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Interviews

15 Years of Researching Cities and Pandemics

An Interview with S. Harris Ali, Creighton Connolly and Roger Keil

S. Harris Ali & Creighton Connolly & Roger Keil - *9 February 2021*

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Beginning in 2006 with pioneering work on responses to the SARS crisis in global cities (and in particular Toronto, Hong Kong and Singapore) and expanding their work recently in the context of Covid-19 and its link to suburbanization, S. Harris Ali, Roger Keil and Creighton Connolly have been working on metropolises and pandemics for the past 15 years. Their analyses help us to understand the current Covid-19 crisis in its urban dimensions.

🏷 santé / Covid-19 / coronavirus / Singapour / Hong Kong / Toronto

Interview by **Sophie Didier**.

Globalization, viruses and metropolitan areas: then and now

S. Harris Ali and Roger Keil, you are both the authors and editors of an original paper and a book published between 2006 and 2008 about the 2003 SARS crisis. [1] Could you first tell us under what circumstances you got involved, back in 2003, in researching this particular pandemic?

We [S. Harris Ali and Roger Keil] were colleagues at the Faculty of Environmental Studies, at York University in Toronto. As an environmental and health sociologist and a political scientist working on global urban governance, we literally connected the dots between the societal changes that were highlighted in the SARS outbreak and the evolution of the global cities network. [2] There were some interesting conceptual and empirical eureka moments once the dots were connected. Of course, it helped that we were living and working in Toronto, one of the most affected cities in the outbreak, and, in fact, one that fit our first conceptual idea of linking the pathway of SARS transmission to the connectivity among major global cities. But living in Toronto also meant that we had an experiential access point to the disease. The hospital where Roger's daughter was born just five years prior was now one of the hotspots of nosocomial transmission. We were very aware of the racialization of disease. As program administrators in our faculty, we were concerned with the changing protocols of personal contacts among students and, this being the end of the winter semester, the conducting of examinations in close physical proximity in large lecture halls. The nightly communiqués of the municipal officers of health became a ritual of civic togetherness.

Can you elaborate on the specificity of the theoretical basis of your research in terms of understanding the links between cities and pandemics? And on how your work on SARS was received by the scientific community?

The original entry point into our research was one based on the need to identify and develop an analytical strategy that would allow us to bridge the social and political aspects of the disease with the biological aspects. An outbreak cannot occur without some biological agent involved and we did recognize that this should not be ignored in any comprehensive analysis. In our search for an adequate theoretical scaffolding, we were first drawn to the Actor-Network Theory (ANT) of Bruno Latour because we thought this may have some resonance with the Global Cities Network approach that Roger was familiar with. This did prove to be a useful initial point of entry, but we eventually found the perspective unsatisfactory and limiting. ANT did indeed help us on our way to developing a general strategic orientation to our research by allowing us to organize our thoughts and arrange and systematize the myriad social and biological factors involved in the SARS outbreak: especially helpful in that respect was the mapping process that is a key component of the ANT approach. Ultimately, though, we were dissatisfied with the ANT approach, largely because of a lack of critical orientation that tended towards description rather than critical social analysis.

We did find some insights from complexity and emergence theory, as well as systems and network theory, in terms of helping us understand the mechanics of the outbreak situation in terms of tipping points, feedback loops, and so on, but again we were not satisfied with the lack of the critical dimension of this largely exclusive positivist and mathematically defined approach.

We then came across an approach from geography that could be described as the political-ecology-of-disease approach, developed by Jonathan D. Mayer and others that we thought had the potential to strike the right balance for the type of analysis we wished to purse—that is, one which would use critical social science while recognizing the importance of ecological/biological processes. We ran with

that.

More recently, thanks in particular to the arrival of Creighton Connolly in the team, we have found the Landscape Political Ecology approach useful for analyzing the current situation in which we live, namely a period of unprecedented environmental change and urbanization. Landscape Political Ecology helped us understand how spatial factors and the physical ordering of the urban environment can directly influence the incidence of disease outbreaks and possible responses to them.

In terms of the issue of whether our research was an audible point to make back then, when we were first trying to publish our research, the challenge was to gain acceptance of an approach that combined the work on infectious disease with urban studies using the types of theoretical perspectives we felt would enable that connection analytically. Ours was therefore a decidedly holistic, synthetic and cross-disciplinary perspective. Consequently, I [Roger Keil] think our work at the time was considered too eclectic in the eyes of specialty scholar communities and was met with some resistance or at least a lack of receptiveness, but with time the value of our approach has to some extent been recognized as useful in studying a phenomenon as complex as a pandemic.

Frankly, though, the book was still mostly read by specialists in urban health studies (in particular, the book was reviewed in *The Lancet*). It got a good uptake among scholars in that field but it probably failed to make a sustained impression on the mainstream and general debate in urban studies. Health and disease were considered empirical fields, and SARS was considered a fluke, a non-generalizable event, one from which it was difficult to draw universal lessons. That would certainly be different now.

How did you think, back then, that the SARS case study differed from the historical studies of other diseases, for instance the early 20th-century bubonic plague pandemic, and from what these studies said about connectivity, cities and the first globalization?

We were aware of those earlier historiographies of connected disease, and built partly on their legacy, but we also wanted to emphasize the quantum leap in communication and mobility that modern societies had experienced during the 20th century, in particular during the jet age, that was so fundamental to global city formation. After all, didn't John Friedmann develop his famous world city map in the 1980s from the kind of airline maps one finds in the back of an in-flight magazine? Now, with the experience of almost total simultaneity we have witnessed during the Covid-19 pandemic, it seems we have made even more "progress" when it comes to worldwide connectivity since those years early in the century.

You also made a point in this earlier work on SARS about the necessity to think not just along the lines of globalization but also to understand in parallel the particular ecologies of viruses and diseases: can you perhaps tell us how this mode of thinking somewhat tempers the idea that it is all about globalization (and consequently that the reach of such pandemics would only mathematically increase with increased city connectivity)?

Here you are dealing with the issue of the relationship between the local and the global and more specifically the issue of how local outbreaks arise and how and why some of these outbreaks spread beyond the local and become pandemics. At the heart of the answers to these questions is the notion

of microbial traffic; that is, the spatial diffusion of disease and what affects that dynamic. Locally speaking, an outbreak is known to occur only if the conditions of the epidemiological triad are met— that is, there is some connection made between the pathogen, the host (which enables the pathogen to replicate, such as the human cell for the replication of viruses) and a conducive environment that allows the pathogen to reach the host. Normally, these conditions are spatially circumscribed by a particular built location, such as a remote village, a cruise ship, a hotel or even a city. But one important location is the ecological niche in which pathogens are found—for instance, the animal reservoir that a virus inhabits. For this reason, one must consider the ecological niche and the ecologies of the virus and how that is affected by human interventions. For example, the human intervention of climate change, or expanding human settlement in periurban areas or deforestation and so on. All these human/social processes impact on the epidemiological triad and increase the potential for an outbreak to occur and then become a pandemic. As such, it is not just about global connectivity among humans, but equally important is what happens at the local level of animal habitats and ecological niches due to local human interventions – in other words the relations between humans and nature.

Finally, still on the globalization front and with respect to how such pandemics cast doubt on the global economic system: what do current ongoing public discussions about "the day after," and in particular about what needs to be done to revert the decline of our productive systems, tell us about globalization? While in essence these discourses currently advocate a deglobalized world and a relocalization based on the local scale (understood in a very varied way), how would this fit into an interpretation of a fourth phase of globalization?

Clearly, the current crisis signals a moment of reflection, a pause in the development of our modern global societies. But we must be careful not to expect too much of a shift. There will be changes, even deglobalization, but those might occur in unexpected ways. We can easily focus on the chauvinistic impulses of politicians such as Trump or Orbán, or the scapegoating of Muslim Indians by Hindu nationalists, including the country's prime minister, Narendra Modi. But we will need to wait until the big corporations weigh in and talk about their strategies to continue their sourcing and production, as well as their consumption empires, at the global scale. More German cars with more German car parts are made in China than in Germany. That will be hard to untangle. The interesting thing will be to see whether, besides populist nationalism and capitalist globalism, other narratives can find space to exist. There is some reason for hope as tenant movements have linked up internationally to demand rent relief in these times of lockdown, and as service and frontline workers have been praised unanimously around the world for their selfless bravery. This has shown a new global togetherness that has rarely been on display in recent memory. Perhaps some of these new solidarities will carry over into a world that is reopening. It will be important, especially in the urban planning field, to link the lessons from the lockdown to the pressing agenda for urban form and life presented in the climate emergency.

How urban societies and city institutions respond to pandemics

You also studied the governance and regulation of crises such as that of SARS: you mentioned the "post-Westphalian" [3] dimension of the management of the pandemic, identifying not just the role of the WHO, but also the important roles played by metropolitan authorities in Toronto after decentralization and the parallel weakening of the province of Ontario's capacity to address the issue. Does the Toronto SARS saga

carry significance today with regard to the Covid-19 pandemic?

It is interesting that David Fidler, who coined the term "post-Westphalian pathogen" when talking about SARS and explicitly noted the post-national forms of global health governance that emerged at the time, has more recently called Covid-19 a "Westphalian" disease. Others, like Benoît Bréville in *Le Monde Diplomatique* have talked about "the return of the city-state" in this context. We think this deserves more study across city regions around the world, and this is an avenue we are currently exploring with a proposed new program focusing on the responses to Covid-19 in 15 different cities around the world. What will be particularly important in shaping the conversation is the role of sub-local actors in communities. We argue that:

1. we all live in an urban society; the diseases we have most likely are diseases in and of that urban society;
2. the urban is not a collection of distinct towns and cities but a set of built, social and natural environments that are connected through urban lifestyles and corresponding priorities;
3. in this urban world, local and regional jurisdictions remain important, perhaps more than ever, as bounded forms of territorial decision-making and governance areas that are also connected to other such areas regardless of their location in a particular nation state; and
4. the urban society, or this urban world, produces new types of social conflict and politics which will demand responses from authorities far and wide.

One point you and your co-authors also mentioned about SARS was the importance of institutional coordination in the fight against such pandemics, at times of fragmentation of urban health systems. In view of the more recent development of your research on the issue of suburbanization/periurbanization, [4] what specific problems can you point to in these areas with respect to this coordination issue?

First, we know that the current increase in emerging infectious disease outbreaks is directly linked to the phenomenon of extensive urbanization. This means that (a) cities grow at their periphery and in areas previously not urbanized, and (b) urban relationships are more far-flung than they have ever been. We must remind ourselves that Covid-19 is the first pandemic of the urban age, of the era we entered a few years ago when more humans both lived in something like urban environments and were planetary urban in the Lefebvrian sense. One consequence of this is that the possibility of zoonotic transmission, from animals to humans, becomes ever more likely as we now see urban and suburban settlement in previously non-settled terrain.

Second, though, we have very little knowledge yet of territorial governance during Covid-19. But let us highlight two phenomena. We have seen huge intergovernmental discord, reminiscent of the SARS experience but now globally recognizable. These tensions were not always between city and suburbs or city and country. The struggle between Trump and the Democratic states and cities was openly partisan. And we have also seen that Covid-19 is a disease of the periphery but this periphery is sometimes spatial, as with the devastation seen in the in-between cities of Italy's Lombardy region, and sometimes social, as with the shameful toll taken on the populations of racialized communities, immigrant workers in meat-processing plants, indigenous reserves, and long-term care institutions. The virus has revealed the most vulnerable peripheral sectors of our housing and labor markets and of our welfare states that have been decimated by decades of austerity and dismantling.

In your 2008 book Networked Disease: Emerging Infections in the Global City, *there was a section devoted to biopolitics, the control and surveillance systems put in place either by national or local authorities, but also the literal incorporation of these rules by the urban population as well (e.g. the enforcement of social distancing in Singapore, the emergence of a culture of masks in Hong Kong, etc.): there are certainly parallels to be made today, and in particular with the discussions and experimentations around electronic health monitoring. How would that high-tech system of solutions translate to areas less equipped in terms of technology such as periurban/suburban areas, and especially for less developed cities where these areas lag behind the urban core in terms of basic service provision?*

This is indeed one area of concern highlighted in our recent *Urban Studies* paper (Connolly *et al.*, 2020) and that has received more attention in light of the Covid-19 outbreak. We note that rapid population growth in the periphery of cities, particularly in developing regions, can increase risk to infectious disease outbreaks, because the infrastructure and governance systems to control and mitigate disease outbreaks lags behind population growth. Not only is sanitary infrastructure (e.g. clean piped water) lacking in these areas, but the ability to self-isolate is also reduced, owing to the nature of housing and working conditions. One example is the explosion of the coronavirus outbreak in Singapore's migrant-worker dormitories, which are mostly situated on the periphery of the island city.

S. Harris Ali also made a specific point in the book about "networked inequality," and how the response to SARS was strong also because the cities involved were prominent global cities: can you elaborate a little and perhaps extrapolate with regard to the current Covid-19 situation and the profound inequalities revealed in the responses to the virus at every possible scale? In particular, can you perhaps point to how the Ebola research program you worked on five years ago influenced your understanding of these inequalities?

Today, social inequality must take into account issues of access to information and community technologies, particularly the ability to access the Internet and all the various informational resources available online. For instance, during our present Covid-19 outbreak, it was initially thought by some that schooling could easily switch to online learning. Such a perspective did not take into account the plight of those families with limited income and resources to own computers or laptops or afford the costs of Internet connections, nor could they access the Internet in public libraries as these were closed because of quarantine conditions. This is a form of inequality related to access to Internet technologies. Likewise, during the current outbreak, we might ask: who is able to work remotely from home, and who must continue to show up to work to perform essential services such as waste and recycling pickup, working in grocery stores and takeout restaurants, as well as in long-term care facilities? The latter workers will have experienced a much greater chance of being exposed to the virus. It is also these service and blue-collar workers who constitute the precariat. Thus, social inequality is reflected in the differential exposure to Covid-19.

This issue of inequality in access to Internet technologies is also a question of technological infrastructure. In the case of SARS, it was noted that global cities, as part of the function they play in the networked global economy of finance, rely on a secure technological infrastructure. Great investments are made in maintaining a sound information and communications infrastructure precisely for those reasons. Such investments are made possible only because the elite can afford to build and maintain this infrastructure while again having the resources to access the informational infrastructure once built. Hence the many occupants of high-rise condominium buildings in urban centers are exactly those individuals who have a reliable information infrastructure and access to it.

They are, again, the very ones who can work at home and self-isolate, an opportunity not open to the majority, and especially not to the precariat.

Infrastructure and differential access to it are also key areas of concern when considering the differences between the Global North and Global South. In our study of Ebola in Sierra Leone, Liberia and the Democratic Republic of the Congo, a common element was a lack of not only information/communications infrastructure, but also of more basic infrastructure related to water provision, sewage removal, and electricity. These problems are particularly difficult in informal settlements. The African Ebola outbreak response simply did not have the advanced, sophisticated and reliable data-sharing platforms that global cities such as Singapore or Hong Kong had for rapid sharing of epidemiological data so critical to effective outbreak response. This is another blatant form of inequality. Despite the effects of extreme inequality, Africa nevertheless was successful in containing Ebola, and they were able to do so not by relying on a technological infrastructure but by building on their existing social infrastructure. Their response to the disease threat ensured the proper care of community members through community-based initiatives.

One final word on the comparisons between all these pandemics?

We posit that one of the key differences between the current Covid-19 pandemic and previous ones like SARS and H1N1 is the way in which our planet is much more connected at a variety of scales. It's not just the global cities like Toronto, Hong Kong, Singapore, and so on, that are susceptible; there are now a multitude of links between periurban regions around the world that have led to the increased and more rapid spread of the disease. Our article in *The Conversation* also talks about how production networks feed into this spread of disease within suburban areas, such as in manufacturing plants (as well as airports and other key transportation hubs) that are often located in these areas. We cite the example of a car manufacturer that has factories in Wuhan and in a town near Munich. One of the employees traveled from Wuhan to Germany for training, and brought one of the first cases of the novel coronavirus with him.

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To quote this article :

[**1**] Ali and Keil 2006, 2008.

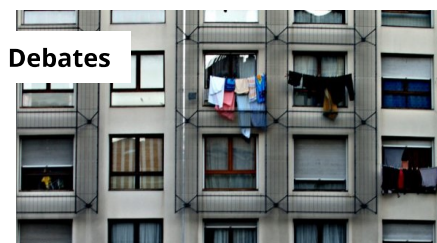[**2**] The identification of a network of interconnected global cities forms an important phase of research into globalization conducted in the late 1990s. The global cities theory was based on an analysis of financial flows between cities and of the links between economic actors.

[**3**] The adjective "post-Westphalian" refers to the period of intensified globalization at the end of the 20th century, which saw the weakening of nation-states in parallel with the rise of supranational (EU-type) organizations.

[**4**] Notably within the framework of the Global Suburbanism program led by Roger Keil (on the main orientations of the program, see: https://theconversation.com/suburban-change-is-transforming-city-life-around-the-world-125598).

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