

# Housing as a Public Health Problem\*

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THE *Journal of Bacteriology* bears upon the cover of each issue a quotation from Pasteur which reads, "It is characteristic of Science and Progress that they continually open new fields to our vision." It is a new field opening to the vision of the health officer—the field of housing—which I wish to discuss briefly.

From one standpoint, of course, housing is a familiar part of your daily duties. From the earliest days the board of health has dealt with specific nuisances and has stood ready in case of emergency to condemn an entire dwelling as unfit for human habitation. In the past, however, our work in this field has been negative and destructive; in the future it must be positive and constructive. We are not content to close polluted wells and destroy contaminated milk; we consider it our daily duty to see that the community has a safe water supply and an effective system of pasteurization. So we must not be satisfied to condemn insanitary tenements. We must also make it a part of our task to see that insanitary tenements are replaced by decent dwellings.

From this standpoint the subject of housing represents a new field of in-

terest for the American health officer and it is a subject which presents difficulties as well as novelties. The problem of housing reform is unfamiliar, and what you do know about it may lead you to suspect that it is a somewhat thorny subject on which you can very easily prick your official fingers. You would perhaps prefer to let it be strictly alone; but if I read the signs aright the issue can scarcely be avoided. No British health officer publishes an annual report without a section on housing in the positive sense, and the same inevitable laws of social progress are pressing on us in this country that have operated there. We shall have to gird up our loins for a new task—one of the most important and most challenging we have yet been called upon to face.

What are the reasons why housing must be accepted as a major public health problem of the future?

There are endless statistics, such as the infant mortality studies of the Children's Bureau and the analyses of district mortality in Cleveland and Detroit<sup>1</sup> which demonstrate the intimate relation between bad housing and high death rates. It is illogical, however, to assume that all of this excess mortality is due to the hazards of housing. People do not live in crowded tenements as a result of choice or of accident. They live in crowded tene-

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ments because they are poor, and they are poor—in many instances—as a result of some inherent physical or mental inadequacy. Hereditary inferiority on the one hand, and a whole complex of unfavorable influences associated with poverty on the other, contribute to these excessive mortality rates.

More significant is the evidence from such studies as those made at Liverpool where populations of comparable economic status—living in a slum area, and in corporation tenements—were contrasted, and where a single group of tenants were compared before and after rehousing. In both instances better housing was associated with materially lowered death rates from infant mortality, tuberculosis, and all causes. Even such studies as these must, however, be interpreted with caution, for at Stockton-on-Tees an opposite result was observed, attributed to the fact that the new houses involved a higher rental and a consequent limitation of food supply which overbalanced any beneficial effects of the improved housing.

Whatever, however, may be the exact quantitative contribution of bad housing conditions to the excessive mortality of our low income groups, there can be no doubt of the fact that deficiency in quantity and quality of domestic water supplies, insanitary toilets and overflowing cesspools, overcrowding, lack of light and air, cold and dampness, absence of screening against flies and mosquitoes, fire and accident hazards, do contribute in a substantial—if immeasurable—degree to increased morbidity and mortality.

We have today, however, passed beyond that phase of public health in which our objectives can be measured solely by the yardstick of mortality statistics. Health means much more than just staying alive. It means that sort of physical and mental fulness of living which William James had in

mind when he said, "Simply to live, move and breathe should be a delight." We know that a state of under-nutrition above the level which permits survival may produce stunting of growth and lowering of vitality. We know that an overheated atmosphere decreases efficiency and produces a sense of discomfort. Odors interfere with appetite. Lack of adequate illumination causes psychological depression. Overcrowded conditions of living promote immorality. An unattractive home drives children into the streets and increases juvenile delinquency. It may produce a sense of inferiority which profoundly influences personality. Neither physical nor mental health nor fulness of living is possible where a whole family is crowded into a single room of a city tenement or struggles for survival in an insanitary shack on an Appalachian mountain side. The essentials of sound family life must be of vital concern to the health officer of the future; and the intimate connection between bad housing and juvenile delinquency will interest him as much as the relation between congested tenement living and mortality from tuberculosis.

It is such considerations as these which led England as early as 1870 to initiate proceedings for slum clearance and to begin the provision of low cost housing through philanthropic foundations and limited dividend companies. By the second decade of the present century, both England and Germany had made substantial progress in direct governmental support of housing projects, the only method by which the problem can be seriously attacked. After the War, the grave shortage of housing facilities and the high cost of construction stimulated vastly expanded efforts along this line, particularly in the two countries mentioned, in Holland, and in Austria.

According to statistics recently cited

by Ernst Kahn<sup>2</sup> the number of new dwellings erected in England and Wales between 1920 and 1929 averaged nearly 4 per 1,000 population a year (the equivalent of 500,000 new dwellings a year for the United States). For Holland the corresponding figure was 6; for Belgium and Germany nearly 3; for Denmark and Sweden, 2.

In England, there were constructed between 1918 and 1935 2,500,000 new homes, about half of them with financial assistance from the state.

I had the opportunity last summer of seeing something of the housing work in England and was deeply impressed with the success attained. They have mapped out a systematic program involving the following 5 stages:

1. Construction of cottage estates in the outskirts of the great cities
2. Provision of blocks of apartments in the cities themselves
3. Clearing out of insanitary slums and re-housing of their inhabitants on or near the site
4. A nation-wide survey of overcrowding and the re-housing of those families living under overcrowded conditions
5. Re-development of built-up areas (which means slum clearance at a higher level under a comprehensive scheme of Town Planning)

Dr. W. Allen Daley, Principal Medical Officer of the London County Council, informs me that the first three of these stages have been nearly completed. The survey of overcrowding has been conducted during the past year for the whole of England and the re-housing of overcrowded families is under way.

In all the countries of Western Europe the same sort of systematic progress is being made, although Holland and England are still at the head of the procession. I saw last summer a perfectly conceived and executed Garden City at Suresnes just outside of Paris; and all over Russia I found new blocks of tenements for industrial

workers and a beginning of new cottages for the rural population on the more progressive collective farms.

The lack of any consistent program in the United States is in striking contrast to what has been accomplished in Europe. We did a little government housing at munitions centers during the Great War. Governor Alfred E. Smith, the first American in public life to realize the importance of this problem, initiated a modest movement for low-cost housing when he was governor of New York; and California has also taken steps along similar lines. On the whole, however, the United States had no housing program whatever, and had no general consciousness that such a program was necessary until within the past 3 years.

As a result of this strange neglect, the housing of the poor in the United States is today at a lower level than that which obtains in any of the leading countries of Western Europe. We have had the same factors at work to create a housing shortage that have operated there. In 257 cities of the United States new dwelling units erected averaged 400,000 a year between 1925 and 1929. The number fell to 20,848 in 1934, less than the number of homes destroyed by fire every year! \*

The picture presented by Edith Elmer Wood in a recent monograph<sup>3</sup> is an appalling one. The U. S. Department of Commerce real property inventory conducted in 64 cities in 1934 showed 2 per cent of the structural units "unfit for use" and 16 per cent in the class needing major structural repairs to make them habitable. Seventeen per cent of the occupied dwelling units were overcrowded, 14 per cent lacked private indoor toilets, 20 per cent had neither bathtubs nor showers, 5 per cent were without any running water, and 8 per

\* Government authorities estimate new housing construction for 1936 at 200,000 family units.

cent without modern (electric) lighting. Mrs. Wood summarizes as follows:

The picture emerging will be of nearly a fifth of our urban population living in dilapidated houses, generally crowded, and typically lacking private indoor toilets and bathtubs. Nearly half of these substandard homes are also without electric lights and about a quarter of them have no running water.

With regard to rural areas we have no such comprehensive picture; but studies made by the Children's Bureau reveal striking facts with regard to certain selected areas. In a Montana county, 79 per cent of the homes consisted of one or two rooms only, and in over half of the families there were 3 or more persons per sleeping room. In Mississippi rural areas 10 per cent of white families and 70 per cent of negro families had 3 or more persons per room (counting all rooms). In a Georgia county 70 per cent of the homes showed 3 or more persons per sleeping room.

Mrs. Wood says:

It has long been known to students of housing that the dwellings and neighborhoods in which a substantial fraction of the American people live are of a character to injure the health, endanger the safety and morals and interfere with the normal family life of their inhabitants.

Catherine Bauer of the Labor Housing Conference and Coleman Woodbury of the National Association of Housing Officials estimate that the construction of over 13 million dwellings is needed to bring our housing up to reasonable standards by 1945—including nearly 7 million to catch up with merely quantitative needs, 3 million to replace dwelling units already unfit for habitation in 1930, and 3 million more to replace units becoming obsolescent between 1930 and 1945. Between 1930 and 1935, the actual net increase of dwelling units was at the rate of only 60,000 a year.

The reason we have so far failed to meet this situation is that—obsessed by the romantic dreams of rugged individualism—we have held to the view that the housing problem could be solved by private commercial enterprise. The brute fact is that in the United States, as in all the countries of Western Europe, there is a considerable section of the population which has an income too low to permit them to pay for housing of a minimum standard of health and decency. This is the very unpleasant conclusion we must face and, once we face it, there are only three alternative solutions of the problem. Either the lower economic group of our fellow citizens must continue to be housed like cattle (far worse than the cattle on a model dairy farm); or the economic structure of society must be changed to provide a living wage for all; or the government must subsidize housing for the lower income group.

In England authorities estimate that 10 per cent of the population have an income too low to permit the payment of an economic rent, and American experts have placed the figure for this country at 30 per cent. Higher interest charges and larger allowances for depreciation, repairs and losses on vacancies and arrears, as well as absurdly inflated speculative real estate values, do make the problem more difficult here; and our American figure can certainly not be lower than 20 per cent of the total population. The Brookings Institute study, *America's Capacity to Consume*, by Leven, Moulton, and Warburton, estimated that in 1929—at the peak of prosperity—over 2 million families (nearly 8 per cent of the total) had annual incomes of under \$500; nearly 4 million families (nearly 14 per cent of the total) had incomes between \$500 and \$1,000; and nearly 6 million families (21 per cent of the

total) had incomes between \$1,000 and \$1,500. If we allow 25 per cent of the annual family income as available for rent, the first group can pay for rent less than \$125 a year, the second group between \$125 and \$250, the third group, between \$250 and \$375.

A. R. Clas, then Director of the Housing Division of the Public Works Administration, stated last spring:

Assuming ideal conditions in outlying areas, a sound house costing \$3,500 placed on a minimal \$1,000 lot, with an allowance of \$40 per room per year for charges other than financing will necessitate an annual expenditure of \$500 for rent. A family economically eligible for this dwelling must earn between \$1,500 and \$2,000 a year.

If we assume that the families with incomes between \$1,000 and \$1,500 might conceivably be housed under a limited-dividend plan, which is a very optimistic assumption, it is abundantly clear that the families below this level cannot pay even 6 per cent on the capital investment involved. If minimum standards of health and decency are to be secured, 4 million families must be housed by government aid with an interest return of 3 or 4 per cent, and 2 million more families must be provided for with practically no return at all.

There is but one possible answer, as pointed out by the National Association of Housing Officials in the report, *A Housing Program for the United States*, adopted at its Baltimore Conference in 1934. This report calls for a permanent federal housing agency to coordinate local effort, adequate financial assistance by the federal government "in forms likely to stimulate local initiative and local participation in the cost," state control, and financial aid to local governmental units and local governmental or associated local agencies to carry out the actual program.

The present administration at Wash-

ington deserves the credit of realizing for the first time the need for a national housing program, and for the first tentative steps toward the evolution of such a program. The PWA has taken the initiative in clearing slum areas and developing demonstration enterprises for the low-rent housing of urban groups. The Resettlement Administration deals with the development of rural-industrial communities beyond metropolitan limits. These are the only agencies which directly create new housing facilities. There are 3 others, however, the Farm Credit Administration, the Federal Home Loan Bank Board, and the R.F.C. Mortgage Company, which make loans for housing, and a 4th, the Federal Housing Administration, which facilitates loans by private institutions through partial insurance against losses.

So far, however, these agencies have scarcely scratched the surface of the problem. To meet the need of 6 million low-cost dwelling units in 12 years would call for half a million government-subsidized homes a year; and to build half a million homes at a cost of \$4,000 apiece would call for \$2,000,000,000 a year. The present federal expenditures for housing are measured in hundreds of millions.

To meet this urgent problem in anything like an adequate manner, we must have a permanent federal agency for housing and a unified national policy, such as is proposed in the Housing Bill introduced by Senator Robert F. Wagner at the last session of Congress, which has the support of all competent experts in this field. It requires considerably larger appropriations than were included in that bill (less than a billion dollars spread over a period of 5 years). Above all, it calls for realization by the states and cities, as well as by the federal government, of the need for action, since the actual con-

duct of governmental housing and a substantial proportion of its financial support must and should depend upon local authorities.

Inevitably however, the awakening must come; and I believe it to be near at hand. When it does come, those in charge of the housing program of the future will need guidance and counsel from the hygienist—for the problem is fundamentally conditioned by health needs. The American Public Health Association means to be ready when the demand arises, and for that reason has created during the past year a Committee on the Hygiene of Housing to cooperate with the Committee on Housing of the Health Section of the League of Nations and to prepare for our own country a formulation of the basic hygienic requirements which the future housing program of America must meet. We have a strong committee representing town planning, architecture, building materials, sanitary engineering, heating and ventilation; lighting, home economics, home safety, sociology, housing surveys and public housing; and by next year we hope to present our first report for your consideration.

For the 65 years of its existence the American Public Health Association has been in the pioneering business. Stephen Smith and the other founders fought for safe water supply and waste disposal when the fundamentals of civic sanitation were strange and unpopular novelties. Their successors have struggled for pure milk, for diphtheria im-

munization, the control of tuberculosis, adequate health appropriations, and effective health administration—often against heavy odds. We call you today to a new contest even harder than the old ones—the fight for decent hygienic housing for the American peoples.

The objectives of public health today are more complex than those with which we have dealt in the past. The sessions of this Association have of late years been devoted chiefly to the non-living environment and the microbic enemies of mankind. The future will call for consideration of such problems as housing and social security, mental hygiene, and adequate medical care for those in need—problems involving human relationships which are more difficult to handle. The diphtheria bacillus has no friends, but the insanitary tenement has many. We shall require wisdom and intelligence to find the way; but we shall also need courage and determination to surmount the obstacles which bar the road. Yet we of the public health professions have the tradition of the reformer in our blood. Chadwick in England, Shattuck in Massachusetts, Stephen Smith and Hermann Biggs in New York, were not afraid. In their spirit, the American Public Health Association will meet the challenge of the future.

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