

# Global Visions on Cities and Historical Pandemics in the 20th Century

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

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## Introduction

On July 24, 2020, as part of [GAHTC's Zoom-posium and roundtable meetings](#), Drs. Mohammad Gharipour and Caitlin DeClercq, founders of the Epidemic Urbanism Initiative, convened 13 scholars from a range of disciplines to present historical case studies from diverse geographies--from the Philippines to Vietnam, Senegal, Nigeria, Brazil, and more--to further explore how cities are not just the primary place of exposure and quarantine, but also the site and instrument of intervention. Each brief presentation told the story of an outbreak of infectious illness and its impact on urban life and urban forms in the 20th century. Further, to extend and amplify our understanding of epidemic illnesses as both social and spatial phenomena, these sessions also explored three primary themes:

1. **Colonialism, imperialism, and urbanism:** Presentations in this group explore how systems of power and governance, and more specifically colonialism and imperialism, shape the experience of and response to pandemics.
2. **Politics, policies, and public health:** Presentations in this group explore the mutual relationship between politics, policies, and public health interventions, and how urban epidemics clarify and extend each.
3. **Community and domestic space:** Presentations in this group explore the role of social spaces of different sizes--from domestic to city spaces--in responding to epidemic illnesses, and the ways in which epidemics shaped each.

In each of these presentations, authors articulate the urgent need to recognize the ways in which pandemics, past and present, exploit and amplify social inequalities, and the need for scholarship and interventions to work toward more critical, just, and equitable solutions.

These presentations were followed by a response from session discussants and moderators, Dr. Fariba Zarinebaf and Dr. Mehreen Chida-Razvi, and Q&A at the end. Seen together, these presentations provoked new insights and implications for our role as historians, architects, planners, scholars, educators, and citizens.

## List of presentations:

### 1. Panel 1: Colonialism, Imperialism, and Urbanism

- a. French Colonialism, the City, and Pandemics in Vietnam, 1885-1930s (Michael Vann, Sacramento State University)
- b. The Hong Kong Plague and the Park Movement of the British Settlements in Shanghai and Tianjin, China, 1894 (Yichi Zhang, Uni. of Oslo, Norway)
- c. Bubonic Plague, Homes, and the Battles Over Segregation in Urban Senegal, 1914-1921 (Gregory Valdespino, University of Chicago) - *presented as part of the second panel, due to technical difficulties*

### 2. Panel 2: Politics, Policies, and Public Health

- a. State, Epidemics, and Ecology in East Bengal, 1858-1947 (Mohammad Hussain, Ibn Haldun University, Turkey)
- b. The Regulation of Quarantine Spaces in Brazil after 1873 Health Convention (Niuxa Dias Drago, Ana Paula Polizzo, and Fernando Delgado, Universidade Federal do Rio de Janeiro, Brazil)
- c. Print, Politics, and Smallpox Epidemic in Terre Haute, Indiana, 1902-1903 (Allen Shotwell, Ivy Tech College)
- d. Urban Transformation and Public Health Policies in Post-influenza Lagos, 1918 (Timothy Oluseyi Odeyale, Uni. of Ibadan, Nigeria)
- e. *Bubonic Plague, Homes, and the Battles Over Segregation in Urban Senegal, 1914-1921 (Gregory Valdespino, University of Chicago) - originally part of Panel 1; presented here due to technical difficulties*

### 3. Panel 3: Community and Domestic Space

- a. The City as Field Hospital and the Influenza Epidemic in Seattle, 1918-1919 (Louisa Iarocci, University of Washington, Seattle)
- b. Building a Community in Leprosy Island in the Philippines, 1889-1941 (Mary Anne Akers, Morgan State Uni.)
- c. Epidemics between Dwelling and Building in 1950s Baghdad (Huma Gupta, MIT)
- d. House, Social Life, and Smallpox in Kathmandu, 1963 (Susan Heydon, University of Otago, New Zealand)

### 4. Response by Dr. Fariba Zarinebaf (University of California, Riverside)

### 5. Response by Dr. Mehreen Chida-Razvi (The Khalili Collections, London)

### 6. Q&A, moderated by Dr. Mehreen Chida-Razvi

Link to video: <https://youtu.be/gDcLxhpSxeM>

## Sample questions (from Q&A)

- In the examples exploring colonial contexts, were epidemics seen as an urban issue or as a public health issue, and with what impact?

- Was there any evidence, in these historical cases, of resistance to public health measures, as we see today? If so, how might we explain this continual theme of resistance throughout history?
- What have been some examples of urban vs. rural experiences or divides and local vs. broader power structures in these historical case studies? What have been the implications of these forces for the outbreak, experience, and mitigation of epidemics?

## Implications for design, research, and education

*The following observations are from the responses by Dr. Zarinebaf and Dr. Chida-Razvi*

- We need to consider the commercial and economic interests of proposed and staged interventions (especially in colonial regimes; but there are similar concerns today) - such interventions may be informed by medical knowledge or expertise, but there are likely additional forces at play in shaping the nature, site, population, and duration of the intervention.
- Different communities often have differing levels of accessibility and inaccessibility to resources, especially during times of pestilence. Epidemics follow and intensify social inequalities; thus, we need to ask: who bears the burden of epidemics, how are interventions like quarantine experienced, and by whom, and how do these experiences differ by social group?
- Epidemic interventions can learn from broader disaster responses; in both cases, there is a need for prevention-oriented thinking.
- Often, epidemic interventions have important (yet not always obvious or overt) implications for surveillance and authority of the state to monitor movement, compliance, and behaviors.
- Educators can neither examine nor discuss epidemic urbanism and interventions without broad, interdisciplinary focus; for example, as these case studies show, talking about past epidemics necessarily requires consideration of geopolitical ramifications of interventions, the impacts of climate and climate change, societal economic disparity, movement of populations, the practices of humans in urban environments in everyday life, societal responsibility, the use of media, and the reaction of states and religious institutions to times of pestilence.
- Today's problems are not 'new' - much of what is true today has been true for hundreds of years; these historical perspectives are urgent to help us understand and inform next steps.