COVID-19 – 12 March 2021. Retrieved March 13, 2021, from <https://www.who.int/director-general/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19-12-march-2021>

Dr Marcus Knutagård is an associate professor at the School of Social Work, Lund University. His research interests include housing policy, homelessness and the importance of place for how social work is organized – its moral geography. He is involved in several research projects on homelessness. One of them is Scanian homes: Reception, settlement or rejection – homelessness policies and strategies for refugee settlement.

STAY HOME(LESS) – THE IMPACT OF THE COVID-19 PANDEMIC IN RELATION TO HOMELESSNESS IN SWEDEN

Dr Marcus Knutagård

Lund University

“Stay home” is one of the messages used to prevent the spread of COVID-19. This exhortation elucidates the importance of having a place to live, a place to call your home. In that way, the ongoing pandemic is unequal in its consequences. Far from all humans have the luxury of the basic human right of a home, and far from all have the opportunity to work from home, or manage online teaching. Even though a home is considered to be a place where we feel safe, for many people (especially women) your home can become your prison. The restrictions that call for self-isolation and staying at home can increase the risk of domestic violence. In a Swedish context, for one-third of the women living in acute homelessness, intimate partner violence was reported as a contributing factor to their homelessness (Knutagård et al., 2020).

When society is hit by pandemics it shows the limitations of existing safety nets and how we have organized our everyday life. The pandemic reveals the cracks in our cities and recognizes the lack of resilience in our societies.

On a global scale, the COVID-19 pandemic has had unequal effects. But it has spread to both wealthy and less wealthy countries. The Nordic countries are known for their extensive welfare systems and with low levels of poverty and inequality. Among the Nordic countries, Sweden stands out in the numbers of people experiencing homelessness and housing exclusion. The construction of new homes has not been as large as the neighboring countries in relation to the population growth, and we have witnessed a deregulation of the housing market since the 1990's. The existing housing inequality will most likely increase in the aftermaths of the pandemic (Grander & Salonen, 2020).

A recent report on socio-economical factors and COVID-19 in Stockholm showed that income plays a significant role. Having a low income increases the risk of dying (Bartelink et al., 2020). The reason for this is that low-income households are more often affected by overcrowding. In the Stockholm County 14 per 10,000 individuals died of COVID-19 in the lowest income group. For those in the highest income group 2.6 per 10,000 individuals died of COVID-19.

We can also see from research that ethnic minorities have a higher risk of getting infected (Thapar-Björkert & Villacura, 2021). Here the structural discrimination is revealed when several socio-economic factors intersect – insecure jobs, lower income, inadequate and overcrowded living conditions, often in segregated neighborhoods.

The concept of social distancing emerged in the wake of the pandemic to stress the necessary practice of keeping six feet away from others to flatten the curve and minimizing the risk of ending up six feet under. But the concept leads in the wrong direction. Humans need social connectedness, but COVID-19 requires physical distancing.

However, at a recent international conference on social work, professor Walter Lawrence said during his key-note presentation that social distancing is not new (ISWED 2021, 2021). We have already become accustomed to separating us from each other in gated communities and downtown ghettos.

The polarization can be hard to imagine or see, but the photographer Johnny Miller has visualized the inequalities and physical distancing in urban cities through his storytelling project *Unequal Scenes* (Unequal Scenes, n.d.). By taking photographs from above with the use of drones, his photos show the sharp borders between the wealthy and the poor. But it is not only the distinction between the Haves and the Have-Nots, but also between the Haves and the Have-Yachts, the so called super-gentrified areas in cities like London or New York (Burrows & Knowles, 2019). A comic strip in one of the newspapers in Sweden illustrates the different opportunities households have in a city area separated by a road. On the one side, in a detached house, one of the family members says that “this year there will be no half term holidays in the mountains as usual”. On the other side, in one of the apartments in an apartment building one of the households expresses that “this year, as usual, there will be no half term holidays in the mountains” (Vilgot, 2021). For many of us the current pandemic has hindered us from travelling, visiting restaurants, going to concerts etcetera, for others this has never been an option.

For people experiencing homelessness, physical distancing is a lot more difficult making them more vulnerable. Having to sleep rough or in temporary emergency accommodation creates mobility. Historically societies have put in measures to control the mobility of particular groups like vagrants. At

the same time, many of the night shelters and other forms of emergency accommodation led to mobility, since the individual was only allowed to sleep during the night and was forced to move on the next morning (Knutagård, 2013). Living in shared-air conditions, overcrowded and inadequate housing increase the risk of infections. We have witnessed outbreaks of tuberculosis in shelters in the past few decades, so the risks of putting many people together in a small shared space is known.

In other parts of the world, like in the UK, homelessness has been framed as a public health emergency (Fitzpatrick et al., 2021). At the time of writing a few reports have been produced on the impact of COVID-19 on homelessness, but with time we expect to see more (Fitzpatrick et al., 2021). Some of the measures that have been introduced in some countries are suspensions of evictions, mortgage reliefs, rent freeze, rent subsidies. Most of the countries in the EU have temporarily banned evictions, and in England the initiative of ‘Everyone In’ moved people quickly from the streets to hotels and other forms of accommodation.

Why has Sweden not introduced a ban on evictions and an ‘Everyone In’ initiative? The Enforcement Authority continues their work in the same way as before the pandemic. People that risk evictions can only put their hopes on that the landlords will show more consideration. One explanation for the lack of initiatives when it comes to emergency housing could be that Sweden and the other Nordic countries have moved from shared-air night shelters to accommodation where the individual has his or her own room, but share other facilities.

A paradox in the Swedish context is that a new distinction has been made between people who are defined as structurally homeless and those who are defined as socially homeless. Those who are defined as structurally homeless have no other

difficulties than the lack of housing, while the socially homeless are those that, except for difficulties finding a home, also have other problems like addiction, mental health problems, or large debts and rent arrears. Those who are defined as structurally homeless, are without housing because there is a lack of housing that they can demand, i.e., affordable and possible to apply for. In two of the largest cities in Sweden, new municipal guidelines have been put in place that in practice exclude the structurally homeless from getting help with their housing situation. They can only get help with emergency accommodation on a weekly basis, if it is a family experiencing homelessness. If it is a single adult, the emergency accommodation can be granted on a day-to-day basis. This practice has resulted in the social services giving back empty apartments to the housing companies because they have no “socially homeless persons” in the waiting line, at the same time “structurally homeless migrant families” (often single mothers with children) are housed in temporary emergency accommodation (Sahlin, 2020).

Before the outbreak of COVID-19 different more or less innovative measures were taken to increase the possibility to house people experiencing homelessness. Discussions on different forms of co-housing, initiatives promoting tiny homes or lodging in other households’ spare rooms in apartments, houses or summer places etcetera. Many of these alternatives have been difficult to use due to the pandemic (Arroyo et al., 2021). The shared air dilemma resurfaces.

Zigmunt Bauman (1999) proposed that one of the most inauspicious troubles that we have to deal with is *Unsicherheit* (uncertainty, unsafety and insecurity). The feeling of uncertainty makes people too afraid. This feeling undermines taking risks that are necessary for initiating collective actions and for envisioning other ways of how our cities can be lived.

Research has identified fruitful measures for ending the “wicked” problem of homelessness (Pleace, n.d.). Apart from preventing it from happening in the first place, affordable and adequate housing is the key to end homelessness. International examples and political decisions have shown that previously unsolvable problems can be solved thanks to a global pandemic (Parsell et al., 2020).

The worry is that these measures will disappear as soon as we go back to “the new normal”. Will ending homelessness be as sustainable as the availability of the vaccine? The vaccine was invented within a year, creating a few new Have-Yachts. However, the distribution and availability of the vaccine show the socio-spatial inequalities of our world.

But housing is not enough for creating more inclusive societies or more homefull cities (Haslem et al. 2018). The lack of recognizing the unequal effects of the ongoing pandemic on the already excluded and marginalized groups like people experiencing homelessness will minimize the possibility of creating more resilient cities. It will rather make people stay homeless.

References

- Arroyo, I., Montesino, N., Johansson, E. and Yahia, M.W. (2021). Social integration through social connection in everyday life. Residents’ experiences during the COVID-19 pandemic in SällBo collaborative housing, Sweden. *Archnet-IJAR, Vol. ahead-of-print No. ahead-of-print*. doi: <https://doi.org/10.1108/ARCH-10-2020-0236>
- Bartelink, V., Tynelius, P., Walander, A., Burström, B., Ponce de Leon, A., Nederby Öhd, J., Hergens, MP., Lager, A. (2020). *Socioekonomiska faktorer och COVID-19 i Stockholms län*. November 2020. Stockholm: Centrum för epidemiologi och samhällsmedicin, Region Stockholm; 2020. Rapport 2020:10.
- Bauman, Z. (1999). *In Search of Politics*. Cambridge: Polity.
- Burrows, R., & Knowles, C. (2019). The “Haves” and the “Have Yachts”: Socio-Spatial Struggles in London between the “Merely Wealthy” and the “Super-Rich”. *Cultural Politics* 15(1), 72–87.
- Fitzpatrick, S., Mackie, P., Pawson, H., Watts, B. and Wood, J. (2021). The COVID-19 crisis response to homelessness in Great Britain. Interim Report. Retrieved March 3, 2021, from https://housingevidence.ac.uk/wp-content/uploads/2021/02/12544_UoG_CaCHE_COVID_Homelessness_Report-Final.pdf
- Grander, M. & Salonen, T. (2020). Ökad ojämlikhet i boendet i spåren av coronapandemin. Externa perspektiv. Segregation och COVID-19. Artikelserie, del 2. Retrieved March 3, 2021, from <https://www.delmos.se/wp-content/uploads/2020/11/Grander-och-Salonen.pdf>
- Haslem, N., Macarow, K., Johnson, G., & Knutagård, M. (2018). Cities of Homefullness: A Proposition. I L. Vaughan (Red.), *Designing Cultures of Care*, (p. 115–129). Bloomsbury Publishing.
- ISWED 2021 (2021, January 24). Jan 16, 2021 – Opening Keynote Address by Prof. Walter Lorenz (Speaker Only). Retrieved from https://www.youtube.com/watch?v=wQDQweBC0ls&t=1s&ab_channel=ISWED2021
- Kholodilin, K. (2020). Housing policies Worldwide During Coronavirus Crisis: Challenges and Solutions. DIW focus No. 2, DIW Berlin – German Institute of Economic Research. Berlin: DIW Berlin Press.
- Knutagård, M. (2013). Det sociala arbetets moraliska geografi. I: Linde, S. & K. Svensson (ed.) *Förändringens entreprenörer och tröghetens agenter: Människobehandlande organisationer ur ett nyinstitutionellt perspektiv*. Stockholm: Liber.

- Knutagård, M., Kristiansen, A., Larsson, K. & Sahlin, I. (2020). 'Homelessness' Forskning i korthet, no. 14, pp. 1–8. Retrieved from <https://forte.se/app/uploads/sites/2/2020/09/forskning-i-korthet-en-hemloshet.pdf>
- Parsell, C., Clarke, A. & Kuskoff, E. (2020). Understanding responses to homelessness during COVID-19: an examination of Australia, Housing Studies. doi: 10.1080/02673037.2020.1829564
- Pleace, N. (2018, February). Using Housing First in Integrated Homelessness Strategies: A Review of the Evidence. York: Centre for Housing Policy, University of York. Retrieved March 3, 2021, from [https://www.york.ac.uk/media/chp/documents/St%20Mungos%20Review%20-%20FINAL%20\(14-2-18\).pdf](https://www.york.ac.uk/media/chp/documents/St%20Mungos%20Review%20-%20FINAL%20(14-2-18).pdf)
- Pleace, N. (n.d.). Minimising the impact of COVID-19 on people sleeping rough: an overview of UK and global responses. Retrieved from <https://covidandsociety.com/minimising-impact-COVID-19-people-sleeping-rough-overview-uk-global-responses/>
- Sahlin, I. (2020) Moving Targets: On Reducing Public Responsibilities through Re-categorising Homeless People and Refugees. *European Journal of Homelessness* 14(1) p. 27–54.
- Thapar-Björkert, S. & Villacura, K. (2021). Röster från Järva: COVID-19, segregation och det vardagliga livet. *Externa perspektiv. Segregation och COVID-19. Artikelserie, del 10*. Retrieved March 3, 2021, from https://www.delmos.se/wp-content/uploads/2021/02/Suruchi_Karina.pdf
- Unequal Scenes (n.d.). Retrieved from <https://www.patreon.com/UnequalScenes>
- Vilgot (2021, February 27). Vilgot: Som Vanligt. *Aftonbladet*. Retrieved from: <https://www.aftonbladet.se/ledare/a/1BVmKe/vilgot-som-vanligt?fbclid=IwAR0E5PBbNkNGs-uVF8rc3cx4XT7DvuMY-Qjn1wrWSxuhXIVfymHbYqx5uL8>

Dr Isabel Ortiz, Director of the Global Social Justice Program at the Initiative for Policy Dialogue at Columbia University, USA, was Director of the International Labor Organization and UNICEF, and a senior official at the United Nations and the Asian Development Bank.

NEGLECTED, SACRIFICED: OLDER PERSONS DURING THE COVID-19 PANDEMIC

Dr Isabel Ortiz

IPD Columbia University

Older persons have suffered a terrible toll from the coronavirus. Half of the total deaths were older persons in care homes. This article argues that countries must now invest in long-term care.

Failing to help those in most need

COVID-19 is devastating for older persons. The numbers are staggering: more than 80 per cent of the fatalities due to coronavirus in the United States and east Asia have occurred among adults aged 65 and over. In Europe and Australia, the figures are even higher: 94 and 97 per cent of the deaths respectively have been among persons aged 60 and above.

Yet as the contagion spreads, older persons were denied access to beds and ventilators, despite being the most vulnerable group. Human-rights experts were alarmed (United Nations Office of the High Commissioner on Human Rights, 2020) by decisions made around the use of scarce medical resources in hospitals and intensive-care units—discrimination based solely on age.

Despite being helpless and most at risk, older persons were not prioritised: they were in effect sacrificed, denied treatment and emergency support.

'Older people have the same rights to life and health as everyone else. Difficult decisions around life-saving medical care must respect the human rights and dignity of all,' said the United Nations secretary-general, António Guterres, deeply concerned (United Nations Department of Economic and Social Affairs, 2020) about events during the pandemic.

The silent massacre in care homes

About half of the coronavirus casualties (46%) in high-income countries have been in care homes (Comas-Herrera et al., 2021) though this is an underestimation because originally official death tolls did not include those who had died outside hospitals without a COVID-19 test.

Most countries reported insufficient protective equipment and testing in care homes for both residents and care workers. Thousands were infected by the coronavirus in nursing homes and, while some staff heroically worked in dangerous conditions, (Franklin, 2020) others did not. Staff absenteeism added to real horror stories.

For example, in a nursing home in France, (Valenzuela et al., 2020) 24 persons passed away in just five days; they died alone in their rooms of hypovolemic shock, without food or water, because 40 per cent of the staff were absent.

In Canada, (Montgomery, 2020) a criminal investigation was launched after 31 residents were found dead, unfed and unchanged at an older persons' residence. Following other such disturbing cases, the Canadian military had to be deployed (Haig, 2020) to assist and the government is considering taking over all private, long-term care institutions.

In Sweden, (Savage, 2020) protocols discouraged care workers from sending older persons to hospitals, letting them die in the care homes.

In Spain, (González and Troya, 2020) when the military were deployed to disinfect nursing homes, they were shocked to find people 'completely abandoned or even dead in their beds'. Spain has launched criminal investigations into dozens of care homes, after grieving relatives of thousands of elderly coronavirus victims claimed 'our parents were left to die'.

Families demand justice, suing care services

In Italy's (Privitera, 2020) Lombardy region, a resolution offering €150 euro to care homes for accepting COVID-19 patients, to ease the burden on hospital beds, accelerated the spread of the virus among health workers and residents. Coffins piled up in nursing homes. Families are filing lawsuits claiming mishandling of the epidemic.

In the US, by the time this article was written, more than 130,000 older persons have died in residences because of COVID-19 (Data.CMS.gov, 2021) and many families have filed lawsuits against nursing homes for wrongful death and gross negligence.

In the UK, (Peart, 2020) families of care-home residents who died from COVID-19 are suing the health and social care secretary, Matt Hancock. The claims accuse the government of breaching the European Convention on Human Rights, the National Health Service Act 2006 and the Equalities Act.

The multi-billion care industry lobbying to secure funding and immunity against lawsuits

Long-term care is a lucrative and powerful industry. Europe's care sector is concentrated in the hands of a few large private groups, often run by pension and investment funds. In the US, 70 per cent of the 15,000 nursing homes are run by for-profit companies; many have been bought and sold in recent years by private-equity firms.

In the UK, (Plimmer, 2021) with insufficient hospital beds during the peak of the second COVID-19 wave in 2021, the government provided clinical negligence insurance and employers' and public liability insurance to care homes that would take COVID-19 patients, even after the catastrophic earlier experience in 2020 when infected patients were discharged from hospitals to care homes and spread the virus to fragile older persons. The industry was "delighted" at the government's decision to provide insurance, according to the Financial Times.

In the US, (Human Rights Watch, 2020) nursing homes and long-term care operators have been lobbying state and federal legislators across the US to pass laws giving them broad immunity, denying responsibility for conditions inside care homes during COVID-19. Nineteen states have recently enacted laws (Paulin, 2020) or gubernatorial executive orders granting nursing

homes protection from civil liability in this connection. Nobody is responsible for the suffering of thousands of older persons who have died alone in care homes.

Additionally, the US Department of Housing and Urban Development oversees a federal loan guarantee program that has been supporting \$4.4 billion cheap financing (Laise, 2021) to poorly run nursing homes in 2020. Critics say it is propping up some of the industry's worst operators, even as COVID-19 ravages the residential care sector.

A better future: Redressing the deplorable situation of residences and long-term care

Due to the rapidly ageing population, all countries should invest more in health and long-term care services for older persons. Health-system capacity is however strained because of austerity cuts (Ortiz and Stubbs, 2020) in earlier years.

It was the shortage of beds, staff and equipment that made doctors discriminate against older persons and prioritise the younger, with more chance of survival from COVID-19. Governments and international financial institutions must stop mean budget cuts which have condemned many to die, and instead invest in universal public-health and social-protection systems.

Countries must also invest in quality long-term care services for older persons. Half the world's elderly lack access to long-term care. At the moment, governments spend very little (International Labour Organization, 2015) on it; instead, they have allowed private care services (Pelling, 2020) to develop, with minimal regulation. As a result, most older persons have

to pay up to 100 per cent of the costs of long-term care out of their own pocket and most cannot afford quality services—a highly unequal system.

Societies have failed older persons during the COVID-19 pandemic. Countries must redress this neglect and support survivors by properly regulating, inspecting and investing in quality care services for all older persons.

An earlier version of this article was originally published in Inter Press Service news.

References

- Paulin, E. (2020, May 18). Nursing homes seek immunity amid COVID-19 crisis, alarming advocates. AARP. Retrieved from <https://www.aarp.org/caregiving/health/info-2020/nursing-homes-coronavirus-legal-immunity.html>
- Peart, L. (2020, July 13). Families sue government over COVID-19 care home deaths. *Care Home Professional*. Retrieved from <https://www.carehomeprofessional.com/families-sue-government-over-covid-19-care-home-deaths/>
- Pelling, L. (2020, June 10). Sweden, the pandemic and precarious working conditions. *Social Europe*. Retrieved from https://www.ilo.org/global/about-the-ilo/newsroom/news/WCMS_406984/lang--en/index.htm
- Plimmer, G. (2021, January 19). English care homes that take COVID patients to be provided with insurance. *Financial Times*. London. Retrieved from <https://www.ft.com/content/6ee83ee6-df62-4c0f-8e05-8a41c4e190ae>
- Privitera, G. (2020, April 30). The ‘silent massacre’ in Italy’s nursing homes. *Politico*. Retrieved from <https://www.politico.eu/article/the-silent-coronavirus-covid19-massacre-in-italy-milan-lombardy-nursing-care-homes-elderly/>
- Savage, M. (2020, May 19). Coronavirus: what’s going wrong in Sweden’s care homes? *BBC News*. Stockholm. Retrieved from <https://www.bbc.com/news/world-europe-52704836>
- United Nations Department of Economic and Social Affairs (2020, May 1). ‘Rights and dignity’ of older people must be respected during COVID-19 and beyond. New York. Retrieved from <https://www.un.org/development/desa/en/news/social/rights-and-dignity-of-older-people.html>
- United Nations Office of the High Commissioner on Human Rights (2020, March 27). “Unacceptable” – UN expert urges better protection of older persons facing the highest risk of the COVID-19 pandemic. Geneva. Retrieved from <https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=25748>
- Valenzuela, P. L., Santos-Lozano, A., Lista, S., Serra-Rexah, J. A., Emanuele, E. and Lucia, A. (2020). Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2)-related deaths in French long-term care facilities: the “confinement disease” is probably more deleterious than the coronavirus disease-2019 (COVID-19) Itself. *JAMDA*. doi: 10.1016/j.jamda.2020.03.026

Comas-Herrera, A., Zalakaín, J., Lemmon, E., Henderson, D., Litwin, C., Hsu, A.T., Schmidt, A.E., Arling, G., Kruse, F. and Fernández, J-L. (2021, February 1). Mortality associated with COVID-19 in care homes: international evidence. *International Long-Term Care Policy Network*. Retrieved from https://ltccovid.org/wp-content/uploads/2021/02/LTC_COVID_19_international_report_January-1-February-1-1.pdf

Data.CMS.gov (2021). COVID-19 nursing home data. Retrieved on March 23, 2021, from <https://data.cms.gov/stories/s/COVID-19-Nursing-Home-Data/bkwz-xpvg>

Franklin, P. (2020, August 8). Hazardous! Occupational safety and health in the care economy during the pandemic. *Social Europe*. Retrieved from <https://www.socialeurope.eu/hazardous-occupational-safety-and-health-in-the-care-economy-during-the-pandemic>

González, M. and Troya, M. S. (2020, March 24). Spanish prosecutors launch investigation after bodies found inside senior homes. *El País*. Madrid. Retrieved from <https://english.elpais.com/society/2020-03-24/spanish-prosecutors-launch-investigation-after-bodies-found-inside-senior-homes.html>

Haig, T. (2020, May 28). Quebec still looking for answers to its long-term care COVID crisis. *Radio Canada International*. Retrieved from <https://www.rcinet.ca/en/2020/05/28/quebec-still-looking-for-answers-to-its-long-term-care-covid-crisis/>

Human Rights Watch (2020, June 15). US: ensure oversight, not immunity, for nursing homes; New York, 18 other states limiting access to justice amid COVID-19. Retrieved from <https://www.hrw.org/news/2020/06/15/us-ensure-oversight-not-immunity-nursing-homes>

International Labour Organization (2015, October 1). More than half the world's older persons lack quality long-term care. Retrieved from https://www.ilo.org/global/about-the-ilo/newsroom/news/WCMS_406984/lang--en/index.htm

Laise, E. (2021, February 4). COVID-hit nursing homes load up on debt. *Barron's*. Retrieved from <https://www.barrons.com/articles/covid-hit-nursing-homes-load-up-on-debt-51612377626>

Montgomery, M. (2020, May 26). Inquiries launched into high coronavirus death rate in long-term Care homes. *Radio Canada International*. Retrieved from <https://www.rcinet.ca/en/2020/05/26/inquiries-launched-into-high-coronavirus-death-rate-in-long-term-care-homes/>

Ortiz, I. and Stubbs, T. (2020, March 23). Fighting coronavirus: it's time to invest in universal public health. *Inter Press Service News Agency*. New York and London. Retrieved from <https://www.ipsnews.net/2020/03/fighting-coronavirus-time-invest-universal-public-health/>

Josephine Michau holds an MSc in Business Administration and Philosophy from Copenhagen Business School. Co-founder and director of Copenhagen Architecture Festival since 2014. In 2010 Michau co-founded the theatrical distribution network of documentary films in Denmark, DOXBIO and in 2005 she founded her company MICHAU+ that has been running activities within cultural production and distribution ever since. She has contributed to a number of publications and film productions, and has been a jury member on film and architecture related competitions.

A PANDEMIC RESILIENT FESTIVAL – HOW COVID-19 IMPACTED COPENHAGEN ARCHITECTURE FESTIVAL

Josephine Michau

Copenhagen Architecture Festival

On the 11th of March 2020 the Danish Government announced the country would be going into lockdown — to start with only for two weeks. It was a month before the Copenhagen Architecture Festival started and we were one week from launching a big — and costly — marketing campaign.

We had to make a decision: Should we hope that the world would go back to normal after the two weeks of lock down or should we cancel and postpone the festival indefinitely? Looking at the global pandemic situation, we found choosing the latter made better sense. This meant contacting our 150+ collaborators from home and abroad and cancelling everything and also getting the decision green lighted by our financiers. We had a couple of very hectic weeks shutting down the office and everything we had spent the past year planning.

Then what? We had to re-think and adapt to the new situation. This included, among other things, figuring out how to survive financially. Also, we had about 200 events planned – big and small. What to do with these and how not to just disappear while the country was in lockdown?

How could we create relevant content related to the current and very dominating situation?

Beginning of April we launched an open call asking for reflections and documentation of how the current pandemic situation was affecting and was going to affect our homes and cities. We received a lot of essays and images from all over the world that we published on our website and some platforms as they came in. Late May we launched a filmed series of talks with different experts on the topic of Pandemic Resilient Cities together with, among others, Emergency Architecture & Human Rights (EAHR). At the same time, we thought of how to convert planned events into online activities. This meant that a planned exhibition on how post-war economic paradigms have influenced the development of architecture and cities in Europe was converted into a flow TV-station running on our website for 6 weeks in May and June with curated Youtube clips. Another planned exhibition and talk program on how to secure a green sustainable transition of Copenhagen was converted into an online publication and a podcast series that was published in April on various platforms. A planned seminar on film and architecture was converted into a digital hub on our website with exchanges of experiences on how film is integrated as a tool in architecture schools around the world. This meant that over the course of April – June 2020 we created and published a lot of content online having converted the festival into some kind of a digital media hub. Simultaneously we were trying to plan when and how we could have a physical festival.

In October we managed to create a physical festival in the cities of Copenhagen, Aarhus and Odense with 100 events over the course of 11 days. A lot of the originally planned events had been cancelled and could not be revived and our international audience was not going to show up. However, the remaining events met a local audience hungry for physical events and

were generally sold out or close to. Then in November the country went into lockdown again.

In general, what we experienced this 1st year of COVID-19 was extreme goodwill and trust from all collaborators with regards to our decisions as well as a great sense of support and collaborative effort to survive this the best way possible. For the Danish cultural sector in general, the private foundations are particularly to be thanked for the survival of many cultural institutions.

What can we learn for the future?

As COVID-19 has brought regular cultural programming to a standstill, this past year has been the time to rethink the way we produce and consume culture. Festivals have previously been an important part of the cultural fabric of global society participated in by many. They have been used to gain competitive advantages in the global battle of attracting tourists and resourceful citizens. But the pandemic has forced us to observe, reflect upon and re-evaluate the regulating structures that have so far dominated our lives. This past year we have not been able to attend international cultural events. This has left us with new opportunities realising that creativity can survive and flourish in new ways.

This has for our part, besides learning how to use masks, not handshake, social distancing, employ food and drink hygiene and use hand sanitizer, included making better use of already-existing local knowledge while at the same time taking advantage of what information technology has to offer of opportunities to connect with the outside world.

Virtual events have proven to be an effective and popular way of connecting audiences and moving interactions online. Like many other cultural actors, we have been moving forward with virtual events and digital content — not instead of physical events but parallel to. Our on- and offline content will be developed much closer in parallel in the future for the content to constantly be able to inform each other. In this lies a flexibility of moving content both ways depending on what the situation requires – and thus remain resilient in a pandemic situation.

The physical meeting is still relevant with the possibility of exchanging ideas and experiences in an informal way. But with the digital content we are able to reach a wider audience being independent in time and space. Not all events need to have everyone physically present and many future festivals, conferences and seminars will save the climate a good deal of CO₂ emissions based on what we have learned during the pandemic.

It started as a response to a pandemic situation, but it will remain because it makes sense beyond, especially when seen in a perspective of climate care and democracy.





PANDEMIC RESILIENT CITIES is a collaborative effort born under the COVID-19 pandemic and the need to address the uncertain future of our cities. After an online series of the same name, where Emergency Architecture & Human Rights, Think Fast: a Collective Urban Response to COVID-19, Copenhagen Architecture Festival, and multiple practitioners and academics from different fields and organizations came together, we decided to gather some of these voices and explore new dimensions. Thanks to Dreyers Fond, we have been able to put together these perspectives, creating a volume which addresses a multiplicity of urban dimensions where COVID-19 has had a deeper impact. We thanks our contributors for coming forward in such hard times, and hope this volume has a relevant impact in the coming debates.

dreyersfond

ISBN 978-87-973050-0-3



9 788797 305003