

The urban poor have been hit hard by coronavirus. We must ask who cities are designed to serve

By <u>Colin McFarlane</u> 8 Jun 2020

The enormous death toll in New York City, the epicentre of the coronavirus outbreak in the US, led New York's governor, Andrew Cuomo, to write that "there is a density level in NYC that is destructive". New York is presented as a victim of its own population density, its inhabitants facing increased risks from compact housing and crowded public transport.



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High density has been regarded as problematic in other badly affected cities such as Milan and Madrid. The pandemic has generated a whole set of anxieties about the post-coronavirus risks of living in dense urban areas.

It is a huge oversimplification to blame population density alone for the transmission of the virus. We need only look at the many examples of densely populated cities where authorities have been successful in managing the virus, such as Singapore, Hong Kong, Taipei and Seoul.

But it's certainly true that, in cities as different as New York, Milwaukee, Birmingham, Mumbai and Nairobi, a pattern has emerged. In poorer neighbourhoods, people sometimes live in small homes they share with many generations of the family, or in buildings with shared kitchens, toilets, water access, or with narrow corridors or lanes. They are more likely to have jobs that cannot be done from home, doing the essential work that maintains and sustains urban life: public transport, healthcare, refuse collection, deliveries, or food service and supply. Those on the lowest incomes have found it hard or impossible to isolate at home.



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In the UK, areas of Birmingham and London with cramped living conditions have 70% more cases of the virus than the least dense areas of the country. In New York, the highest number of cases per capita are in areas with the lowest incomes and largest household size. In Milwaukee, African Americans make up a quarter of the population, living in often more densely populated areas, but in early April accounted for an astonishing 70% of those who had died.

Poorer neighbourhoods are more likely to have higher rates of pre-existing health problems, such as heart or lung disease, which can exacerbate the impact of the virus. In some poor, dense neighbourhoods, Covid-19 is just the latest in an ongoing struggle with health threats. In north-east Mumbai in India there are densely populated communities that have had to contend with infections such as multi-drug resistant TB, sometimes unable to afford both food and medicine. Now Covid-19 has introduced a new risk, while shutting off their livelihoods. At the same time, such residents often lack access to quality, affordable healthcare.

In these places, what author and urbanist Jay Pitter has called "<u>forgotten densities</u>", the pandemic has had a disproportionate impact. The areas that have suffered – and continue to suffer – most are places where dense population is found alongside high rates of health, class, race, gender and socioeconomic inequality.

The problem is not with high population density per se, but with the imbalance between good quality urban provisions – including housing, services and infrastructure – and the population density of an area. This imbalance is not the natural order of things, but the product of active political choices and historical class, racial and gender inequalities that increase rates of poverty and poor health.

High-rise as a divider of class and wealth

Before the outbreak, building high-density cities was seen to bring many benefits. Want to tackle the climate emergency? Build compact low-carbon cities with amenities and jobs within walking distance. Trying to re-ignite your economy? Create clusters of talented people to enable "collision density" that will foster creativity and innovation. Aiming to build socially mixed communities? Develop dense housing ranging from low to mid and high-rise structures that cater to people with different incomes. Building dense towns and cities was viewed as a solution to all kinds of challenges.

But what seems a well-intentioned idea too often produces an enclave of middle-class and wealthier groups in attractive, well-managed and well-serviced neighbourhoods – as presented in the idealised drawings beloved of architects featuring beautiful young (and often white) people in attractively designed public space between sleek new apartments. But outside these premium areas of high-density luxury lie expansive areas where poorer groups live, in under-provided neighbourhoods with often ill-maintained and sub-standard housing.

This exclusionary approach should be challenged and replaced by a new vision and politics of cities that is more inclusive and caring. The effects of Covid-19 have at once caused immense harm to those living in poorer areas, while also prompting those living in high-density luxury to reconsider city living. People now question whether they want to live cheek-

by-jowl with others.

Does this mean that we should abandon efforts to build high-density areas in cities? While the pandemic lasts we will surely see people taking that position, but in the long run this would mean losing the benefits of dense urban living. Instead, we need a new conversation about city density. We need to ensure greater attention, investment and care towards areas of high population density where there are also high rates of poverty, where the inhabitants have been badly affected by the virus even as they provide essential labour for the rest of the city. We must also intervene through policy to prevent the creation of high-density areas that become exclusive enclaves of wealth.

It means, in short, that we should collectively think again about how to support and develop high-density neighbourhoods that are liveable and enjoyable for the majority in cities, and not just a few. That is no easy prospect. How we design and build our cities is a messy, politicised, and soul-searching process. Today our urban future is more uncertain than it has been in generations, and much remains to be fought for.

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