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The DPU (post)COVID Lexicon

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Adriana Allen, Colin Marx, with
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Introduction

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During the last year, the global pandemic has affected teaching, research and public engagement at the DPU. It has required our staff, students and partners to think creatively about how to continue with their work and commitments both locally and globally. In this special issue - The DPU (post)COVID Lexicon - we reflect on selected key terms at the core of the DPU's work, and share some thoughts on the related issues, challenges and opportunities that COVID-19 has brought to the fore in our academic and professional lives. The pandemic presents an opportunity to critically revisit policies and planning approaches, as well as processes fundamental to understanding current urban conditions. Generally, the last few decades of urban development have been characterised by the domination of private (capital) interests versus common good in cities, and the related privatisation (of space, services and infrastructure) versus the provision of means for collective consumption. In parallel to the policy-driven commodification of urban spaces and emerging social diversity in cities, we have also witnessed rising levels of socio-spatial inequality, hyper-segregation, poverty and homelessness. As many of the

discussions in this special issue attest, COVID-19 has exposed and reinforced (rather than necessarily created) these social gaps, and uncovered the weaknesses of this form of urbanity, especially when we talk of a 'return to normality'.

The accelerated urbanization processes of recent decades - as most of the world's population now live in cities - requires consideration and planning for the wellbeing of urban residents beyond the current health crisis. With widening social and economic gaps within and between cities, such questions of environmental and social justice increasingly shape the everyday lives of urban dwellers. It is now clear that premature deaths and diseases resulting from poor environmental conditions are disproportionately concentrated in areas where residents of certain ethnic and racial groups are concentrated. In recent decades, there have also been voices in research and practice that emphasize the need to move away from an exclusively clinical approach to health towards one that encompasses an understanding of the broader interconnected social and spatial aspects of the city that affect public health. In this context, the definitions and approaches

of urban development planning addressing some of the issues highlighted in this special issue (relating to land, housing, open spaces, transport and mobility, among others) directly and indirectly impact the health of urban populations. As discussed in this special issue, a significant turnaround can be seen in the role of development planning in responding to immediate challenges. The diagnosis of a link between poor environmental conditions in the industrial city and epidemic outbreaks has harnessed planning for the regulation of space, addressing aspects of sanitation and hygiene which are the basis of urban life. With the hope of returning to a 'new normality', we should work towards the flattening of the already existing curve of spatial injustice in cities. What we see from the last year is that the effects of COVID-19 vary depending on the strength of the welfare system, including health, education and housing. The response to the aggressive neoliberal policies of the last few decades is to develop urban planning that will ensure greater accessibility, better quality care and solidarity; and more diverse housing, open spaces, infrastructure and services.

Zoonoses

Julio Dávila

In 1969 the US Surgeon General declared the end of the era of infectious diseases. Soon after, Harvard and Yale Universities closed down their infectious disease departments. Science had conquered one of humankind's worst scourges and could address 'modern' diseases such as cancer, diabetes and heart disease. Two decades later, US and Western European cities would be violently jolted by news of a new disease killing scores of mainly young men. HIV/AIDS would eventually kill over 32 million people worldwide. The deaths of citizens of rich countries launched a massive scientific effort to find a cure that still proves elusive. The optimism of the 1960s was premature. In 2020, COVID-19 gave the world a much more violent jolt. Despite having a lower death rate than HIV/AIDS, its economic and social consequences are much more profound, with hundreds of millions of children missing out on school for a year, an even higher number of workers in low and middle-income countries losing their sources of livelihood, and an as yet unquantified mental health pandemic. Through remarkable international collaboration and ingenuity, scientists came up with several COVID-19 vaccines within a few months. COVID-19 and HIV/AIDS originated in viruses that jumped from vertebrate animals to humans. Like some 60% of emerging infectious diseases in humans, they are zoonotic diseases traceable back to an animal reservoir, often in the wild. HIV/AIDS originated in chimpanzees and SARS-CoV-2, the virus that causes COVID-19, most likely came from bats. These illnesses starkly remind us that, as countries and cities have become more closely interconnected through air travel and trade, diseases can spread rapidly with no regard to national boundaries. They also show that over-exploitation of natural resources in distant lands not only risks exhausting the planet's

Pigs in alleyway in Viwandani, an informal settlement in Nairobi. Photo Credit: Julio Davila



limited reserves, but can also unleash powerful forces that modern science might be unable to contain next time. Zoonoses has also been linked to human exploitation and colonialism. Geneticists pinpoint the origins of HIV/AIDS to early 20th century Cameroon, with one hypothesis attributing it to the need by African soldiers and porters forcibly recruited by European Colonial powers to hunt and eat wild chimpanzees. Until vaccines are fully rolled out, the current pandemic may take years to subside, especially in poorer nations. And yet, one of the 1.7 million unknown viruses lurking in the wild, or some other zoonotic pathogen, could cause similar havoc in the near future. Despite affecting the daily lives of millions, including poor inhabitants of urban informal settlements, few of the 260 or so zoonotic viruses known to infect humans are headline-grabbing. As research work by the DPU with colleagues in the UK and Kenya shows, zoonotic diseases are amplified by the increasingly frequent interaction between humans and live animals,

or foodstuffs of animal origin. Capital-intensive farms that tightly pack live pigs, cattle, chicken and ducks together may lead to lower food prices but are also breeding grounds for diseases that can spread to neighbouring farms and to humans. Insofar as these are a market response to the food demands of fast-growing cities, by understanding their risks and potentials, urban development planners can make an important contribution to reducing the crippling daily toll of zoonotic diseases among the poorest urban residents, while also ensuring that all city dwellers have access to secure sources of affordable, uncontaminated and nutritious food.