

# Cities, Social Equity, and Pandemics in History

Teacher to Teacher Workshop Convened by: Mohammad Gharipour & Caitlin DeClercq

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## Introduction

Studying epidemics and their urban responses in history--and today--illuminates the need to recognize the ways in which pandemics, past and present, exploit and amplify social inequalities, and the urgent need for scholarship and interventions to work toward more critical, just, and equitable solutions. This in mind, this roundtable discussion focuses on the intersection of pandemics and social inequities, and does so by looking across various time scales, geographies, and disciplines.

### Panelists

1. Ann-Marie Akehurst, PhD (Independent scholar, England)
2. Edna Bonhomme, PhD (Max Planck Institute, Germany)
3. Malo Hutson, PhD (Columbia University)
4. Daniela Sandler, PhD (University of Minnesota)
5. Carlo Trombino (Università degli Studi di Palermo)

### Discussants

6. Ruth MacKay, PhD (Independent scholar, USA)
7. Emily Webster (University of Chicago)

## Guiding questions

*Historical precedents*

- What do historical precedents convey to us about the relationship between (in)equity and health?
- How does history inform us about the impact of epidemics on various communities?
- How have past pandemics affected different social groups and their placing of living/work in different ways?
- In what ways were/are interventions leveraged differently for or against different social groups? Why, and with what effect?
- Are there any examples of interventions designed with equity in mind? With what impact?
- How have epidemics and pandemics affected more vulnerable communities across the world?

*Future implications (with an emphasis on social justice in the Covid and post-Covid era across the world):*

- How is COVID affecting different social groups in different ways?
- What lessons can we learn from local and global experiences with COVID about the relationship between health and social (in)equity?
- How might these insights help us better intervene in the post-COVID world?
- What are implications for us as planners, designers, educators, and even researchers in medicine and public health?

Link to roundtable discussion: <https://youtu.be/FfQWrIZ-Ve8>

## Big ideas from panelist and discussant presentations

- Occupational health is a specific concern during epidemics and pandemics, not only in terms of front-line workers, but also in terms of how workplaces can serve as vectors for disease transmission; work and workplaces are also one of the ways in which social inequities are patterned across society (for example, 75% of front line workers in New York City are people of color).
- There is a need for us to consider the isolation, labor, and vulnerabilities of quarantine. Home is not always a safe haven, nor is quarantine or social distancing always an accessible option for everyone, in terms of being able to stay home, or of being able to socially distance at home. Home is also the site of unequal labor and unequal distribution of resources.
- We need to think more critically about the “underlying conditions” that have made COVID especially deleterious to some patients more than others. What are these underlying conditions and what causes them? Spatial inequalities--who has access to resources, who is subjected to risks, toxins, and/or other pathogenic elements more frequently?
- Resources, services, and social connections and services are not evenly patterned across cities, nor are social populations. How do dynamics of the periphery/center affect the outbreak of and response to illness?
- Vaccines are good and effective public health measures, but they cannot be the only solution to infectious disease, especially considering the social determinants of health (income inequality, racism, lack of affordable housing, spatial inequality, sexism) that pattern vulnerabilities, aid the spread of illness, and pattern access to and efficacy of solutions.

- Despite the advancements of modern medicine, the social perils that make epidemics and pandemics so severe are still present, and in some ways more so. Interventions must focus on these broader causes to make lasting impact beyond the disease itself.
- To effectively study pandemics, cities, and what makes people healthy and/or sick requires a breadth of sources and perspectives beyond the typical canon or disciplinary boundaries.
- We need to address power dynamics, including who is in power, who is able to make decisions, and who decides (for whom)?
- A meaningful starting place to try to understand COVID, and indeed past and future epidemics, is to ask: what would an anti-black approach to black health look like, not just in terms of epidemics, but also thinking about reproductive health too?

### Sample discussion questions

1. How might we understand, give light to, and meaningfully intervene in the inequities at home — e.g., who gets to stay at home, who has access to home or homes; experiences at home, including exposure to domestic violence, resources at home (or not).
2. Considering what Dr. Hutson said about the three waves of coronavirus--COVID-19 as the first wave, economic impact of the pandemic as the second wave, and power and racial dynamics--how might we consider more meaningful interventions? What needs to change in our society, economy, built environment, and government?
3. How might we conceive of long-termism in interventions - not just thinking about creating a vaccine, for example, but about interventions into broader social issues that make epidemics so devastating (lack of access to resources like housing and healthcare; income inequality; crowding)? How might we engage the public and communities in visioning and intervening? What are new possibilities opened at the intersection of community activism and epidemic response?
4. How does the institution of higher education shape research and its accessibility? What are some implications for understanding and intervening in pandemics?

### Sample assignments

- Propose and/or analyze interventions to consider not only the illness itself but also of the need to move toward social and spatial equity; sample prompts might include:
  - Redesign a salutogenic (health-promoting) space, such as a hospital or park
  - Redesign a public or institutional space (school, public park, bus, etc.)
  - Design and intervention to prevent or mitigate future outbreaks. How can this intervention be equitable?
  - Design an intervention that serves to prevent future illnesses **and** improve overall living conditions

### Suggested readings

- Malo Hutson, *The Urban Struggle for Economic, Environmental, and Social Justice: Deepening Their Roots* (Routledge, 2016)

- Race, Space, and Architecture:  
<http://racespacearchitecture.org/index.html?fbclid=IwAR3EqrweIS3hiaLfYwHYWeQce20OipSFv0bRN4SiROxV261ruuGe9d4KW-k>
- Students in Professor Hiba Bou Akar's course at Columbia's GSAPP put together a reading list entitled "Pandemic Urbanism" which can be accessed at: [bit.ly/pandemicurbanism](http://bit.ly/pandemicurbanism).
- Epidemics and Global History," in Independent Social Research Foundation, Issue XVII Bulletin, The Past in the Present, September 2018. [https://issuu.com/isrf/docs/isrf\\_bulletin\\_issue\\_xvii/s/12392](https://issuu.com/isrf/docs/isrf_bulletin_issue_xvii/s/12392)

## Additional resources

- Museums with relevant (online) exhibits
  - City of the Museum of New York: Germ City  
(<https://www.mcny.org/story/germ-city-epidemics-throughout-new-yorks-history>)
  - Tenement Museum, New York City: "Beyond Statistics: Living in a Pandemic  
(<https://www.tenement.org/beyond-statistics-living-in-a-pandemic/>)
  - Canadian Centre for Architecture: "Imperfect Health: The Medicalization of Architecture"  
(<https://www.cca.qc.ca/en/events/3178/imperfect-health-the-medicalization-of-architecture>)