



## EDITORIAL RE-CONFIGURING THE BUILT ENVIRONMENT – NEXT AFTER COVID-19 PANDEMIC

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### **Abstract**

The Covid-19 pandemic has caused great damage globally to the perpetual existence of the human race. Once exposed, no one is immune and no place is uninfected. However, in the effort to find a silver lining from this catastrophe, below I discuss lessons learned from enforced strategies emerging from this lethal pandemic. In particular, I examine the implications of the pandemic for our urban areas as well as for domestic spatial arrangements. Immediate planning strategies at both levels, the urban and the domestic are also proposed within.

*Keywords:* spatial reconfiguration: bicycle use: urban space: domestic space

### **Abstrak**

Pandemi covid-19, dalam skala global, telah membawa kerusakan yang masif terhadap keberlangsungan umat manusia di muka bumi ini. Sekali terpapar, tidak ada satupun umat manusia yang kebal dari infeksi dan tidak ada tempat yang tidak bisa dipenetrasi. Akan tetapi, dalam usaha mencari sisi baik dari sebuah kondisi, saya mendiskusikan hal-hal yang bisa dipelajari, beranjak dari beragam strategi yang muncul dari dampak yang diakibatkan oleh pandemic Covid-19 yang mematikan. Secara khusus, saya menganalisa implikasi dari pandemi terhadap ruang-ruang kota dan juga tatanan keruangan di tingkat domestik. Saya juga memproposisikan strategi dan perencanaan yang relevan diterapkan di kedua level, baik di kawasan perkotaan dan/atau perumahan.

*Kata kunci:* konfigurasi spasial: pemanfaatan sepeda: ruang kota: ruang domestik

We have entered 2022, the third year of living under the Covid-19 pandemic. Four hundred and thirty-seven million infections and 5.96 million deaths have been recorded worldwide (Ritchie et al 2 March 2022). As though these casualties are not enough, the fight against this viral infection remains strong. Currently, parts of the world continue battling with the speedy spread of the omicron variant, while other parts have opted for the so-called ‘Living with Covid’ strategy to recover the economy which has been badly impacted. The latter move is taken by countries whose vaccination rates are among the highest in the world, namely the United Kingdom, Australia, Singapore, Sweden, Denmark, Morocco, Norway, Thailand, the Philippines, and the United States of America (Tanner 2022).

This is a well-calculated shift, underlined by a thoroughly-recorded and therefore reliable set of statistical data on infections, combined with an analysis of the capacity of available health services to accommodate anticipated infections. In this scenario, the focus of attention is realigned from the number of infected cases to the rate of patients needing medical

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treatments at the hospitals. This realignment also estimates associated medical services and resources required to support hospitals' operations. These would include nurses, doctors, surgeons, medical laboratories; blood banks; X-Ray, and medical imaging centers. If this strategy is proven successful, health measures including lockdowns, self-isolations, border closures, and health protocols are no longer regarded as mere pivotal actions in combatting the impacts of the Covid-19 pandemic. And when the whole world is together on this one, the pandemic may then be declassified as being endemic.

Given the key success to this shift is a high rate of vaccination, the prospect of living with Covid-19 would be far from achievable to nations that have little access to vaccination for various reasons. As the World Health Organization has repeatedly stated, our world is not equally vaccinated even after more than two years since Covid-19 has been declared a pandemic. Global vaccination rates vary from country to country. At present, while many nations have not yet completed even their first stage of vaccination, countries like Israel (Burki 2022) have already started giving their health workers and citizens over 60 years old their fourth Covid vaccines. Other countries such as Sweden, Columbia, Denmark, Italy, Poland, South Korea, the United States of Amerika, the United Kingdom, and Canada also implement a similar policy (Reuters 01/03/2022).

According to our world in data statistics on March the 2nd 2022, there have been 10.77 billion doses of vaccines administered world-widely to counteract Covid-19 viral infections (<https://ourworldindata.org/covid-vaccinations> 02/03/2022). Sixty-three percent of the world's population has received one dose Covid-19 vaccine. This group includes 12.9% of those coming from low-income countries. Overall, the lowest rate of vaccination administered per one hundred population take place in the African Continent where many states have only reached a range between 0-50 vaccines given to 100 population. This data is lagging far behind compared to Australia - 209.65; Canada - 213.36; China - 216.32; Chile - 251.09; Denmark - 226.58; and New Zealand 207.36 per one hundred population (<https://ourworldindata.org/covid-vaccinations> 02/03/2022).

Thus, there are three main groups of fundamental conditions to be met here before realignment to 'Living with Covid,' can be discussed and figured out. They are vaccination; reliable statistical data associated with the Covid-19 pandemic; and the provision of social infrastructures, especially those dedicated to addressing public health. As is common knowledge, many countries are not well equipped with these three resources, which in consequence makes configuring the next move after close to three years of living under the Covid-19 pandemic a slow process.

For instance, some countries partake in incoherent action when come to recording data on infected cases, deaths, asymptomatic infections, infections requiring hospital handling (with or without intensive care unit (ICU) treatments), and data on how infections take place and spread out. Some countries may deliberately not record the real data fearing that high statistics will in consequence reflect their failure in handling the pandemic and place them in the spotlight. Politically, this is not a preferable position to be for many world leaders.

In different instances, many countries have inadequate health services and supporting medical resources to accommodate the sudden influx of uncontrolled infections. During the

period when the Covid-Delta variant was spread out, we learned patients were left on the hospitals' pavements waiting for vacant beds in India, one of many states hit hard by the pandemic. During the same period, Indonesia experienced a serious shortage of oxygen. The condition was critical, leaving many families with no choice but to pay highly inflated prices in desperate efforts to ease the medical conditions of the infected relatives. These demonstrate how unprepared certain states are to cope with unexpected medical catastrophes. The covid-19 pandemic has awakened us all about this circumstance.

Taking planning and design for the built environment as an affected region, what do these factors mean to the organization of our built forms? What lessons can we all learn that will create an environment that is sufficiently flexible and adaptable to cope with impacts that may be brought by similar future catastrophes? As both history and expert knowledge have indicated, the Covid-19 pandemic will not be the world's last (Suartika 2021), and finding answers to these queries becomes more fundamental than ever.

During the ongoing pandemic, we have witnessed hospitals being overwhelmed by Covid patients needing treatment. This does not only happen in less developed and developing nations, but has also been experienced widely by hospitals in developed nations, including Australia, the United States of America, France, Spain, and Italy. Supporting medical facilities, such as laboratories were also flooded with people seeking to do their Covid-19 PCR tests, beyond their capacity to respond to demand. Many samples became lost, contaminated, or incorrectly labeled, with the outcome that people were misinformed of infection results.

This situation reminds us that one of the main functions of urban planning is to ensure that plenty of urban space is dedicated to the provision of adequate medical services and their supporting facilities. This would not only be a response to the current spatial needs but would also address the anticipated requirements of the future (Suartika et al 2020, 2021). This returns us to the actual prime function of planning as the state's instrument in achieving the wellbeing and welfare of the people it serves.

Next, we witness that the Covid-19 pandemic has pushed bicycle use to a record high. This may not be a new feature in countries such as the Netherland, France, Sweden, and Denmark where the bicycle has been used as means of daily transportation for at least half a century. The rising trend for bike rides during pandemics happens in many nations where a bicycle is not supported as a favorable way of commuting, for instance in Indonesia. Cycling not only contributes positively to the health of urban dwellers. It makes a serious contribution to climate change by lowering urban pollution and resulting health problems. While these two factors are arguably the most significant, cycling has many other beneficial effects such as lowering heart disease, reducing the costs of vehicle ownership, generating more urban space by removing vehicles from the road, and reducing triple parking requirements (at home, work, and leisure).

Assuming that cycling will remain as part of people's daily routine, it will in consequence require reorganization of urban public space as well as in our built forms. At the minimum, our existing urban road networks will have to be amended to give space to bicycle riders. The bike path will be part of our urban infrastructure for the trend to thrive. Our built forms

will also have to be reconfigured and land uses relocated. In addition, At the least, people need to be supported with a place to have showers after a long ride, changing rooms, and secure bicycle parking.

Prolonged lockdowns experienced by many of us during the pandemic have been claimed to bring anxiety and unanticipated psychological impacts. Many say that having access to urban parks, open space, urban forest, community garden, and other forms of common space outside domestic spatial arrangement have eased the unanticipated psychological burden (The Conversation 02/03/2022, The Greater Sydney 02/03/2022, Suartika 2013, Cuthbert and Suartika 2014, 2020). They cannot imagine life without access to these urban functions (Muliasari et al 2021, Mahardika et al 2021, Dewi et al 2021, Putra et al 2021) especially during strict lockdowns. The psychological significance of having a chance to breathe the air outside domestic arrangements is invaluable, even though it is only possible for a relatively short period within a time frame considered safe by urban authorities.

At a domestic level, the Covid-19 pandemic points out how our space at home should be reconfigured and indeed redesigned. Activities that emerge during Covid lockdown that require specific spaces, but are not yet accommodated in our current homes become an equation to determine future designs and renovations (for example a secure quarantine area doubling as useful domestic space). Space dedicated for activities related to work from home, learning from home, health protocols, and having fun at home is likely additions. Homes that are constructed based on an open-planned layout may give some flexibility in this instance. Otherwise, spatial negotiations and justifications may be less possible.

Having experienced working from remote areas, many may find this work pattern more accommodating and given the opportunity, prefer to keep it this way. This group may find working remotely is more efficient, flexible, and friendlier in terms of no time spent commuting back and forward, the wise use of resources, and less harmful to the environment. For these reasons, many of us may choose to continue interacting from home rather than going to either universities or offices (supported variously between 30-60% of the urban workforce). If this trend is enabled worldwide, we will see many empty offices and classrooms at the universities.

In addition, it becomes economically dysfunctional to provide office space in this context, so even typical office space will have to undergo significant adaptation. The question is, what are we going to do with existing premises that used to be crowded but are now ghost spaces? Such conditions will require substantial creative thinking to reconfigure our built forms post-Covid (Suartika, 2007).

All of the aforementioned conditions are the least determinants that will affect the reconfiguration of our future built environments. In support, Ruang-Space Journal will be providing scholarly media for the dissemination of relevant studies that discuss ideas as well as practices that further advance this issue.

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