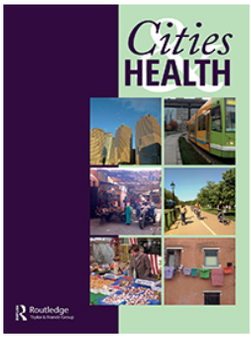

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COMMENTARY AND DEBATE

City as the core of contagion? Repositioning COVID-19 at the social and spatial periphery of urban society

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ABSTRACT

COVID-19 proliferates in extended forms of urbanization. Traditionally a metaphor of escape, the global suburb has become the epicentre of zoonotic transmission, infection through travel, and community spread. Against this background, we point out that where the virus is, you find the peripheral, in the city and in society. In this reflection, we sketch the challenges and potentialities of the landscape of care in the urban periphery in Toronto, Canada and Milan/Lombardy, Italy during the ongoing COVID-19 pandemic. Moving forward, we need to ask multi-scalar, cross-disciplinary questions and focus on inequities in our social and spatial peripheries.

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Extended urbanization; healthcare governance; care

No pandemic in history has ever confronted humans as a predominantly urban species globally. While SARS in 2003 was a disease of the global city, COVID-19 proliferates in extended forms of urbanization and in the urban periphery that have characterized recent urbanization trends. Traditionally a metaphor of escape – as a place of refuge, of backyards and fresh air, away from the dense, sick city centre – the global urban periphery has become the epicentre of zoonotic transmission, infection through travel (e.g. airports), community spread and new forms of health governance (Connolly *et al.* 2020). Furthermore, vulnerabilities have been particularly pronounced in this new urban world where spatial peripherality has coincided with social marginality both in institutional and community contexts. Our argument is not that this is a suburban virus. Rather, we point to the fact that where the virus is concentrated, you find the peripheral, in the city and in society.

COVID-19 has begun to expose the socio-spatial inequities throughout the urban regions, however, the discussion on what to do about cities has focused on the centre and privileged urbanist debates about the need to decrease space for cars, widen sidewalks, and add more bike lanes. While these are important discussions, they leave out vital considerations of the periphery, home to heterogeneous built forms and complex social relationships, structural poverty, communities of new immigrants and what Jay Pitter (2020) calls 'forgotten densities', – the kinds of densities that are experiencing increased vulnerabilities to COVID-19 due to overcrowding and perilous living conditions. How inequities of care and need play out across these landscapes has been a blind spot in urban research, even though preliminary mapping has shown COVID-19 cases to be concentrated in the peripheral, inner suburban, lack of infrastructures, low wage, racialized areas of Toronto (Bowden and Cain 2020, City of Toronto 2020) and in the in-between territories within and beyond Milan urban region, such as the area of Bergamo (Barcella 2020). We must examine inequities in governance and health service delivery, the city from the periphery through the lens of everyday life, and socio-spatial relationalities in suburban landscapes, while moving beyond stereotypes to understand marginalization in diverse suburban settings. We contend that the causes and stressors of the transmission of this pandemic (like healthcare system quality, lack of infrastructures, overcrowding, low wage labour, racism, vulnerability of age/living in an institution, etc.) are not mutually exclusive, but rather multifaceted and complex geographies that coalesce into social and spatial peripheries that have been neglected in research.

In terms of chronic disease health impacts, car-oriented suburban spaces have been long chastised for their negative effects on physical activity and social interaction, but in the context of infectious disease are being touted as places for people to be able to 'physically distance' safely. Some professionals argue that the escape from the city towards rural areas is a valuable solution to combat the COVID-19 contagion although this collides with the common rationale of favouring compact urbanity (Chiodelli 2020). In Italy this would mean a return to those small communities that faced depopulation and institutional abandonment; in Canada, this has included urban citizens retreating to

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their summer cottages in the countryside. Differentiating city from country and urban from rural is exceedingly difficult in this era of almost complete urbanization. In fact, we should imagine the urban environment as one of sprawling mixed densities, multiple relationalities, and complex interconnectivities. The idea of escaping from an urbanized contagion assumes that residential density has now turned into a problem, as coronavirus spread across one of the most densified Italian regions (Lombardy). Nonetheless, the landscape of Bergamo Province – epicentre of the contagion – is shaped by a profound dispersion of in-between towns across flatlands and valleys. Rather, this 'retraction from the urban' is nurtured by a romantic view (Chiodelli 2020) that historically sees rural Italy in opposition to the urban, as places of tourism, whereas, conversely, many societal and infrastructural complexities characterize such non-urban places.

Moreover, although an important urban region of Italy like Milan is strongly embedded in the Italian geography of the coronavirus pandemic, the magnitude of the contagion has been dramatic especially in mid-towns such Bergamo and Cremona, as well as in sub-urban constellations like Codogno and the 10 small municipalities of Southern Lombardy isolated in late February, at the beginning of the outbreak. Such fragments of the 'in-between Italy' are affected by a marginal condition in national agendas (De Vidovich in press). Whilst healthcare and welfare governance find innovations, private resources and collaborative efforts within urban cores, a rather ordinary provision shapes the landscape of care in the in-betweenness, where the impacts of an unprecedented emergency heavily weighed on public hospitals of Bergamo, Cremona, Alzano Lombardo (a suburb of Bergamo) and Codogno (in the suburban in-between, south of Milan). In addition, such public health infrastructures faced downsizing of economic resources and investments even before the 2008 crisis.

The Italian coronavirus crisis discloses the need to observe governmental, societal and welfare issues from the peripheries of large urban regions, where the hardships of this infectious disease outbreak are more numerous than elsewhere, and health infrastructures faced an unprecedented crisis (Nacoti *et al.* 2020). In the Lombardy region, the healthcare system today is based on business-led principles resulting in a private market of care, triggering competitive mechanisms in the access to health services. Alongside the public provision of care, citizens might benefit from a plethora of privately provided services, ensured through private structures accredited by public bodies. Yet, such scenario of two-way care is well developed in and around Milan, whereas the peripheries of its urban region rely on public facilities weakened by the reforms that strengthened private care by undermining a fair and equal distribution of public welfare infrastructures across these suburban territories. This lack of social, health and built infrastructure in these areas highlights structural vulnerabilities that are showing up as spatial inequities during the COVID-19 pandemic in the Lombardy Region, and this is beginning to show itself in Toronto as well (Bowden and Cain 2020).

There have been decades of underinvestment in social, health, housing and transportation infrastructures in the peripheries of Canadian cities like Toronto, and the peripheries are experiencing exponential growth, as well as being more hyper-diverse and disadvantaged than ever before (Lo *et al.* 2015). This contributes to structural social vulnerabilities that are exacerbated by COVID-19, especially for demographic groups like older adults, immigrants, racialized folks, disabled individuals, and people living in poverty. A focus on top-down understandings of health, and focus on acute care in downtown hospitals, has led to decreased funding in public health, community care, and social supports. As a consequence, we see health issues exacerbated by COVID-19 in the periphery, often located in the 'forgotten densities' of social housing, poorly maintained rental housing towers, prisons, group homes for the disabled, long-term care (LTC) and retirement facilities Pitter (2020).

LTCs are one example of this lack of funding and move towards the privatization of public care work in Canada. The current crisis exposed massive cracks in an already broken system, but there is also a crisis in the design and siting of these forgotten densities. Care homes are often designed with long corridors and ward-like single or shared accommodation and located in industrial/commercial/institutional zones, as they are considered a locally unwanted land use in residential areas. The locations of these institutions also pose difficulties for personal care staff, who often have to work part time at multiple locations to make ends meet – and public transportation infrastructures do not make those easily accessible. As practitioners, we have to rethink where we encourage these places in order to better integrate them within communities, and how to encourage more pod/home-like designs to minimize transmission with homes.

In concluding this brief sketch on the landscape of care, and based on our community and research work on Milan and Toronto, we reiterate that one outcome of this extraordinary experience of COVID-19 which has redefined our views on cities and health profoundly, is that we need to look at the urban region from its social and spatial peripheries. Going forward, we suggest that one of the ways to study COVID-19 and everyday life in the periphery, its socio-cultural-political structures and multi-scalar complexities is through an expanded definition of care (Williams 2017). Traditionally thought of as a linear relationship between the 'giver' and 'receiver' within traditional settings, geographers have expanded care through scale to further include everyday interactions in/taking

care of public spaces. Thinking of care as a series of multidirectional interdependencies between bodies, humans, more-than-human others, communities, built environments and socio-cultural-political structures (Biglieri in press) is integral to understanding the impacts of the COVID-19 crisis in the periphery in a way that will incorporate physical and social change, by being context specific, exposing injustice, and identifying resistance from the ground up (Williams 2017). For instance, we can think of questions like: are people able/not to care for their bodies (hand washing requires access to water/soap); how do folks care for family and friends (through checking up), how do groups organize to take care of others (care mongering mutual aid groups, campaigns to keep rent); how does built form and infrastructure care for us or not (overcrowding, homelessness, non-/useable outdoor balcony space, greenspace/lack thereof to physically distance while outside, creation of makeshift spaces within homes, access to amenities and transportation infrastructures, provision of healthcare infrastructures); how are different levels of government careful/careless (who do aid packages support, who is deemed an 'essential worker', public health messaging) and how do macro-level socio-cultural-political structures influence these relations (how ageism, ableism, sexism, racism, and classicism are creating life and death situations). We need to ask a combination of these types of multi-scalar, cross-disciplinary questions that capture the complexities of the COVID-19 pandemic in the periphery. Moving forward as academics and practitioners, we need to not only examine the inequitable distribution of infrastructures and COVID-19 hotspots in our social and spatial peripheries (and processes that have led to this), but we need to meaningfully include the voices of the folks that are most impacted in order to not reproduce these inequities as cities begin the processes of 'rebuilding', or planning for when the next pandemic hits.

Disclosure statement

No potential conflict of interest was reported by the authors.

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Roger Keil is a Professor in the Faculty of Environmental Studies at York University, and researches global suburbanization, urban political ecology, infectious disease, and regional governance. Building on prior joint comparative fieldwork in Toronto and during the international Global Suburbanisms Spring Institute in Florence and Milan in May 2018, the authors deploy their expertise on cities, health and disease to challenge stereotypical views of the suburbs and their role in an age of emerging infectious disease.
https://suburbs.info.yorku.ca/category/news/

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