Naked cities

The pandemic can redefine how we experience our urban spaces

KAZI KHALEED ASHRAF

Precautions against Covid-19 are extremely simple but excruciatingly unbearable—social distancing and staying at home. A touch—a fundamental way of being human—is all that it takes to be all right, but that is now denied.

DURING a run for essentials, I ran into a graffiti on a wall at a Philadelphia exit ramp: "Civilisation is pandemic." On any other day, I would not even think twice about such a street-smart philosophical pronouncement. Pretentious as it is, the graffiti does ring a truism about the double-edged nature of what we mean by civilisation. With *civil* now at a standstill—the Latin root for both civilisation and the city—the viral indictment is very much on the city.

An uncanny silence has descended on our cities. Like a scene in a Giorgio De Chirico painting, public spaces in all cities are now deserted, long shadows crawl down a colonnade, stealthy figures in masks scurry down a street, and all basic signs of civic exchange have vanished. In Philadelphia where I am now, children have disappeared from parks and streets, and the streets seem to harbour something insidious. In Dhaka, Bangladesh, the other city that I belong to, the city that is forever bursting at the seams, an unsettling quiet hangs over many of the once thunderously raucous streets.

Such decapitated cities, devoid of people, with their streets and public life nulled, force us to face something very fundamental. If, as the Athenian general Nicias famously claimed, "we are the city", then what are cities if we have just vanished from sight? If, as Angela Merkel wonders, "our idea of normality, of public life, social togetherness—all of this is being put to the test as never before," will this unbearable emptiness redefine how we might come together again, and whether we may become a different sort of *we*?

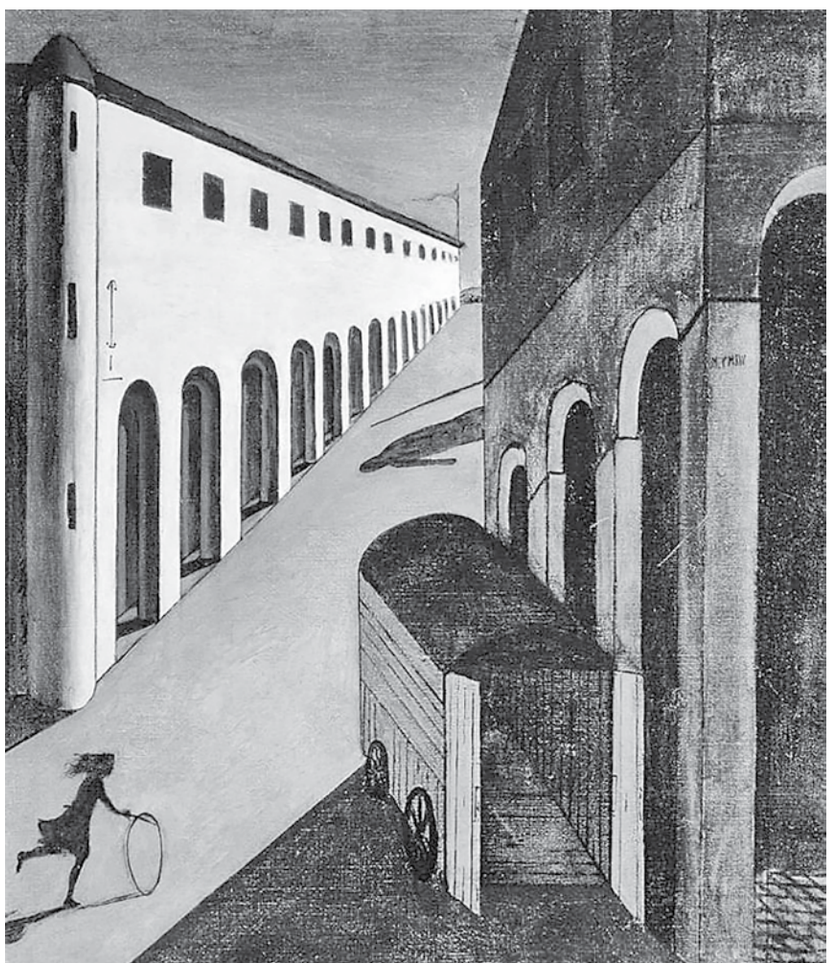
For now, laid bare by the virus, naked down to our quivering souls, banned from our instinctual spaces, we are terrified, as if facing an ontological fundament. This is not the urban scene we imagined in the 21st century. This is also not the naked city that I, as a young boy in Dhaka, used to see in that eponymously titled American TV series from the 1960s that depicted the dark side of New York City.

Precautions against Covid-19 are extremely simple but excruciatingly unbearable—social distancing and staying at home. A touch—a fundamental way of being human—is all that it takes to be all right, but that is now denied. With the six feet distancing, quarantining and lockdowns at home, the coronavirus is dictating an anti-urban spatial arrangement.

But being in a city and retreating into it at the same time is a totally new phenomenon. Living in such a limbo is unbearable. Terrorised by our naked cities, we look for solace in other narratives.

A sudden view of starlight in an urban street, the improbable improvement of air quality, the arrival of flamingos in Mumbai and jellyfish in the lagoons of Venice. Each naked city has starkly revealed how a blooming urbanisation has also been a poison to the environment. In no moment in recent human history has the city seemed so villainous and vapid. Many yearn for a primordial purity in which the city, aka civilisation, has not trammelled the wilderness that, they argue, has now unleashed this interminable havoc.

The naked city has also revealed a horrific inequity that lies just below the surface of the urban spectacle, consumer hoopla and media distractions. No amount of diversion can now conceal the brutal fact of the number of deaths, especially in vulnerable communities. Aggravated by the velocity of the virus, harsh truths about social inequalities—from under-resourced hospitals to devastated doctors, protesting nurses, hungry citizens, suffering minorities and cordoned off wealth—are no longer invisible. How poignant to recall the epic line with which the show *The Naked City* ended: "There are eight million stories in the naked city. This has been one of them." What was said for New York City now resonates in every city of the world.



Giorgio De Chirico, *Mystery and Melancholy of a Street* (1914)

Although we don't know if the city will remain as it is or has been, but new imaginations are already in demand.

We have often reformed and rearranged our cities and societies following disasters. "Disaster demanded a new dawn," the English novelist Zadie Smith wrote in *The New Yorker* on April 10, 2020—"Only new thinking can lead to a new dawn." We can learn from previous post-disaster urban rebuilding, such as the Great Fire of London (1666), the Chicago Fire (1871), and the Great Kanto Earthquake of Tokyo (1923), but this new dawn that is to come will redefine how *we are the city* for generations.

Perhaps new academic themes will flourish, such as "epidemiological urbanism" that will take public health more seriously in the matters of urban planning, or a "viral urbanism" in which gaps, distance and isolation will be organised to dictate our civic life. There will be more commonsensical revisions in the practices of being in public. More contactless services and exchanges. Death of the handshake. Buttonless elevators and self-sanitising doors.

A call to interrogate the more insidious stuff needs to be turned up: Rapacious development and untrammelled expansion of the city should be paused, and devastation of the wilderness and wetlands should be reversed. Will this urban turn supersede or augment the conversation on the other defining crisis of our times: climate change?

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Overcoming the Covid-19 disruption to essential health services

ANATOLE MANZI

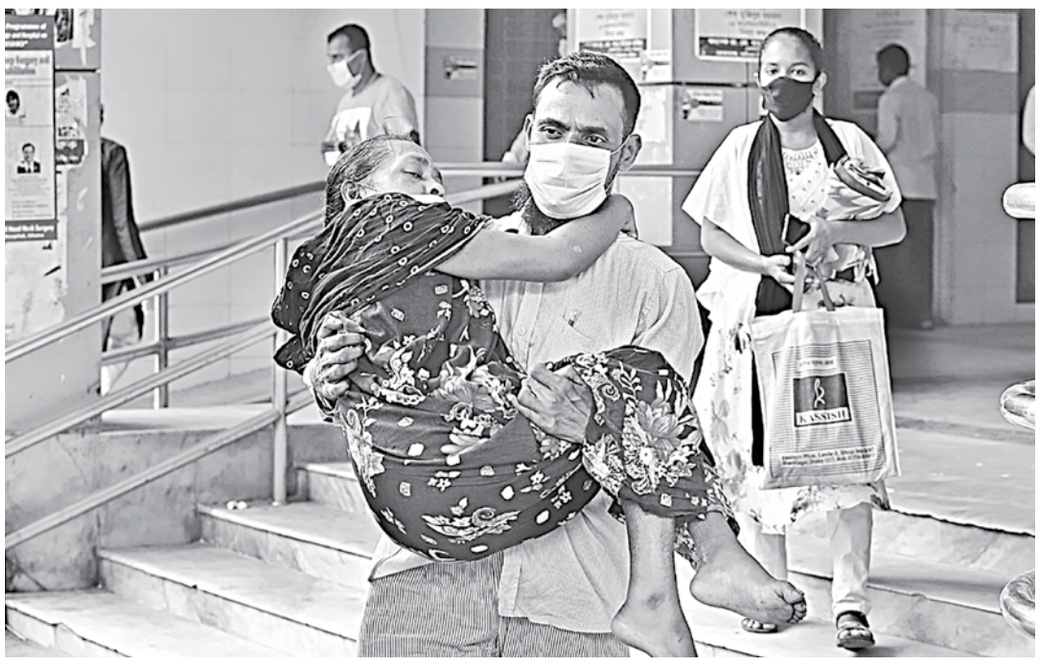
HEALTHCARE delivery in nearly every country has been disrupted by policymakers' mistaken initial assumption that health systems would quickly win the fight against Covid-19. As the pandemic's caseload and death toll are increasing daily, it is often stalling or reversing hard-won progress on minimising the impact of other diseases, from diabetes to malaria.

At the start of the pandemic, many policymakers and health leaders considered a relatively short disruption of essential health services acceptable, but it is now clear that Covid-19 will persist much longer than anticipated. Countries can no longer postpone the delivery of crucial health services. Without immediate action to ensure their continuity, the future death toll from communicable and non-communicable diseases will be unacceptably high.

In a grim recent assessment of the global costs of the Covid-19 crisis, the Bill and Melinda Gates Foundation reported that in 25 weeks, the pandemic had set the world back about 25 years in terms of vaccine coverage—a good proxy for how health systems are functioning overall. Clearly, now is the time to make sure that essential health services are not left behind.

This will require dedicated funding, innovative approaches, and decentralised services to reach the world's sickest and poorest communities. Policymakers should reallocate funds in national budgets and form partnerships with private investors to marshal the necessary resources. It is also crucial to establish domestic and global solidarity funds, similar to The Global Fund to Fight Aids, Tuberculosis, and Malaria. Creating such dedicated funds could help countries and multilateral institutions maintain the continuity of essential health services, thereby strengthening healthcare systems and national economies in the long term.

Even before the pandemic, it was estimated that at least half of the world's 7.8 billion people lacked access to essential health services. Globally, six million children and adolescents, and 2.8 million pregnant women and newborns, die from preventable or treatable diseases annually. Covid-19 has increased these numbers and eroded access to healthcare.



In June 2020, Sathi Khanam, a kidney patient, was unable to get healthcare at DMCH without a Covid-19 test. PHOTO: **AMRAN HOSSAIN**

Global health experts have long been aware of the disruptions a protracted emergency would cause for health services. In 2018, the World Health Organization defined an essential package of services that should be available without user fees during an extended crisis. These include maternal and neonatal healthcare as well as treatment for communicable and non-communicable diseases, mental health, and neglected tropical diseases.

Several challenges to delivering this package stand out. First, services for non-communicable diseases have decreased significantly. Of the 155 countries surveyed by the WHO, 53 percent reported a partial or total disruption of treatment services for hypertension, 49 percent for diabetes, 42 percent for cancer, and 31 percent for cardiovascular emergencies.

HIV and tuberculosis (TB) testing and treatment is also being affected. South Africa is among the countries most affected by these diseases. During the country's lockdown, declines in TB testing led to a 33 percent decline in diagnoses. The number of TB and HIV patients collecting their medications on schedule has also fallen. Weaker adherence will ultimately lead to an increase in drug resistance, therapeutic failure and higher treatment costs.

And yet other countries, including Rwanda, New Zealand, and Taiwan, have demonstrated remarkable success in ensuring the continuity of essential health services. In Taiwan, for example, low-cost universal healthcare coverage has continued throughout the pandemic, and Rwanda has continued operating a new radiotherapy centre for cancer treatment.

In Sierra Leone, where one in 17 mothers has a lifetime risk of death associated with childbirth, the Koidu Government Hospital in the Kono District is working with Partners In Health, a global nonprofit organisation, on a mass communications campaign that reminds pregnant women to use maternity services. After a steep fall-off in prenatal visits, women are once more using these services.

Clinics in Sub-Saharan Africa are also innovating to continue the monitoring and treatment of the region's 19 million diabetes patients during the pandemic. The Society of Endocrinology and Metabolism of Cameroon, for example, developed ten "golden rules" for Covid-19 and diabetes management, including information on exercise during confinement. Diabetes clinics have also introduced teleconsulting to limit the need for outpatient visits.

Furthermore, some countries are seeking innovative ways of ensuring care delivery. For example, Rwanda is using drones to distribute medication to cancer patients and robots to monitor Covid-19 patients' vital signs and prevent hospital-acquired infections. Technological solutions may not always be cheap, but the gains can outweigh the financial outlay.

To achieve similar outcomes, many countries urgently need to overhaul their healthcare allocation and delivery systems. Where possible, Covid-19 testing and treatment centres should integrate the provision of essential health services, including screening for conditions such as high-risk pregnancies and chronic diseases.

Moreover, decentralising health services could strengthen systemic readiness and limit disruption. This will require training an expanded corps of community health workers, including heads of households, teachers, faith leaders and traditional healers. In Liberia, for example, trained community health assistants play a central role in the Covid-19 response, while still delivering essential services.

Clearly, the disruptions to healthcare systems caused by Covid-19 can be overcome. Crucially, countries need to reassess their delivery strategies and make targeted investments in essential health services. Doing so will strengthen their resilience against similar health crises in the future.

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ON THIS DAY IN HISTORY

OCTOBER 28, 1886
Statue of Liberty dedicated

On this day in 1886 US President Grover Cleveland officially dedicated the Statue of Liberty—a gift from the people of France to the people of the United States—on Bedloe's (later Liberty) Island in Upper New York Bay.

CROSSWORD BY THOMAS JOSEPH

ACROSS
1 Rotisserie
5 Monument Valley sight
9 River craft
11 Not flimsy
12 Stair part
13 2011 Saoirse Ronan movie
14 One, for Juan
15 Heart action
17 Hitting hard
19 Once called
20 Asian capital
21 Lawn material
22 Smug smile
24 Cart puller
26 Makes invalid
29 Author Tan
30 Casino activity
32 Topping
34 Old card game
35 Rocker John
36 Seize by force
38 Layers
39 Spud
40 Identical
41 Mexican coin

DOWN
1 Wash thoroughly
2 Pamphleteer Tom and family
3 Sneaker part
4 Sock part
5 Castle surrounder
6 Weather-changing current
7 Did wrong
8 Wise words
10 Soft metallic element
11 Uneven hairdo
16 Pep up
18 Chuck
21 Revue part
23 Cheap booze
24 Pilot Earhart
25 Method
27 Water down
28 Saws wood
29 Aids illegally
30 Storage spots
31 Join the big leagues
33 Went fast
37 Maple flow

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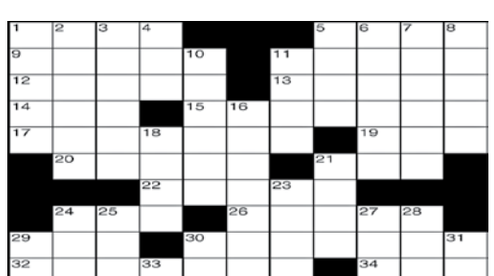

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YESTERDAY'S **ANSWERS**

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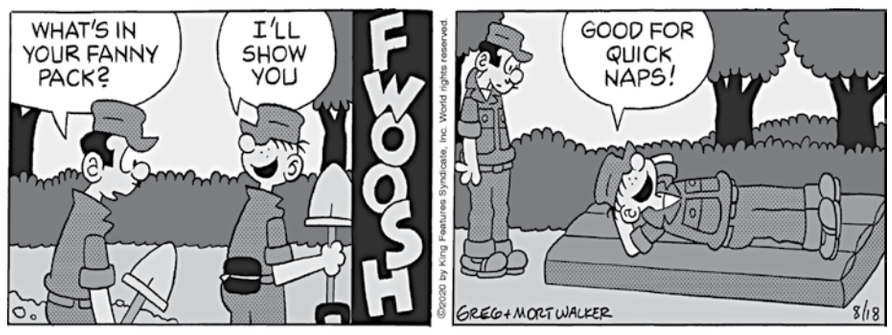

BABY BLUES BY KIRKMAN & SCOTT