

Good. Hello, everyone. I see some faces on my screen. I think we have more than what I can see. Hello, everyone, and welcome to the online version of Care for the Polis, Cities, Health and the Humanities. My name is María González Pendás. I am a fellow coordinator of the Public Humanities Initiative at Columbia University. And together with my co-host Arden Hegele, a medical humanities fellow here, I am thrilled to welcome you to our first installment of this project, part of the online programming that the SOF Heyman Center for the Humanities at Columbia has been working on for the past few weeks.

Before we delve into our subject today and before we introduce today's guest speaker, Dr. Rebecca Hayes Jacobs, who we are thrilled to hear speak about her curatorial work on the *Germ City Exhibition* on New York, before all of that, a few notes on format. Our hope today is to generate at least a vague resemblance of a Polis, or of collective thinking, even through the dislocated and domestic need that is Zoom.

So today, you're on a Zoom meeting, not a webinar. So bear in mind that everyone is visible to everyone else, whatever camera setting you choose for yourself. We will be sharing images, so figure out what view might work best for you to see the images of the speakers. As hosts, we have muted all of the attendants, and ask that you please remain muted until the open Q&A towards the end of the panel. The Q&A will follow a presentation by Dr. Hayes Jacobs and a three-way conversation, which will last for about 40 minutes in all.

After that, we ask that you digitally raise your hand, and we will call on your name to ask questions yourselves. You can find the raise hand option if you click Participants on the toolbar on Zoom. the My Screen is on the bottom. And please, we ask that you keep your comments brief to get to as many as possible.

Dr. Hegele will be moderating the discussion, and we plan the panel to last about an hour in all. We truly look forward to hear your thoughts both about today's fascinating topic and about the larger questions that we raise with Care for the Polis Project. As many of you know, Care for the Polis began as a now traditional one-day academic conference which we started planning in the fall of 2019 to be held today, May 1 of 2020.

The future certainly looked very different back then. Still, as a child of the medical humanities and the public humanities initiatives, the events somewhat naturally looked to share research on the intersections of health, policy, publics, and the built environment. This image on your screen is the first we used to publicize the event. Here, we showed our historian's colors and chose a rather iconic map of London where physician John Snow charted cholera cases in the 1850s.

In doing so, he not only visualized the relationship between the disease and urban infrastructures-- in this case, the public water pump that is at the center of your screen-- which was found to be an epicenter of the outbreak because of the production of the map. In putting data and mapping techniques together, doctors now also solved part of the then mystery as to how exactly cholera spread.

In choosing this image and the rubric, Care for the Polis, we were motivated to explore the following problems. And allow me to just read from our initial description of the event. Urban environment and infrastructures play crucial roles in defining and mediating health and care. From the effects of Metropolitan experiences on mental health to the medical apartheid construed through urban segregation.

From the healing of toxic powers of high-rise buildings and high-density living to the racialized and gender networks of care, health is as much a problem of the Polis as the city is a category of modern medical history. Ongoing crisis of public health and urban inequality only put further pressure on the ways in which architectural and urban design informed the economics, sciences, politics, and public experiences of health and city living at a global scale.

So this was our initial wording. And as weeks pass by, the present of the media offered us much more telling visuals to such concerns. As COVID-19 emerged in the city of Wuhan, the kinds of historical, spatial, and political relations that we wanted to afford began to require less and less explanation and to gain more and more urgency.

Provoking an unprecedented civic closure in Wuhan, the virus has since affected and closed cities, institutions, and homes the world over, taking full hold of Columbia University in the city of New York, the hosts of the conference, in March. Today, the foreclosure of the Polis in the name of public health and public care is a vivid experience to us all, a public and global crisis that most are however witnessing from the privacy of their homes.

Thank you, Maria, for that introduction. I'm Dr. Arden Hegele. I'm the Medical Humanities Fellow at the Society of Fellows and Heyman Center for the Humanities. So in response to these new conditions and to the uncanny relevance of the conversation, Care for the Polis has become an online platform that we hope will serve as a developing resource for scholars, medical practitioners, and designers who, also as members of the public, aim to maintain and reimagine a conversation on the impact of health policy on the urban environment and on the shape of its publics.

We're thrilled to present it today to such a large and diverse community, and we look forward to you helping us grow it as the meaning of Care for the Polis is both the same and substantially different from when we initially conceived the project. Our main components are a series of weekly Zoom panels with scholarly, public, and interdisciplinary presentations. Please stay tuned to our developing program, which is being extended from May into June as we speak.

We also feature a database for resources and initiatives currently emerging across academic and non-academic institutions to grapple with issues of care in the public. And that's displayed on the right side of the web page. We would also like to invite you to send us suggestions to add to this, perhaps initiatives that you're working on yourselves. And if you'd like to contribute suggestions, please email US at careforthepolis@columbia.edu.

The platform will preserve our original commitment as we design the conference to establish a stronger conversation between scholars, and medical humanities, and medicine, and those invested in urban humanities and urban design, as well as larger publics. Still, we've made a point to explain the genesis of the project because we want to insist that we're not responding to our current crisis with presentism alone.

And this is a particularly important point to make for our discussion today with Rebecca Hayes Jacobs on the *Germ City Exhibition*, which was an artistic exhibition that showcased in 2018, 2019, long before any of this ever happened. As was the case in that show, Care for the Polis intends to provide a media space to showcase and reimagine the humanities' strengths in thinking about and building publics in its own terms, which include historical reflection, archival research, critical analysis, and attention to feeling.

With work and social life forcibly and simultaneously moving into a virtual and a domestic space while publics rapidly dissolve and cities empty out across the globe, the meaning of Care for the Polis has radically changed. Yet in keeping with the analytical distance we had in its inception, we hope that this platform will foreground the critical perspective of the humanities, a distance necessary for understanding our current moment and imagining our future one.

In bringing Care for the Polis online and helping us work in its future development, we're grateful for the support of the Society of Fellows and Heyman Center for the Humanities, the Center for Science and Society, the Institute for Comparative Literature and Society, Medicine Literature and Society Program, the Temple Hoyne Buell Center for the Study of American Architecture and the Center for Spatial Research at Columbia University.

We're now thrilled to introduce our series' first guest, Dr. Rebecca Hayes Jacobs. Dr. Jacobs is the Wellcome Trust Mental Health Curatorial Research Fellow at the Graduate Center at the Center for the Humanities at CUNY. Currently, she's working on the New York City component of Wellcome's next international cultural project, which will focus on mental health.

Previously, she was the 2017 to 2019 Mellon Postdoctoral Curatorial Fellow at the Museum of the city of New York, and she has worked at the University of Massachusetts Amherst on a nationwide ethnographic study of retirement, insecurity, and inequality. Dr. Jacobs received her PhD in American studies from Yale University with a concentration in public humanities.

In our conversation today, Dr. Jacobs will discuss her work as co-curator of *Germ City-- Microbes and the Metropolis* a 2018 exhibition at the city museum of New York that explored the complex story of the city's long battle against infectious disease, a fight involving government, urban planners, medical professionals, businesses, and activists. Planned to mark the Centennial of the Spanish flu pandemic, the show was organized in collaboration with the New York Academy of Medicine and the Wellcome Trust as part of the latter's international project, Contagious Cities.

This was a multi-city research and public humanities project that explored the interplay of people and pathogens in urban contexts with sites in Europe, Asia, and the Americas. The show was not only timely and fascinating, but it also affords irrefutable proof that we might do well by living our present informed by humanistic research and thinking.

It also gives us a fantastic opening into thinking about ways in which such research, much of which happens in the isolation of archives and writing nooks, might translate into modes and platforms of public debate. Following her talk and a brief conversation amongst us three, we will open to general questions from listeners. For now, welcome Dr. Jacobs.

Thank you so much Arden and Maria for having me today. And to Eileen and everyone at the Heyman Center, I just want to say before I launch into my talk, I hope everyone's doing OK out there. It's hard to do these through Zoom, these other platforms. But I hope you're doing pandemic OK, and I appreciate you all for being here. So I'm going to share my screen.

You can see it? OK. I'm going to put it into slide show mode. Can everyone see? Yes, OK. So thank you, Arden, also for your introduction to the project, which was great. Just to add a little bit more, the show is open from September 2018 through April of 2019. And as I mentioned, it was part of the Contagious Cities International Cultural Project.

And we curated the show. I worked with Sarah Henry, who was the chief curator and is the chief curator. And Anne Garner from the New York Academy of Medicine next door, they have an incredible collection of historical objects that we included in the show. And so I do want to just add a bit about Contagious Cities, because it was an incredible collaboration with the Wellcome Trust. And many cities were involved, you can see-- Berlin, Geneva, Hong Kong, and New York.

But in New York, we had quite a bit of interesting collaboration across some cultural institutions that I'm sure are familiar to you all-- the New York Academy of Medicine, as well as the Lower East Side Tenement Museum, CUNY Center for the Humanities, and others. And New York Public Library were involved in developing the material, so it was great to work together.

And really, we had exhibitions like this one, and also tours, talks. And so what's exciting is Wellcome is developing a next round around mental health, and I'm involved with that. So maybe we have time during the Q&A to discuss some of that.

So to talk really today about *Germ City*, I really want to get into the process for developing the show, reflecting on its value today potentially after I present, in a more informal way, as we think about COVID-19. What lessons can we learn from this show? When we were doing *Germ City*, there was a really amazing curatorial team and also advisory committee.

And we were doing a lot to think about how to approach this subject that would probably be off-putting to people and intimidating? Basically encouraging local conversations about this global problem of epidemic preparedness was central to the whole point of the Wellcome Contagious Cities Project.

And so here at the Museum of the city of New York, there were discussions about how to take on this material. Would we do it chronologically? Would we do it really historically? Would we do it in ways that were different in order to connect different audiences?

And what we decided to do was take it on in multiple registers-- the history of infectious disease in New York City, the science of microbes, get into some of the scientific material, and the cultural meanings that we create around the idea of contagion in order to really allow people to connect where they were coming from, and also to help visitors make connections between microbial life and social life, connect historical artifacts with contemporary artwork, connect to their own lives by broadening the archive and thinking about objects that might seem like everyday items they would see in their lives.

And so what we did was we had-- the image you're seeing, we had a main gallery that will go into virtually in this talk, and then a quote unquote "reading room," which was a space where people could really reflect, and share back, and have even some fun. So we tried to make it not intimidating and also relatable.

So even from the start, people would walk in before they went into the main gallery in the anteroom, there were two large objects that kind of had different sort of tension between each other, in a way. The image on the right is a reproduction of *The Conquest of Pestilence*, which has been produced by the New York City Department of Health every year since 1935 to show, essentially, the number of deaths going down dramatically.

We think about cholera outbreaks repeatedly in the 19th century, typhoid fever-- all of these diseases that have played plagued this city for so long. And it's interesting because there's the use of the word "conquest." So we think about that battle metaphor being used through this historical document.

And on the left, you'll see someone looking at a screen. We had a clip of a film by the artist Mariam Ghani that was created especially for this Contagious Cities project through CUNY's Center for the Humanities. And it actually really takes on why people use the battle metaphor. Why is war the sort of language that's often used to describe our engagements with microbes and the challenge of infectious disease?

And so it is interesting to put this art artifact across from an historical object, and also creating some tension around this meaning of battle, and especially when the battle metaphor gets attached to certain populations. So I encourage you to look up Mariam's film. There are clips of it online available right now.

So before we look at the main gallery, I'm really just giving you a tour, in some ways, of the exhibition right now. I want to call attention to the incredible design by the Designers Isometric Studio for the main gallery. And the idea was to have this kind of clinical otherworldly setting, in a way, like a space apart from everyday life to really analyze and understand and take in all of this material, and have, again, a little bit of fun, even.

And so they came up with this unconventional design where you can see all the sections when you're in the room. And most of the objects actually were one large table, and the sections are sort of in that organic microbial shape. So you could see across to different sections of the exhibition from wherever you were in the room, and that would allow visitors to take away, we felt, some of their own-- they could have their own experience, in a way, and make connections that as curators, we might not have made.

You could see large artworks from various positions. So when people would walk in, the first section they would encounter was called Microbes in Metropolis. And that was really an introduction to the challenge of cities and disease. I'm going to get into all of this a little bit more in-depth in a minute. But then containment was the next section. So then essentially, you had responses to the problem of cities and disease, sort of New York City's responses. So there were four responses that we chose.

And again, these could have been different. And we had a lot of interesting conversations about how to divide up this material. Rather than do it disease by disease or over time, we did it around these themes-- containment, investigation, care, and urban environment, essentially, changing the urban environment, public policy, and infrastructure at the level of the population. So let's go through a little bit of the actual space.

One thing that we felt was really important when thinking about the microbes themselves was recognizing that not all-- trying to encourage visitors to see microbes as not all dangerous, necessarily. Some are benign, like gut bacteria for our health, even helpful. And to really think about them as actors in the city. And so we had various items on the table that kind of clustered where we actually had microbe models that we created.

With help from our friends from the Museum of Natural History, we 3D printed them, just so that people could actually think about the scale of the microbe, the scale of the human, body and the human body in the world-- the city, and the city and the world. So we had some introductory stories using artifacts in conversation with the microbes themselves around the 1918 flu pandemic, around smallpox, HIV/AIDS, and others.

This is some interesting wallpaper that Isometric Studio, our designers, created. And here's a close up of the HIV microbe next to a Stonewall artwork by Gran Fury, a Stonewall-commemorating artwork from 1989. I'm going to move ahead a little bit quicker so I don't take up too much time.

The next section was containment. And that was really an interesting opportunity to get at some of the very difficult subject matter around xenophobia, racism, homophobia, and really how much that has fueled, historically, responses to infectious disease, and not only in terms of individual interactions, but public policy level.

So to get into this a little bit just briefly, we had an image from early 20th century Ellis Island, trachoma inspections. You can see the stereoscopic image. Trachoma was highly infectious and causes blindness.

But what we found really powerful and disturbing about this was how much trachoma inspections-- how much public policy is specifically around Ellis Island, the degree to which resources were put into screening immigrants coming to Ellis Island for trachoma, and the disproportionate amount of resources and money that went into doing these screenings, given the very, very few cases that they actually found. And historians have found that it very much was related to specifically anti-Semitism, xenophobia behind these policies.

And then we brought it up to the present with this blood mirror, which is a very large artwork created by Jordan Eagles, about the ongoing ban for blood donations by gay and bisexual men that started in the 1980s in response to HIV/AIDS, and really actually up to the present, has been an issue with COVID-19. We can get into it.

So in 2015, it was revised so that men who have sex with men could donate blood if they hadn't had sex with another man in a period of 12 months. But now, it's three months. And many LGBTQ donors are having trouble donating right now. So it's a reminder that public policy can be informed by homophobia, xenophobia. I'm going to skip to the next section, and I'd be glad to get back to some more detail. But I want us to have time for more of the Q&A part.

The investigation section really was an opportunity to think about data and think about diseases as sort of really requiring significant detective work, essentially. And we're seeing that, of course, right now-- a lot of data collection. We showed mapping from throughout history, individual data points being collected by the Bureau of Vital Statistics, by other entities, the work of everyday citizens trying to solve basically, essentially, the mysteries of infectious disease in their communities.

And we also commissioned an artwork by Ekene Ijeoma about HIV/AIDS and bringing it up to the present in the section on disease and investigation, specifically because he's an artist who uses data to address narratives around disease. And this artwork is called *Pan-African AIDS*, and it's actually an artwork that you need to be able to walk around to really experience about HIV/AIDS rates decreasing in African countries but increasing for America's Black population to this day.

We had a few more sections that I'm going to discuss. I'm just going to fix-- sorry. Yikes. My screen froze for a second. OK, so the next section is care. And of course, that's the name of this series, so I'd really love to talk more about care. Care inside and outside of institutions, efforts to make care more equitable-- thinking not only about acts of racism and discrimination in the section on containment, but also structural inequalities around both who gets access to care in their communities, and who gets to be a care provider, and what positions people are in.

So we have a lot of really interesting stories. I'm going to just move ahead, since we are running out of time here for that. These are some images from within institutions. Islands played a large role in care facilities. Like on the left, you can see an iron lung that was used on Goldwater Hospital. And on the right is actually lungs, tubercular lungs from Seaview Hospital in Staten Island. So we have some real medical histories interlaced with social histories in this section.

And then the last section was the urban environment. And that was really about thinking about policy, the scale of infrastructure, water supply, and making it accessible by having historical artifacts next to something that might be quite recognizable to people, like the sanitary inspection sign on the left that restaurants have in their windows. So trying to make it clear that things like mass vaccination, sick leave, all of these policies, water supply, are shaped and continue to change over time. And as we're seeing right now, hopefully will be shaped in positive ways as a result of this crisis that we're in.

So just last, I'm going to speak briefly about this space called the reading room that we had next to the main gallery. And the reading room was a place where you can see, people could have some fun, take more time to think about the material, actually dig into some boxes, browse through books, give their own responses, tell their own stories. And we felt like it was a really important space for students and people of all ages, really, to share.

And we actually had a public collecting project as part of the reading room where we worked with community organizations to tell stories about disease in their own words. So this is an example from the American Indian Community House, their work on HIV/AIDS support for Native Americans living in New York City. And I worked with them to develop this vitrine of items. So I'm going to stop for now on telling you all, and I hope to actually have a conversation about this with everyone. Thank you.

Rebecca, thank you so much for this very sort of sweeping exhibition. It just makes me mourn rubbing elbows in a gallery space so much. But you've showed us so many objects which I greatly appreciated. I'd like to start asking you a little bit more about not only sort of the array of objects that you chose, but if you could tell us a little bit about the conversation that went amongst the different researchers on what objects to choose and how to exhibit them.

And I ask you this because, I mean, this is a fascinating exhibition for so many reasons. Just how to make visible something that is so invisible, and definitely not sort of a traditional work of art or a work of exhibition. And the way you do it in the show to the point in which denial about the history of pandemics and the effect on society, economics, and so on, is no longer a possibility. And yet, here we are, now denial being the word of the day, in so many ways.

So it seems to me that beyond offering pedagogical information of pandemic, and the history of pandemics, and the relationship to public policy, there are moments in which you're appealing to a more affective value of these objects. Because on the one hand, you want to educate your visitors. But you also want to sort of portray the urgency of the issue as you said at the beginning, no? Epidemic preparedness-- how can we sort of wake up to the reality of these epidemics.

So I'd love to hear you talk about what objects at some point you thought, oh, this has a lot of information, but it's just not going to work in the context of an exhibition, because it doesn't have that affective power, for instance, and vice versa.

Yeah. I mean, I think the Museum of the City of New York, it has a really big historical collection. And the New York Academy of Medicine had a lot of historical artifacts. So in some ways, we were starting with the more didactic material, a lot of pieces of paper, maps. And I think what we felt was really important was to make sure to include some contemporary art, whether it was commissions or pre-existing, in order to get at that effective register for people.

And I think that they were really important to making the historical artifacts actually have more value for people and think about them as aesthetic objects as well. So what it meant was paring it down and thinking about what could be a response someone could have to coming across this item? And some of the most mundane stuff, I think, is the most powerful.

So for example, in the care section, we got a needle exchange kit from Housing Works. That's not of any-- how often do you see a needle exchange kit included on display next to what you might think of as a historical object that you'd see in a museum? And so I think that was a really important-- those were several ways we wanted to really shake up what was on display, so both through artwork and through possibly what we might think of as mundane.

Question because it seems to me that the same process that you went through in curating this show, which would probably be very different-- and I'd love to hear you talk about what your thoughts are on the public that you would encounter now, now a much more educated public on these issues than a year ago. But that same operation also happened historically.

And I'm looking at that poster that you have there at the back, no, on housing and disease. And it's a very sort of propaganda-like poster. It's mobilizing a visual language of a particular message that probably has a lot to do, also, with this public policy and racial policies that you were discussing. And I wonder if you could talk a little bit about what you've seen also historically of how those techniques have been changing throughout history. The techniques of public communication, no, of this medical--

Yeah, I mean I think there are several. So one of the things-- there are sort of two parts that I'd love to answer to that. One was the question about how the show might be different if we were doing it now, so I'll get back to that one. But the first one about propaganda, I mean, one of the things that the whole Contagious Cities Project was about, my colleagues from Wellcome, my colleague Ken Arnold was just saying in a presentation the other day, it's about how disease shaped cities and cities are shaped by disease. So it's both.

And so some of the objects speak more to how the city was shaped by disease, and the other is how disease is going to shape the city. And so that tension comes out in a lot of the objects. And certainly, the use of disease as a form of propaganda-- so especially that Planned Housing Fights Disease poster was part of a WPA-era effort to create public housing as part of a whole other series.

And clearly, the ideas around disease were being used to justify creating public housing. So again, in all of the objects, you can really have a whole show, in some ways. And that was also part of the curatorial process is finding something that had many layers of meaning to it.

In terms of the question about how we would do it differently, I mean, I think it would be an entirely different show. It's actually amazing to me to think about the starting points we were working with. We were thinking about how this might be off-putting to people. People might not necessarily think it relates to their lives. It would be an entirely different process now to think through understanding that so many people are--

First of all, we're just in the middle of this. We're just in the beginning of this, really. We don't even know where this is all going. So if we were to do this in a few years, I just think it would be a very different way of thinking about recovery, understanding the trauma, and the economic impacts. I think we didn't think nearly as much about the economic impacts of pandemics when we were doing this show. And there maybe haven't been to this degree, right? And so there's a lot of unprecedented stuff that would, I think, change the show.

I have a question for you, Rebecca, about the care side of the equation, which has to do with how the urban geography of New York City was historically used for mechanisms of care. And one thing I've noticed so much in the reporting on COVID-19 is the presence of all of these little islands in New York City which all seem to serve some kind of Foucauldian purpose, either as a form of discipline and punishment or as some form of clinic. And I'm interested in the history that you've uncovered in your work on the exhibition of how the islanded geography of New York City has served in the interests of care historically, and how we can use that to understand what's happening today.

Yeah, thanks Arden. The islands thing, I sort of rushed through. But I'm glad to revisit it, because it was really a big part of the containment section and the care section. So with containment, we saw again and again the use of islands to isolate people. And the archipelago of New York are islands like North Brother Island where Mary Mallon, who was known as Typhoid Mary, lived for many decades in isolation, as well as Hoffman and Swinburne Island that were artificial islands created specifically, basically in order to quarantine people who were arriving before they would even get to Ellis Island.

And possibly, they would never make it to Ellis Island and die on these tiny artificial islands off the coast of Staten Island. So we have these really devastating ways in which people experience New York's islands because of infectious disease. Of course, now thinking about Rikers in a different way, right now with COVID-19.

And with the care section of the show, one of the things we saw was the use of islands also as places for people to heal. And so we had that incredible iron lung that you can see in the image that was really actually dug out of the back of Coler Hospital. The cobwebs were taken off. And it had been used on Roosevelt Island. Also, Roosevelt Island has its very long interesting history of disease both on that containment and care level.

Seaview Hospital on Staten Island, I mentioned briefly. We had an oral history-- one of my favorite objects, we could say, in the show-- again, thinking about what's an archive? What's an object? Was an oral history from Virginia Allen who was an African-American young woman who was recruited to work, I think, at age 16 on Seaview Hospital in Staten Island at a time when most white nurses didn't want the physicians treating patients with TB.

So in the early to mid-1930s, '40s '50s on Staten Island, most of the nursing staff were Black women, and they were called the Black Angels, often by their patients. And so she has this really great oral history clip in the show talking about her experience working at Seaview Hospital. That's right next to that really intense tubercular set of lungs preserved. And so these are very dramatically different objects. It's like the medical specimen next to this incredibly personal story that's also part of social history.

Well, this leads quite beautifully into the question I was going to ask you in follow-up, which was particularly around the 1918 pandemic, but also in your studies of other epidemics that have affected New York City. As you were working through the archival materials, what sorts of narratives did you find memorializing these epidemics?

And you talked a little bit about the battle metaphor and the metaphor of conquest. What kind of rhetorical strategies did you notice? And also, how did your exhibition tweak those or do those a little differently?

So not being a real true-- I have no background as an historian of science. So somebody who's listening will probably have some really interesting detailed information. But one thing in terms of the actual pandemic outbreaks, one thing I found really interesting, though, was when we were doing research on the 1918 flu pandemic, we didn't see as much documentation as one might expect.

There are these photos that we came across again and again of people wearing blue masks in New York and people in corridors. But when we were thinking about this and doing research, we were also thinking a lot about memorials, and how there were not-- we don't think about memorials to people who've died in epidemics being around the city, especially given that World War II-- I mean World War I, excuse me-- coincided with the 1918 flu pandemic, and there are plenty of war memorials.

We actually ended up developing an entire panel discussion around memorials, and the politics of who gets remembered, and who doesn't, and why, with Garnette Cadogan and Evan Finkelstein, and it was a powerful discussion. They really talked a lot about HIV/AIDS and cholera. And it was a really important, I think, extension to the exhibition, in a way.

And nothing's clear. I'd love to hear what people think about this. But it was something I want us to keep in mind going forward, and with COVID-19, why memorials are something people avoided in the past, and how important it is not to avoid.

Thank you. That's a really interesting answer. Perhaps this is a moment when we can open up the conversation and invite questions from listeners. So we're delighted that all of you could join us today. In order to ask a question, you can raise your hand by looking in the Participants icon on the bottom toolbar of your screen. When you raise your hand, I'll be able to call on you. So we'd love to open it up for questions at this point.

As we wait for these questions, I'd like to just ask you a follow-up, or perhaps just a sort of a summary. It's been very interesting not to hear of the different architectural or urban typologies that organized, that confront and organize the history of pandemics, housing, hospitals, islands, memorials. They seem to me that all appear as sort of aftermath of the pandemic, typologies that are mobilized to contain, heal, or otherwise just come to terms to the pandemics as they happen in the city.

But I wonder what the conversation can be or would be if we thought about the typologies that facilitate the pandemics themselves-- the spatial conditions. And here, we talk about, again, urban segregation or urban inequalities that also happen at the level of the city, just as a thought of bringing it to the issues of urban design.

Yeah. I think can you clarify just a bit more? I don't want to answer you wrong. I hate when I just make up.

It's not a question. It's a commentary about as the question of denial again, know? We think after the fact. Once the pandemic has been operating and has had its effect, we think about new housing, hospitals, islands, how to control and restructure the city. But how much was there historical analysis or reflection on the spaces where these pandemics were facilitated, you know?

And how do we as humanists think about these other typologies, whatever they might be, or these pandemics reverberate in certain ways? And I'm thinking about the cruise ship as the typology of COVID-19, for instance.

Yeah. I'm also thinking a lot about time. And I was talking in another discussion about Rob Nixon's *Slow Violence*, and thinking about longer-term crisis and disaster as spread out over time. And the ways in which this clearly heightened crisis moment can be an opportunity to also understand-- and kind of connected to your point about typologies-- the ways in which certain spaces lend themselves to forms of violence over time, structural violence.

And clearly, all of this is being exacerbated right now. And it wasn't something we really got into with the show. So there are all these things I'm now thinking about after now being in the midst of what we're in.

Just an invitation, again, for any listener to put up your hand to submit a question. Graham Mooney has a question. Please unmute yourself, and we'd love to hear it.

Thank you. Thanks for the presentation. Can you hear me?

Yes.

Great. At the beginning, you mentioned how it was a collaboration between a different set of cities, and you were talking about contagion. And I'm just wondering if there was any sort of differences between the different sites around what concepts of contagion actually meant historically and how you handled those? If there were any differences in the way in which notions of contagion, say, over time changed, or between different parts of the world.

So yeah, the project took place in New York, Berlin, Geneva, and Hong Kong. And in the case of the Contagious Cities Project, there wasn't so much direct collaboration between the curators of the different cities. We actually got to meet in London after the fact. But we did learn a lot about how differently each institution organized their exhibition. So one, in Hong Kong, it was really a contemporary arts center.

In Berlin, it was actually a museum of natural history. And the whole art piece that was an installation was called *Coexistence*. So that was thinking a lot about microbes, and specifically viruses, and how we coexist with them in a way that would be different than thinking about the battle metaphor, right? So there were very different approaches, but I don't know if it was really something where--

So we're going to be doing this project around mental health, and we're going to be doing it in various cities again. And I'm very excited. I'm looking forward to speaking with people from these other cities early on to think through how we define things like mental health, how we define contagion, really having conversations that are across these cities early on for the next one.

Thank you.

Thank you. Further questions from listeners? And perhaps as people are thinking, I'll ask you a follow-up question, Rebecca. So one form of the exhibition that you mentioned was the section on care. And I understand that there is an important role of activists in performing care. And I'm wondering if you can talk a little bit more about that, and elaborate, again, on how activism as a form of care might inform our present moment.

So we had a few objects around activism and care. We had the Housing Works needle exchange kit, so thinking about harm reduction, and how much resistance there has been and still is to harm reduction policies as a way to stop the spread of infectious disease, and the activism required to change those policies.

We also had one on Louis Wright, who was a doctor in Harlem Hospital who worked to desegregate Harlem Hospital, and the significance of just medical institutions, and staffing, and again, structural issues around racism being taken on as an important part of care for patients ultimately, right? And also, the work of the Young Lords in East Harlem. We had an image of the Young Lords in East Harlem working to in the 1970s--

A lot of you are probably familiar with the Young Lords. They were a Puerto Rican activist organization that worked on all kinds of health and environmental issues, environmental justice issues in their community. And we had an image in the show of a group of people pushing an X-ray unit that was essentially a truck meant to screen people for tuberculosis in East Harlem that wasn't actually being used.

So this image from 1970 showed people pushing the truck literally into their neighborhood. Hiram Maristany took the photograph. And it's just an example of the hands-on activities and actions of people to try to actually change things. And eventually, there were better screenings for TB with this truck due to their actions. So certainly, we're seeing things right now with mutual aid happening in real time all around the city.

Thank you. I'm just letting you know that we're opening up the chat box as a secondary form for questions. But Ava has a question now. Please unmute yourself and go ahead.

Hi. Thank you. I was thinking about density. And New York City is one of the most dense cities in the world, which is something that I think has really been facilitating the spread of the virus. And I was wondering if that was something that came up in your exhibition or in the exhibition in different cities, kind of the difference in density and urban space, in that sense.

Certainly. I think it's one of the reasons New York was selected for this project by the Wellcome Trust for the Contagious Cities project, because New York, because of its density, has long been a place where you've seen infectious disease. So yeah, that just played a big part of it.

And again, these ways in which density impacts disease, but also in which very tricky public policies sort of have been made, and justifications also to demolish, for example, neighborhoods with urban renewal, or using the justification-- excuse me-- using density as a justification to push for policies that might actually not be in the interest of residents in a neighborhood. So there's always that tension between policies that are clearly about looking out for the public, and also policies where people wanted to justify doing something by claiming density was the issue, for example.

Yeah, I think it's interesting as we sort of raise the question of density and care through the series, know, to understand the double bind. And also the fact that as much as density is a factor for high infectious disease, it's also a factor for high care networks.

Like, high density is also one of the ways in which social and public networks develop, both within policy and outside of it. And I think that's an interesting tension to maintain through the conversation, and something that I think that you addressed also, no, with your care, with your care section in the exhibition.

I noticed Eileen has a question now. Please ask your question.

You can hear me, yes?

Yes.

Thanks, Rebecca, and Arden, and Maria, all three of you. It's terrific. Rebecca, you mentioned that the Wellcome Institute is going to-- the new project with Wellcome is on mental health.

And I guess I'm wondering whether this recent unexpected kind of mental health situation that we've all been put in as a result of COVID-19 is affecting the way you're thinking about approaching the topic now as opposed to-- right? I mean, there are various-- it seems to me that one of the things is that mental health might be thought of in new ways as a result of this massive experience that we're all having.

Yeah, certainly. I mean, we are really taking time to process how to make the most of this and do our best with this situation. So we're talking a lot to local institutional potential partners right now, and we're in the very early stages of planning and thinking about it. And Wellcome really isn't, as an organization, the international projects team they're not interested in a kind of top-down model or a touring exhibition in any way.

And so this is going to take the time it takes to develop the material and really respect all of the needs as best as we can to do what we can with it. So we are already and always were thinking outside of very narrow definitions of mental health. So thinking about trauma, recovery, grief, collective care, emotional and social well-being-- all these words already.

And now in this context, and given the economics and the public health implications for so many people, we're certainly going to be shifting and responding directly to COVID-19 with the project which, again, is being developed over the next three to five years.

Thank you.

Thank you.

I'd like to invite any further questions at this point. Ian, there's a question. Go ahead. Oh, you're muted. Let me unmute you.

OK, hi. Can you hear me?

Yeah.

Hi. Thank you. I don't know how to phrase my question, exactly. But in your research, did you find-- you talked about the African-American nurses. I was wondering if you found instances where going through an epidemic actually had some positive effects in terms of work conditions for nursing people as a result of some of these pandemics, that maybe they highlighted some of these social injustices or things like that.

I mean, I think, again, probably a historian of science would have a really specific answer. And I know there are people tuning in right now. So I don't know if I can really do justice to your question. But we definitely saw again and again that at various scales, the learning that came out of the scientific research, the direct work of medical providers, all of this has led up to improvements in care, certainly, and vaccination efforts.

And we're seeing this right now through these different ways and networks of people. And humanities folks are part of this, too. Everyone is part of this effort to try to support people, heal people, prevent the spread of disease. And so we saw it in various ways in our research for this show.

And that's why our section on care, we didn't really frame it. We had a lot of conversations about how to frame it. And I think we had institutions included, like hospitals, even pharmaceutical companies included, and also, chicken soup recipes, and sort of Chinese herbal remedies included, just to give you examples, along with this activism. So you can just see care comes from all different directions. And we didn't want to just have a very narrow focus, but we also certainly wanted to acknowledge the importance of medical advances made through research by scientists, and doctors, et cetera, and nurses.

Thank you.

Thank you.

All right, I think we are just about at time to adjourn today. I realize there may be questions and comments that are percolating in your minds that we've not been able to get to so. We will plan to leave the Zoom open for a few minutes following the end of the presentation. And feel free to enter any questions for Dr. Jacobs into the chat box. Or you can always email us at careforthepolis@columbia.edu, where we'll collect your follow-up questions.

Many thanks to Dr. Rebecca Jacobs for being here and to all of you for listening and participating. And we're so thrilled to begin the series with this presentation. We now invite you to our Z Panel for next week, which will take place on Thursday, and which will feature Dr. Graham Mooney, Professor of History of Medicine at Johns Hopkins, speaking about emergency by design with Dr. Rishi Goyal, Professor of Emergency Medicine at Columbia University, responding.

We look forward to seeing you next Thursday, May 7 back here on Zoom. And we will be sending out the Zoom link to that event the night before. And now, please join me in thanking, again, Dr. Jacobs for a wonderful opening to our Care for the Polis series.

Thank you. Thank you.

All right, so we'll see you all again, I hope, next Thursday at 3 PM.