COVID19 in Latin America: informal settlements and the politics of urbicide

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Abstract Informal settlements in Latin America express pandemic idiosyncrasies, calling global attention to historical problems related to a specific urbanization pattern. This article stresses COVID19 implications in the main urban planning canon: the notion of densification as an urban solution. Traditionally invisible social groups and territories acquire relevance, but now as a source of biological risk. Urban density appears as a contradictory trigger point, outlining new debates about informal settlements and their metrics. Evidence shows that trends in health discourse are striving to legitimize and enhance "urbicides" in this scenario, already underway through State action or inaction.

Keywords Informal settlements · Densification · Urban management · Biopolitics · Necropolitics · COVID-19

Introduction

After two years of profound health, social and economic impacts due to the COVID-19 pandemic, community-based coronavirus transmission is still of concern at the micro-level in the Global South, whilst the macro-level still fights against a humanitarian crisis on a global scale (Rydland et al., 2022; Ahrend et al., 2022; Manderson and Levine, 2020), taking some problems already faced in other contexts and epidemic outbreaks to a new level (Allen et al., 2017; Corburn & Riley, 2016; Quesada et al., 2011; Satterthwaite et al., 2019). Along with the uneven progress of immunization between the North and the South countries, the debate and research is expanding into other areas of knowledge, moving away from the initial concentration in epidemiology and public health. Urban studies assume a central and growing role on these new fronts to understand contexts, perspectives, and practical possibilities to mitigate and contain diseases related to urban concentrations and the structuring of cities (Ferguson et al., 2020; Ivanov, 2020; Dong et al., 2020, Öncü, 2020; Weible et al., 2020).

As a practical macro-level concern, the precariousness of access to sanitation and housing in informal settlements in Latin America (Abramo, 2007) provides the basis for a tragic scenario of continued transmission among residents of these territories, with the potential to generate a high mortality rate and psychological and social disorganization (Burki, 2020; Manderson & Levine, 2020). At the
micro and meso levels, the recent case of the Brazilian city of Manaus can be emblematic in this regard, as patients died less by COVID and more by the lack of medical care facilities and medical oxygen in the city (DW, 2021; PAHO, 2021). The transposition of these problems to urban and public health studies points to the need for a reanalysis of urban issues based on this ethical dilemma, having as the central point of discussion about who lives and who dies in cities, or, more precisely, about what degrees of exposure to risks have been tacitly considered acceptable for different social groups and in different urban spaces. This scenario presents important challenges for urban management and requires a review of the traditional assumptions of planning and regulation of economic activities and the institutionalized behavior that guides social interaction in different territories.

The question that arises in this decision-making debate about urban spaces and ethical perspectives is: How and to what extent will the externalities of combating the pandemic influence the public agenda related to urban policies on informal settlements? How will public administrations respond to the historical challenges of promoting the right to the city and decent housing in the face of the new public health conditions on the agenda? Possible answers to these questions can be found in investigation and discussion of impacts for public policies based on a complex socio-political phenomenon, which involves concepts of biopolitics (Foucault, 1998) and "bare life" (Agamben, 2010), but performed according to the post-positivist analytical corpus of policy analysis (Howlett et al., 2013), in particular, based on the Advocacy Coalition Framework (ACF) (Sabatier & Jenkins-Smith, 1999). This provides a promising framework for these investigations by highlighting the role of personal beliefs and preferences as coalition condensers and agenda legitimizers associated with technical and scientific knowledge (Weible et al., 2009, 2012).

Based on beliefs and preferences associated with technical-scientific knowledge, we seek to understand the conflict between theorists and practitioners in the field of urban planning and public health according to one basic idea: densification as an urban solution. This notion is filtered through the field of public management praxis in Latin America, seeking to reflect on routes towards post-pandemic urban management.

A contemporary dichotomy: the classic rift between the discourse of the state and lived reality

Evidence from investigations on the social determinants of health (SDH) shows that the material restrictions intrinsic to people living in informal settlements (insufficient economic resources, precariousness, and lack of security of tenure, and fragile labor relations) are decisive factors in residents’ increased susceptibility to different pathogens (Unger & Riley, 2007; Harpham, 2009; Corburn & Sverdlik, 2017). Anthropological studies address the effects of global biosafety discourses on individual behavior and the incorporation of these discourses into actions to legitimate exclusionary measures, as shown in research by Mason (2012) in Shenzhen, China, and by Lockerbie and Herring (2009), in Vietnam. The inadequacy of minimum living conditions, associated with the discursive force of biosafety, resonates with relativization of the idea of the urban community, especially in conditions marked by high spatial mobility and widespread feelings of insecurity. Local authorities’ relativization of the sense of urban community open space arbitrarily distinguishes between "good citizens" in terms of public health and those that represent a "biological threat" (Briggs 2009).

This classification of citizens relates to Giorgio Agamben’s (2010) conceptions of the Modern State and the formation of a socio-political context in which power structures manage state legal-economic protection with different directions and intensities. This "managerialization" of life can position the citizen somewhere between the Platonic concept of zoé ("bare life") and the Aristotelian concept of bios ("political life"). In the conception of modern man as an animal in whose politics his own life as a human is in question, there is a tension between the condition of a living animal and that of political existence (Foucault, 2005), which determines what Foucault (1998) calls society’s threshold of biological modernity.

On this threshold, governments and elites attempt to impose management parameters for dealing with life and imposing limits on the will of individuals. Examples of this "managerialization" include decisions that unevenly distribute resources for social groups to access public health systems and urban infrastructure, outlining different public policies for two types of lives: valuable lives and disposable lives. The current immunization programs against
COVID-19, ongoing around the globe, are an illustrative example of this statement: contemporary data show the prevalence and priority of access to countries of Higher Income, notably located in the Global North (Fig. 1), something important not only in terms of the number of vaccine doses but also in terms of immunizers’ type. On the same line, the emergence of the Omicron variant on the African continent points to the unequal distribution of vaccine coverage (WHO, 2021). Therefore, "wealthier countries that were able to make advance purchase agreements with vaccine makers, particularly domestic manufacturers, have been the first to start COVID-19 vaccinations. […] At the same time, many lower-income countries have not even begun COVID-19 vaccination, losing out to wealthy nations on bids for supplies or waiting for more cost-effective options […]" (Felters, 2021).

The "managerialization" of bodies has also been of interest to market agents, as demonstrated by a renowned Brazilian businessman’s arguments against social distancing to combat COVID-19, for example, stating, “Brazil doesn’t have to stand still like this. […] people have to produce, they have to work. […] The economic consequences in the future will be much greater than the [five or seven thousand] people who will die now with the coronavirus” (Baran, 2020, np, our translation). Considering the recent experience in the development of vaccines and the direction of production to more affluent countries, alongside decisions by actors with high power over the lives of large contingents of workers, the possibility of resumption of the pandemic by the Omicron variant seems to find a scenario and positions not much different from the one faced less than two years ago.

This scenario reinforces theoretical perspectives and practical reflections on the "managerialization" of bodies and lives. For example, in this direction, Mbembe (2017; 2018) expands the concept of biopolitics with the notion of necropolitics. Under this expanded conception, biopolitics emerges as a silent macrostructure of the State for operationalizing policies towards death and is manifest as a veiled "strategy of 'small massacres', inflicted one day at a time, using an implacable logic of separation, strangulation, and vivisection […]" (ibid, 2017, p.65).

Historically problematized issues take on a new guise in different socioeconomic and territorial contexts: the other, the subordinated and invisible (Barbosa and Silva, 2013, now tend to gain visibility, but from the perspective of biological risk. In addition to the authorities’ stance, these rifts can also be seen from a societal perspective. For example, while the virus’s global spread in the first phase of the COVID-19 pandemic occurred by passengers and crew of at least one-fifth of the global fleet of luxury cruise ships, immigrants living in precarious urban housing conditions peripheral coastal areas face the most
significant impacts of contamination. These infection rates were six times the US average (Barry, 2020).

In this same direction, representatives of the National Urban League and Johns Hopkins University attempt to show that contamination and deaths from COVID-19 stem from causal variables absent from medical records, for example. These causal variables include racial inequality associated with socio-spatial variables, which are the source of structural vulnerabilities for Latin and African Americans. The consequences of this vulnerability are demonstrated by chronic diseases that persist due to limited access to health systems in the United States (Daniels & Morial, 2020, np). Guayaquil, Ecuador, is a similar case, where the impact was boosted by high population density, social inequality, and precarious housing (Borja, 2020). In the same vein, cases were persistently higher in Brazilian slums, outlining an alarming scenario of precarious sanitation and housing conditions (Barbosa, 2020; Coutinho, 2021; Mena, 2020; Schmidt, 2020). Ultimately, these socially and economically fragile territories, traditionally stigmatized as fostering urban violence and drug trafficking (Freire, 2008), now appear to be taking on the role of potential vectors to accelerate viral transmission. Thus, situated distant from opportunities for society’s solutions, "if members of minority groups are not being tested at a rate commensurate to the threat they face, the country loses the opportunity to quarantine those who test positive before they have had the chance to spread the virus. And conducting contact tracing to find out who else is at risk is impeded" (Daniels & Morial, 2020, np).

Panda and Ray (2021) distinguish density from crowding, considering the second a psychological response to the first. In this sense, some local elites exploit this narrative to demonize informal settlements and impose a particular mobility control for their residents. Nevertheless, in countries where informality occupies a core position on social and urban structure, "staying at home" means not getting the minimum necessary resources for survival on that same day.

Even before the pandemic scenario, the State’s actions in informal settlements not infrequently shaped intervention that constitutes true "urbicides" (Mendonça, 2019). This seems to be a new frontier of necropolitics, which is stimulated by the State, marked by police violence, material destruction of bodies, and symbolic delegitimization of poorer territories (Nascimento Neto & Arreortua, 2020). Urbicide and necropolitics differ in terms of specificity, although sharing the same principled core. While the second encompasses a "silent macrostructure" of the State and its strategies for "daily small massacres" (Mbembe, 2017), the first is related directly to its material expression in the city, as territories of exception (Graham, 2011). Urbicide, thus, could be defined as the corporeal and urban consequence of necropolitics (Mendel, 2015; Moreno & Báez Gil, 2020), a "deliberate erasure of urban infrastructures and social life" (Lesutsis, 2021, p 1197).

This frontier has been vast, e.g., legitimized by security policies based on the discourse of "pacification of favelas" and "war on drugs." This scenario highlights important features for the proposal of new ethical and political perspectives for societal coexistence and—particularly for the field of urban management (Procopiuck et al., 2021, p. 3–5)—to guide public policies. This seems to point to the need for criteria other than the individual capacity to earn merit to be monetized and converted as a right for the citizen to "live more or live less," demanding advances towards more humanized and humanizing bases in urban contexts.

Methodological approach

The need to grasp the public agenda and interpret the role of beliefs and technical-scientific knowledge is a complex and multifaceted undertaking that reinforces the notion of limited rationality. This limitation is reflected in practical and investigative actions, e.g., in the apprehension and understanding of decision-making processes and environments conditioned by imperfections arising from individual restrictions (cognitive, temporal, informational, and financial resources), in the search to accommodate preferences and beliefs, and against the idiosyncrasies of socio-political design arrangements (Dunn, 2007). The idea of bounded rationality (Simon, 1957) has acquired different connotations in policy studies. Currently, it provides guidelines for post-positivist studies that converge, albeit differently, to refute the positivist idea of objective and unquestionable understanding of public problems and political solutions (Howlett & Ramesh, 2003; Thissen & Walker, 2013).
It is in this light that we have adopted the ACF model (Sabatier & Jenkins-Smith, 1999) as an ontological framework for empirical focus due to its flexibility of application and for allowing concatenation of action subsystems in the contemporary scenario (Grin & Loeber, 2007; Pierce et al., 2020; Weimer et al., 2011). Due to the limited space, we prefer to not describe in detail the ACF’s constitutive principles and subsystems. We will focus on the privileged role granted to ideas and technical-scientific knowledge in the processes of forming the public agenda and formulating public policies.

The central analytical unit of the ACF is the policy subsystem in which actors act and interact by sharing a particular belief system in relatively stable groupings formed by individuals from different spectra (politicians, public officials, interest groups, researchers, journalists). In this case, individuals’ concept is related not to their institutional affiliation but their belief systems. Individual behavior patterns lead actors to motivate themselves naturally towards establishing a cooperative relationship with supporters of their ideas, thus forming defense coalitions (Sabatier & Jenkins-Smith, 1999; Weible & Sabatier, 2007).

These beliefs are organized in an articulated system with three hierarchical levels: [i] deep core beliefs, related to fundamental ontological and normative convictions; [ii] beliefs related to policy core beliefs, encompassing prevailing empirical convictions, such as the adequate distribution of powers between State and market; and [iii] secondary beliefs linked to the most restricted and specific beliefs about a public problem or its context. The first two levels are more resistant to change and constitute elements for establishing links between the actors that make up a given defense coalition.

In this dynamic, one of the central mechanisms for transforming public policies involves the process of producing scientific knowledge, which tends to affect the actors’ belief systems. The occurrence of external shocks or tragic events strengthens these transformations by changing socioeconomic conditions and government coalitions, stimulating changes in the content of public policies (Weible et al., 2009). A vast set of empirical studies and theoretical contributions on the political use of science exists here to bolster pre-existing beliefs and legitimate arguments in favor of specific coalitions, as well as the political role played by scientists as members of advocacy coalitions (Weible & Sabatier, 2005; Meijerink, 2005; Nicholson-Crotty, 2005).

From a corpus analysis based on a documentary survey, the Advocacy Coalition Framework (ACF) served to map actors and political processes to deal with the “wicked problem” represented by the controversies between positions in urban policies and public health policies for dealing with the pandemic. This structure made it possible to analyze the substance of conflicts, intentions, and technical disputes between academic, government, and market multi-actors. In addition to this function of mapping processes and actors, the ACF allowed the constitution of an ontological base (Weible et al., 2009, 2020) to reflect on the use of public discourses with the use of the “urban density nexus” to hide intentions that deviate from the final intentions that lead to the proximity of the ends of public health or, perhaps, even of urbicide practices. The exploratory nature of the research, guided by the mentioned ontological base, is justified by the topicality of this theme, requiring a more flexible research design in order to dialogue in a wider territorial scale, going beyond an individual case study. Population density assumed a central role in the discussions, both as an empirical object for urban planning and as a basis for identifying epidemiological positions, explaining how these two discursive strands seek to legitimize the State’s action in technical neutrality.

Results and discussion

The discussion of the results starts with preliminary questions about using demographic densification as an urban policy. Then the section argues about the role of densification in discourses related to coping with coronavirus; finally, it deals with empirical evidence on the association of population densification and COVID-19.

Densification as an urban policy: preliminary issues

Although technical and scientific knowledge can support a decision, it is essential to consider that

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1 A broader discussion of this framework can be found at Nascimento Neto (2021).
decision-making tends to be based mainly on our vision of the world. Thus, "demand for scientific and technical expertise increases as governments and the public search for certainty in understanding problems and choosing responses [...] which signals to the public that decisions are being made based on reasoned and informed judgments that serve the public good" (Weible et al., 2020, p. 231). At this point, according to McDougall (2016, p. 310), the "policymaking is a fundamentally political and social process in the field of global health, despite the frequent assertion that global health policy should rest on a scientifically neutral, evidence-based foundation, marked by principled decision-making, rather than interest-based politics."

As a result of a more or less systematic sociopolitical action organized by public policies, the regulation of urban density has been the primary indicator of zoning (Rothwell & Massey, 2010). This basis of action has been used in the context of traditional Euclidean zoning and in alternative models, such as, e.g., in the proposals of "New Urbanism" or "Smart Growth." For example, Valverde (2011) shows that one of the bases for the emergence of zoning in North America was the discussion of density to combat population overcrowding and reduce unhealthy conditions in areas inhabited by working classes in the mid-nineteenth century. Therefore, density is also historically related to the health conditions of city populations. At the same time, there is a vast body of literature about the health-related benefits of compact development. Numerous studies, with a predominant focus on cases in developed countries, have shown that compact development will lead to higher physical activity and lower obesity and morbidity (Doyle et al., 2006; Ewing et al., 2014; Fan & Song, 2009; Kelly-Schwartz et al., 2004; Sturm & Cohen, 2004), better air quality (Schweitzer & Zhou, 2010; Stone et al., 2010), efficient residential energy use (Ewing & Rong, 2008), better emergency response times (Trowbridge et al., 2009), and social capital (Kim et al., 2006).

But how ideal density patterns might be influenced in a context of historical lack of infrastructure, peripheral and informal urbanization? Particularly in the pandemic and post-pandemic context, and especially in the framework of Latin-American informal settlements, density, as a fundamental technical component for urban planning, is among the main challenges faced by the State and multilevel Public Administrations. On the one hand, Brulon and Peci (2018) consider that high-density urban formations tend to generate scenarios of general instability. On the other hand, limiting the incidence of intentions for technical rationalization of the conditions experienced reduces power for land-use regulation instruments. These difficulties are amplified in low-income areas, which have raised challenges to spatial planning theories (Kombe, 2005). Regarding practical action in urban management, the central point of the discussion on reconsideration of density lies in the dichotomy between the effects of urban density on public health and contemporary hegemonic thinking in urban planning.

Urban planning considers low densities negatively, especially in addressing the problems of economic or social exclusion (Pendall, 2000; Rothwell et al., 2009); ... As previously mentioned, higher densities are justified as allowing efficient use of public transport, encouraging active mobility, reducing dependence on private cars, creating economically viable housing, and stimulating economic-racial inclusion (Burton, 2000; Cervero & Kang, 2011; Talen et al., 2003; Rothwell et al., 2009; Zolnik, 2011). The majority discourse of urban planning in defense of compact cities lies in the perception of a positive relationship between such costs and benefits (Ewing & Hamidi, 2015) and in the intrinsically agglomerated nature of cities, attracting people and activities gravitating towards the formation of high-density areas (Storper & Scott, 2016).

Echoes of urban densification in speeches about fighting against COVID-19 in Latin America

The majority discourse in the field of public health warns of the effects of densely populated urban areas on increased transmission rates and on temporal dependence on reducing mortality rates related to infectious diseases (Alirol et al., 2011; Eubank et al., 2004; Harpham & Molyneux, 2001; LI et al., 2018). Recent studies dealing directly with COVID-19 also suggest a direct relationship between infection rates and population density (Behnood et al., 2020; Connolly et al., 2020; Federgruen & Naha, 2021; Ramires & Lee, 2020; Tashiro & Shaw, 2020), although there are indications that the relationship between density
and spread of the virus is complex (Hamidi et al., 2020a, 2020b; Panda & Ray, 2021).

This complex relationship gets many-sided in developing countries, especially Latin American cities, where densification might have considerable adverse effects. The contradiction between the rationale of allocative efficiency and the inefficiency of urban health in policies and planning systems based on city densification has generated paradigmatic crises for urban planners and managers, mainly in countries with high rates of informal occupation, where it is consequently harder to apply laws with effectiveness and social legitimacy (Kombe, 2005). The incompatibility between these two dominant lines of thought in the world of urban solutions gives rise to a socio-political context that to some extent returns to Thomas Kuhn’s (2011) seminal reflection on scientific revolutions. Although smaller in scale compared to the original Kuhnian problems, these contradictions also arise because few of the problems discussed today are those that initially occurred in the disciplines in which such debates originated: "previous generations dealt with their own problems, with their resolution instruments and canons. And it was not just the problems that changed, but the entire network of facts and theories" (ibid, p.180). Indeed, as stated by McFarlane (2021, p. 16), "the result is a moment in which we are collectively asking searching questions about density […] bringing the voices of forgotten densities".

Latin American urban occupation, produced in a context of peripheral urbanization (Caldeira, 2016) and late industrialization, reveals an intricate weave of the planned city and informal settlements (Rolnik, 2015; Watson, 2009). Precarious housing, lack of infrastructure, and overcrowded populations are typical of this urban occupation, with around 25% of the current population living in highly precarious slum conditions (UN-Habitat, 2015). It is the region with the highest inequality in the world (Magalhães, 2016), shown "not only in income distribution but also in the poor housing conditions and lack of access to goods and services […]. Cities in the region remain strongly segregated, demonstrating flagrant inequality, the persistence of poverty, and longstanding slums" (ibid).

The impacts of density on the diffusion and impacts of the COVID-19 pandemic can, e.g., be verified by the evolution of the contagion rate in terms of "exposure density" (Cox, 2020). In the Brazilian city of Fortaleza, it was initially more intense in neighborhoods with higher per capita income due to the return of people from countries with sustained contamination of the disease. However, this rate has increased rapidly in poorer regions. The number of infections was decreasing in areas with the highest Human Development Index, and the number of deaths was disproportionate between the richest and poorest regions of the city (Carvalho et al., 2021). In Rio de Janeiro, the highest proportion of deaths occurred in areas with the highest concentration of middle- and low-income populations (Cavalante & Abreu, 2020; Santos et al., 2020).

Generally, the highest cases are related to larger populations, with residents in densely populated places and with lower income levels being at greater risk of infection by Covid-19 (Quinino, 2021). Another study concluded that the highest incidence of Covid-19 occurs in territories with an urban majority and high population density (Cestari et al., 2021). In Argentina, the highest mortality rates occur in regions with a higher population density and a higher percentage of the elderly population (Leveau, 2021). In Cuba, evidence shows a significant correlation between the number of covid-19 cases with population density and the degree of urbanization (Matamoros, 2021).

Empirical evidence from Latin American countries reinforces this broader analysis (The Acosta, 2020; Bargain & Aminjonov, 2021; Lancet, 2020). Fleury and Menezes (2020) identify a kind of "counter-right to health" in Brazil. The measures to combat COVID differ between the richest and the poorer; for the first group, social isolation, working at home, alcohol gel, and handwashing; for the second, dependent on informal jobs and lower-ranking essential services employments, a romanticized discourse of bravery and heroism gain space, side by side a decontextualized discourse of social distancing. Corburn et al., (2020, p. 350) argues that ‘[…] urban slums are the sources of substantial economic activity in cities and countries, such as through micro-enterprises and informal labor, and any response to COVID-19 should balance economic well-being and epidemic mitigation. Those living in informal urban settlements often rely on robust social connections to survive, such as to identify day labor, to get food using credit from a street vendor, or to find trustworthy childcare providers, just to name a few’.
The government’s disregard for the needs of slum dwellers illustrates a traditional concept of public policy—"whatever governments choose to do or not to do" (Dye, 2009). Commonly, slum density appears as a scapegoat so State can avoid some types of action and justify another, especially the violent ones. In this context, understanding how political actors mobilize their core beliefs and translate them into decisions (Weible, Sabatier, 2007) could unveil pieces of evidence of an ongoing urbicide, mainly through bulldozing slums and evicting dwellers, as described by Graham (2011). In this sense, e.g., in Rio de Janeiro, the former mayor reduced the measures to a sink—"gallons of soapy water is being placed at the entrances to the communities. [...] This is how we are trying to preserve communities" (CNN, 2020, np). Magalhães (2020) describes a similar scene in Porto Alegre, referencing the scarcity of running water for the dwellers; Ramires (2020) report cases of forced evictions in Curitiba during the pandemic, without any prior notice to dwellers; More recently, Gomes (2021) reports the vetoed made by the governor of São Paulo regarding a bill that proposed the suspension of evictions in the state during the coronavirus pandemic.

For Soto et al. (2021), these cases represent a way of symbolic and physical violence, controlling bodies and possibilities of living. The instability resulting from the pandemic invites new ways of thinking, planning and managing cities, therefore, by reshaping structural concepts of territorial ordering, such as density. The crisis offers an opportunity to interrupt refusals to face problems and rethink urban policies’ formulation. These policies already seem "tired, prosaic and anemic" (Brenner et al., 2013, p. 1095) and unable to face challenges imposed on contemporary society, therefore, since "public health policies and practices are often disconnected from urban planning and development efforts" (Ahmed et al., 2019, p. 454).

The conditions experienced in the Global South need to be positioned from its perspective regarding urbanization and the consequences for public health and its inhabitants’ well-being. Urban problems in this context need to be prioritized with locally appropriate proposals and solutions—both in public management and in academia—embedded in a scenario of favelas and slums, with significant social vitality on the one hand, but with high environmental and public health vulnerability on the other. There is an imminent risk of authoritarian speeches that seek to justify the displacement of families through public health bias—a risk widely identified in Brazil (Linder, 2020; Mori, 2020). As pointed by a recent UN report (2020, p. 12), "evictions have been carried out by public authorities and private actors. They have mostly targeted vulnerable communities [...]" Despite the recommendations and several decisions issued by the High Council of the Judiciary of the São Paulo Court of Justice, many cases of forced evictions and arson attacks were reported in São Paulo State between March and June, affecting over 2,000 families [...]."

Therefore, the debate about compact cities seems to be located in the most urgent spheres of reflection and composition of the public agenda of Latin American cities. It is necessary to open debates on reconciling density in post-pandemic slum urbanization programs. On the one hand, it is about removing high density from a paradigm position in urban planning. On the other hand, recognizing that this change can be co-opted to justify bulldozing slums and forced evictions, adding another layer of criminalization in traditionally segregated areas. After two years of the pandemic, these reflections constitute an essential front for understanding, with future in-depth case studies, analyzing taken actions and discursive lines of decision-makers.

Empirical evidence on the association of population densification with the fight against COVID-19

The current context, marked by (historical) material inequality and the imposition of a (contemporary) discourse of behavioral guidelines, seems to progress towards the exercise of power by conceptual models based on self-preservation and performed through symbolic eradication of the other: the potential virus carrier in the case of COVID-19. Recent statements by officials also illustrate this rift, such as the Brazilian president’s "rhetorical-invisibilizing" or denial speech about the country’s citizens: "They don’t get anything. You see the guy jumping into the sewer there, going out, diving, right? And nothing happens to him." (Mayerfeld, 2020, np, our translation).

Very close to this idea of subalternization, invisibility, and submission of the other is the concept of urbicide, which comes from the terms "urbs" (city) and "occido" (massacre). This concept expresses...
modes of death of the city by premeditation, order, and explicit destructive actions of systems of significant places for everyday life, which generally have politically avoidable natural, anthropic, and symbolic causes as generating facts. Examples of these forms of urbicides are the destruction of the "agora," such as the public domain (squares, monuments, libraries); of the "urbs," as the material base (infrastructures, services); of the "civitas," such as society and citizenship; and the "polis," as the institutional structures of government to support life (Mena, 2018). At the interface between the destruction of the physical urban space and its cultural interface is the attack on the conditions of urban existence by induction via political violence. For example, urbicide practices occur in Rio de Janeiro due to new "engineering" of control and access to the territory, which lead to the precariousness of urban living conditions in the city (Mendonça, 2021).

Furthermore, urbicide tends to evolve into destructive policies of rearrangement of urban space, with greater lethality by catalyzing, e.g., "economic crisis" and "urban chaos" (Mendonça, 2021). An example of this type of urbicide is in the coronavirus generation of "cities without citizens, convention centers without meetings, absentee football stadiums, universities without students, courts without judges, churches without parishioners, shops without buyers, malls without visitors, buses without passengers, closed airports, stopped buildings, closed factories, abandoned squares, and empty streets" (Mena & Cepeda, 2020). The translation of these paralyzes to life in cities is the increase in exclusion and social inequalities, inequality in access to health services, the degradation of living conditions, the increase in informal work, the increase in contagion rates, and partial or total abandonment of specific territories (urban street fairs, civic occupation of public spaces, institutional and social disruption, etc.). In practical terms, estimates by the Economic Commission for Latin America and the Caribbean (ECLAC) on the economic impacts of the pandemic are for a reduction in the average Gross Domestic Product of Latin America by 5.3% by 2020, an increase of 4.4% in the poverty rate, and an increase in the unemployment rate from 3.4% to 11.5% (Mena & Cepeda, 2020).

The manifestation of urbicide also occurs in the everyday "normality" that define city territories based on life and death experiences, such as, e.g., based on divisions (geographical, social, and racial) imposed by discourses and other devices of power that they reinforce who can live and who should die (Teixeira & Leonardo, 2020). In this context, primarily due to government decisions or non-decisions and positions of political actors (see Baran, 2020; Deutsche Welle, 2021; Gomes, 2021; Linder, 2020; Mayerfeld, 2020), the conduct of health policies did not show enough strength to prevent contagion between people (civitas) or prevent the production of infection in cities (urbs). Considering the differences between the contagion between people by the virus and the contagion of cities due to implemented urban policies, a context formed by the number and population density, the social interactions imposed by urban structures (e.g., overcrowding in public transport, market restrictions for the adoption of protection against risks of contagion due to restriction of economic activities) and the impact of health policies on cities produced transformed coronavirus into an urban disease. With multiple and simultaneous contagions and their consequences expressed in the life and death of citizens, the avoidable impacts suffered by cities and people who lost their lives configure a process of "urbanicide" (Mena & Cepeda, 2020).

The absence of the State in the provision of minimum living conditions in this historical process, together with its presence in health and reification policies directed towards poorer areas, outline new nuances of necropolitics, capitalizing on structural violence, social vulnerability, and the spread of the virus, as Manderson and Levine (2020) warn. The visibility of the poor, who have traditionally been excluded from traditional urban planning in the Global South, is fostered today by biological risk and stimulates new public debate about informal settlements, their analytical metrics, and responses based on public policies. Ultimately, it is urgent to consider that "a Global South perspective on planning necessarily implies an understanding of the processes of colonialism, post-colonialism, [...] and thereby also a recognition of the notion that planning holds conflicting rationalities driven by divergent logics" (Galland & Elinbaum, 2018, p. 18).

Conclusion

Discussion of theoretical-conceptual contributions and their reverberation in the contemporary panorama
of the COVID-19 pandemic opens the way to reflection and reconsideration of some of the dogma held dear to the field of urban planning. Changes in the structural factors of geopolitics and the global economy at a macro-level, and public health and medical treatment practices at the micro-level, position the urban space as a privileged locus of analytical focus at an intermediate level, corresponding to the fundamental scale of (re)production of collective life and articulation of the activities and means that constitute it. It is important to point out that these reflections and reconsiderations still concentrate on analysis and discussion of the circumstances of countries in the Global North, where the minimum parameters for conditions of urban density and access to public services and infrastructure are very different from those of the countries of the Global South, notably in Latin America.

In the pandemic scenario, most countries imposed social distancing (Hamidi et al., 2020b) and primary prevention strategies such as periodic hand washing and the use of facemasks (WHO, 2020). What should be recommended for those living in single-room accommodation with more than one family under the same roof, in areas with no drinking water supply or other types of sanitation infrastructure? What should be recommended for overlapping dwellings in high densities of buildings and demographics without minimum ventilation and lighting conditions? How can we expect social isolation recommendations to be followed in vulnerable areas where inhabitants are essentially dependent on daily activities in the informal economy, without sufficient income for their own living costs?

Reconsidering theoretical contributions about the role of scientific knowledge in the production of public policies, it is possible to outline here an underlying problem in the management of Latin American cities in the current and post-pandemic context. At a time when the behavioral responses of communities to pandemics are still uncertain (Cowling et al., 2010), the persistent challenges of the reproduction of socio-spatial inequality from informal settlements take new forms. The rapid historical concentration of populations in cities, for example, created markets for internal and external businesses, while at the same time avoiding the potential disaster of increased occupation of large areas destined for agricultural production or environmental preservation; the problem now is to reconcile urban densification with technological solutions for homes and inhabited spaces that can provide security against contamination of the population with endemic or pandemic pathogens.

A vital question in the search for answers to these problems is how to balance recommendations from the field of public health with the dynamics of informal production in the city associated with State intervention in such territories. In terms of density, how can the persistent problems of socio-spatial segregation be addressed, which now include new contributions for the prevention and mitigation of biological risks? These questions do not seem to conflict with most of the contributions from epidemiology and public health, but they shed light on a related but fundamental discussion about the risks of unilateral and specific prescriptions in the public setting. As Foucault (2003) rightly observed, "Plague is the moment when the spatial partitioning ... of a population is taken to its extreme point, where dangerous communications, disorderly communities, and forbidden contacts can no longer appear. [...] of exhaustive sectioning (quadrillage) of the population by political power, the capillary ramifications of which constantly reach the grain of individuals themselves, their time, habitat, localization, and bodies" (ibid, p.47).

Despite the impossibility of making precise predictions about the new canons of urban density in the field of post-COVID-19 urban planning, some critical signs seem to be emerging. One of these signs is the tendency to strengthen sanitation discourses, which to some extent include the potential for legitimizing the ongoing urbicide by certain State positions: through action, by selective exclusion; and inaction, by denial of potential humanitarian disasters. In this context, the challenge for developers and implementers of technical and scientific knowledge in the field of urban planning and urban management is to establish dialogues with contemporary demands, renegotiating techniques and methods of urban planning and design, and thus avoiding an eruption of mistakes in the management of fixity and flow in the urban territory.

In a bounded rationality scenario, although there is a clash between the technical discourse of urban planners and the health advice of authorities in the Global South context, it is hoped that tensions can be balanced through the use of good politics for seeking socially legitimate common interests. Resolution of
these tensions has revealed difficulties, in reality, due mainly to the imposition of the traditional economic rift. It is a context of constant attempts to manage life towards repositioning living in Latin American cities as "live more or live less" through biopolitics, or worse, to be "more alive or less alive" through necropolitics.

The challenge for different societies—or the micro-societies of researchers, technicians, politicians, and businessmen—is to decide whether to maintain the institutionalized discourses of accepting the invisible impositions in which part of the population remain mere "living Zoé" (bare life), or to move towards solutions that naturalize effective citizens as "politikón zoon", progressing towards real citizenship, with guarantees of human dignity in any space or territory.

Declarations

Conflict of interest None.

Research involving human participants and/or animals Not applicable.

Informed consent None.

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