Book review forum: Pandemic urbanism: Infectious diseases on a planet of cities

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Introduction

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Pandemic Urbanism by S Harris Ali, Creighton Connolly and Roger Keil, landed on the shelves of bookshops around the planet in 2023, just as most had eventually re-emerged from lockdowns and social distancing and had begun venturing back into those very bookshops. The book is a testament to a moment that affected urbanists across the world in an almost uniquely commonplace way, and a fitting summary of timely writing and interventions by the authors right in the midst of the COVID-19 crisis, not least in the pages of *Urban Studies* (Connolly et al., 2021). It is an invite not to forget and to use the crisis we spoke, wrote and read much about between 2020 and 2023 as a central tenet for urban theorising going forward. As the authors put it in a poignant introduction, the pandemic hit cities at the heart of their very purpose, as aggregators of humanity, and put a dagger in a moment of deep 'urban age'-inspired optimism about the future of our fast urbanising planet. It affected deeply, as they put it, 'the tissue of urban life' and laid it bare for many, if not to some degree all, to see.

Indeed, the book itself has a long lineage, as the authors remind us, in the deep intertwined tango of infectious disease and the urban conditions. Undoubtedly it is not just the conceptual and historical dimensions of the book that 'go a long way back' with pandemics, but some of the authors' own evolution as scholars. Yet Ali, Connolly and Keil resist proverbial 'I told you so' and consistently take us on a mix of empirical and conceptual trajectory to cast our urbanist gaze, and refresh our urban analytical frames, by better attending to the planetary ecologies of disease in an era of extended urbanisation. As such, *Pandemic Urbanism* fittingly follows on and improves on framing of urban studies as taking place within the context of the 'urban' as a planetary phenomenon, and does much more than just recounting a complex, painful and poignant time in recent history. It often pushes, as the last chapter puts it in its title, to think of 'the city after the plague' not simply as a historical juncture but as an analytical move from the city to what the spatialities of infectious disease tell us and how extended urbanisation plays out in the years ahead, without forgetting the likelihood of yet another pandemic. For instance, the book pushes for new concepts like 'urban political pathology' or frames to grasp human–nonhuman interactions that frame the development and travels of pandemics more specifically, but also the evolution of urbanisation more generally. In this forum, we gather a number of diverse viewpoints commenting on *Pandemic Urbanism* not just as a work of its time but as a basis for changing the lenses with which we frame urban studies going forward. We reflect on its urban justice elements, call for community views and urban governance dynamics, commend the authors but also question some of their ontological choices, in a friendly back and forth that ends with a fitting response by Ali, Connolly and Keil. As they remind us, *Pandemic Urbanism* is at the same time a historical reminder, a contemporary account of a crisis, but also an imaginative orientation that can serve as a 'launching pad' to facilitate innovations in urban studies.

Reference

Connolly C, Keil R and Ali SH (2021) Extended urbanisation and the spatialities of infectious disease: Demographic change, infrastructure and governance. *Urban Studies* 58(2): 245–263.

Commentary I

City making and the division of suffering

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Written by a team of three urbanists who are also environmentalists, *Pandemic Urbanism* offers several interesting aspects to explore. Infectious diseases shape the security architecture of modern cities in as much as political ecologies of disease tell us of the patterns of extended urbanisation. Knowledge of governance of diseases like SARS, Ebola and COVID-19 gives us a sense of how our planet of cities has evolved in recent time. One may speculate on reading the book, for instance Chapter 8: as a form of the human condition, will the city ever find itself *after the plague*? Or, will the plague as an urban condition remain forever a part of the life of a city? Perusal of aspects and questions like these has become important today to explore the urban condition and the significance of what has been called the urban turn in human history.

Something that comes out of the discussions in the book is the question of the division of suffering in city making. The city as a specific form of human settlement is made through logistical considerations, which divide and conjoin the territory of what is named as a city. These logistical considerations (such as walls, roads, urban districts, open spaces, merchant quarters, administrative buildings, water and electricity distribution mechanisms, sewerage, transportation, communication grids, data centres, seats of rule) are what Foucault (1980) called dispositifs or apparatuses. They make the city. But the working of these apparatuses of city making is never standardised or homogenous. There is also no harmony in the working of the various parts of the organism called the city. Contentions, heterogeneity and unforeseen and uneven impacts of these logistical features on various sections of the population and various parts of the urban territory mark the process of city making. The process never ends. Each phase of urban regeneration reproduces the secular feature of differentiation, asymmetry, hierarchy and

heterogeneity. New fault lines appear in as much as old fault lines reproduce themselves. One of the remarkable cleavages marking the city is the division in suffering. All that appears as social suffering never impacts the *society* equally. What then makes such suffering *social*? The book provides windows onto that enigma. The cynics will say that the word *social* hides divisions in suffering. As one leafs through pages of the book (e.g. pp. 128–132), this is something that will strike a less sociologically inclined reader.

As the book shows, the *public* of public health is a historically contingent category. *Health* similarly is a received knowledge, subject to ruling notions such as miasma, contagion, dirty people, density of living, etc. These regimes of knowledge not only make or unmake power; they also create divisions. Diseases produce suffering. Yet this suffering is never an unmediated phenomenon. Pandemic urbanism produces divisions in suffering.

In the urban condition, does everyone suffer the pandemic in the same way? Suffering hunger, unemployment, insecurity of work and social discrimination of various kinds, sections of society experience diseases in ways that the entire society does not. The urban condition in the pandemic time tells us how suffering is produced and contained in our societies. The migrant workers in India who broke the lockdown measures and began walking hundreds of miles to reach home were forcibly interned in camps, buildings and cordoned-off and guarded open spaces, and were sprayed with DDT as if they were carriers of virus. On the other hand, logistical workers and 'frontline' workers were forced to carry on with their work while the rest of the society remained secure in the self-quarantined state. In both cases, the idea was that the society would not have to suffer if some go through all the suffering. The ultimate problem was: how to place the mobile body in the geography of

disease control? The neoliberal calculus of necessary deaths to ensure the safety of the society orders urban life. As the migrant crisis of 2020 in the wake of the pandemic in India showed, suffering is now made visible by neoliberalism. Suffering became a calamity, a spectacle, and later COVID-19 itself became a business opportunity – for vaccine producers, digital barons, logistical czars and other corporate business houses.

Urban methods to contain diseases inflect the phenomenon of suffering with connotations of pathology, crisis and the deterioration of life. The challenge is: how will urban society wrench away the experience of suffering from the clutches of individualisation and make it a collective experience, and therefore not as a zero-sum one, but as a fresh reservoir of ideas towards framing newer norms of urban justice?

This is where *Pandemic Urbanism* is instructive for readers. The book educates us on how ruling concepts of infectious diseases guide urbanism while ignoring the question of urban justice. The colonial policy of building a city on segregating structures was noted by Franz Fanon (1963) decades back in the case of Algiers. *Pandemic Urbanism* also refers to the spatial relation in a colonial city and notes that such policy was based on the idea of 'protecting the health of the Europeans from exposure to "native diseases" (that) served as a rationale … (and) bolstered the impetus towards the colour bar as a policy' (p. 81). Consequently, these cities have been ill-prepared to cope with the challenges of highly infectious diseases. However, here we have to note that while the unequal allocation of resources among the city population characteristic of colonial times has limited the capacity of urban bodies to fight diseases, popular politics and urban self-government in postcolonial democracies have proved to be adopting the phrase made famous by Marx (1894), what we may call

'counteracting tendencies' or 'countervailing tendencies'. Populist administrations, slum leaders, political leaders emerging from the ranks of the lower orders of the society and the network of relation and trust among the subaltern quarters of a city are at times successful in turning the table. The relative success of the Dharavi slum in Mumbai or the slums in Kolkata in coping with COVID-19 owes to the political capacity of the lower classes to wage battle over resources, and make this battle life-centric. Life has a stake in the understanding of the lower classes. I have termed this elsewhere 'biopolitics from below' (Samaddar, 2021).

Significantly, the book terms diseases like the COVID-19 as 'a disease of the periphery' (p. 195). It is an important insight but unfortunately the book does not push it enough. It is true that saving lives did not become central to the preoccupation of states apart from for few months. The political economy of the corporate world went on as usual, in fact expanding in some ways. Wars resumed, along with the resumption of the neoliberal crusade against the precarious working populations around the world. This indeed is what the subaltern historian Arnold (2020) had apprehended in a commentary as the pandemic was ravaging India. Yet, while the territory of the disease spread and the microbial traffic were evident, commentators have been unable to adopt the position of the *periphery* to view and analyse the phenomenon itself. Does disease mean the same to everybody? The book in several places reaches this dangerous question, but recoils from pushing the implications of the question further. Nonetheless, in view of the related phenomena of 'global urbanisation and spread of the disease' (p. 176), the formulation, namely, that COVID-19 is a 'disease of the periphery' is of fundamental significance. Neither the globality nor the spread is even. The viewpoint of the periphery is an epistemic one.

We might say that this has always been the case. As Trubeta and her co-researchers show (Trubeta et al., 2021), 'medicalising borders' is an act of power. Border making and boundary delimitation are acts of power. In times of epidemiological gravity, the city becomes a dense site of these border makings. The city replicates as well as produces models of border making that then spread globally. Lockdown, partial lockdown, quarantine rules, delivery services, vaccination campaigns, oxygen supply, new rule books and protocols of ICU management for COVID-19-stricken patients – all these become subjects of global modelling, including statistical modelling. The role of specialists and technocrats, far removed from the epidemiological disaster visiting the lower classes of society, becomes crucial. Pandemic urbanism turns out to be a model the world will be expected and at times coerced to follow. The 'political ecology of the disease' (p. 46) not only relates to the supposed origin of the disease (and thus the search for what Mckay (2017) termed 'patient zero'), immunogenicity, vaccine efficacy, production and distribution and government management of all these, but also and equally importantly, the specialists, technocrats and statisticians whose relation to public health is opaque and still to be studied closely. These relationships are bound by economic and logistical considerations as much as those of public health. Thus, if in some countries warehousing or logistical nodes were suspended during COVID-19 (p. 199), in other countries they functioned. One of the intricate exercises for statisticians was to determine what to exempt for how many days or months at what cost and what gain. On this depended the game of lockdown and the lifting of lockdown. Neoliberal governance has always been a matter of determining the ratio. Pandemic urbanism is thus a ratio-determining exercise on the template of a disease.

The more the boundary between municipal authority, peri-urban authority, state authority, country authority, financial powers and specialised technical knowledge holders becomes porous, the more cities become, as the book notes, 'unbound and polyrythmic spaces, no longer understood in terms of fixed locations in abstract space, but rather in terms of a continuously shifting skein of networks, with their own speciality and temporality' (p. 131). As I said, we must push this insight. With cleavages, divisions in suffering and the emergence of biopolitics from below, the city becomes a site of war over the stake that life has in the meaning of the place itself. Time becomes conflictive.

The epidemiological moment is one of a 'world turned upside down'. On the efficacy of special knowledge, the jury is still out. We have not heard the last word.

References

Arnold D (2020) Pandemic India: Coronavirus and the uses of history. *The Journal of Asian Studies* 79(3): 569–577.

Fanon F (1963) *The Wretched of the Earth* (trans. C Farrington). New York, NY: Grove Press.

Foucault M (1980) The confessions of flesh. In: C Gordon (ed.) *Power/Knowledge: Selected Interviews and Other Writings*. New York, NY: Vintage Press, pp.194–195.

McKay R (2017) *Patient Zero and the Making of the AIDS Epidemic*. Chicago, IL: University of Chicago Press.

Marx K (1991) *Capital: Volume III* (trans. D Fernbach). London: Penguin Books, pp.318–375.

Samaddar R (2021) *A Pandemic and the Politics of Life*. Delhi: Women Unlimited, pp.167–177.

Trubeta S, Promitzer C and Weindling P (2021) *Medicalising Borders: Selection, Containment, and Quarantine since 1800*. Manchester: Manchester University Press.

Commentary II

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Pandemic Urbanism is an important and timely book for this moment and for our current urban condition. It is a reflective and forensic analysis of the COVID-19 pandemic, as well as a rallying call for more socially and environmentally equitable and just post-COVID-19 futures. It also problematises and historicises pandemics and their particular connection with urbanisation. As the authors state, 'the association of cities with infectious disease has a long history', but they argue that 'today's world of "complete urbanization" in the form of extended urbanism … changes the way in which diseases emerge, spread, and are contained' (p. 5). I suggest that this is the central contribution of this book, as it situates infectious disease within the context of urbanisation and the resultant conditions of the urban, primarily socio-economic injustice, racial injustice and crises of neoliberal urban governance. In this commentary, I provide two main reflections on the book that focus on community-based responses and the politics of urban intensification.

Firstly, I commend the authors' reflections on community-based responses and actions. I appreciate the emphasis on the community or neighbourhood scale as not just a site of impact for global infectious disease (SARS, Ebola and COVID-19 being the three diseases primarily addressed in the book) but also a site of response and mobilisation. This focus is specifically taken up in Chapter 4, through an exploration of the efforts to contain the Ebola virus in West Africa. In particular, this is witnessed through the authors' discussion of the West Point community in Liberia, where everyday actions such as community-based monitoring of the sick, contact tracing, the creation of neighbourhood-based task forces and by-laws to restrict movement, house-to-house checks and community care work were central in Ebola recovery efforts.

Drawing from examples from Toronto and the Greater Toronto Area, the authors frequently refer to Brampton, a diverse municipality in the Greater Toronto Area that is home to many South Asian newcomer communities, addressing how it was greatly impacted by a high number of COVID-19 cases at the beginning of the pandemic. The authors explain how local politicians, health officials and community organisations collaborated to encourage strong vaccination roll-out and enact community-based measures to mitigate transmission. The authors also refer to very localised 'activities in place' (e.g. the City of Toronto's *Café TO* and *Active TO* programmes) that sought to alleviate the impact of COVID-19 on everyday mobilities by encouraging Toronto residents to interact outdoors. These programmes were widely popular, but the authors also importantly underline the inequitable engagements in these activities. They point to the marked differences between Toronto residents who could work from home and spend time cycling, walking and enjoying park spaces by comparison with the experiences of frontline and service workers. These workers, out of professional and economic necessity, were on the frontiers of community contact and thus became highly vulnerable to COVID-19 transmission, illness and fatality (Hapsari et al., 2022).

A contemplation is important here of how community-based and more informal relational responses to differences in pandemic experiences and how non-governmental actions sought to assist urban residents who were most impacted by pandemic conditions. These responses included activist responses to housing pressures and experiences of the precariously housed that were laid bare by the COVID-19 pandemic in cities across the globe. Informal neighbourhood-based mutual aid networks, for example, provided community care, care for those who continued being

evicted during COVID-19 despite the presence of regulatory moratoria on housing evictions and support for the unhoused who in many cities took shelter in encampments rather than in housing shelters because of fear of increased COVID-19 transmission (Boucher et al., 2022).

Secondly, the book has an important focus on unpacking the nuances of urban density in relation to the impacts of infectious disease. The authors do wonderful work in emphasising that urban density, primarily of built form and human population, is not a causal predictor of pandemic impact. Instead, they convincingly argue that it is the combination of density with socio-economic disparity and inequality and the failures of the neoliberal state that expedites the impacts of infectious disease. The authors make a critical distinction between density and over-crowding, and remark that density refers to the high concentration of people within an area and overcrowding to the lack of separation or space between people often caused by inequalities, particularly by housing inequalities. The authors note, for example, that housing inequalities across Toronto during COVID-19 became gravely apparent in high-rise apartment neighbourhoods such as Thorncliffe Park, a highly diverse neighbourhood of lower-income and new immigrant families with a mixture of public and privately owned rental housing (White, 2018). The authors point out that the Thorncliffe Park community experienced significantly higher COVID-19 rates than the Yonge-Eglinton neighbourhood, a more affluent neighbourhood in mid-town Toronto with a similar level of density and located less than 10 km away, which experienced less than half the COVID-19 rate compared with Thorncliffe Park. Here, the authors make the important contribution that housing over-crowding due to economic necessity, produced by an already existing affordable housing crisis and in areas with pre-existing socio-economic vulnerabilities, became a key determinant in the escalation and unevenness of COVID-19 rates across Toronto.

In the final chapter of the book, 'The City after the Plague', the authors identify public debates for and against urban density that particularly emerged during the COVID-19 pandemic. Following 20 or more years of government-led urban intensification policies that encouraged people to live in central city locations and move away from suburban areas, COVID-19 produced a reverse trend that witnessed more affluent residents 'fleeing' cities for small towns and rural areas – anywhere but large, dense cities. While this exodus was short-lived, with a decline in COVID-19 incidences marking a return to large cities, this phenomenon was part of renewed interest in public densification debates. The authors appear to suggest that densification should continue apace in cities despite the momentary lapse in the celebration of densification during the height of the COVID-19 pandemic. A lengthier critical engagement here would have underlined more nuanced debates about the aspirations of urban intensification policy, the merits (and problematic features) of planning methods such as the '15-minute city' and a critique of the actors who benefit most from urban intensification policy such as for-profit housing developers. By doing so, it would also further identify and forecast the tremendously uneven and unjust residential landscapes of cities in the post-COVID-19 era.

Overall, *Pandemic Urbanism* is an important and timely contribution to this current urban moment within our (largely) post-COVID-19 global context. Its chapters deftly move between scales and time periods to both historicise and politicise the impacts of infectious disease in cities across the globe. It will make an excellent and necessary addition to scholarly discussions of pandemic impacts in many interdisciplinary and social

science fields and serve as a foreshadowing for writing on future (and unfortunately inevitable) global pandemics.

References

Boucher L, Dodd Z, Young S, et al. (2022) "They have their security, we have our community": Mutual support among people experiencing homelessness in encampment in Toronto during the COVID-19 pandemic. *SSM: Qualitative Research in Health* 2: 100163.

Hapsari A, Ho J, Meaney C, et al. (2022) The working conditions for personal support workers in the Greater Toronto Area during the COVID-19 pandemic: A mixed-methods study. *Canadian Journal of Public Health* 113(6): 817–833.

White R (2018) Toronto's inner suburbs through the lens of planning history. *Zeitschrift fur Kanada-Studien* 38: 25–46.

Commentary III

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Reading Ali, Connolly and Keil's latest book, *Pandemic Urbanism*, has a clarifying effect. Published in late 2022 at the height of the global emergency, its prescient analysis of the 'first pandemic of the urban century' (p. 1) outlines the complex socio-spatial relationship that for centuries has united cities and diseases, offering its readers a much broader and more nuanced context from which to make sense of this (post-)pandemic moment. As the authors remind us, 'cities have been involved in pandemic governance since the inception of urban living' (p. 125). Through the triple narrative of demographics, infrastructure and governance, Ali, Connolly and Keil connect three significant events in epidemic history to three distinctive yet interconnected types of planetary urban growth – the emergence of the global city system in the case of SARS; the rise of Southern urbanism in the case of Ebola; and 'extended urbanization as a generalized

phenomenon' in the case of COVID-19 – to bring to life the 'uncanny relationship between the spread of global urbanization and the spread of disease' (p. 176) in new and thoughtful ways.

But *Pandemic Urbanism* is more than a book about the past; it is also very much interested in the future. Employing the double lens of landscape political ecology and urban political pathology, Ali, Connolly and Keil persuasively argue that the COVID-19 outbreak has altered the relationship between cities and disease in permanent, although not yet fully predictable, ways. Referencing Richardson, they reflect on the condition of 'pandemicity' – 'the linking of humanity through contagion' (p. 150) – that is now embedded in our unprecedented global urban connectivity. They argue that this connectivity has not only 'led to the proliferation of disease threats and the multiplication of vulnerabilities to emerging plagues, but it has also contributed to the propagation of disease responses by states and citizens' (p. 124).

In this new reality, centre and periphery remain in a (complex, often troubled) relationship to one another. Yet one of the more interesting implications of this shift is the authors' view of the periphery as more than a passive victim of increased exposure to hazards. It is precisely because of the greater protections and privileges experienced in and by the centre that the periphery is transformed (perhaps despite itself) into a hotbed of innovation, the place from which we can hope to rebuild in the present and work towards a more democratic future in the long term. Echoing the calls of Southern urbanists who invite us to (re)centre collective life in pandemic response and beyond, the authors acknowledge the 'new forms, practices and agencies' that have emerged as 'rearrangements' (p. 133) from the very places most affected by the unequal and unjust repercussions of COVID-19. In

documenting examples of 'rearrangements' from the ground, they envision the potential of a 'new urban spatial grammar' – one characterised, among other things, by the 'festivalization of public spaces' and the 'rewilding and reordering' of the city – to usher in a politics of care and solidarity capable of contrasting the policies of austerity that characterise neoliberal (urban) governance today.

There is much hope and possibility in this book's pages, yet it is precisely at this juncture that *Pandemic Urbanism* misses the opportunity to more meaningfully connect its incisive socio-spatial analysis to the kinds of truly innovative frameworks that are necessary to 'live up to the demands of a substantive, redistributive democracy' (p. 198). Below, I focus on a few of these gaps as they concern three themes that appear repeatedly in the book: the future, imagination and civil society.

The future, now and later

For Ali, Connolly and Keil, there are two key lessons that urban scholars and planners can take away from the COVID-19 pandemic. The first is that 'planning, by its very nature, must have an element of future orientation' (p. 181) to it. The second is that planning 'must strive to expand its mandate and portfolio to challenge and change the fundamental injustices that led to a grossly uneven distribution of damage caused by the virus in the first place' (p. 181). These are certainly important lessons to heed, yet the examples explored within *Pandemic Urbanism* read as surprisingly flat.

While the authors warn us of some of the perils that lie ahead, without a more robust conception of temporal boundaries and a clearly articulated vision of what we should be striving towards in our post-pandemic life, their vision of the future comes across as overly simplistic. The future, by its very definition, is a destination that always eludes our reach. Its open-endedness can be weaponised to keep the public in a holding pattern that eerily mirrors the 'freeze' response to stress experienced by many trauma victims, one that ultimately asks society to tolerate higher and higher levels of uncertainty and vulnerability in the name of far-away gains. The future can equally be weaponised to reinforce an individualistic stance of responsibilisation (Keil, 2009) as opposed to building collective solidarity. To truly hold planners and institutions to account, a number of difficult questions must first be grappled with, chief among them what we want a city (however conceived) to stand for. Are cities caring and health-supporting places? If they are not, what are they then? As we have seen time and time again in the face of disaster recovery and climate resilience, cities are more than their economy or their hard infrastructure. The city, in our imaginary, is also a feeling, an aspiration, a place for belonging and healing or a place that harms and excludes. Envisioning a truly transformative, inclusive and just future cannot happen if we do not diversify our thinking beyond the comfortable terrain of planning and its usual suspects. It is precisely scholars of Ali, Connolly and Keil's standing that could model the expansive and daring thinking we need to make workable connections between new disciplines and methodologies while simultaneously democratising the public's understanding of the monumental shifts in urban (political and health) governance currently underway. This includes validating other forms of expertise – the residents' lived experience, yes, but also that of disability rights activists, frontline care workers, community psychologists and the many other agents of change who are implementing future-forward alternatives in the *now* – to expand the mandate and

portfolio of not only planners but also institutional agents more broadly. Here, Tuck's (2009) call for a move away from 'damage-based research' and towards a 'desire-based framework' seems especially useful, as is the pioneering work of those co-designing so-called 'life-affirming infrastructures'.[1]

We need a 'new grammar of relationality' as much as we need a 'new urban spatial grammar' because thinking about the future requires an infrastructural and institutional shift – and that cannot happen without a simultaneous cultural and emotional shift. Which gets me to my second point: imagination.

Imagination is a civic skill

The authors intriguingly propose that 'pandemics always occur on the same physical planet, but are experienced in vastly different imagined worlds' (p. 134). For example, they contrast 'the dystopian automatism of despair' of some communities with 'the growth of urban democratic potential' (p. 186) in others, but they do so without sufficiently engaging with the conditions that protect or injure our ability to be imaginative in the first place. We catch glimpses of these constraints in the authors' acknowledgement of polycrisis, particularly how living under a state of seemingly permanent emergency is warping our relationship to time (they write: 'it seems like the "Before Time" of a "pre-postapocalyptic world" is even more difficult to remember now than it is to envision the "After Time" of a post-pandemic future', p. 183). These cursory acknowledgements, however, do not lead to a robust discussion of how 'the continuing ecological dominance of neoliberalism' (see Jessop, 2009) severely limits our ability to imagine what Povinelli (2014) calls an 'otherwise'. Nor do they help us identify strategies to overcome the fact, as Simpson (2016) reminds us, that most of us 'have a government that is very good at neoliberalism and seducing our hope for their purposes' (p. 26).

To remain hopeful about our ability to imagine a better future, we must name and challenge neoliberalism's opportunistic stance on crisis – particularly the proliferation of 'crisis capitalism' responses and their (mental) health repercussions. The authors rightly allude to the rise of 'shadow infrastructures' (p. 191) and the 'exhausted acceptance of the inevitable' (p. 182) as aspects of this psycho-social manipulation, yet it is debatable whether this acceptance 'now structures our life in ways we will not forget' (123). Rather, it seems that many of us – particularly those with more privilege and better protections – are all too eager to forget the widespread suffering that COVID-19 has wrought, perhaps precisely to deny the very interconnectedness that was once motivating calls for collective solidarity.

History offers us countless examples of how temporary openings instigated by the onset of a crisis are followed by even greater retrenchment. In order for imagination (of a just recovery, an inclusive future, of what it means to be healthy and so on…) not to become the sole purview of the powerful, it must be cultivated as a civil skill and protected from special interests. A book like *Pandemic Urbanism* would have been well positioned to leverage its sharp analysis of global urban (pandemic) governance to, in the words of social designer Cassie Robinson, help us 're-socialize our imagination' (Robinson, 2022). Can we rewild not just our relationship to planning and to public space but also our individual and collective imagination of what healthy systems can enable us to accomplish as a society?

Civil society is not monolithic

Overall, *Pandemic Urbanism* does more than most books of its kind to recognise that we should 'think of cities not just of

municipalities or local government, but … take into account the role of urban civil society and grassroots initiatives' (p. 15). The authors acknowledge the role that social movements have played in connecting the dots between seemingly disparate calls for transit justice, housing affordability, guaranteed minimum income and paid sick leave as central elements of a just recovery. They equally believe that the way forward must be guided by a commitment 'to meaningful, structural change' supported by 'our thoughts and actions', and urge planning to 'measure its mission' by how well it can reject the pre-pandemic status quo (p. 174).

Yet, for a book that seeks 'to provide an innovative framework of post-pandemic governance that might engender new ideas for more healthy, equitable, resilient, sustainable, and participatory metropolitan regions' (p. 175), *Pandemic Urbanism* fails to expand its own mandate by acknowledging the many promising 'thoughts and actions' being advanced by grassroots groups in the areas that most concern its scope: health, urban planning, social justice. For example, the book misses the opportunity to introduce its readers to the concept and practice of 'healing justice', an especially glaring omission given that this is an approach that has been adopted and refined by the very same groups – such as Black Lives Matter and those for Indigenous self-determination[2]– that it mentions in its pages.

It would have been equally powerful to read about examples at the intersection of planning and (integrative) health, such as the growing number of bottom-up disaster recovery and climate resilience plans being released around the world, or examples of intersectoral plans such as the State of Hawaii's 2020 Feminist Economic Recovery Plan for COVID-19 (which was followed shortly after by YWCA Canada and the Institute for Gender and the Economy's Feminist Economic Recovery Plan for

Canada, and the Government of Canada's CA\$100-million Feminist Response and Recovery Fund). There are also a number of initiatives – such as Equal Justice Works' Disaster Recovery Legal Corps in the United States, Care Blocks in Colombia or Italy's 'Lucha y Siesta' multifunctional hub against domestic and gender-based violence (which we know saw a dramatic spike during the pandemic)[3]– that fall under the umbrella of 'visionary organising'[4] and would have thus been at home in a discussion of the role of civil society in ushering in a more hopeful future. The same goes for other social movements, such as those for disability justice and trauma-informed care, that have refined our understanding of solidarity through concrete strategies such as pod mapping and mutual aid and are also, not coincidentally, some of the most vulnerable to being co-opted by neoliberal interests.[5]

Ali, Connolly and Keil place much hope in the contributions of civil society, yet beyond cursory mentions of a handful of specific social movements (which seem to be treated somewhat interchangeably), their analysis could have at the very least benefited from a dedicated reading of how 'capitalist urbanization in general and austerity regimes in particular' (p. 134) are affecting the conditions under which civil society can meet and organise – particularly in light of the fact, as they acknowledge, that among them are some of the 'most vulnerable, racialized, economically exploited and socially marginalized communities' who are made to become more 'susceptible to the damage done by emergencies, pandemics, financial crises and the like' (p. 173).

Similarly, for a book rooted in an appreciation of the ecological – particularly through its urban and landscape political ecology lens – it is equally curious not to see connections being made to other forms of ecological thinking that are very much relevant to the discussion of 'the specific role of

urban governance in the overall structure of global health governance' (p. 119). One of these is the bioecological model of human health and development that is being used by some scholars and grassroots practitioners to articulate more concrete and expanded understandings of vulnerability and, therefore, what health, wellbeing and resilience should look like in both recovery and everyday life (Boon et al., 2016; Camponeschi, 2022; Hoffman and Kruczek, 2011; Quinn et al., 2022). Interestingly, these models are the same that could offer us concrete metrics and benchmarks by which to evaluate planning's mission not to return to the pre-pandemic status quo.

Conclusion

The authors write that 'change is not just a good idea but a necessity, although the direction of that change is not clear' (p. 144). *Pandemic Urbanism*'s contributions are many – and they clarify much. But if there is one thing that those on the frontlines have made abundantly evident in five years of pandemic life, it is that the direction to follow is both absolutely clear and within reach. We just have to be willing to recognise and support those who are already building a hopeful future in the here and now.

Notes

1. See, for example, Chachra (2021) and Healing Justice LDN (2023).
2. See, for example, Black Lives Matter (n.d.) and Indigenous Climate Action (n.d.).
3. The State of Hawaii's Feminist Economic Recovery Plan for COVID-19 (Jabola-Carolus, 2020). See Sultana and Ravanera (2020) for more on the Feminist Economic Recovery Plan for Canada. See Government of Canada (2021) for information on the Government of Canada's Feminist Response and Recovery Fund. For more on the other initiatives mentioned, see Equal Justice

Works (n.d.), Manzanas del Cuidado (https://manzanasdelcuidado.gov.co) (for an English-language case study, see Rodríguez Franco 2022) and Brunori and Musso's (2023) paper on the Lucha y Siesta experience.
4. See Visionary Organizing Lab (n.d.).
5. See, for example, Mingus (2016), Spade (2020) and Wong (2020).

References

Black Lives Matter (n.d.) Pillar: Healing justice. Available at: https://blacklivesmatter.com/pillar-category/healing-justice/ (accessed 4 October 2024).

Boon H, Cottrell A and King D (2016) *Disasters and Social Resilience: A Bioecological Approach*. Routledge Explorations in Environmental Studies. London: Taylor & Francis.

Brunori F and Musso V (2023) Towards a shared re-signification of space: The ethics of care in feminist communing. *Scienze del Territorio* 11(2): 101–109.

Camponeschi C (2022) Toward integrative resilience: A trauma-informed and healing justice approach to urban climate resilience. *Cities & Health* 6(5): 960–973.

Chachra D (2021) Care at scale: Bodies, agency, and infrastructure. *Comment*, 5 August. Available at: https://comment.org/care-at-scale/ (accessed 4 October 2024).

Equal Justice Works (n.d.) Become a Fellow. *Disaster recovery legal corps*. Available at: https://www.equaljusticeworks.org/become-a-fellow/fellowship-program/disaster-recovery-legal-corps/ (accessed 4 October 2024).

Government of Canada (2021) Backgrounder: Feminist Response and Recovery Fund. *Women and Gender Equality Canada*, 23 August. Available at: https://www.canada.ca/en/women-gender-equality/news/2021/07/department-for-women-and-gender-equality–womens-program-feminist-response-and-recovery-fund.html (accessed 4 October 2024).

Healing Justice LDN (2023) Life-affirming Infrastructures. Event at the Barbican Centre, London, 7 June. Available at: https://healingjusticeldn.org/methodology/life-affirming-infrastructures/ (accessed 4 October 2024).

Hoffman MA and Kruczek T (2011) A bioecological model of mass trauma: Individual, community, and societal rffects. *The Counselling Psychologist* 39(8), https://doi.org/10.1177/0011000010397932

Indigenous Climate Action (n.d.) Healing justice. Available at: https://www.indigenousclimateaction.com/pathways/healing-justice (accessed 4 October 2024).

Jabola-Carolus K (2020) Building bridges, not walking on backs: A feminist economic recovery plan for COVID-19. Department of Human Services State of Hawai'i, Hawai'i State Commission on the Status of Women, 14 April. Available at: https://humanservices.hawaii.gov/wp-content/uploads/2020/04/4.13.20-Final-Cover-D2-Feminist-Economic-Recovery-D1.pdf (accessed 4 October 2024).

Jessop B (2009) The continuing ecological dominance of neoliberalism in the crisis. In: A Saad-Filho and GL Yalman (eds) *Economic Transitions to Neoliberalism in Middle-Income Countries: Policy Dilemmas, Economic Crises, Forms of Resistance*. London: Routledge, pp.40–54.

Keil R (2009) The urban politics of roll-with-it neoliberalization. *City* 13(2–3): 230–245.

Mingus M (2016) Pods and pod mapping worksheet. *BATJC*. Available at: https://batjc.wordpress.com/resources/pods-and-pod-mapping-worksheet/ (accessed 4 October 2024).

Povinelli E (2014) Geontologies of the otherwise. Theorizing the contemporary. *Fieldsights*, 13 January. Available at: https://culanth.org/fieldsights/geontologies-of-the-otherwise (accessed 3 July 2024).

Quinn P, Williamson B and Gibbs L (2022) Indigenous-informed disaster recovery: Addressing collective trauma using a healing framework. *Progress in Disaster Science* 16: 100257.

Robinson C (2022) Change happens if our collective imagination changes. *Medium*, 9 January. Available at: https://cassierobinson.medium.com/change-happens-if-our-collective-imagination-changes-7a1c0475a578 (accessed 4 October 2024).

Rodríguez Franco D (2022) The Bogotá CARE system: How a city is reorganizing itself for women. City playbook for advancing the SDGs. *Center for Sustainable Development at BROOKINGS*, September. Available at: https://www.brookings.edu/wp-content/uploads/2021/12/City-playbook_Bogota.pdf (accessed 4 October 2024).

Simpson LB (2016) Indigenous resurgence and co-resistance. *Critical Ethnic Studies* 2(2): 19–34.

Spade D (2020) *Mutual Aid: Building Solidarity During This Crisis (and the Next One)*. New York, NY: Verso.

Sultana A and Ravanera C (2020) *A feminist recovery plan for Canada: Making the economy work for everyone*. Report, the Institute for Gender and the Economy (GATE) and YWCA Canada, 28 July. Available at: https://www.feministrecovery.ca/ (accessed 4 October 2024).

Tuck E (2009) Suspending damage: A love letter to communities. *Harvard Educational Review* 79(3): 409–427.

Visionary Organizing Lab (n.d.) Visionary organizing for personal growth, community building, and organizational health. Available at: https://www.visionarylab.org/visionary-organizing-exist-differently (accessed 4 October 2024).

Wong A (2020) *Disability Visibility: First-Person Stories from the Twenty-First Century*. New York, NY: Vintage Books.

Commentary IV

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The importance of pandemic urbanism

Explorations of radical urban political ecology and COVID-19 realities have found a fertile home in Ali, Connolly and Keil's *Pandemic Urbanism*. Occasionally ironic, continuously smart and always shrewd, the book is a terrific read and one filled with important insights. Ali, Connolly and Keil's tome jumps into a crucial terrain, the relations between disease pandemics and urbanisation. There is of course nothing pat nor simple about this relation; this book ambitiously dives into the complications of this

subject matter with verve, flair and insight. The book's foundation is that current and future healthcare realities around the haunt of pandemics like COVID-19 must be seen and engaged as inseparable from city, regional, national and international dynamics. Such pandemics as COVID-19 are in our future, to the authors, and in our no-going-back urban age, forging connections between these will enable the best current and future responses. In my brief discussion, comments centre on a core topic: why this book is important to us in the main points it advances. Each point is also extended with personal elaborations to bolster and nuance the authors' points.

So, why is this book important to us? First, I want to suggest, the book reveals in stark but nuanced detail the depth of the city's fragility today as a healthcare space. Cities across the globe have been widely identified as unstable, turbulent environments for healthcare provision for some time (Biglieri et al., 2021; Li and Wei, 2023). Hermeneutic expositions to structuralist analyses chronicle multiple de-stabilising forces that strangulate healthcare nourishing and delivery in so many cities. But Ali, Connolly and Keil provide a fresh, nuanced rendition of this, presenting sets of places that, in their political, social and economic composition, are all but unfit to handle the onslaught that contagions like COVID-19 can deliver in the future. Working through current healthcare realities, the authors chronicle cities as tainted, haunted and barely resilient terrains that wrestle with forces both internal and external to them that punctuate healthcare provision. City fragility on this front – an eggshell city – is almost beyond fragile; cities are weak, frail, brittle, flimsy and perniciously political.

What on the healthcare front, to Ali, Connolly and Keil, is going on? The deft excavation: just-in-time health responses and broken healthcare systems reflect and unleash a kind of jungle health-care culture. Hospitals and medical providers struggle to overcome multi-scalar structural obstacles (e.g. continuous viral traffic, limited knowledge of urban political pathologies) and multi-scalar structural imperfections (especially hospital imperatives to continuously be profitable enterprises). Lost in the shuffle are the healthcare needs of the most vulnerable residents. Yet, to the authors, this is symptomatic of a more complicated, lurking reality. Medical dynamics and operations are now constituted in the image of competitive-market necessities that rule the day. The healthcare sector, in short, has become like city economic development in cities, tainted and tinged by globalist economic realities that alert all – including medical communities – to be hyper-efficient, competitive and market sensitive. A stretched neoliberal ethos now infects medical communities as a kind of unleashed telos.

Elaborating on this, we now see a shocking rawness to the city fragility on the healthcare front. Thus, for example, these are not internally coherent cities but multiple, disconnected cities within cities with crucial repercussions for healthcare provision. The dramatic socio-spatial splintering of cities into multitudes of disconnected villages – Jakarta is at least nine cities within a city; Chicago nests a vast multiplicity of disconnected social lifeworlds; Mexico City fractures into a mosaic of splintered communities (Wilson, 2018; Wilson and Heil, 2022) – leaves many people outside the polity and healthcare system. While legions of neighbourhoods gentrify, negligence and neglect deepen in many other communities. In this context, horrifically oppressive race/class-based treatment of the poor spawns a deep distrust among many marginalised people of government-sponsored inoculation programmes. Decades of bulldozer redevelopment, not in my backyard

politics, work-for-welfare initiatives, brutal policing of the poor and in-your-face housing programmes for others have been culprits. In all of these, human-produced inequalities are severe obstacles to conserving lives against COVID-19 and future viruses.

A second, and related insight from *Pandemic Urbanism* is that it shows us that current cities and their responses to COVID-19 and other pandemics need to acknowledge the realities of a planetised world. This is not merely an academic insight but a crucial epiphany for praxis. Pandemics like COVID-19 and the evolving city itself, to Ali, Connolly and Keil, are truly centre-less unfoldings. Only through this recognition, the authors insist, can actions meaningfully rectify often paltry and ineffectual responses to COVID-19. At this insight's core, the local of cities are still ontological and resource-infused powerhouses, but not as isolated, discrete things. The authors relentlessly situate the state in a multi-scalar, planetary context that infuses this formation with both the predicament it sits in and possibilities for being progressively mobilised. Ultimately, they suggest, devising fruitful anti-pandemic responses and psychic remediation of the emotionally afflicted will require a global gaze and global-inflected transformations. In key ways, to the authors, there is nothing external to this current pandemic reality.

Extending this point, city movers and shakers in the health sector and beyond must now be sensitised to multi-scalar intersections, encounters, co-arrangements and scale-jumping realities. Cities are sites for intersecting multi-scalar processes which have no core, periphery, true borders, functional centres or subordinate outskirts. In this reality, health checks on international flights are as important as ensuring access to inoculations, regulating bat and bird pestilences globally are important as imposing localised quarantines, regulating animal markets globally are important as issuing Paxlovid in cities. Ultimately, devising ways to ensure adequate healthcare infrastructures and responses will require a global gaze and global-inflected transformations. The world, mediated by and constituted through the city, is the pervasive but unmistakable culprit of this crisis and future ones. In key ways, the processes constructing the current COVID-19 pandemic phenomenon stretch across the entirety of the globe – in obvious and less obvious ways – and entangle with the complexities of cities.

In a third major implication, the book implores us to not only understand COVID-19 and future pandemic possibilities but also to act responsibly and unwaveringly in relation to these crises despite the wealth of sceptics and deniers. Calls to action, Gramsci (1995) once said, change the world. The current dilemma here that the authors identify is relatively reasoned voices (not the Trump–DeSantis–Bolsonaro crowd that denies COVID-19's very existence) like the *Economist*, *Newsweek*, the Institut Hospitalo-Universitaire Méditerranée and the *New York Post* suggesting that COVID-19 will no longer threaten most lives in the developed world. And these voices fail to consider the possibility of such future occurrences. Science, by itself, will seemingly temper COVID-19; modernism and science will come to the rescue. But this book disagrees with this. To Ali, Connolly and Keil, COVID-19 and city responses are as much social science, urban politics and global city-building issues as a science one. COVID-19, to the authors, is nurtured and transmitted through humanly created social relations, networks of manufactured cities and places, human policy decisions, human perceptions of risk and calculative economic and political commitments. The uncanny relationship between the spread of global urbanism and the spread of the disease, to the authors, is revealing.

Elaborating on this, the finding casts doubt on the widely hypothesised soon-to-be disappearance of the disease. Where will it most persist and linger: what about the now more than 50 million homeless people across the globe and the Earth's 659 million poor people with overwhelmingly problematic access to hospitals and doctors? Adequate healthcare to many of them is a distant dream. What of the poor and disadvantaged in the 'high cities' of the global north – the Londons, the New Yorks, the LAs – who fall into the cracks and crevices of healthcare provision? Their healthcare needs, like their desires for decent lives, overwhelmingly fail to register in public discourse. These systems, it must be noted, seem designed as much to punish the poor and vulnerable as to help them. Saucy and strategic narrative cannot hide the grizzly inequities that are propagated. In one more way, wealth, entitlement and justice are maldistributed. The haunt of being poor and stigmatised, across the globe, is again relentlessly rehearsed in a seemingly never-ending reality.

A fourth important implication flows from the book. A crucial message is conveyed: viruses and diseases are today the leading edge of a world infected by an inability and failure to galvanise a progressive collective consciousness. This failure, to the authors, is at the heart of the current healthcare quandary. Here, *Pandemic Urbanism* soundly incriminates a current, dominant political world order that engulfs vast countries. This is the terrain, to the authors, where organisational dysfunction has run amuck, which enables viruses to efficiently multiply and quickly strike down people in their wake. To Ali, Connolly and Keil, it is a splintered, fragmented world, one that quakes under the structural power of profit pursuit, imperialist territorial aspirations and neoliberal sensibilities that empower elites to continue to do little more than feather their own nests. The current global political morass, to Ali, Connolly and Keil, cannot produce a meaningful, collective and sustained effort to tackle COVID-19.

Yet, I suggest the global has a co-conspirator – deeply entangled cities –where positive change is perhaps most possible. But it will not be easy. Here current realities of disinterest, political confusion and indecisiveness about pandemic responses have full reach and embeddedness. Cities, following a time-tested history, are organised and governed as essentially sites to produce and accumulate wealth, sustain socio-spatial fragmentation and hunt for more state revenue sources. This occurs at the expense of being constituted as health-safe zones and terrains for equitable living. In this reality, possibilities for a collective, organised battle against a pandemic are often difficult. Pandemics like COVID-19, it follows, too often get reduced to the likes of nuisances and fictions by media outlets; exaggerations by healthcare alarmists; talking points by ambitious politicians. Pandemics are wished away as processes that threaten the city's historic functions. At issue are trotted-out, well-rehearsed, colonial and imperial political histories and their institutional and thought infrastructures that are often deftly jumpstarted and reproduced. In the final analysis, realities are grim: 'invisibilised', ocular-shadowy death becomes an okay price to pay to keep an existing political and economic order on track. This reality, I assert, must change.

This book, it follows, is ultimately a kind of blueprint for what might occur during future global pandemics if current economic–political realities do not change. What, then, must be done that the blueprint points to? On the obvious front, ensuring access to inoculations and providing important health information to the public (on the local scene), and monitoring microbial traffic and gauging changes in human–environmental city–

building relations (on the international front) must occur. On the less obvious front, poverty- and marginality-sustaining practices (e.g. reaffirming dysfunctional labour markets, retrenching welfare states, advocating for smart-city gentrified places (on the local scene) and ignoring deforestation and regulating animal-treatment practices (on the international front)) must be re-thought. Local–global flows, dispersions and new relations to 'nature', it seems, are a double-edged sword. They hook cities into the global economy but also open them up for complicated health catastrophes.

In this context, I find that Ali, Connolly and Keil subtly move into an important terrain, political resistance, that is so important. Pointing the way to political resistance are their suggestions for actions needed to transform cities and their healthcare infrastructures. Hope and optimism are provided. Amidst the seeming grimness they soberingly illuminate, they point to a site – the common everyday – where punishing healthcare systems can be fruitfully confronted. To them, the everyday (the unbroken flow of people's lives, market operations, 'proper' city developing, local state activities) is a supercharged locale to understand the current healthcare quandary but also one that can potentially nurture what is now needed to transform healthcare systems. The local, to them, matters, even as multi-scalar forces and processes continue to shape it and must be aggressively engaged. The goal, playing to human insecurity as a central organising principle, should be nothing less than to forge safe and fair cities for all.

What is it about the local that makes it so potentially fertile as an arena for change? I suggest that here is the seedbed for potent city transformation. Power continues to embed in the informal of the local – as it entangles with multi-scale processes – in city after city. It is a realm where political mobilisation can take a fruitful form and flourish.

Power here is not in a discrete, autonomous local (this is excessive city-ism) but in a scalar negotiating medium that can decisively subvert and recast dominant patterns of thought. My advocacy here is to push us to appraise current individual and institutional responses to pandemic treatments at multiple scales, but especially how they come together in localised settings. I follow Ali, Connolly and Keil's lead: to think about what might have been and what might be missed opportunities in the future if changed everydays are not actively sought.

There are, of course, many types of resistance politics that urbanists have identified through the decades. Simone (2004) speaks of 'people as infrastructure politics', Roy (2017) of 'emplacement politics', Bayat (2013) of 'ordinary politics', Haraway (2018) of 'staying with the trouble politics', Pickvance (2003) of urban social movements. Each kind of resistance politics offers its own style, manner and kinds of tactical strategies for people resisting. This book does not provide that level of specificity, and it does not have to. By leaving the particularities of resistance politics open, the focus becomes something else: identifying and discussing the dynamics of unexpected opportunity structures for resistance leaders to discover. Revealing openings is half the battle, I propose, and this book alerts us to this need. In this sense, we should not underestimate the ambitiousness of this point made by the authors. A key piece of the puzzle is provided; it is up to other urbanists to fill in the squares.

Conclusion

Are there omissions and silences in this book? Of course there are; every book contains these, providing its own distinctive mix of presences and absences. Thus, on the local level alone, we learn little about the tropes, ploys and languages that

governances in distinctive places use to advance COVID-19 responses that underserve or mislead publics. Integrating governance's discursive constructions with its material dimensions needs analytical attention in the future. We also learn little about how pandemic policy responses on the ground are influenced by fast-travelling, global-moving endeavours that are institutionally negotiated and modified. Rarely, it seems, are such schemes hatched of localised thin air. It would also have been terrific to learn more about the racialised, ethnicised and gendered imprints of COVID-19's policy responses. I could go on, but I will not; these issues are for another day. To me, Ali, Connolly and Keil do their work well; they provide us with something important, an imaginative template for cutting into these questions in the near future. The hard work of providing important analytical framing of these issues has been accomplished in this book, which is no small feat.

In sum, I find *Pandemic Urbanism* to be a terrific and important book, one that breaks new ground for understanding both the city and pandemics like COVID-19 as this disease becomes part of the historical account. This book, to the credit of the authors, generates its insights from a radically open ontology, one that recognises COVID-19, future pandemics and the city itself as outcomes of multi-scale forces melding and entangling in the rich distinctiveness of countries, regions and places. To Ali, Connolly and Keil, reads of this pandemic must look beyond simple city-ism, easily legible landscapes and easily identifiable actors and institutions. In this context, the local–global, core–periphery and city–hinterland distinctions no longer suffice; it is now a world and a global network of cities formed through a constellation of inseparable, mutually embedding things. Through this meticulously staked-out lens, the authors serve up meaningful insights to understand current city–pandemic relations which continue to cry out for more nuanced comprehension.

References

Bayat A (2013) *Life as Politics: How Ordinary People Change the Middle East*. Redwood City, CA: Stanford University Press.

Biglieri S, De Vidovich L and Keil R (2021) City as the core of contagion? Repositioning COVID-19 at the social and spatial periphery of urban society. *Cities & Health* 5: S63–S65.

Gramsci A (1995) *Further Selections from the Prison Notebooks*. Minneapolis, MN: University of Minnesota.

Haraway D (2018) Staying with the trouble for multispecies environmental justice. *Dialogues in Human Geography* 8(1): 102–105.

Li H and Wei YD (2023) COVID-19, cities and inequality. *Applied Geography* 160: 103059.

Pickvance C (2003) From urban social movements to urban movements: A review and introduction to a symposium on urban movements. *International Journal of Urban and Regional Research* 27(1): 102–109.

Roy A (2017) Dis/possessive collectivism: Property and personhood at city's end. *Geoforum* 80: A1–A11.

Simone AM (2004) *For the City Yet to Come: Changing African Life in Four Cities*. Durham, NC: Duke University Press.

Wilson D (2018) *Chicago's Redevelopment Machine and Blues Clubs*. New York, NY: Palgrave-Macmillan.

Wilson D and Heil M (2022) Decline machines and economic development: Rust belt cities and Flint, Michigan. *Urban Geography* 43(2): 163–183.

Author response

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One of the more pleasant aspects of academic work is the welcome opportunity to engage with fellow scholars who share our

enthusiasm for the subject matter. In reading the reviewer responses to our book, this type of enthusiasm shines through. Although we may not completely agree on all issues pertaining to our subject or our treatment of them, we are grateful and acknowledge the high level of engagement the reviewers undertook in relation to our work. In this light, it is also interesting to note that each reviewer was able to take home different messages from our book. This is of course not entirely unexpected given that each of the reviewers comes at *Pandemic Urbanism* from a different vantage point based on their respective spheres of expertise, ranging from: urban redevelopment (Wilson) to planning and community development (Bunce), community engagement and planetary health (Camponeschi) and political theory and practice (Samaddar). As such, their respective comments bring various insights as well as valid critiques of our work emanating from somewhat different, yet, as we shall discuss, converging angles. At the same time, such specialisation in particular research interests may have also contributed to a lack of attention or critique concerning the political ecological dimensions of infectious diseases that we emphasised in the first part of the book, including notably other infectious disease contexts such as those pertaining to SARS and the global city as well as Ebola in West Africa (see also Treffers et al., 2022, although admittedly, Samaddar perceptively calls us 'urbanists who are also environmentalists').[1] This is perhaps understandable, yet at the same time indicates that we should have perhaps made a greater effort in making the conceptual linkages between these other contexts and the COVID-19 pandemic context – as it was the latter that received the exclusive attention of the reviewers. Indeed, as we shall discuss, if we had made more explicit such linkages and developed the overarching connection between the different infectious disease contexts more clearly, it

would have helped to address some of the critiques put forth by the reviewers.

In addressing the reviewer comments, we should note a couple of caveats from the outset. First of all, in writing this book, our analytic approach was deliberately broad in nature. That is, we intentionally cast a somewhat wide net by focusing on infrastructure, demographics and governance as general factors that influence the complex and multifaceted relationship between cities and infectious disease. We took the analytical lead for this from an earlier (and as it turned out, prescient!) exploratory study into that relationship that we had ventured into just before the onset of the global pandemic (see Connolly 2020, 2021). To adopt such a broad perspective, however, one leaves oneself open to criticism from different fronts, especially if that criticism focuses on a particular or specific aspect of the discussion. Second, and not altogether unrelated, as a starting point for this project we adopted an imaginative orientation. That is, we hoped that the book would serve as a launching pad or catalyst to facilitate the development of new ideas and innovative ways of thinking about the relationship of urbanisation, urbanism, cities and infectious diseases, knowing full well that those concepts in themselves potentially point to very different epistemological and methodological strategies. In that sense, our work was never meant to be a definitive, conclusive or even authoritative account, but rather it was a book designed with the intention of stimulating thought rather than to provide a blueprint for political action per se. This was recognised by David Wilson in his comments, who noted that:

> [T]hey provide us with something important, an imaginative template for cutting into these questions in the near future [that is, learning more about racialised, ethnicised and gendered imprints of COVID-19's policy responses]. The hard work of providing important analytic

framing of these issues has been accomplished in this book, which is no small feat.

We take this both as high praise and a fair reading of our intentions. Towards that end, it was gratifying to see in the book review symposium held at the Annual Meeting of the American Association of Geographers (in which most of the reviewers in this forum participated) that some of the ideas in the book were indeed taken up and found to be relevant to the analysis of other areas of the pandemic that we did not explicitly cover in detail or engage with in this book. This included topics such as: post-pandemic fatigue and psychological impacts, the reengineering of cities and the new urban policies, the politics of care and reasons for why governments did not address the root causes of the pandemic. As alluded to above, this type of uptake did, at least for us, demonstrate that *Pandemic Urbanism* had some relevance to the work of others engaged in these very types of important questions that we did not by any stretch profess to have expertise in – and that as such we modestly leave in the capable hands of others who do.

A central thrust of our analysis concerns the need to consider extended urbanisation as a crucial process in contemporary disease spread. As we explain in the opening chapters of the book dealing with the landscape political ecologies of disease, extended urbanisation refers to development that occurs at the peripheries of metropolitan cores and includes a full range of non-city geographies – that is, areas hosting: residential suburbs, warehouses, factories, slaughterhouses, airports, factories, oil fields, rubbish dumps and informal settlements. With extended urbanisation, the conventional distinction between the core and periphery becomes problematised and reconceptualised in ways that bring to the fore the need to interrogate the interconnectedness, cross-cutting nature and interdependence of what were once

considered to be distinct domains in conventional core–periphery conceptualisations. As Samaddar writes, it is in this way that 'the city replicates as well as produces models of border making that then spread globally' through lockdowns, quarantines, vaccination campaigns, logistics and statistical or spatial modelling of disease spread. This, as both Samaddar and Wilson take note, is also built on long histories of colonial city building in which cores and peripheries are part of the biopolitical regimes of urban governance, a process that others have recently called 'pandemic urbanization' (Finn and Cobbinah, 2024).

Thus, we highlight the idea that the city could not exist without continued – and we would argue growing – natural, material or social support from the periphery (e.g. food, fuel, agricultural production and so on). For instance, the book notes that many newcomers and the less affluent live and work in such peripheral areas, while notably providing important support to the service economies of cities. Indeed, this development unfolded over the last couple of decades, as we discuss in terms of the multicultural suburban neighbourhoods that existed during the spread of SARS in 2003 in Toronto, and residents of informal settlements in West Africa during the 2014–2016 Ebola epidemic, many of whom commute to central areas for work. The importance of this social dimension of extended urbanisation was highlighted in the pandemic, for instance, in recognition of the importance of 'essential workers' from the periphery who were ensuring the transport and processing of food, resources, commodities and people for those having the privileged ability to self-isolate in their homes in the city. Yet, as we discuss in the book, it was precisely the peripheral areas and those on the peripheries of urban society that had the highest COVID-19 rates (such as the migrant workers discussed by Samaddar). In fact, Samaddar distils from

his reading of our book the important point that '[t]he viewpoint of the periphery is an epistemic one' and casts the periphery in more than spatial terms, much like Teresa Caldeira did in her groundbreaking work on the subject (Caldeira, 2017). In bringing to light the significance of the new configurations involved in the contemporary core–periphery dialectic in the spread of disease, we in particular analysed and discussed how the inequalities brought forth by this socio-spatial dialectic, as David Wilson notes in his review, led to severe obstacles in protecting people and responding to the virus. This unequal socio-spatial division of suffering, as Samaddar and Bunce likewise observe, and we concur, was a key take-away of the book.

As many of us engaged in teaching critical sociology, critical geography and urban studies know, one of the frequent criticisms brought forth by students is that as scholars, we spend an inordinate amount of time bringing attention to the problems but never offering any solutions. Such a situation perhaps is a consequence of the conventional academic division of labour found in all disciplines – the split between (and often uneasy coexistence of) theoretical and applied knowledge. We perhaps fall prey to this as well. Common to all review comments was the critique that we seemed to neglect what could be referred to as the 'practical' or problem-solving aspects of our analysis. For example, Bunce insists that it would have been helpful if we had included greater discussion of community-based and informal responses that would further the actions of local government and government-led programmes during the COVID-19 pandemic. Further, Bunce suggests that it would also have been helpful if we had used our analysis to shed light in a more nuanced way on the current debates and issues surrounding urban intensification policy and planning methods in the post-COVID-19 era. In a similar vein, Camponeschi bemoans that our

analysis did not consider how other forms of expertise, such as that of disability rights activists, frontline care workers and community psychologists, could have been utilised to expand the mandate of not only planners but other institutional agents more broadly. Camponeschi further alleges that we did not discuss how the social and political climate we analysed in our book affected the 'conditions under which civil society can meet and organise'. Wilson observes that, although we did bring to attention to the fact that in the aftermath of the COVID-19 pandemic there was a 'failure to galvanise a progressive collective consciousness' and build a political resistance, we left open the question of style and tactical strategies that could be adopted to pursue such objectives. However, as Wilson goes on to point out, by providing a discussion of how the dynamics of the COVID-19 response revealed unexpected opportunity structures for resistance leaders to discover, our analysis in essence provided a 'key piece of the puzzle' but 'it is up to other urbanists to fill in the squares'. We concur with this proposition and challenge those with suitable expertise in those areas to take up that very challenge (with a nod to our reviewers!).

Aside from Wilson's astute observations concerning the remit of our work, and although it was not our intention to provide some sort of playbook for social movement organising, we did provide some discussion of these issues and provided some successful examples of how this could be done, including that in particular community mobilisation could take place as part of disease responses – contributing in a broad sense to what Samaddar calls a 'biopolitics from below'. These certainly could be found in other parts of our book, particularly those dealing with SARS and Ebola. Thus, just to give a few examples, in the chapter on Ebola a prominent discussion was devoted to the successful community-based response to this

disease, while the chapter on SARS shone a light on jurisdictional squabbles that took place – thus pointing to a key strategic juncture or point of vulnerability that social movement actors may want to focus on in planning their involvement and role in future outbreak situations. But even in the chapter on COVID-19 in Toronto, we outlined alternative responses to the pandemic; for example, how in the face of refusal from the federal and provincial levels, Toronto Public Health collected its own data on the differential impacts of COVID-19, leading to a powerful analysis of the role of inequality in the disease's spread. As another example, we discussed how Brampton, a suburb of Toronto, received much less financial and other resource support than the core area of Toronto, and how this served as an obstacle to COVID-19 response in that locality. What is more, written still in a time of uncertainty as to what the future might hold, we pivot towards the end of the book from pandemic response to pandemic preparedness, ending such emerging speculations not accidentally with the emphatic appeal by our colleague Philip Harrison that 'it is critical that we maximise the positive learning potentials from this traumatic happening' (p. 198).

We would therefore venture to say that we did indeed give specific examples that address some of the concerns that the reviewers identify as neglected parts in our analysis. However, the real issue may be that we did not emphasise these enough or bring these examples together and frame them in a way that highlighted their practical implications in an explicit way in which the direct practical payoffs would be clear and evident. We left it for the reader to find these examples scattered throughout the book and put them together, and perhaps at that juncture we were somewhat remiss, especially in not applying the lessons we learned from SARS and Ebola to the COVID-19 response. This was partly because the critiques of our reviewers were not our specific objective; rather, such empirical issues and examples were incorporated in our analysis to further our more general objective of providing the 'bigger picture'.

This broader context is particularly important in relation to the urban political ecology of disease and the changing core-periphery dialectic that we see as central to understanding how disease outbreaks will unfold in the future and how, in turn, understanding the conditions of peripheral urbanisation will equip us with new tools to prevent and combat such outbreaks. That this is more and not less urgent *after* this last pandemic is sinking in as we move from response to preparedness. It is confirmed by international bodies like the Global Preparedness Monitoring Board, called together by the World Health Organization and the World Bank, which fears the next pandemic might 'catch the world napping' despite our recent global experience. There is no grace period, no resting on laurels. This is particularly important, as the processes we begin to examine in *Pandemic Urbanism*, 'from urbanisation and intensive farming to inequality and the advent of artificial intelligence' (Scott-Geddes, 2024), are not resting either. We hope that with *Pandemic Urbanism* we have helped a bit to keep us from falling asleep.

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Note

1. In fact, this methodological approach has also been applied by others in different contexts

and is now established as a legitimate approach to understanding the myriad relationships of urbanisation, health and disease. See for example Aguiar et al. (2024) and Gandy (2023).

References

Aguiar R, Keil R and Wiktorowicz M (2024) The urban political ecology of antimicrobial resistance: A critical lens on integrative governance. *Social Science & Medicine* 348: 116689.

Caldeira TPR (2017) Peripheral urbanization: Autoconstruction, transversal logics, and politics in cities of the global south. *Environment and Planning D: Society and Space* 35(1): 3–20.

Connolly C, Ali SH and Keil R (2020) On the relationships between COVID-19 and extended urbanization. *Dialogues in Human Geography* 10(2): 213–216.

Connolly C, Keil R and Ali SH (2021) Extended urbanisation and the spatialities of infectious disease: Demographic change, infrastructure and governance. *Urban Studies* 58(2): 245–263.

Finn BM and Cobbinah PB (2024) Pandemic urbanization: Colonial imprints in the urban present. *Cities* 153: 105261.

Gandy M (2023) Zoonotic urbanisation: Multispecies urbanism and the rescaling of urban epidemiology. *Urban Studies* 60(13): 2529–2549.

Hoffman MA and Kruczek T (2011) A bioecological model of mass trauma: Individual, community, and societal rffects. *The Counselling Psychologist* 39(8). https://doi.org/10.1177/0011000010397932

Scott-Geddes A (2024) Why the next pandemic may 'catch us napping' despite all we've learnt from Covid. *The Telegraph*, 14 October. Available at: https://www.telegraph.co.uk/global-health/science-and-disease/why-the-next-pandemic-may-catch-us-napping-despite-all-weve/ (accessed 16 October 2024).

Treffers S, Ali SH, Keil R, et al. (2022) Extending the boundaries of 'urban society': The urban political ecologies and pathologies of Ebola virus disease in West Africa. *Environment and Planning E: Nature and Space* 5(4): 2011–2032.