

At a time when health departments are concerned with poverty, housing, and other problems of current interest, the following paper is timely and realistic. The author deals with the role of the health department in relation to urban renewal and emphasizes the need for close coordination between the public health and urban renewal programs.

OBLIGATORY ALLIANCE—THE URBAN RENEWAL AUTHORITY AND THE CITY HEALTH DEPARTMENT

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EXPERIENCE in Springfield, Mass., has transmuted a contention into a truism:

“If two governmental agencies in any one city were ever absolutely obliged to work together to achieve the immediate and ultimate objectives of each, they would be the Urban Renewal Authority and the City Health Department.”

Urban renewal activities are expanding geometrically to involve most metropolitan areas in the United States today. Because urban renewal generally takes place within a city—the identical political unit already served by an organized municipal health department—it may be useful for other communities to review some of the experience and practical working relationships that have grown up between the Springfield Redevelopment Authority (the local urban renewal authority) and the City Health Department in Springfield since 1962.

Actually, the planning phase of urban renewal in Springfield began in 1957. Coincidentally, however, the present Springfield Redevelopment Authority development administrator and the pres-

ent Springfield commissioner of public health were appointed to their positions within a few months of each other in 1962. It is possible that because neither individual was burdened by any history of interagency relationships, either good or bad, the present synergistic harmony that exists between both agencies was able to develop rapidly without much impediment.

Springfield Urban Renewal Area

The 1960 Massachusetts State Sanitary Housing Code, entitled “Article 2—Minimum Standards of Fitness for Human Habitation,” is considered a model of its type.¹ Adopted by the Massachusetts Department of Public Health on September 13, 1960, this code has supplemented local Springfield laws concerning public health standards in housing which have been in effect over the years. Today, whichever specific element of either the City or State Sanitary Code is the more stringent takes legal precedence over the other. The

Springfield Health Department is responsible for enforcing the State Sanitary Code but routinely refers blatant building construction violations to the Springfield Building Department. But public health violations generally precede building code violations in time, and more frequently, therefore, the Springfield Building Department will refer housing problems to the Health Department, whose powers of enforcement are broader for the usual substandard dwelling.

About 200 acres of the city of Springfield represent the official urban renewal area. This enclave of substandard housing contains the usual melancholy litany of public health and sociological problems afflicting American slums everywhere.

The Springfield Health Department makes no effort to elevate housing standards within this urban renewal area to levels commensurate with the State Sanitary Housing Code. There is little point in expending the precious time of sanitarians, already short in supply, for an area of the city that is slated for demolition in the near future anyway. This is not to say that the Health Department insists on no standards whatsoever for the urban renewal area. Quite the contrary. For the health and safety of individuals still residing within the urban renewal area prior to family relocation and housing demolition, as well as for the health and safety of the city as a whole, the Springfield Redevelopment Authority and the Springfield Health Department have arrived at a practical working policy to maintain urban renewal property at an acceptable level before it is ground under by the bulldozer. The most chronically recurrent problems in the urban renewal area include: (1) accumulation of rubbish and garbage; (2) broken and hanging glass from window panes; (3) accessibility of deserted buildings because vandals remove boards from

boarded-up doors and windows; and (4) abandoned automobiles. As a result of interdepartmental negotiation, the Springfield Redevelopment Authority has hired one man to do nothing but inspect the urban renewal area during the regular working day. As soon as he identifies any one of these four problems, or others, he telephones the central office of the Springfield Redevelopment Authority for appropriate disposition by its staff, hopefully on the same day.

The Springfield Redevelopment Authority has agreed to knock out all windows of acquired property in order to eliminate the danger of falling or hanging glass to people passing below. It is well to point out that this represents a financial concession by the authority because old window glass represents salvageable, and therefore compensable, material to wrecking companies bidding for the demolition job.

Why has the Springfield Redevelopment Authority assumed this inspection responsibility on such an intensive basis? It is the Springfield Health Department's observation that most ironically the Springfield Redevelopment Authority, by virtue of the nature of its work and responsibilities, has become the biggest slum lord in the city of Springfield. As a governmental agency, therefore, it is obliged to set an appropriate example to private owners of substandard housing. Moreover, because of federal and state financial subvention, inspection personnel on the payroll of the Springfield Redevelopment Authority cost the city of Springfield only one-sixth as much in local taxes as the identical personnel on the payroll of the Springfield Health Department. Therefore, both for local fiscal expediency and as an educative example, the Springfield Redevelopment Authority has consented to pay for this supplementary inspection and maintenance of its own property.

Harassment of the Poor

In many cities undergoing urban renewal, poor families have often moved from their original substandard housing inside the urban renewal area to another substandard dwelling outside the urban renewal area. This clearly subverts the intention of urban renewal legislation. In the Declaration of National Housing Policy of the Urban Renewal Provisions of the Housing Act of 1949, as amended through June, 1961,² it is stated:

"The Congress hereby declares that the general welfare and security of the Nation and the health and living standards of its people require housing production and related community development sufficient to remedy the serious housing shortage, the elimination of substandard and other inadequate housing through the clearing of slums and blighted areas, and the realization as soon as feasible of the goal of a decent home and a suitable living environment for every American family, thus contributing to the development and redevelopment of communities and to the advancement of the growth, wealth, and security of the Nation."

The Declaration goes on to say:

". . . appropriate local public bodies shall be encouraged and assisted to undertake positive programs of encouraging and assisting the development of well-planned, integrated residential neighborhoods, the development and redevelopment of communities, and the production, at lower costs, of housing and sound standards of design, construction, livability, and size for adequate family life; (4) governmental assistance to eliminate substandard and other inadequate housing through the clearance of slums and blighted areas. . . ."

It is clear that the Housing Act of 1949 was designed not solely to eradicate slums and to improve physical housing. Its objective was also to better the lives of human beings within the urban complex. Objectively speaking, health departments in many cities have found themselves in the hideous role of persecuting and harassing the poor. A health department that vigor-

ously enforces housing and sanitary code regulations frequently compels an identical family to move, and then move, and then move again, sometimes within a few months of each move, as the poor family repeatedly and successively takes temporary refuge in substandard housing. For some health departments certain families have actually come to serve as a kind of sociological "tracer" for slum housing. As useful as this may be for the health department to identify poor housing in the city, the sociopsychological cost of repeated moving to adults and children of the family are formidable and inhumane.

By paying the relocation expenses of these families to substandard housing outside the urban renewal area, in essence urban renewal authorities have facilitated slums—elsewhere. To complete this tragicomedy, departments of welfare pay the rent to substandard property owners who accept relocated families into the crumbling dwellings outside the renewal area, and welfare departments have subsidized or promoted slum lordism.

In Springfield the Springfield Redevelopment Authority and the Springfield Health Department collaborated in dealing with this problem. The Springfield Redevelopment Authority transferred its rental agent to the Springfield Health Department for a training period of one month. The Health Department sent this man out on housing inspections with sanitarians and in this on-the-job fashion taught him to recognize the more obvious housing violations. Although one month is hardly adequate to produce a trained housing sanitarian, it successfully developed a "sanitarian-aide" for the urban renewal staff with some experience in enforcing the housing code. The Springfield Redevelopment Authority now grants no family moving expenses until this man checks out the dwelling units to which the family plans to move.

"Gray areas" are referred to the Health Department, and a trained Health Department sanitarian checks the house immediately. The Health Department, accordingly, has developed a consultative backstop role to the urban renewal "sanitarian-aide."

While unfortunately the Springfield Redevelopment Authority cannot legally withhold money for moving expenses from a family that insists on moving to substandard housing, the authority has been successful thus far in deflecting practically every relocated family from further substandard housing since the onset of this program.

This approach is obvious and simplistic but it works. An informal check of urban renewal authorities and health departments in other cities has disclosed that this very practical human need in relocating families from renewal areas to safe and sanitary dwellings is often procedurally ignored.

Furthermore, today, when the Renewal Authority finds housing offered for relocation purposes that is inadequate in the opinion of the authority's "sanitarian-aide," the Springfield Redevelopment Authority sends out the following form letter to the owner of the property:

This letter is to thank you for making the above named property available for relocation purposes.

Upon our visit, however, the following conditions were found which do not meet the agency's housing standards:

In view of this, we are unable to utilize the unit for displaced families at this time. In accordance with our established policy, a copy of this letter is being sent to the Springfield Health Department, which is responsible for the enforcement of minimum standards of fitness for housing in this city. The Health Department will officially notify you of the existing deficiencies and your responsibility to correct them.

When you have complied with the requirements of the Health Department, please contact us and we will re-evaluate this unit for possible use.

Within 24 to 48 hours of receipt of a copy of such a letter from the Springfield Redevelopment Authority, the Springfield Health Department sanitarian will routinely perform a comprehensive housing inspection of the dwelling in question. The Health Department then follows through with the usual procedure of notifying the landlord of violations and insisting that he correct these violations within a reasonable period of time.

The Health Department has developed an effective technic of dealing with "hard-core" landlords in general. As the Health Department in its daily experience identifies "hard-core" landlords, the department requests that the landlord prepare a list of all his properties for Health Department examination. The Health Department sanitarian then examines all the property and together with the landlord sets up a schedule of correction of all violations of all the properties. Even "hard-core" landlords have found such a comprehensive schedule for correction of violations for all their property preferable to having specific pieces of property identified by the Health Department in its routine inspections and dealt with on a piecemeal, more expensive, less convenient individual basis.

There is no problem of whether hard-core landlords will be motivated by this letter. The letter is only the first step to adequate follow-up. Without adequate follow-up, there is no purpose in sending a letter.

This system has worked out so successfully that the authority has sent two interviewers of the relocation staff to the Health Department where they have undergone similar training by skilled housing sanitarians.

Not only has this program been of help to the Springfield Redevelopment Authority, but, in the words of the relocation director of the Springfield Redevelopment Authority, "It has in a

sense given the City additional sanitarians, for staff members are inspecting housing units essentially in the same manner as are the City sanitarians."

Slum Dwellers and Their "Bourgeoisiation"

Successful relocation of families from urban renewal areas decrees the shrinkage in number of available low rental dwellings. The key word is "available." Empty dwellings are not necessarily available. Will the apartment owner accept Negro or Puerto Rican families without prolonged civil rights litigation? Will the apartment owner accept families with children, any children, or many children? In translating the answers to these questions into effective programming, one is obliged, with accelerating pessimism, to revise downward all estimates of available safe and sanitary housing.

Low-rental apartments are in short supply. How to increase their number is a national problem. The most devoted city relocation staff, hypercoordinating with other agencies and groups, will not somehow find housing that objectively does not exist. Private builders in Springfield are not constructing low-rental apartments to meet the need. Banks refuse to risk private capital in housing rehabilitation in neighborhoods that are going down.

What of public housing? Here there is a divergence of opinion even among proponents of public housing. If sociopolitical thinking opposes racial ghettoization, is it intellectually consistent or socially desirable to promote categorical housing segregation by socioeconomic class, by age, by veteran status, or by physical disability?

If we candidly recognize that the socioeconomic segregation of a housing project soon enough becomes transformed into racial segregation as well, then what can we say of the positive or

negative acculturating effects of public housing projects—even those subjected to bombardment of social services? The NAACP in Springfield has opposed the construction of a school near Springfield's largest housing project because the school would necessarily be de facto segregated. Should we not distribute rather than segregate? Or should we? On a policy basis, should we delay ethnic distribution at least until the second or third generation because we recognize that for the new immigrant there are certain social and mental health advantages to be derived from the cultural support of the infrastructure of the ethnic enclave? Do we acculturate more efficiently to middle-class mores by segregation and intensive exposure to social and educational services, or by distribution and dilution of such families throughout the community, relying thereby on the pervasive bourgeois majority to assimilate this element?

These questions illustrate the skein of considerations that entangle activity. How each of the questions will be answered will have profound social consequences and implications for local public health administration. What is dangerous about all this sophisticated analysis of competing claims and interests, most of which are legitimately valid, is that the ultimate consequence may be immobilization until the pile up of health and social problems related to inadequate housing compel community action—any action. And the community in a mood of predictable irritation demands a "crackdown" on slum lords and a vigorous enforcement of the housing code.

Public Pressure of the Health Department on the Urban Renewal Authority

In view of the shortage in low rental apartments, families difficult to relocate

remain desperately in need of public assistance in finding new dwellings. A recent development in the Springfield area threatened to undo the salutary effects of much of the effective cooperation between the Springfield Redevelopment Authority and the Springfield Health Department. Under the federal program of road building, two superhighways, Route 91 and Route 291, were planned to cut directly through low-income housing areas of the city. Statistical data confirmed the fact that more families would be displaced by these two routes than had been compelled to move by all the urban renewal activities in Springfield up to the present time. There was considerable doubt whether any local agency would assume the responsibility for relocating families directly in the paths of Route 91 and Route 291. Accordingly the Springfield health commissioner in a statement to the press and subsequently to the board of the Redevelopment Authority urged that the Springfield Redevelopment Authority accept the responsibility for the relocation of families directly in the paths of the superhighways. He cited the following reasons:

1. The Springfield Redevelopment Authority through its urban renewal activities in the city bore the unquestionable responsibility for the diminution in number of low-cost housing suitable for relocatees. Therefore, the Springfield Redevelopment Authority bore the moral responsibility to assist these new relocatees, who, strictly speaking, were not being displaced by urban renewal activities at all.

2. The Springfield Redevelopment Authority possessed the administrative experience, the staff, the files, and the contacts with landlords, and private and public agencies to do this work far more expeditiously than any other public or private agency.

This public statement sparked a number of interested private and public agencies into issuing similar statements to the local mass media. Commenting prominently on the issue were the Springfield Office of Inter-Group Rela-

tions, the North End Urban Ministry, the Social Welfare Agency Personnel, the Springfield Urban League, and the National Association for the Advancement of Colored People. The following week, either causally or coincidentally, the Springfield Redevelopment Authority Board, which had delayed its decision for about six months, agreed to sign a contract with the Massachusetts Department of Public Works to accept the responsibility for family relocation. In municipal government, no less than in international relations, it is sometimes necessary even for allied bureaucracies to pressure one another publicly in order to facilitate the mutual assumption of appropriate organizational responsibilities.

Substandard Furniture

In enforcing the State Housing Sanitary Code, the Springfield Health Department has found people living in substandard furnished as well as unfurnished apartments. The furniture in itself has frequently represented a public health hazard. Tables with rotting legs have fallen down spilling hot foods upon the diners. Beds have collapsed. In more than one case the Springfield Health Department has actually "condemned" furniture as well as housing. The Health Department brought this problem of tenth-rate furniture to the attention of the Springfield Redevelopment Authority. In its demolition work, the Urban Renewal Authority picks up a good deal of usable furniture abandoned by former occupants of substandard dwellings. Today the Springfield Redevelopment Authority routinely transfers such furniture to the local Goodwill Industry Agency, the St. Vincent-de-Paul Society, and the Salvation Army, which act as clearing houses for those families too poor to purchase their own furniture.

Slum Lords as Scapegoats for Community Irresponsibility

From the Book of Isaiah to the legends of Robin Hood, from early 20th century vaudeville to the current American cartoon, the popular image of the land owner or the landlord has fared poorly. Characteristically, the exploitive, rapacious landlord is the antithesis of the stainless, tormented underdog of a tenant in the traditional American good-guy-bad-guy moral dichotomy. Community indignation is frequently translated into legal action. Presumably, if only the housing code were comprehensive enough, if only the enforcing city or state authorities were vigorous and courageous enough, if only the staff of housing inspectors were large, committed, and competent enough, then the practical solution to the nettlesome housing problems that besmirch most American cities surely would be imminent. There is even a suggested ratio. The Housing and Home Finance Agency recommends the employment of one housing sanitarian for every 1,000 sub-standard dwelling units.³

Granted that slum lordism should be combatted with all means at hand, experience at the Springfield Health Department has demonstrated that it is not only distracting but fruitless to focus solely upon slum lordism which is as much a consequence and symptom as it is a cause.

Consider the tenant. Frequently an in-migrant to the urban core from a rural area, he is lamentably unprepared for the demands of urban housing at its best, much less at the suboptimal level that he can afford. It is difficult to encourage the poor to elevate their housing standards in an atmosphere pervasive with overcrowding, broken walls, burst pipes, unflushable toilets, and unreliable electricity. A family which had habitually thrown the garbage to the hogs a few months ago may now just

as blithely hurl the garbage out the tenement window upon innocent bystanders passing below—a phenomenon the author personally experienced when he was making an on-site inspection with some Health Department sanitarians during a hearing.

Consider the following recent examples that have come to the attention of the Springfield Health Department:

1. On order of the Health Department a landlord replastered and papered the walls of an apartment. A tenant permitted her children to mark up the new wallpaper with crayon, dismissing the incident indifferently as a childish prank.
2. A family four months behind in its rent (which was of reasonable amount incidentally), infuriated at being evicted, stole out in the middle of the night after vindictively ripping out the bathroom fixtures, smashing the windows, breaking the plaster in the walls, and taking all the apartment light bulbs with them.
3. The father of a family upon being asked to comply with a proper request by his landlord threatened the landlord that he would notify the Health Department about a few trivial problems.

The newspapers are replete with atrocity tales, analogous in number and kind, perpetrated by landlords. The purpose of relating examples of the problems with hard-core tenants is not to achieve some type of specious balance but, rather, to emphasize a conclusion: with the legal means and the professional staff available, it is easier for a health department to curb such situations originating with landlords than those originating with culture-bound tenants.

During the past two years the Health Department has indeed prosecuted tenants as well as landlords, but prosecution has proved inadequate. Beyond question, health educators, or at least health education auxiliaries and skilled community organizers, are frequently more important than supplementary sanitarians in mobilizing people in neighborhoods to raise their standards

of housing maintenance. While there are scores of families that have heroically resisted the brutalizing effect of the slums about them, the majority of families in such circumstances lack the personal resources and degree of cultural commitment to accomplish this. With decades of experience in the United States with respect to the problems of families in public housing, surely it is indefensible in the 1960's to plant a slum family in proper housing, or even in showplace public housing, and objectively abandon such a family on the optimistic assumption that it will somehow acculturate itself to its new surroundings.

Has it not become an open secret that administrators of public housing projects are reluctant to accept hard-core families? Public housing authorities want to live down a reputation pithily summarized as follows: "The people the City puts into a housing project convert it into a slum in a few years. Why bother?"

In short, nobody wants the hard-core family. The public housing project prefers "good" tenants. The private landlord, unless he is extraordinarily desperate to fill his vacancies, spurns such a family. The hard-core tenant, as a result, continues to deteriorate in his housing standards as his own undesirable habits are reinforced by his ever downward spiraling surroundings.

The task of effective community organization is clearly beyond the ability of the city health department with its traditional professional staff performing their traditional disciplines. The Springfield Health Department has made a beginning in working in cooperative educational efforts with a tenant-relations counselor in the city public housing project, an extension homemaking service, and some church groups. One can only repeat the platitude that the enormity of the problem obliges every community to mobilize all its public and

private agency resources. Suffice it to say that in some cases the hard-core family for a particular generation is hopeless. There is a better payoff in effort through health education of the children in the schools.

Referrals

The Springfield Redevelopment Authority represents one of the most active referral agencies in the city. Social problems previously concealed behind the decomposing walls of slum housing begin to appear to official and public gaze as the authority attempts to relocate residents. An elderly recluse with 17 cats is identified. The authority finds cases of flagrant child abuse. Children are discovered receiving inadequate health care. As rapport has developed between both agencies, it has become routine rather than unusual administrative procedure for the Springfield Redevelopment Authority to refer families to the Health Department for available services. The program has now been institutionalized in the authority-sponsored Community Care Committee with multiagency representation in which all families with physical, emotional, and sociological problems can be referred either to the Health Department or to another social agency for disposition.

Emergency Housing

In the event of an emergency, such as a fire or building condemnation, when a family requires immediate housing, the family with available money or available relatives with housing has no problem. In the absence of both, the local Red Cross Chapter or the Salvation Army will contribute some emergency funds, and the newly formed Housing Unlimited Committee of the Springfield Urban League, which maintains a file of available listings, will assist the family in finding shelter. Never-

theless, it is clear that the present bureaucratic machinery in Springfield is too creaky to handle such emergencies well. Some agency heads, themselves dissatisfied by recent experiences, have begun meeting with one another to work out a practical plan of delivering intensive and rapid social care to such families in need. If an igloo falls down in Eskimo society the displaced family can find shelter quickly in another igloo. It is ironic that in the sophisticated society, with its complex of categorical social agencies, community provision for emergency shelter is seemingly less efficient.

The Future

It is clear to both the Urban Renewal Authority and the Health Department that without vigorous enforcement of the Sanitary Housing Code throughout every section of the city of Springfield, urban renewal in any one section of the city is callous nonsense. Else, as rapidly as one slum section is decimated by the bulldozer, another is proliferating almost next door or in another part of town whither former slum residents have fled.

On the other hand, one must reject the illusory notion that even the most servile obedience to the Massachusetts Housing Sanitary Code is anything more than a holding action. The code retards but hardly prevents the development of slums. One can confidently predict that in certain parts of town the unpainted house of today must inevitably be afflicted with serious plumbing violations a decade hence. Neither the Health Department, nor any other tax supported agency, possesses the legal authority to require a house owner to prevent his home from becoming shabby. Instead, the Health Department must wait patiently until the anticipated de-

terioration is sufficient to represent a public health hazard. Unless one would seriously contend that esthetic ugliness is a mental health hazard and proceed on that assumption, it is insufficient to enforce any code, no matter how stringent. Where individual liberty leaves off and responsibility to the community begins remains the fundamental perennial problem in a democracy for citizens as well as for political scientists. A local radio commentator in editorializing on the subject boiled down the problem to a possible choice between repainting the house or paying the son's college tuition. Is it proper to give a governmental agency or agencies the authority to govern such personal decisions? Whatever the answer, in a preventive sense the Urban Renewal Authority and the Health Department are agreed that there must be effective community intervention long before a particular house becomes a public health hazard. But until this objective can be translated into acceptable law and/or community action supported by public funds, even the most imaginative and exuberant coordination of activities between any urban renewal authority and any health department in any city will never suffice.

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