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HAS AN URBAN 'NEW NORMAL' BECOME NECESSARY FOLLOWING THE CORONA PANDEMIC?

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Abstract

After the global corona pandemic that spread throughout the globe, new terms appeared that demonstrate what is called the 'new normal,' that will affect the current lifestyle behavior starting from the various indoor spaces and methods of seating, to the outdoor urban spaces and means of moving from one space to another. This 'new normal' is governed by the 'social' or currently the term is moving more toward 'physical' distancing and hygiene behaviors that should be followed.

This paper raises a new argument regarding the impact of this new pandemic: there is no long term for the 'new normal', and the procedures related to spatial organization and social distancing will vanish after a very short period of time when spatial behavior reverts to its 'old typical normal' ways of living. The paper's hypothesis is based on an analysis of previous pandemic situations that countries and the globe have faced and their impact on outdoor urban social behavior, in addition to understanding the role of density in spreading or containing the virus.

As an assumption, two parameters prevent the emergence of a long-term 'new normal' particularly with regard to open outdoor spaces. The reader might assume that the economic factor is the driving force, which is not the case, as discussed in the paper. The first factor is bottom-up, based on individual and collective group cultural and daily behavior as the main driving force. Monitoring cities that have started to return to their normal condition and observing people's gathering spaces, especially outdoor spaces, shows that people are using the spaces as usual, with minor social or physical distancing. In countries that are enforcing a partial lockdown, still people are gathering and using the spaces as they used to previously. The second factor is a top-bottom, economic-related factor of the general conditions. Counties cannot afford a series of long, full lockdowns, especially developing ones. They cannot afford to force airlines, restaurants, entertainment facilities and other related economic facilities to work at 30-40% of their capacity. The facilities would not survive economically, and nor could they afford huge re-designs. The only affordable method is to change people's personal hygiene behaviors when using the spaces, which might be temporary if a vaccine is discovered. This method suits, psychologically and economically, the individual, the economy, and the government, although it might not be the most effective path.

As a result, after a few months, I argue that, gradually, the 'old normal' will return, as it is the most affordable solution for everyone. This corona pandemic is not the first and will not be the last health problem to arise. However, it is not strong enough to change the above two factors: cultural and economic behaviors. As a result, this paper suggests that there will be no 'new normal' and that the urban open spaces will be used as the 'old normal,' just as they were prior to covid-19.

Keywords

New normal, corona pandemic, social distancing, old normal, urban spaces after the pandemic

1. REFLECTIONS ON THE CURRENT SITUATION

Due to its ability to spread quickly among human populations (Desai, 2020), coronavirus has now spread to more than 212 countries and territories around the world (see Figure 1). It was first recorded in Wuhan (China) in December 2019 and declared a pandemic on 11 March 2020 by the World Health Organisation (WHO) (WHO, 2020a) (see Figure 2).

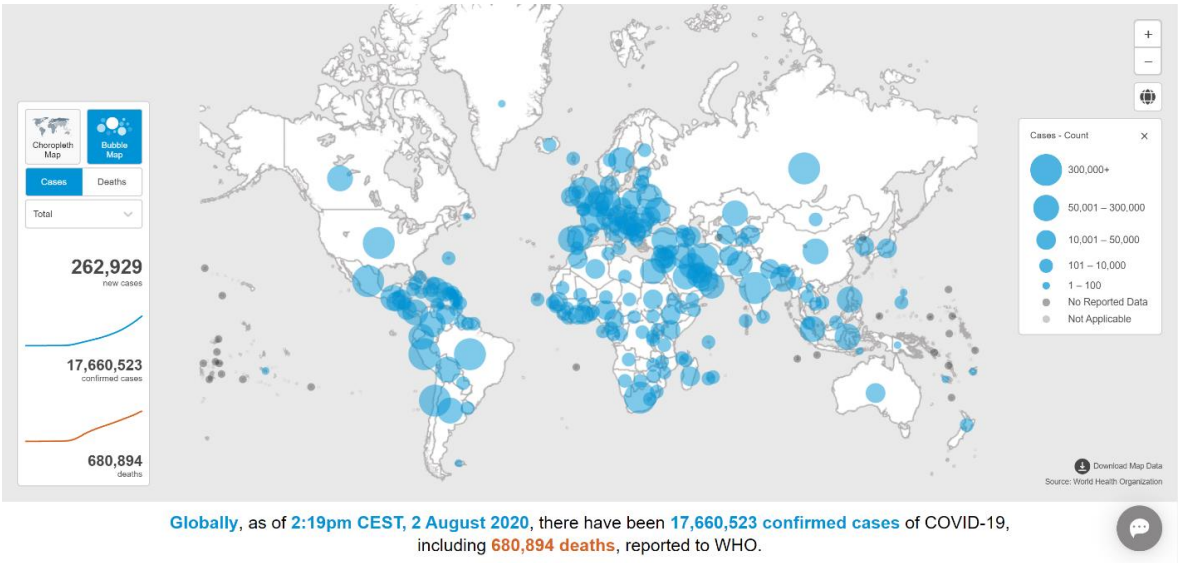

Fig.1: shows the spread of coronavirus on 2 August 2020. There have been 17,660,523 confirmed cases of COVID-19, including 680,894 deaths, reported to WHO. Source: (WHO, 2020b)

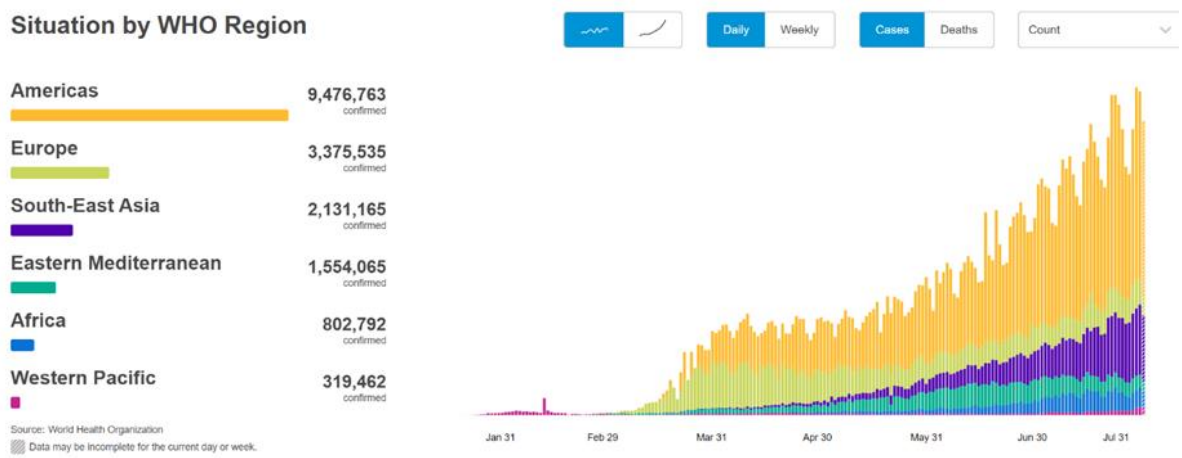

Fig. 2: highlights the spread of coronavirus on 2 August 2020 based on region distribution by WHO. Source: (WHO, 2020b)

After seven months of the spread of covid19, some people, according to CNN, are starting to 'rethink where they want to live,' and wish to move away to less densely-populated places (Hamidi, Sabouri, & Ewing, 2020). The previous quotation initiates this research's background. It reveals what some people think about densely-populated places and their need to live [normally] in this pandemic situation. Uncertainty gives rise to post-contagion ideas and many of the current pandemic-related research asks questions rather than proposing solutions (Honey-Rosés et al., 2020) due to the absence of an effective vaccine.

In addition, the pandemic has hit all types of living spaces, from rural, urban, peripheral spaces, spaces with high and low density, small cities and megacities, places with good health facilities and poor ones, places with high living standards and lower ones, and places that are well planned and poorly planned (see Figure 1 & 2). This situation is new for urban designers and planners.

It is not planned cities versus unplanned, or sustainable places versus unsustainable places, as all cities were affected heavily by coronavirus and it spread to every type of place.

Thus, researchers are discussing two different proposals for the post-pandemic city. The first is the urbanist's utopia, that depends on allowing more space for pedestrians, widening sidewalks, and expanding the green areas on the account of parking places. The other vision is to abandon open spaces, any sorts of social gathering activities, and depend more on private transportation, social distancing, and personal hygiene (Florida, 2020). There is no clear vision of whether there is a defined new normal and of what scale this would be, or even whether the current traditional normal will exist. This uncertainty gives both arguments validity.

This paper argues that there will be no long-term global 'new-normal', only health and wellbeing procedures, plus short-term requirements regarding the use of urban open spaces. The resilience of the cities will start from their smallest unit, which is the neighborhood. In the next sections, this paper highlights the existence of previous pandemics, the usage of open spaces, and the relationship between the spreading of viruses versus urban densities. The paper also discusses the suggested short-term 'new normal' procedures and what might change, in the addition to the concept of the long-term 'typical normal' that persists.

1.1 Spread of Covid19: Actions Concerning the Use of Outdoor Spaces and Activities

Due to the lack of a vaccine that is known to be effective, most of the current actions undertaken by various governments depend on non-pharmaceutical interventions (NPIs). A recent study examined eight NPIs actions taken against COVID-19 in 41 countries, and found that the least effective procedures are mandatory mask-wearing in public spaces and the stay-at-home order. On the other hand, the most effective outdoor procedures are limiting gatherings to ten people or fewer, and closing most non-essential businesses, schools, and universities (see Figure 3) (Brauner et al., 2020).

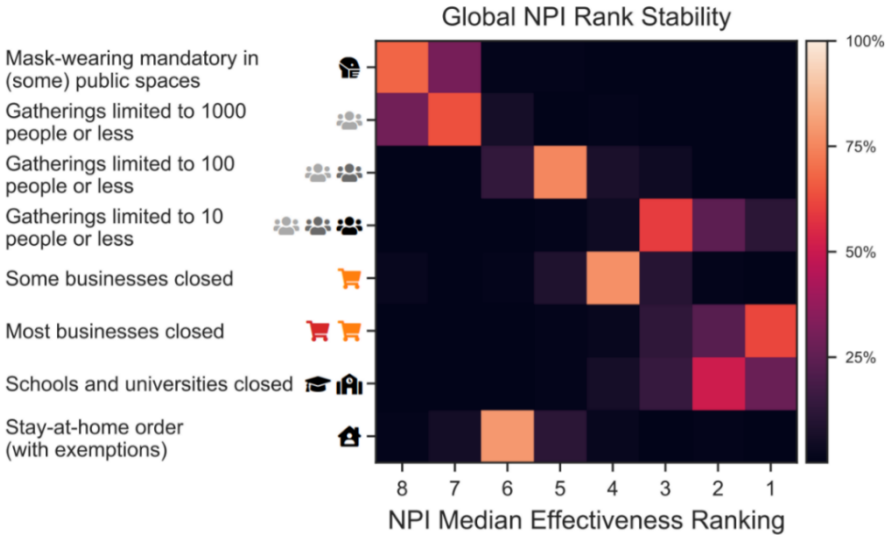

Fig.3: highlights eight NPIs that are commonly used to overcome the spread of coronavirus. The lower numerical values are the effectiveness ranking for each point, while the brighter colored squares identify higher rankings for the NPI point compared with the darker ones (Brauner et al., 2020).

1.2 People's Reactions and Behavior Regarding the Governments' Procedures

Until a vaccine is discovered, the level of fear of catching the virus when using public spaces will control the individual's behavior regarding compliance with the NPI procedures (Jachnow, 2020). Nonpharmaceutical intervention (NPI), which includes quarantine, travel restrictions, and mask-wearing, is the main procedure in the absence of a vaccine; therefore, the Spanish Flu pandemic in 1918-19 could be used as an analogue for Covid-19 because of the similarities in its virulence and the NPIs procedures. According to research, applying such measures at that time (up to a maximum of six weeks) reduced the death rate by approximately 50%; however, when these procedures were relaxed, the virus continued to spread. This situation caused the public at that time to question the effectiveness of applying the NPIs (Gössling, Scott, & Hall, 2020). When comparing the past pandemic intervention to the current one, they seem alike.

After a long lock-down in developing and even developed countries, people's reactions might vary, but the majority wishes to resume their old, normal lifestyle. For example, almost 20,000 Berlin protestors demanded 'freedom' following months of coronavirus-related restrictions (BBC, 2020) (see Figure 4), while official holidays involve outdoor activities that do not consider social distancing or mask-wearing (see Figure 5).

Fig.4: Thousands of people in Berlin protested against Germany's coronavirus restrictions (August 2020) (BBC, 2020).

Fig.5: Protesters form crowds in Beirut despite the risk of contracting Covid-19, photo credit to Mohamad Azakir (Beirut, 2020)

2. WHAT HAPPENED DURING PREVIOUS PANDEMICS?

The twentieth and twenty-first centuries have witnessed an increasing number of epidemics and pandemics, such as Spanish flu in 1918-19, Asian flu (H2N2) in 1957, Hong Kong flu in 1968, SARS in 2002, Bird flu in 2009, MERS in 2012 and Ebola in 2013-14 (Gössling et al., 2020).

Different researchers show that there are no obvious patterns in viruses' behavior, providing a comparative example of Spanish flu, that had multiple waves of viral disease. The second wave in 1918 caused a higher mortality than SARS in 2002 and H1N1 swine flu in 2009, leading to the conclusion that major viral influenza pandemics do not follow a predictable temporal pattern (Zeegen & Jevsevar, 2020). However, other research argues that the type of diseases that causes a pandemic implies a specific intervention in the layout, organization and land use distribution of the urban areas, providing the example of cholera, which is a waterborne disease, and how it affected the infrastructure design, such as the sanitary methods and urban layout, in cities of London, Marseilles and Hamburg (Jachnow, 2020).

In the times of the previous pandemics and on a city/country scale, officials considered partial or full lockdown to control the virus spread on a larger scale but, on an individual scale, personal hygiene is the main requirement, and most consider wearing masks (see Figure 6), hand washing and avoiding direct contact with others which is addressed as 'maintaining social distancing' (Editors, 2020). These effective procedures were applied by the New York City Department of Health during the 1918-19 influenza outbreak, which reduced the death rate from influenza compared to the situation in other cities on the eastern side of the USA (Chen, Yang, Yang, Wang, & Bärnighausen, 2020).

Fig.6: The 1918 influenza epidemic killed some 50-100 million people around the world (Walsh, 2020)

3. URBAN SPACES, DENSITIES AND THE VIRUS SPREADING

Cities are important in controlling the spread of pandemic infections, as they are the engines of growth and productivity. The current pandemic reveals how vulnerable the cities are, and it did not differentiate between cities with high or low standards of living. Cities could not stand a long lock down due to the social, economic, and political unrest that will follow (see Figure 4). With larger populations, such as in Cairo, Mumbai and Rio de Janeiro, the cities contain several areas of crowded slums, whose residents face the unenviable choice between catching the disease or losing their job, from the wages of which they can barely feel their family. This is a result of inequalities in the cities, such as the availability of jobs, the housing types, facilities distribution, such as health and care facilities, and adequate green open spaces (Muggah, 2020). The last two points are important as the equity of services distribution inside the city will help during a possible long lockdown and provides adequate access to all inhabitants (Berg, 2020). The pre-pandemic research before covid19 promoted sustainable cities as the key to developing cities that included specific factors, which currently might have a controversial impact on the spread of the virus.

The sustainable cities' research highlights two important factors: managing the density of cities and providing suitable public transportation (Kenworthy, 2006). However, and due to the pandemic, there is a current fear of public transport, even if hygiene precautions are implemented, such as mask-wearing and social distancing, and some initial guidelines encourage the use of private cars to drive to work (Florida, 2020), in addition to the rising questions about density and its relation with the virus' spread (Berg, 2020).

The history of dealing with density began with the industrial revolution in the 19th century, as it spurred the growth of slums. The spread of these inspired urban planners to turn toward lower-density settlements, such as the garden cities of Ebenezer Howard in the UK. In the 20th century, controlling density was the core aim of the modernist architects. The aversion to density was overturned in the age of modernist urbanism, which led to a global explosion of high-density urban cities (Desai, 2020). It is essential to define the term 'density', as the term by itself does not reflect a real description to compare with disease infection or spread. There is internal density within buildings according to the building's type and function, and street life density. Since Covid-19 is transmitted through extended close contact, then the internal population density leads to a high risk of the infection spreading in places like open-plan offices, religious buildings, and on public transportation (Pafka, 2020).

Healthy density is another term that is used in the literature, which means the appropriate density required to encourage affordable transportation, walking, to maintain the economy, and provide the size/type of facilities needed by the inhabitants of the city (Connon et al., 2018). In terms of economic sustainability, a higher density urban agglomeration is a key successful element. A denser city population, from the urban planners and policymakers' point of view, has a lower carbon footprint, the efficient distribution of scarce resources and services to cater for a large population within a shorter time, indeed leading to better cities (Desai, 2020). The previous terms are still required in future cities unless the system changes, which some researchers doubt will happen because this would not be in the interests of the current urban stakeholders (Jachnow, 2020).

There is another downside to density, as cities are more vulnerable during pandemics because of their higher densities (Desai, 2020). After the quick spread of covid19 in the urban centers, these spaces became almost defenseless and, on the health scale, it is an element of weakness in both wealthy and developing countries. Urban density was noted as a reason for the spread of the virus by the New York Times' Michael Kimmelman. This poses a dilemma, because density makes cities work effectively through urban services provision, while the spread of the disease is observed more with high densities (Berg, 2020). After Covid19, there will be debate in the field of urban planning regarding a city's compactness versus its sprawl (Hamidi et al., 2020).

Research suggests that, although dense areas could be a potential hotspot for emerging infectious diseases to spread, other catalysts are required, such as demographic characteristics, socioeconomic disparities, and connectivity to speed up the spread of the virus and also transfer it to wider spaces across borders. For example, metropolitan cities with strong tourism, coupled with national and international connections, are most vulnerable to the pandemic outbreak (Hamidi et al., 2020).

The assumption that density was the main and only factor in the spread of the disease was disproved by recent research that analyzed 913 metropolitan counties focusing on the relationship between density, Covid-19 infection and the mortality rates in the USA. Currently, the USA has the highest infection rate and number of deaths caused by Covid-19. The connectivity between different counties affects more than county density with regard to the pandemic's spread and the number of related deaths, and it matters little whether they are compact or sprawling (Hamidi et al., 2020).

4. IDEAS FOR THE 'NEW NORMAL' AND REDESIGNING URBAN SPACES

Covid-19 will have long-term consequence not only for individuals but also the entire community, causing a psychological, social and economic impact (Rawaf et al., 2020) in addition the application of strict public health principles (Kluge, 2020). The condition generated by the disease's spread is labelled the 'new normal' (Salama, 2020). Rawaf and others defined the 'new normal' as 'adjusting work, social, and economic activities, which may not be fully resumed until an effective treatment and/or a vaccine are available' (Rawaf et al, 2020)

Despite the huge number of publications, online interviews and workshops related to the current pandemic, there is a fear that the current momentum for change will dissipate and we will gradually revert to the 'old normal'. The 'old normal' refers to the regular life routine that existed before the Covid-19's spread. Richard Florida provided examples to support this idea from famous writers such as Ernest Hemingway and William Faulkner at the time of 1918 Spanish flu, who hardly mention the pandemic when covering the political and economic events of the time (Florida, 2020). On the other hand, there is a suggestion that the new normal will be the actual normal when accepting it as the catalyst for a future stable condition with a limited spread of the disease (Salama, 2020).

Although Covid-19's impact was global, this research argues that the solution in terms of new goals should emerge locally (Mohareb, 2020). When reviewing the discussions related to the post-pandemic city, all of the ideas are related to making the city healthier by including the functional division of space, safety, mobility, greener areas, and more pedestrian-oriented spaces. These visions are difficulty to apply in the fast-growing cities in Africa, Asia and Latin America, as the majority could not fulfil the sustainable needs and they are far from being healthy, spatially just or economically resilient. Even in the wealthier communities the problem exists, as the health requirements conflict with urban sustainable development and the economic factor as well, so the results would be costly and so unaffordable in the short term (Jachnow, 2020) and there is a need to balance conflicting values (Salama, 2020). Therefore, post-pandemic actions cannot be global actions, but should be tailored to the existing conditions of each city on a case by case basis.

Johan Woltjer from the University of Westminster suggests that the post-pandemic cities will look much like they do today, but be less crowded, with more local open spaces and that all of the facilities should exist within a walkable or cycle distances (Constable, 2020).

5. CONCLUSION AND DISCUSSION

As mentioned above, the success of urban spaces is based on the density, mixed activities, the ease of movement, and attracting all types of users at different times. The problem is how this typical success or usage can cope with the current health requirements of physical distancing and how to plan activities that attract density or physical contact, such as playgrounds for children and other related activities. What is offered now is forced lockouts and bylaws prohibiting gatherings, and this kind of action is temporary in nature and cannot be applied for a long period to large scale urban spaces or even an entire country for logistical and economic reasons. The alternatives are either to allow the use of space as typical of the old normal but with imposed health precautions, such as wearing masks, or to seek new design alternatives for spaces and social gatherings. Although the latter action is unaffordable and designed as a long-term process, however, it is a good start toward developing a new paradigm in the urban design theories that is sufficiently resilient to accommodate activities and considers the health issues as well. Until that paradigm exists and has been tested, the current social forces, which is basically [normal] cultural routine habits, along with the economic needs, will push users from the low and the middle-income levels, particularly in developing countries, to use the spaces according to the 'old normal'.

For designers, I think considering 'resilient spaces' as a focused micro unit of 'resilient cities' is the appropriate approach to accommodate the newly needed health consideration in designing urban spaces. As discussed in the paper, indoor and semi-enclosed spaces are the most challenging and vulnerable parts of spaces that need different handling approach of densities and gathering control.

Although the corona pandemic is a global crisis, there is no ready-made global success formula to apply to the use of urban spaces, local actions that are based on a clear understanding of social awareness and the economic conditions will prove more successful. Therefore, even though there might be a 'new normal' with regard to the use of urban spaces, each locality will have a different 'new normal' or a mixture between different 'normals' in the future plans. In the current situation, however, I think that there will be no new normal once a vaccine is developed against covid-19.

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