

# Journal of Public Health

*The Urban Revolution is now fully upon us. As in all such upheavals, the problem must be analyzed and action to deal with it proposed more than once before improvement will take place. The problem has been discussed in the Journal, but the symposium presented below carries the analysis deeper and with more realism than any other discussion. We urge our readers to consider the implications of these presentations.*

## HEALTH AND URBAN DEVELOPMENT

### I. THE TREND AND PROBABLE FUTURE OF CITIES IN RELATION TO HEALTH

*A. J. Harmon*

**D**URING the past decade, we have been propelled headlong into the space age. We have marvelled at the unbelievable accomplishments of space exploration, and the promises of even more amazing feats to come. These headline events have captured the imagination, but they only symbolize dramatically the many forces of advance that are active all around us. History is a continuous process of change, but there is little doubt that we are living in a world of change accelerated far beyond anything known in the past.

It is hardly necessary to illustrate the point. There are the remarkable advances in transportation as we have

moved in one generation from the horse and buggy to automobiles of fantastic speeds to jet planes which cross the country in a few hours. In the field of medicine, we are now accomplishing miracles that were unheard of only a few years ago. Eighty per cent of the drugs used today have been developed during the past ten years. Similar revolutionary advances have taken place in the food industry, in communications, in virtually every phase of our society. We have learned to be cautious in using the word "impossible."

Our cities as we know them today have also come under this great wave of progress. One of the great forces of

change in urban areas in recent years is the process of urban renewal, a bold, dramatic, exciting new program, launched some 14 years ago, to combat the critical problem of decay, deterioration, and obsolescence in the older sections of our cities. Urban renewal not only provides an opportunity to eliminate these substandard conditions—it is an opportunity in the process to completely remold the structure of a city. For the first time in the history of this country here is an opportunity to break through the helter-skelter layout of the physical plant of our cities and to undertake long-range planning for the future. Urban design has become a popular term in the renewal field—the idea of designing the city of tomorrow. It is an exciting program—carrying awesome responsibilities—and the possibilities are endless. After 14 years some dramatic results are beginning to show—but the fact is that the program is still in its infancy. It has been through a period of trial and error—a process of evolution and adjustment—and the process is still going on—but it is now obvious that urban renewal is destined to be a dominant force in the future of American cities.

In its brief history, a number of significant adjustments have been made in the urban renewal program. The Housing Act of 1949 set up a formula for a combined federal-local effort to clear substandard areas and make them available for properly planned new development. It was started as strictly a “project” program, confined to particular areas. As experience began to show that a more comprehensive approach to the problem was necessary, there was added to the federal legislation in 1956 the concept of the General Neighborhood Renewal Plan—authorizing general study and renewal planning for an entire neighborhood. In 1959, the legislation was further amended to authorize the Community Renewal Plan

—permitting a thorough study and analysis of the city as a whole for the purpose of renewal planning. This gradual broadening of the planning base of renewal to the point of taking a searching look at the entire city and planning the pattern of renewal activity accordingly made good sense, and this is definitely the trend of the program.

The early experience in renewal also brought out the fact that complete clearance and rebuilding was not the total answer. It is neither possible nor feasible to rebuild an entire city. Thus, there was added in 1954 the concept of rehabilitation of structurally sound buildings which fit into reasonable plans for the future. With this combination of clearance and rehabilitation, and the broadening of the base of activity, we now have an effective weapon to deal with the devastating problem of blight and to plan for the future on a city-wide basis.

### Urban Renewal and Public Health

What does all this have to do with public health? The answer is becoming more and more obvious. During its early formative years, urban renewal was looked upon, naively it now appears, as more of a mechanical process, concerned with the physical environment. The emphasis was on the elimination of physical blight, with the idea that properly planned new buildings and the physical rehabilitation of existing buildings would take care of the problem. There was the human element of relocating displaced families, of course, but even this was considered a somewhat mechanical process of referring such families to adequate housing elsewhere in the city.

Gradually, however, we have come to the stark realization that renewal is far more than a physical change in the looks of a city. It is far more than im-

proving the condition of structures, or improving the tax income to the city and other taxing bodies. In the process of renewing the physical plant of a city we have found that we necessarily come to grips with the social and health environment, all the many factors which involve the public health and safety of people living and working together in an urban society.

This principle was recently well summarized by the commissioner of the Urban Renewal Administration, William L. Slayton, with the statement that "the areas with which urban renewal deals are primarily areas occupied by the socially disadvantaged families, frequently families of low income. Urban renewal did not create the social problems of the slums, but it is increasingly confronted with the responsibility of doing something to alleviate and solve the problems of the renewal area and its families. Urban renewal has brought to light the social problems that urban society has swept under the rug, out of public sight."

The point is that urban renewal definitely involves the problems of the social and health environment, and it is now obvious that urban renewal planning must include public health planning. The two must somehow be joined together. In my opinion, this is more than an opportunity for urban renewal and public health officials to work together toward the city of the future. It is the only sensible and logical basis upon which to proceed, and urban renewal provides the definite plan of action to accomplish the job.

Here are a few examples of how these two fields can work together. Any urban renewal plan for a particular area must incorporate certain standards and controls for the new use of the land. This would seem to be a perfect opportunity to incorporate, as well, adequate standards of sanitation and environmental health for the area.

In a rehabilitation type of renewal project, housing standards for the rehabilitation of residential properties are set up and these become the focal point of planning and activity. Here it would be quite logical to incorporate standards of health and safety in such rehabilitation activity—and there certainly is room for improvement in the standards now set forth in many local minimum housing codes. Perhaps we need some combined research and new thinking in this field.

Public health considerations are directly involved in urban renewal in many other ways—some obvious—some more indirect. Population densities can be controlled through renewal planning and activity. The location of industrial development can be controlled through renewal planning so as to minimize the effect of atmospheric pollution. Proper location of health facilities throughout the city is possible through renewal. Plans might also be incorporated for the proper layout of sewage systems, for the control of surface drainage, and to assure the elimination of insect and rodent breeding places. Mental health might also be considered, since numerous studies have indicated a close association between certain types of mental and social disorders and residential environment, including the neighborhood as a whole.

Urban renewal is even a means to provide cleared land in a central location for medical and health centers. In one of our projects in Kansas City, we will make a site available near the center of the city for a great medical and health complex, including a medical school, hospitals, research facilities, libraries, laboratories, and many other related activities. It promises to be one of the finest medical centers in the nation.

I do not mean to imply there has been no comprehensive public health planning. The U. S. Public Health

Service has published a Planning Guide of Environmental Health—an excellent publication setting forth in some detail the steps a city might follow in evaluating its environmental health, and preparing a plan of action. The Public Health Service is also sponsoring this year a series of nine seminars in various parts of the country to stimulate public health planning and cooperation between planning and health officials in this regard.

Using the Environmental Health Planning Guide as a basis, significant plans of action have now been prepared in certain localities and no doubt others are on the way. I have been particularly impressed with the comprehensive plans prepared for Metropolitan Omaha, Neb., Fort Wayne and Allen County, Ind., and Lake County, Ill.

My only point is that urban renewal and environmental health are logical partners, looking toward a common objective, and there should be coordinated planning and action. It has been said that the mistakes of the planners are inherited by the health department. The urban renewal program now furnishes a basis for joint planning in the interest of all concerned. While there is no blueprint for such coordination at present, there is little doubt that it is just around the corner and the way will soon be found.

Now let us take a brief look at the trend and probable future of our cities, and the challenges to be faced in this coordinated approach to urban health. The pattern and growth trend of American cities seem to be well established, at least for the foreseeable future. We are all familiar with the urbanization of this country—the continuous movement of population from rural to urban areas, particularly in recent years, and the crushing impact it is having upon city development. Approximately 70 per cent of our population now lives in

urban areas, and it is predicted the percentage will reach 85 per cent in a comparatively short time. Yet paradoxically, the population of our central cities has been decreasing. In 1950, 70 per cent of the urban population lived in the central city—30 per cent in the fringe or suburban areas. By 1960, 60 per cent lived in the central city, and 40 per cent in the fringe areas. The cities of New York, Boston, Philadelphia, Baltimore, Washington, Pittsburgh, Detroit, and Cleveland all lost population between 1950 and 1960—yet the metropolitan population of these areas increased substantially.

This means, of course, that urbanization has simply been translated into urban sprawl, creating enormous problems of comprehensive planning involving both physical and environmental considerations, such as zoning controls, transportation, water supply, sewage systems, and the like. The very size of the problem is staggering—but it is enormously complicated by the fact that urban sprawl has grown up as a maze of separate local governments and political jurisdictions—literally dozens of them—each with its own powers within its own boundaries. Somehow a way must be found to bring these entities together to plan and to act jointly.

Perhaps this can be done in some cases on a voluntary basis. It is interesting to note that the Council of State Governments has prepared model state legislation for the purpose of authorizing subdivisions of government to cooperate and contract with each other for effective and efficient comprehensive action. However, such voluntary cooperation is not always forthcoming for reasons which are not too difficult to understand. Eventually, in my opinion, the enormity of the urban problems and the sheer waste and inefficiency in approaching them separately by each county—city—town, and village will

force us into some form of metropolitan government. In the meantime, we must struggle along with some form of co-operative arrangement.

On the other hand, the flight to the suburbs has created an equally monstrous problem in the decline of the central city. One prominent planner has described our present urban areas as doughnut development—a void in the center and all the dough in the surrounding suburbs. The question is whether the central core area of our cities can be revitalized and recreated to provide healthful and comfortable

conditions which will bring population back into these areas.

This brings us back to the concept of urban renewal and the tremendous possibilities of planning an appropriate pattern for the central city of the future. There are many indications now that the job can and will be done. We now have the basis for action in the urban renewal program. It starts with vision and planning, and we might do well to follow the advice of the great planner, Daniel Burnham—"Make no little plans—they have no power to stir men's souls."

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## **II. THE RESPONSIBILITY OF OFFICIAL HEALTH AGENCIES IN MEETING CITY PROBLEMS**

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### **The Great City**

**W**E are here to poke and prod again at what seems to have become our number one patient, the city. The city is an odd sort of patient, when one considers that it has lost none of its attraction to people from all areas. It is still a cultural magnet, it sets styles for those in the most distant hamlets, it is a center for education and medical research. Despite its very real problems, it represents to many the ultimate in human civilization.

My theme has three parts. First, that

the city is an integral part of a region and that one cannot consider city problems in health or other fields without considering the problems of the total area in which the city is located. Second, that the problems of cities are not unique. They exist elsewhere, but in the city they are magnified, their relative importance is altered, and their solution often serves as a universal pattern. The third part of my theme is that the difficulties of cities should be considered in the light of the usefulness of cities to our entire society.

The Great City as a Port—Like New