



“Ideas about restructuring the health landscape that were already apparent before the pandemic will now materialize and the temporary clinics set up during the pandemic already point in this direction.”

– Holger Kuhle, Deutsche Gesellschaft für Internationale Zusammenarbeit, Berlin

Image Source: Corona Treatment Centre Berlin at the Berlin Fairgrounds, 2020.  
Image by Heinle, Wischer und Partner, all rights reserved ©.





Holger KUHLE (ed.)  
Deutsche Gesellschaft  
für Internationale  
Zusammenarbeit (GIZ),  
Berlin, Germany



Gunnar HARTMANN (ed.)  
New Dialogues  
Berlin, Germany

### Pre-pandemic signs of changing urban health landscapes

The world's public was impressed by the speed with which, already in the face of SARS, the Xiaotanshan Hospital in Beijing was built in just seven days. After the outbreak of COVID-19, the same thing happened with the Huoshenshan Hospital in Wuhan in 2020. Technically, this was made possible by construction from prefabricated modules. What happened here is that these facilities became the centres of local medical emergency management, the costs of which were covered by the central government. Integrated into these clinics were test and research laboratories, warehouses for medical products. It is the author Laura Spinney

who takes a closer look at these breathtaking developments and describes current trends in her article "Hospitals without walls: the future of healthcare."<sup>1</sup>

The world was equally impressed with the rapid response capacity in Singapore and Hong Kong. Instead of rapidly building clinics, they had learned the lessons of the SARS epidemic since 2003 and converted existing clinics. This includes, among other things, the ability to convert all patient rooms in hospitals into intensive care rooms, with techniques to stop germs "migrating" between rooms. Medical historian Mark Honigsbaum<sup>2</sup> points out that in other rich countries, such as the US or the UK, which have historically given themselves very high scores on the Global Health Security Index,<sup>3</sup> the infrastructure was not prepared for the pandemic. These countries were very focused on an Ebola model of epidemics. Here, there was a strong reliance on mobilising specialists, sending them to the site of the outbreak and ending it there quickly and effectively. In Western countries, the cultural memory of experiencing an epidemic was no longer active. Here, people were very focused on the virus. In Honigsbaum's view, this goes back to the 19th century with the discoveries of Robert Koch and Louis Pasteur. There seemed to be no room for also paying attention to the ecological context and socio-medical issues that are crucial for the transmission and spread of pathogens.

This approach from the 19th century to the causes of disease is also reflected in the way hospitals are built. The

already mentioned author Laura Spinney<sup>4</sup> describes how, in Pasteur's and Koch's times, Western countries favoured the 'pavilion' construction of hospitals, when infectious diseases still caused the most deaths and ventilation was very important. With the advent of antibiotics, in many places the "pavilion" design of hospitals has given way to the "hospital as office tower" model. In the interest of efficiency, specialist departments were spatially clustered, and antibiotics were relied on alongside hygiene.

Debates about how to rethink these developments are likely to intensify in the future insofar as evaluations of COVID-19 might show that novel viral diseases require a return to earlier spatial concepts of urban hospitals. The COVID-19 pandemic has hit the United Kingdom comparatively particularly hard. By end of January 2021, with 100,162 deaths registered the country has had the fifth-highest death toll globally (after the US, Brazil, India and Mexico), a figure higher than the country's entire civilian death toll in World War II. The epidemiologist and senior fellow at the King's Fund, a think-tank focused on healthcare, Veena Raleigh, points to a number of factors, but says: 'The UK also went into the pandemic with an under-sourced health system following years of austerity cuts.'<sup>5</sup>

It remains to be seen what these conditions will mean for the pace of development of urban health services after the pandemic. Spinney expects that ideas about restructuring the health landscape that were already apparent before the

pandemic will now materialize and the temporary clinics set up in the United Kingdom during the COVID-19 pandemic already point in this direction. Before the COVID-19 pandemic, spatial reorganisations of urban health services and hospitals were being considered, not least due to the digitalisation, which is now being implemented more radically, as expected, over the pandemic. Spinney points to London, where St. Mary's Hospital was considering shifting more resources from inpatient to outpatient treatment. She quotes James Kinross of St. Mary's Hospital as saying that they are now considering "offering parts of the outpatient treatments right outside the hospital"<sup>6</sup> after the pandemic. A specialist centre digitally embedded in the city, with facilities to respond quickly to infectious diseases, is emerging as the hospital of the future. When it comes to other signs and trends of urban health services that already exist before the pandemic, it is also worth looking at that very city. Here, as in other urban centres of the Global North with a density of diverse ethnic and cultural populations, therapies that do not originate from Western modern medicine have become part of the omnipresent service offer.

Regarding the broader context of London, HRH the Prince of Wales has stated on several occasions his belief 'that there is a great deal to be gained from complementary treatments. Alas, even something as practical as osteopathy or acupuncture still sits on the sidelines under the heading 'alternative', inviting suspicion among the public and arousing a kind of angry derision from the mainstream

medical profession.’<sup>7</sup> In London, the promoters and providers of such complementary therapy include in particular the traditional naturopathy such as Ayurveda, which has many users in India, Nepal and Sri Lanka where either a department of the national health ministry or a ministry on its own is in charge of development, propagation and certification. Traditional Chinese medicine is also among them. Against the background of the current interest in questions of pandemics, it is worth remembering how acupuncture was discovered and exported to the West by French doctors in Tianjin during 1902 for the treatment of cholera.<sup>8</sup>

There is often controversy about the potential that exists in intersecting between the developments of modern Western medicine and naturopathic (indigenous) healing practices. At the same time, there are bridge-builders who are taking up the trends of health practices within the large urban migration locations. For instance, the Steinbeis Transfer Institute for Complementary Methods in Berlin has worked on natural and cultural medicine from the Global South and is dedicated to the academisation of health professions and research into health cultures.<sup>9</sup> This is INTERSECTING pioneering.

1. <https://www.theguardian.com/society/2021/jan/02/hospitals-without-walls-the-future-of-digital-healthcare>
2. <https://www.zeit.de/wissen/gesundheit/2021-02/pandemie-historiker-mark-honigsbaum-buch-coronavirus-zukunft7>
3. <https://www.ghsindex.org/>
4. <https://www.theguardian.com/society/2021/jan/02/hospitals-without-walls-the-future-of-digital-healthcare>
5. <https://www.aljazeera.com/news/2021/1/27/uk-mourns-as-covid-deaths-exceed>
6. <https://www.freitag.de/autoren/the-guardian/die-modulare-klinik>
7. The Prince of Wales with Tony Juniper and Ian Skelly (2010) *Harmony. A New Way of Looking at Our World*. Harper Collins Publishers, New York, 223-224.
8. <https://www.franceculture.fr/emissions/concordance-des-temps/tian-jin-1900-la-chine-et-deja-le-monde> and Pierre Singaravélou, *Tianjin Cosmopolis. Une autre histoire de la mondialisation*, Le Seuil, coll. « L’Univers historique », 2017.
9. <http://ikm-studium.de/fileadmin/Downloads/HoyerTjalf.pdf>  
<http://www.weserwork.de/coworker/sti-gkb-tjalf-hoyer.html>