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The biogeopolitics of cities: a critical enquiry across Jerusalem, Phnom Penh, Toronto

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ABSTRACT

Dwelling on a disciplinary threshold between urban planning and urban health, we take a comparative historical perspective on the urban development of three cities – Jerusalem, Phnom Penh and Toronto – highlighting how the evolution of their socio-spatial fabrics has been shaped by decisively biopolitical approaches. In line with current studies, we remark how the will to control the cities' territories and populations has intertwined with policy concerns over urban health, and discourses on the need to isolate urban environments – artificially or rhetorically constructed as unhealthy. We propose, however, a shift toward the concept of urban *biogeopolitics* – noticing how the present-day Covid-19 outbreak has exposed the limits of biopolitical analyses, and of their dichotomic understanding of inner vs. outer forms of power and control. Biogeopolitics becomes therefore a powerful conceptual lens to explain how past crises and the current one have transcended the boundaries of what we are accustomed to understand as urban realm. How do biogeopolitical discourses and technologies become instrumental in the control of urban territories and their populations? How, in other words, are urban planning and urban health affected by regional and trans-local forces?

Introduction

The current COVID-19 virus outbreak has led to a global crisis in the public health sector. Commentaries and early analyses have characterized the crisis prominently as an urban one, highlighting how the pandemic has exacerbated socio-spatial inequalities and injustices.[1] Not only has the implementation of a variety of measures against the contagion affected the way we use and perceive urban spaces: it has contributed to fragment the urban fabric further, too, heightening phenomena of polarization and exclusion.

Scholars have suggested a governmental reading of such patterns, embracing a biopolitical approach.[2] In so doing, the two Foucauldian paradigms of urban management, the plague and the leprosy,[3] appear once again central in understanding the way urban space is produced, organized and controlled: the former indicating extreme measures of control against the spreading of a disease;

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[1]Horton, "Offline"; Yacobi, "Syndemic Urbanism."

[2]Keil, Connolly, and Ali, "Outbreaks like Coronavirus Start in"; Beveridge et al., "The Urbanization of COVID-19."

[3]Foucault, *Discipline and Punish*.

the latter exemplifying measures of exclusion against ill subjects trying to enter the city. COVID-19 has remarked the significance of such paradigms, through norms of forced confinement, creation of no-go areas, limitations to free movement, contacts tracing for people possibly carrying the virus.

We argue, however, that the present-day COVID-19 outbreak has exposed the limits of analyses that are solely biopolitical ones. The current crisis has developed at an unprecedented global scale, with biopolitical discourses inevitably affected (or enhanced) by competition or alliances between countries, condemnation of migration flows, sudden closures of state borders accompanied by pseudo-scientific statements impregnated by nationalist rhetoric.

In this article, dwelling on a disciplinary threshold between urban planning and urban health, we draw a relational comparative narrative of three cities – Jerusalem, Phnom Penh, Toronto – and their historical planning apparatuses. In doing so – drawing on Robinson's[4] claim that viewing all cities as *ordinary* may gain substantial results in understanding the direction of urban (planning) policy – we aim to relate to the cases as a platform of conceptualizing, rather than narrowly comparing similarities and differences.[5]

We show how varied biogeopolitical regimes operate in different ways and in different contexts, producing patterns of socio-spatial health inequities, which we associate with evolving planning apparatuses. In Jerusalem, we go back to the year 1967 – when Israel occupied East Jerusalem and other territories – to show how planning has been used as a tool of political and demographic control of Palestinian inhabitants, which created not only radical urban inequalities along etho-national lines, but also a fragile urban infrastructure which can hardly sustain the needs of Palestinians in the city – especially after the construction of the Separation Barrier in 2002. In Phnom Penh, we set 1953 – when the country gained independence from France – as symbolical year for the start of projects of urban beautification, most often revolving around claims of sanitation of deprived areas, and discuss planning as tool for the social cleansing of urban poor (and often informal) settlements, with the 2001 Land Law exacerbating such contested dynamics of urban transformation. In Toronto, we view planning as a key tool for integrating immigrants into cities following the adoption of Canada's policy of multiculturalism in 1971 and the subsequent way in which planning has managed diversity, following the neoliberal reforms of the 1990s.

In the three cities, we use existing available secondary data, that we interpret critically in order to advance theory: we trace a bridge between the concepts of urban biopolitics and urban geopolitics,[6] and introduce the concept of *biogeopolitics*.[7] We use this concept as theoretical lens to explain how the current COVID-19 crisis has transcended the boundaries of what we are usually accustomed to understand as urban realm. And, further, how such crisis shows the necessity of overcoming what we are used to understand as planning per se: across the three cities, indeed, there emerge a series of complex *biogeopolitical* planning apparatuses, that we need to acknowledge in order to understand how contemporary urban territories are imagined, made, managed and controlled: spatial strategies, policies, regulatory measures, but also public-health-driven attempts to maintain (or discard) geopolitical equilibria, grassroots initiatives bearing trans-local resonance, international investments, highly mediatized speeches, paternalistic politics affecting poor, migrants, minorities and their everyday life environments.

[4]Robinson, *Ordinary Cities.*
[5]Goldberg, "Racial Comparisons, Relational Racisms"; Robinson, "Thinking Cities through Elsewhere."
[6]Rokem and Boano, *Urban Geopolit. Rethink. Plan.*; Robinson, "The Geopolitics of South African Cities"; Yacobi, "Towards Urban Geopolitics."
[7]Centellas, "A Culture of Solidarity?"; Sahinol and Sunter, "From Turkish Genome Project to Vision 2023"; Wilbert, "Profit, Plague and Poultry."

Toward a *biogeopolitical* understanding of urban planning

Complementing his comments on the architecture of hospitals and prisons, Foucault points out how modern urbanisms have been permeated and inextricably linked to the implementation of *biopolitical* regimes of control, i.e. to the application of political power over all aspects of human life.[8] In the current biopolitical age, political authorities and their allies have taken on the task of managing human life in the name of the well-being of the population,[9] with biopolitics ultimately giving 'birth to techniques, technologies, experts and apparatuses for the care and administration of the life of each and all, from town planning to health services'.[10] Such endeavour, for Foucault,[11] ultimately translates into a form of *biopower* aimed to control and manage human bodies in big groups, through the establishment of disciplinary institutions and norms of social conducts. Urbanism and urban planning, accordingly, have been historically instrumentalized within regimes of security, disciplinary techniques, and discourses on health and hygiene.[12]

Of great relevance for this paper, Foucault's conceptualization of modern urban management revolves around two contagious diseases – the *plague* and the *leprosy*, and the measures to counter their diffusion within urban settings. The plague and the leprosy raise as exemplary paradigms in the control of the modern city,[13] as a dual (inner and outer) form of partitions and regulatory techniques. On one hand, the diffusion of the plague was countered through extreme measures of *inner* control: raising forced partitions, running inspections, obliging continuous registrations of a populace. On the other hand, lepers were excluded from entering the city through measures such as borders and protection from the outside.

A wealth of Foucauldian scholarship has elaborated on how modern planning has evolved in an effort to contain diseases,[14] with the dual paradigm plague/leprosy serving to exercise a form of planning control over urban territories and their populations. Planning control occurs through the use of temporary barricades or permanent physical barriers to prevent social unrest; through purging inner contestation and discouraging gatherings; through the instrumental use of land use parameters and urban renewal plans to create or, conversely, cleanse social ghettoes for the poorer classes; through rhetorically constructing internal or international waves of migration as threats. Biopolitical forms of planning have been further applied to disease control, with biosecurity regimes establishing a set of procedures and infrastructures which seek to control and police the movements of living matters[15] – relevantly for this paper and special issue, as part of a raising concern on the diffusion of *zoonoses*.[16] A recent paper by Kakoliris[17] has outlined a 'Foucaldian enquiry' over the COVID-19 pandemic management, showing how the plague paradigm has by now overcome the management of lepers: as the exclusion of the ill subjects is not possible given the fast spread of the disease, there rises the need of a disciplinary project, whereby the individual body is put in a specific network of disciplinary relations, whereby the plague (COVID-19) is contrasted by attempting to give an order, not allowing bodies to mix together.

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[8]Foucault, "Space, Knowledge and Power"; Foucault, *The Birth of Biopolitics*.
[9]Rose, "The Politics of Life Itself."
[10]Ibid., 1.
[11]Foucault, *Security, Territory, Population*.
[12]Elden, "Plague, Panopticon, Police"; Foucault, *Discipline and Punish*.
[13]Foucault, *Discipline and Punish*.
[14]Rabinow, *French Modern*; Legg, "Ambivalent Improvements"; Legg, "Foucault's Population Geographies"; Stanek, Wallenstein, and Nilsson, "Biopolitics of Scale"; Boyer, *Dreaming the Rational City*.
[15]Hincliffe and Bingham, "People, Animals and Biosecurity in and through Cities."
[16]Diseases and infections which are naturally transmitted between vertebrate animals and humans.
[17]Kakoliris, "A Foucauldian Enquiry in the Origins."

The above dynamics, while deploying in urban settings, transcend local and national boundaries: urban renewal plans are for instance affected by international investments and by the globalization and worlding of practices, styles and policies[18]; migration waves are the result of international equilibria and agreements; social unrest is either prevented or tolerated under the scrutiny of international organizations concerned about human rights; the movement of livestocks and living matters in general is definitely not limited to the urban or national boundaries. In other words, bio-powers are exercised within a wider context of geopolitical dynamics: scholars have therefore spoken of geopolitical urban regimes, too, as 'not merely a discussion of international relations and conflict or the role of military acts and wars in the production of space [but rather as] the emergence of discourses and forces attached to technologies of control, patterns of internal migration by individual and communities, and the flow of cultures and capital.'[19]

The concept of urban geopolitics becomes therefore useful for studying how urban space is produced and controlled transgressing the traditional sheer divide between domestic and international affairs[20]; and necessary to understand phenomena of neoliberalization, ethnonationalism and international migration, in a world where the majority of populations live in urban settings.[21]

The paradigm of the leprosy, therefore, is no longer sufficient to identify, understand and analyse a series of *outer* dynamics that per definition occur in a complex and networked fashion, and are ultimately embedded in current urban agendas.

The current pandemic has exposed such gap further, to the point of discussing the emergence of a 'biogeopolitics of COVID-19,'[22] with biogeopolitics understood as the accomplishment of geopolitical goals through the biopolitical governance of vulnerable population. While in such context biogeopolitics has been used to expose the mismanagement of asylum-related migrants in time of COVID-19, the concept is not new and – stemming out of biomedical sciences – was mobilized to explore the tension between local and global processes in biomedical projects having transnational resonance,[23] or thriving upon forms of international cooperation.[24] Of particular relevance to this paper, Wilbert[25] spoke of biogeopolitics in the context of the Avian Flu outbreak, in relation to the transnational monitoring of animal health, locations and routes in the service of potential disease-control for the health of human populations.

In this paper, however, we want to stress the *urban* relevance of the concept of biogeopolitics. How has urban planning been affected by regional and trans-local forces? How do biogeopolitical discourses and technologies become instrumental in the control of urban territories and their populations?

We attempt to answer such questions navigating the historical planning apparatuses of Jerusalem, Phnom Penh, Toronto: while the paper aims to reveal and discuss the biogeopolitical nature of the responses to the current pandemic, we posit that the three cities' planning apparatuses – in the historical trajectories outlined in the above introduction – have indeed always leveraged on biogeopolitical discourses and formations in order to establish control over their territories and populations. Deconstructing and understanding such historical continuity is for us fundamental to explain nowadays' dynamics.

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[18]Roy, "Urbanisms, Worlding Practices and the Theory of Planning."
[19]Yacobi, "Towards Urban Geopolitics," 576; see also Yacobi and Pullan, "The Geopolitics of Neighbourhood."
[20]Yacobi, "Towards Urban Geopolitics"; Rokem and Boano, *Urban Geopolit. Rethink. Plan.*
[21]Shtern and Yacobi, "The Urban Geopolitics of Neighboring"; Luz and Stadler, "Urban Planning, Religious Voices and Ethnicity."
[22]Jauhiainen, "Biogeopolitics of COVID-19."
[23]Sahinol and Sunter, "From Turkish Genome Project to Vision 2023."
[24]Centellas, "A Culture of Solidarity?"
[25]Wilbert, "Profit, Plague and Poultry."

Jerusalem: the biogeopolitics of 'black hole' urbanisms

A recent media report cites an Israeli security official who described East Jerusalem as a 'black hole', lacking of information, treatment and monitoring of the COVID-19 epidemic."[26] This metaphor, we would suggest, encapsulates not solely a racializing discourse developed towards Palestinians in East Jerusalem,[27] but also the new biogeopolitical regime developed in the city since the outbreak of the COVID-19 pandemic, namely deepening the Israeli colonial-territorial control on the one hand and withdrawing from any responsibility on the health of the population on the other.[28]

As we will discuss in this section, in the case of East Jerusalem, the systems[29] that produce and reproduce the health conditions in places where people are born, live and work, should be understood within the framework of settler-colonial planning history. The colonial planning of the city is at the core of Jerusalem's transformation, which is affected by Israel's fewer and weaker moral obligations over the Palestinian population.[30] The current pandemic politics in the city is a continuation of the historical planning apparatus of Jerusalem, which is rooted within colonial discourse, imagination and practice, enabling Israel to deepen its territorial control through the control over bodies. Access to water, electricity and services, or proximity to environmental hazards, are not neutral facts but rather the results of intentional policy. In line with Qato,[31] we suggest in this section that since health determinants are spatial, the colonial project of appropriating, controlling and ordering – mainly through planning apparatus – is crucial to understanding the institutional foundations that produce health disparities:

> In contrast to the abundant research mapping prevalence of health outcomes and deploying ostensibly definable and quantifiable explanatory variables, there has been little substantive exploration, if any, of what it would mean to incorporate settler colonialism into our models of health. We must stimulate new ways of integrating understandings of settler colonialism's logics and mechanisms into our public health research and, perhaps to some degree, data.[32]

Notes on planning and the making of colonial space in Jerusalem

> Jerusalem is the eternal capital of the Jewish people, a city reunified so as never again to be divided … Our people's unparalleled affinity to Jerusalem has spanned thousands of years, and is the basis of our national renaissance. It has united our people, secular and religious alike.[33] (PM Benjamin Netanyahu, May 21, 2009)

The above citation, by former Israeli Prime Minister Benjamin Netanyahu, expresses the mainstream Israeli understanding of the city as 'unified Jerusalem,' a fixed urban space, a given subject of Israeli sovereignty and ethno-national aspirations. But in fact, looking at the planning history of the city of Jerusalem reveals a continuously series of geopolitical practices, which include not merely military occupation but also, and with a great relevance to this paper, colonial planning.[34]

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[26]Shragai, "The next Focus?"
[27]Yacobi, "Jerusalem"
[28]Al-Haq, (JLAC), and Medical Aid for Palestinians (MAP), *COVID-19 and the Systematic Neglect of Palestinians in Jerusalem*.
[29]We refer to the Social Determinants of Health as defined by the World Health Organisation – see https://www.who.int/health-topics/social-determinants-of-health.
[30]Jadallah, "Colonialist Construction in the Urban Space of Jerusalem."
[31]Qato, "Introduction."
[32]Ibid., 10.
[33]Haaretz, "Netanyahu."
[34]Jabareen, "The Politics of State Planning in Achieving Geopolitical Ends."

As widely documented and analysed,[35] a turning point in Israel's geopolitical situation occurred in June 1967, when Israel occupied East Jerusalem and other territories. Following this occupation, and despite international objections, the Israeli government issued the Municipalities Ordinance (Amendment No. 6) Law, 5727–1967,[36] applying Israeli law to East Jerusalem. As a result, Israel annexed Palestinian land and declared the city of Jerusalem to be its united capital. This stage in the colonization of East Jerusalem was heavily based on legal measures in the form of expropriation of Palestinian land into Israeli state hands.

The confiscation of land was accompanied by the rhetorical device of incessantly declaring that Jerusalem is a unified city. In this regard, planning policies have clearly reflected the paradigm of an ethnocracy[37]; both state and city governments have pursued the same general policy, which persistently promoted the Judaization of Jerusalem – i.e. the expansion of Jewish political, territorial, demographic and economic control. More specifically, since 1967, Israel has used its military might and economic power to redraw borders and recreate boundaries, to grant or deny rights and resources, and to move populations around for the purpose of ensuring Jewish control. These all served a common goal, which was to construct a new cognitive map for the city and thus normalize its occupation.

From a planning perspective, this stage is characterized by the construction of settlements ('satellite neighbourhoods') in East Jerusalem and by an extensive building of infrastructure. As a complementary step, a series of Master Plans were drawn up in order to limit the growth of Palestinian neighbourhoods in the city.[38] Indeed, as suggested by Jabareen,[39] planning in Jerusalem, especially since 1967, has been based on geopolitical strategies aiming to control demography, to expand the jurisdiction of the city through expropriation of Palestinian land and to exclude the Palestinian inhabitants of the city from planning processes.

This stage is linked to the construction of the Separation Barrier – started in 2002 – which allowed Israel to annex another 160 km^2 of the Occupied Territories, in addition to 70 km2 annexed right after the 1967 occupation of East Jerusalem. The Barrier enforced Israel's de facto political borders in Jerusalem, and transformed it into the largest city in Israel, in geographical terms.[40] Moreover, the route of the Separation Barrier created a de facto *Cordon Sanitaire* between the walled city and the Palestinian hinterland, preventing Palestinians' access to employment and urban services in the city.

The geographic continuum and functional integration of the Palestinian neighbourhoods were disrupted, isolating them completely from their hinterland. One of the results of this process is the escalation in the number of Palestinians working in west Jerusalem since the year 2000. While Jerusalem remains a colonial city, its strategy has also been transformed by neoliberal economic restructuring and widespread unemployment (following the separation wall and the isolation of Jerusalemites). This has produced a pool of unemployed workers desperate enough to accept the exploitation stemming from neoliberal agenda. The creation of a racialized labour market goes hand in hand with radical reaction.

The logic behind the erection of the wall in order to increase 'security' measures does not solve the conflict. Rather, it produced, and still producing, a new urban geopolitics which allows the vast

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[35]Yacobi and Pullan, "The Geopolitics of Neighbourhood"; Bollens, *On Narrow Ground*.
[36]Israeli Government, *Municipalities Ordinance Law (Amendment No.6), 5727*.
[37]Yiftachel, *Ethnocracy*.
[38]Bimkom, *Trapped by Planning*.
[39]Jabareen, "The Politics of State Planning in Achieving Geopolitical Ends."
[40]Yiftachel and Yacobi, "Walls, Fences and 'creeping Apartheid' in Israel/Palestine."

majority of territory and resources in the Jerusalem metropolitan area to be controlled by Jews, while Palestinians are confined to disjointed enclaves, without real sovereignty, freedom of movement, control over natural resources, or contiguous territory.

The evolving geopolitics of the city created a situation in which two neighbourhoods – Shuafat and Kafer Aqab refugee camps – were isolated out of the wall.[41] Hence, on the one hand, they are considered as part of the 'Israeli territory' while on the other they are located with no access to the city, and suffer from a neglect of infrastructure, urban services and sanitation.[42] The Jerusalem neighbourhoods beyond the separation fence are considered today the poorest and densest areas of Jerusalem, to which Israel pushed a third of the city's Palestinian population.

Such geopolitics certainly partakes into determining the emergence of uneven urban health patterns. As discussed by Vitullo[43]: 'Our results were consistent with evidence in scientific literature that structural barriers, cultural subordination, and hostile state values adversely affect health of minority populations. Palestinians in East Jerusalem might perceive exclusionary national policies, which inequitably distribute social determinants, create structural barriers to equity, and hinder Palestinian development and free choice, to adversely affect their health and wellbeing'. Geopolitics become therefore extremely linked to biopolitical issues, as we explore below.

Pandemic and 'black hole' urbanism

It is difficult to estimate the exact number of identified patients with COVID-19 in East Jerusalem in general and in Shuafat and Kafer Aqab refugee camps in particular. In general, current data reports indicate that hundreds of Palestinians in the city are infected.[44] This number, we hypothesized, does not reflect a low infection rate or immunity of the Palestinian population in East Jerusalem to the virus, but rather a very low rate of population reporting on concern for COVID-19, a severe reluctance of East Jerusalem residents to carry out virus detection tests, and a low level of Israeli medical entities in the eastern part of the city.[45]

Health service, such as ambulances or clinics, for instance, are limited in the Palestinian neighbourhoods,[46] and the situation is even worse in Palestinian districts which are located beyond the separation fence, where 140,000 Palestinian residents live – a third of the population in the city. In practice, however, in these districts there is no enforcement of any health measures around the COVID-19 crisis: there are no tests to identify the disease in residents; there is no residents report of the disease and no closure is enforced in the same way as it is done in Jewish neighbourhoods.

The sovereign void created in these neighbourhoods, stems from Israel's attempt to block the Palestinian Authority from enhancing its own claims and governmentality in Jerusalem. In this context, it is reported[47] that Fatah have asked Israel to increase the surveillance and treatment of the COVID-19 epidemic in neighbourhoods beyond the fence, and even to put up checkpoints, in order to prevent Palestinians from moving to the areas of the West Bank, including Jewish settlements where Palestinian labour power is essential. Israel, for its part, limits, and even considers

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[41]In the scope of this paper we will not be able to discuss the transformation of these camps into urban entities. For a detailed study see: Haneya, "How Displacement Produces Informality."
[42]It is important to mention that these two refugee camps were marked in the 'Trump Plan' as neighbourhoods to be handed over to the Palestinian Authority, however they are still under Israeli sovereignty.
[43]Vitullo, "Social and Political Determinants of Health Equity of Palestinians in Jerusalem," 10.
[44]MAP, "As Palestinian Coronavirus Cases More than Double in a Week"; Nasrallah, "Webinar."
[45]WHO, "Updates on Coronavirus Disease 2019 (COVID-19) in OPt."
[46]MAP, Access to Healthcare (Briefing Paper).
[47]Ibid.

banning, residents from the neighbourhoods beyond the fence, to East Jerusalem within the fence, and to Jewish neighbourhoods in the city. Thus, 140,000 residents of sovereign Jerusalem find themselves without an address in the COVID-19's affairs, barred from the west and the east by a kind of enclave that no one is ready to handle.

Hasson[48] reports on a case that Israel ordered Palestinian police forces not to enter the village of Kafer Aqeb and to assist residents in enforcing regulations designed to curb the spread of the COVID-19 virus. Since the fight against the virus began, the state has authorized Palestinian militants to operate in the neighbourhood at least twice to enforce local regulations relating to COVID-19. The Israeli police is prohibiting the PA from operating within the Jerusalem jurisdiction area and it even closed a clinic to take COVID-19 diagnostic tests that were opened with the aid of the PA in Silwan. Hasson also mentions that residents of East Jerusalem who want to be tested are travelling to Jericho or Ramallah and conducting the examination there. Although several test centres have been opened in the eastern part of the city, most of these clinics belong to the Israeli health system (Kupat Holim) and not all residents can reach them.

Although biogeopolitical 'black hole' regards also data accessibility, we are well aware of how the current biopolitical regime is disproportionately affecting and harming vulnerable individuals and communities including people of colour, the poor, undocumented migrants, refugees and indigenous communities. Along the same lines, the following section on Phnom Penh shows how the pandemic has had a huge impact on the city's urban poor population that, as we attempt to show, has been historically excluded through the city's planning apparatus.

Phnom Penh: the biogeopolitics of urban poverty

Phnom Penh is today a highly contested city, whose urban fabric is marked by programmes of urban boosterism in the form of satellite cities, and by the proliferation of new residential developments, such as fancy condos and gated communities for the upper-middle class.[49] Such urban-scape is superseding dilapidated portions of the most central areas, constantly facing the threat of demolition, and an endless series of informal settlements rising on once idle or interstitial land.[50] This has led forced evictions, and to the creation of tens of relocation sites for the displaced urban poor in peri-urban areas. The COVID-19 pandemic, we argue below, has exacerbated such contested trends, isolating pockets of urban poverty and exposing a planning system whose discourses – historically centred around public health concerns – are intrinsically exclusionary.

In the early stages of the pandemic, Cambodia's response to COVID-19 was hailed as a successful one,[51] as measures against the spread of the virus were quickly enforced: educational institutions at all levels and entertainment venues were shut; domestic and international travel restrictions were imposed; public festivities were cancelled; a high number of tests were run.[52] A total of only 366 total cases was recorded throughout the year 2020.[53] Critics explained such low numbers in relation to an under-reporting practice, possibly connected to April 2020 State of Emergency Law,[54] which

[48]Hasson, "Israel Has Banned Palestinian Police."
[49]Paling, "Planning a Future for Phnom Penh"; Percival, "Urban Megaprojects and City Planning in Phnom Penh"; Talocci, *The Ambivalence of Urban Obsolescence*.
[50]Lindstrom, *Policy for the Poor?*.
[51]Chorn and Stromseth, "COVID-19 Comes to Cambodia"; Nit et al., "Letter to the Editor."
[52]Blakkarly, "These Countries Have No Official Coronavirus Cases."
[53]Tatum, "Cambodia Ends Controversial COVID-19 Restrictions."
[54]RGC, *Law on National Administration in the State of Emergency*.

made spreading or publishing news about COVID-19 a jailable offence.[55] The State of Emergency Law heightened the (bio-)power that the government could exercise over the nation, raising overall concerns about the safeguard of fundamental human rights[56]: it granted indeed the possibility to restrict freedom of movement and assembly, to enforce unlimited telecommunications surveillance, and even the possibility to seize private property.

One year later – in April 2021, amidst soaring numbers of contagions and deaths – such measures were further exacerbated through the enforcement of a strongly criticized lockdown, which adversely affected the urban poor population.[57]

While the lockdown was eventually lifted only a month later,[58] it is important to enquire its bio-geopolitical nature, and the one of the subsequent China-backed vaccine rollout.[59] In the following sub-section, we ground such enquiry in Phnom Penh's historical planning apparatus.

An exclusionary planning framework and Phnom Penh's urban poor

After Cambodia gained independency from France in 1953, King Norodom Sihanouk pushed for a modernization of the capital Phnom Penh, expanding (while emancipating from) the 'modern' project of urban renewal started by the French. This happened through projects of urban beautification and monumentalization, through the construction of new public buildings, housing for civil servants, further road infrastructures. Much of this momentum was driven also by needs of sanitizing the city's inner districts, as testified for instance by the demolition of a slaughterhouse as part of the project for the new Tonle Bassac's civic tribune.[60]

Discourses revolving around hygiene concerns have kept permeating the rhetoric of actors shaping projects of urban regeneration, and greatly affecting the public perception and ultimate destiny of Phnom Penh's urban poor areas – often informal settlements – which, in the last twenty years, have been often eradicated from the central districts through operations of social cleansing. The 2001 Land Law provided indeed fertile ground for exclusionary discourses to thrive, allowing land expropriations for the sake of a loosely defined 'public interest.'[61] The Land Law has been read as a planning tool for the accumulation of capital in the form of land, as a capstone for Cambodia's political economic transformation and rapid neoliberalization.[62] Further to the possibility of expropriation, the Law establishes indeed the category of State Private Land – land that is public but nevertheless can be made available for Economic Land Concessions to investors. Accompanying the Land Law, the Circular 03[63] loosely regulates forced evictions, defining urban poor settlements as 'temporary' and 'illegal,' though its first version had used the term 'anarchic,' too.[64]

The term 'anarchic' reappears in a document setting the case for the eviction and consequent redevelopment of a parcel of prime central land, Dey Krahorm[65]: in the words of developer

[55]Sun, "Cambodia's Sentencing of Journalist."
[56]Peou and Ni, "Political Crackdowns Follow Cambodia's COVID-19 Lockdown."
[57]Nov et al., "Impact of the Third Wave of the COVID-19 Pandemic"; Bopha, "Mounting Desperation in Cambodia amid COVID Lockdown."
[58]Tatum, "Cambodia Ends Controversial COVID-19 Restrictions."
[59]Hunt, "Cambodia Backs Vaccinations as COVID-19 Case Load Soars."
[60]Grant Ross and Collins, *Building Cambodia*.
[61]RGC, *Land Law*; RGC, *Expropriation Law*.
[62]Springer, "Illegal Evictions?"; Springer, *Violent Neoliberalism*.
[63]RGC, *Circular No. 03 on Resolution*.
[64]Lindstrom, *Policy for the Poor?*.
[65]7NG Group, "Loan for Housing and Company Vision for Urban Development"; Licadho Canada, *Dey Krahorm Community Land Case Explained*.

7NG, the informal settlement is defined as 'anarchic', 'jobless,' 'violent,' and 'unhealthy', setting the tone for an exclusionary wave of urban transformation that ultimately led to the construction of fifty-four relocation sites in Phnom Penh's peri-urban landscape.

In such cases, both the top-down investments leading to evictions and the bottom-up responses to such violence follow logics transcending local and national boundaries: on one hand, Phnom Penh's has become a receptacle for capital investments from multiple Asian countries such as Korea and Indonesia,[66] but also China and Japan,[67] through the implementation of a long series of mega-projects for residential and business districts; on the other hand, local communities are most often organized by international NGOs (or local ones, though depending on foreign donors)[68] accused by the government to follow hidden political agendas in order to create instability and support the raise of a political opposition.

International linkages have been fundamental in shaping the response to epidemics and diseases,[69] too – including the current COVID-19 pandemic, as we explore further below – easing access to medicines and creating specialized clinics and hospitals. The case of HIV/AIDS is a particularly relevant one, as the Municipality of Phnom Penh, back in 2009, had been accused of planning to create 'HIV colonies' starting from the relocation site of Tuol Sambo[70] – 17 km away from the city centre – whereby 60 units built with makeshift materials were assigned to HIV-affected households displaced from the central area of Borei Keila, at the time undergoing redevelopment, and from several settlements along the Tonle Sap River. While the UN, the National AIDS Authority, the Municipality of Phnom Penh and Caritas Cambodia[71] agreed ultimately for a project of housing upgrading, the HIV-affected households experienced segregation from the wider surroundings due to stigma, even after further 88 (non-HIV-affected) households from Borei Keila were relocated to the same site in 2012.[72] Such episode recalls the exclusionary mechanism of the leprosy paradigm, though already showing patterns of geopolitical pressure through media outlets, to counter the planning strategy of the Municipality.

The current crisis: the seclusion of urban poor settlements and the strengthening of geopolitical ties

While, as mentioned above, the Cambodian response to the pandemic was hailed as a success, the World Bank[73] remarked the difficulties the government measures brought upon the economic situation, with tourism, building construction and garment production being heavily impacted by the early restrictions – respectively because of the border closure, the slow-down of investments by developers and the decrease of orders placed by foreign apparel companies.[74] As such three sectors

[66]Percival, "Urban Megaprojects and City Planning in Phnom Penh."

[67]Talocci, *The Ambivalence of Urban Obsolescence*.

[68]See, for instance: Amnesty International, *Eviction and Resistance in Cambodia*; Human Rights Watch, "Statement on Cambodia's Proposed Law."

[69]See, for instance: U.S. Embassy in Cambodia, "Centers for Disease Control and Prevention."

[70]Talocci, *The Ambivalence of Urban Obsolescence*.

[71]UNHR, *Eviction and Resettlement*.

[72]Talocci, *The Ambivalence of Urban Obsolescence*.

[73]World Bank Group, "Monitoring the Impact of COVID-19."

[74]Hoekstra, "Coronavirus Brings Trouble to Cambodia's Garment Industry"; World Bank Group, "COVID-19 Epidemic Poses Greatest Threat."

account for 70% of the country's GDP and almost 40% of paid employment, there had been obvious concerns about the country receding into deep poverty.[75]

More than one year into the pandemic, on 19 April 2021, a strict lockdown had to be enforced to counter increasing numbers in terms of both contagions and deaths. For Phnom Penh, the government utilized a zoning approach, with 'red' areas[76] – overlapping a multitude of urban poor settlements North of the city centre and in the South-Western periphery – whereby inhabitants were prohibited to leave their homes even to buy basic necessities. Markets were shut down, too, and both local and international aid agencies were forbidden to enter the areas.[77] A series of NGOs, with Amnesty International being the most vocal one, reported the desperation of people dealing with hunger and overcrowding, and criticized the inaction of the United Nations in granting support to the civil society organizations and, consequently, to the poor population.[78] The government reacted fiercely, speaking of fabricated news and remarking the effort of government officers in distributing bags of rice to all the population in lockdown.[79]

Such controversial measures were however lifted on 20 May, amidst mounting pressure of residents.[80] The lockdown measures were criticized further as responding to Western criteria,[81] rather than taking into account the complexity of the context, its poverty and its overcrowded housing stock – whereby the order sought by the plague paradigm would be impossible to achieve.

In the meantime, the government was able to further relax the restrictions thanks to a solid vaccine rollout that, at the time of writing, has reached the majority of the adult population, contributing to slowing down the propagation of the virus.[82] The doses of vaccine were produced in China and the local media gave plenty of exposure to the performances of high-ranked politicians aiming to publicly show the solid geopolitical ties between the two countries.[83] While recent analyses[84] show that only a 20% of the total doses received from China were actually donated – the rest was purchased by the Cambodian government – the same analyses suggest that the speed through which the vaccines reached Cambodia can be explained only by the strengthening of the China-Cambodia alliance in the last five years, at the expenses of political ties with other countries.[85] In the meantime, Cambodia itself has made a monetary donation to the neighbouring Laos, along with 500'000 doses of vaccine,[86] in an effort to curb COVID-19 numbers in the region and at the same time rise as an important political player, while unrest in the urban poor settlements of Phnom Penh has been once again controlled through an important though piecemeal initiative.

In the following section, we move to Toronto, whereby the historical planning apparatus has similarly isolated the urban poor, though in the inner suburbs, where the COVID-19 pandemic has disproportionately impacted immigrants and people of colour.

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[75]Hoekstra, "Coronavirus Pushing Cambodia Back into Poverty"; Sim, "Cambodia"; Redmond, "[Photos] A Cambodian Community's Struggle"; Strangio, "Report Reveals COVID-19' s Deep Impact."

[76]Nov et al., "Impact of the Third Wave of the COVID-19 Pandemic."

[77]Bopha, "Mounting Desperation in Cambodia amid COVID Lockdown."

[78]Mishra, "Cambodia."

[79]Bopha, "Mounting Desperation in Cambodia amid COVID Lockdown."

[80]Tatum, "Cambodia Ends Controversial COVID-19 Restrictions."

[81]Hunt, "Cambodia Backs Vaccinations as COVID-19 Case Load Soars."

[82]Xinhua, "Cambodia s COVID-19 Cases Dip"; Turton, "Cambodia COVID Cases Plumm PM Orders Reduced Testing."

[83]King and Sullivan, "Cambodia's Ties with China."

[84]Strangio, "What Explains Cambodia's COVID-19 Vaccine Distribution Success?"; Hutt, "China Isn't the Only Reason for Cambodia's Vaccination Success."

[85]Australia – a country that through AusAid has been strongly involved in the country's infrastructural development – has recently pledged three million doses to Cambodia, too. See, for instance: Heijmans, "Australian Government Ordered Railway Investigation."

[86]Khmer Times, "Cambodia Donates $ 13 Million and 500, 000 Doses of COVID-19 Vaccines to Laos."

Toronto: the biogeopolitical paradoxes of diversity

Toronto is an example of what Sandercock[87] defines as a 'cosmopolitan metropolis' – a large city characterized by exceptional cultural diversity. The dominant force shaping Toronto's diversity is immigration and the subsequent restructuring of society and space. Planning has thus been positioned as a key biogeopolitical tool for accommodating diversity in Canadian cities generally and Toronto specifically. In this section, we show how planning discourses have privileged desirable forms of diversity (notably highly skilled foreign-born workers) at the expense of racialized poverty in Toronto, and how these discourses have contributed to an 'ethnoscape'[88] of division between the residential elite in the inner-city and immigrants and poor people of colour relegated to the inner-suburbs: in so doing, we show how the pandemic has exposed these divisions and the planning discourses that help to produce and maintain them.

The largest COVID-19 caseloads in the lead up to summer of 2020 were found in the northwest and northeast parts of the city, which generally accommodate large low-income and immigrant populations.[89] By the end of May 2020, the most racialized neighbourhoods were ten times more likely to be infected by COVID-19 than the least racialized ones.[90]

The socio-spatial distribution of COVID-19 is not accidental; it reflects the widespread gentrification of the downtown core and the subsequent displacement of racialized poverty to the inner suburbs. Studies not only show that poverty is decentralizing along race and class lines,[91] but also concentrating in high-rise rental apartments.[92] These structures concentrate the conditions for the spread of outbreaks, including multiple residential units (many overcrowded), common spaces (such as elevators and foyers) and shared facilities (such as laundry rooms), all of which make social distancing difficult if not impossible.[93] While high-rise urban form played a key role in the SARS outbreak in Toronto, Singapore and Hong Kong,[94] Kiel[95] argues that the concentration of interactive diaspora networks in Toronto's low-density suburbs played an important role as well. Others[96] contend that COVID-19 is a disease that impacts urban peripheries where inequities in planning, governance and service provision are often concentrated, which we see as one of the most visible expressions of Toronto's new biogeopolitical urban regime.

Urban reform, planning and socio-spatial injustice

In 1967, the Federal government introduced a points-based system to evaluate immigration applications as part of a national effort to promote multiculturalism, which led to an influx of immigrants from Africa, Asia, Latin America and the Caribbean. This policy profoundly transformed the composition of Canadian cities away from Europeans, leading to the emergence of non-white urban neighbourhoods.[97] In Toronto, more than half of the population are newcomers.[98]

[87]Sandercock, *Towards Cosmopolis*.
[88]Appadurai, "Disjuncture and Difference in the Global Cultural Economy."
[89]Toronto Foundation, *The Toronto Fall Out Report*.
[90]Ibid.
[91]Hulchanski, "The Three Cities Within Toronto."
[92]United Way Toronto, *Vertical Poverty*.
[93]Eykelbosh, *COVID-19 Precautions for Multi-Unit Residential Buildings*.
[94]Keil and Ali, *Networked Disease*.
[95]Keil, "The Density Dilemma."
[96]Biglieri, De Vidovich, and Keil, "City as the Core of Contagion?."
[97]Ahmadi, "Is Diversity Our Strength?"
[98]Ibid.

It is difficult to attribute the extent to which Toronto's historical planning apparatus is responsible for the concentration of poverty generally and racialized poverty specifically in the inner-suburbs, which can also be attributed to shifts in the preferences of the middle- and upper classes (the gentrifying classes) toward the inner-city from the 1970s,[99] to the history of 'downtown elitist reformist politics' that has not meaningfully engaged immigrant and working-class populations,[100] to provincial reforms to urban planning and governance, and to the continued lack of immigrant political representation in the city council.[101] As well, planning never intended for the inner-suburbs to serve as the main port of entry for migrants, although planning did view high-rise rental housing as potential homes for migrants (predominately European) who were arriving in large numbers while the inner-suburbs were being constructed.[102] However, we see the strongest links between planning and socio-spatial inequality arising from the neoliberal reforms of the 1990s involving municipal governance, spatial strategies and discourse, as discussed below.

Neoliberal governance reforms in response to the fiscal difficulties of the late 1980s have strongly influenced Toronto's approach to managing diversity. In 1998, conservative Premier of Ontario, Mike Harris, amalgamated Toronto's six lower-tier municipalities into a single-tier City of Toronto (labelled the 'megacity') as a cost-saving measure.[103] The decision resulted in the incorporation of the inner suburbs situated between the border of the old city (the downtown core) and the new city (the outlying municipalities and regions), known as 'the in-between city.'[104] Amalgamation exacerbated existing 'us versus them' tensions by effectively dividing the city against itself, increasing the difficulty of addressing the needs of diverse urban communities.[105] In addition, the Province of Ontario downloaded social welfare (including social housing and public transport) to the municipal level without additional resources or the authority to enact new taxes or raise funds, forcing the new single-tier municipality to do more with less in the face persistent immigration and population growth.[106]

The fiscal difficulties and municipal restructuring of the 1990s motivated a shift away from the downtown reform-focused planning of the 1970s and 1980s towards an entrepreneurial approach to planning seeking to make Toronto into a competitive city.[107] The city's pre-amalgamation official plan emphasized social equity in planning and promoted residential neighbourhoods surrounding the downtown core.[108] In contrast, the city's first post-amalgamation official plan sought to boost Toronto's position as a global city and attract capital, knowledge workers and tourists through municipal investments and planning interventions mainly targeting the downtown core, with a particular interest in the waterfront.[109] The plan's emphasis on easing planning restrictions (notably on density), consolidating public participation and combatting sprawl through urban intensification has been heavily criticized for promoting elitist downtown reformist politics at the expense of immigrants and working-class populations in the inner-suburbs.[110]

[99]White, *Planning Toronto*.
[100]Joy and Vogel, "Toronto's Governance Crisis."
[101]Kipfer and Keil, "Toronto Inc?", Siemiatycki, "Governing Immigrant City."
[102]White, "Toronto's Inner Suburbs."
[103]Boudreau, "Megacity Toronto."
[104]Boudreau, Keil, and Young, *The Changing Toronto*.
[105]Greenberg, *Toronto Reborn*.
[106]Boudreau, Keil, and Young, *The Changing Toronto*.
[107]Kipfer and Keil, "Toronto Inc?."
[108]Frisken, *The Public Metropolis*.
[109]Joy and Vogel, "Toronto's Governance Crisis."
[110]Ahmadi, "Is Diversity Our Strength?"; Boudreau, "Megacity Toronto"; Boudreau, Keil, and Young, *The Changing Toronto*; Joy and Vogel, "Toronto's Governance Crisis."

The discursive politics of urban exclusion in times of COVID-19

Central to the city's competitive city planning strategy is the instrumentalization of diversity as an economic asset.[111] This discourse is embodied in the theory of the creative class,[112] which equates diversity with highly skilled foreign-born populations who promote innovation and entrepreneurism. Biogeopolitically, this discourse devalues racialized communities 'who do not embody 'desirable' or 'marketable' forms of diversity'[113] and risks biasing health and safety measures (both during and beyond the pandemic) toward urbanist preferences for wider sidewalks, less cars and more green spaces in the downtown core. While these interventions are important, they fail to recognize or address the extent to which deficits in adequate housing, services and health care are concentrated in the inner suburbs.[114]

Diversity has thus become a key biogeopolitical tool for managing demographic change in ways that celebrate cultural differences as part of neoliberal plots to 'sell diversity'[115] and promote 'competitive city' status.[116] In this way, diversity combines the identity of immigrants and people of colour with 'unabashedly bourgeois urbanism championed by an alliance of real-estate capital, pretty bourgeois circles, specialists of the urban (academic and professional) and, of late, the so-called 'creative class'.[117] The latter group are the dominant influence on urban policy and everyday life in the city, creating a new form of 'differentialist racism'.[118] The COVID-19 pandemic in Toronto thus challenges the discourse on diversity by highlighting the extent to which racialized poverty rendered immigrants and people of colour the most vulnerable.

Discussion and conclusions

The cases of Jerusalem, Toronto, Phnom Penh have shown how heterogeneous biogeopolitical regimes are shaping the socio-spatial fabric of the three cities, exacerbating exclusionary patterns.

In Jerusalem, within the settler-colonial urban context, housing and infrastructure are marked by deep patterns of inequality and exclusion that minimize the control of minority members over resources and territory. This situation, in turn, dictates health disparities in general and in moments of crisis – such as the COVID-19 pandemic – in particular. As Yacobi and Milner[119] argue planning plays a significant role in the settler-colonial urban project. Under the guise of professional, benevolent neutrality, planners and policy makers (historically and in present time) use their authority and expertise to promote the goals of the settlers – clearly exposing the oppressive side of planning which in turn causes a systematic production of health inequalities.

In Phnom Penh, COVID-19 has exposed further the apparent distance and obvious clashes between institutional power and urban poor communities, with civil society organizations no longer in the position to act as mediators in the process of urban transformation but, rather,

[111]Ahmadi, "Is Diversity Our Strength?."
[112]Florida, *The Rise of the Creative Class*.
[113]Ahmadi, *Is Diversity Our Strength?*.
[114]Joy and Vogel, "Toronto's Governance Crisis."
[115]Abu-Laban and Gabriel, *Selling Diversity*.
[116]Kipfer and Keil, "Toronto Inc?."
[117]Goonewardena and Kipfer, "Spaces of Difference."
[118]Ibid.
[119]Yacobi and Milner, "Beyond 'Causes of Causes.'"

once again accused of partiality. The 'violent neoliberalism'[120] at play in Phnom Penh's transformation processes is exacerbated by COVID-19, showing the government's capacity to seclude urban environments, while at the same time strengthening geopolitical ties to nurture a discourse of success against the virus.

In Toronto, the concept of biogeopolitics enables an understanding of how the discourse on diversity can be used to manage outer forces linked to globalization and immigration and inner forces linked to shifting demographics, and to produce 'ethnoscapes' in which access to housing, labour markets, services and health care are mediated by race and class and geographic location. We observe how the pandemic has not only revealed the racialization of poverty and infectious disease, but also the bias in municipal investments and planning interventions toward the inner-city at the expense of the inner suburbs, and the lack of concern for equity and justice as planning problems.

In all cases, we ought to remark the dense and over-crowded nature of the urban environments we explored, further afflicted by a dilapidated sanitation infrastructure. Social distancing is a privilege open only to those who live in secure and large enough housing conditions that allow for the practice of this restrictive measure. In Jerusalem's Palestinian neighbourhoods, it would assume a level of control over density, distances and spatial regulations: however, even in the few cases where residents are prepared to go into solitary confinement due to concern for COVID-19, it is not possible to do so, due to the high population density.[121] The same can be said for Phnom Penh's poor settlements, whereby the attempt at enforcing seclusion and social distancing has resulted in unrest and populations strongly affected by the lack of access to livelihoods and food; and for Toronto, whereby social distancing logics fail to acknowledge the prevalence of interactive diaspora networks in the inner-suburbs where many immigrants and poor people of colour live in deteriorating conditions and work in the service sector, including the health system.

We conclude that planning history and current planning practice and discourse are central for understanding the effect of COVID-19 on urban communities. However, we attempted to show the limits of both current biopolitical approaches to planning (especially in overcrowded contexts) and biopolitical analyses of planning practices, revealing how geopolitical forces intersect the Foucauldian paradigms of the plague and the leprosy – ultimately rendering them blurred, if useful at all. In such an effort, the comparative dimension has been fundamental in – again building on Robinson[122] – decolonizing our thinking process – avoiding simplistic categorizations and hierarchies – and allowing us ultimately to discuss differences across (ordinary) cities, as shaped by (bio)geopolitical processes developing at the global scale. In line with Horton's discussion on COVID-19 as a syndemic,[123] underlining the social origins of the pandemic, we suggest therefore a disciplinary shift, whereby planning is understood as structuring the assembling of spatial conditions, their interaction at the biological, social and psychological level, and how these are shaped by biogeopolitical factors.

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[120]Springer, *Violent Neoliberalism*.
[121]This has been especially the case in the Shuafat refugee camp.
[122]Robinson, *Ordinary Cities*.
[123]Horton, "Offline"; Yacobi, "Syndemic Urbanism."

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Donald Brown is an inter-disciplinary development planner with a formal background in urban and regional planning. He has over ten years of international research and practical experience across a variety of pressing urban development issues, ranging from the informal economy to disaster risk reduction, climate change adaptation and public health in the broader context of sustainable development. Donald has worked with international and local NGOs, policy and research institutions, universities, hospitals, the private sector, communities and their local support organisations. His work has taken him to various countries throughout Asia and Africa, including Malawi, Nigeria, Sierra Leone, Somaliland, South Africa, Bangladesh, Indonesia, Nepal, the Philippines and Thailand. Donald was involved in the ESRC-DFID research initiative Urban Africa Risk Knowledge (Urban ARK) dedicated to breaking cycles of urban risk accumulation in sub-Saharan African urban centres. His doctoral research focused specifically on environmental health risks in fast-growing secondary centres. Prior to joining the Development Planning Unit, Donald worked as a planner in Malawi and as an international research consultant in the UK.

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