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The Impact of Social Housing on Health in Glasgow and Baltimore, 1930-1980

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Abstract

This dissertation seeks to discern the impact of social housing on public health in the cities of Glasgow, Scotland and Baltimore, Maryland in the twentieth century. Additionally, this dissertation seeks to compare the impact of social housing policy implementation in both cities, to determine the efficacy of social housing as a tool of public health betterment. This is accomplished through the exposition and evaluation of the housing and health trends of both cities over the course of the latter half of the twentieth century. Both the cities of Glasgow and Baltimore had long struggled with both overcrowded slum districts and relatively unhealthy populations. Early commentators had noticed the connection between insanitary housing and poor health, and sought a solution to both of these problems. Beginning in the 1940s, housing reform advocates (self-dubbed 'housers) pressed for the development of social housing, or municipally-controlled housing for low-income persons, to alleviate the problems of overcrowded slum dwellings in both cities. The impetus for social housing was twofold: to provide affordable housing to low-income persons and to provide housing that would facilitate healthy lives for tenants. Whether social housing achieved these goals is the crux of this dissertation. In the immediate years following the Second World War, social housing was built *en masse* in both cities. Social housing provided a reprieve from slum housing for both working-class Glaswegians and Baltimoreans. In Baltimore specifically, social housing provided accommodation for the city's Black residents, who found it difficult to occupy housing in White neighbourhoods. As the years progressed, social housing developments in both cities faced unexpected problems. In Glasgow, stable tenant flight (including both middle class and skilled artisan workers)+ resulted in a concentration of poverty in the city's housing schemes, and in Baltimore, a flight of White tenants of all income levels created a new kind of state subsidized segregated housing stock. The implementation of high-rise tower blocks in both cities, once heralded as a symbol of housing modernity, also faced increased scrutiny in the 1960s and 1970s. During the period of 1940-1980, before policy makers in the United States began to eschew social housing for subsidized private housing vouchers and community based housing associations had truly taken off in Britain, public health professionals conducted academic studies of the impact of social housing tenancy on health. Their findings provide the evidence used to assess the second objective of social housing provision, as outlined above. Put simply, while social housing units were undoubtedly better equipped than slum dwellings in both cities, the public health investigations into the impact of rehousing slum dwellers into social housing revealed that social housing was not a panacea for each city's social and public health problems.

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Preface

This dissertation has used a variety of primary and secondary sources to bolster its arguments, all of which are included in the bibliography. However, it should be noted that there is a slight irregularity regarding the referencing of certain primary documents gathered from the University of Baltimore Langsdale Library Special Collections. As the recipient of a Lord Kelvin Adam Smith doctoral fellowship, I was awarded a generous travel fund to conduct archival research in Baltimore, Maryland. When I arrived in Baltimore, I found hundreds upon hundreds of useful documents in the Langsdale Library, and subsequently created high-resolution scans of all these documents to analyze when I returned to Glasgow. Again, all of these documents are located at the University of Baltimore's Langsdale Library. In the bibliography, I have included the author of each document, the title of each document, and the collection series of each document cited. In many instances, however, I have omitted the box number and folder number for these documents. This error was due to both the time restraints of my archival research trips and my decision to scan each document that I have referenced.

While this is slightly irregular, I have no doubt that future researchers will be able to find and locate the documents that I have referenced from the Langsdale Library. I have included enough information in the bibliography for researchers to locate these documents. Additionally, the University of Baltimore lists most of their archival documents on the Langsdale Library website. Finally, as I have scanned copies of every primary source document I have referenced, any future scholar could contact me for a copy of any document referenced in this dissertation. It is my hope that future scholars do consult the primary source documents that I have referenced in my dissertation in the pursuit of knowledge and the furtherance of social housing historiography.

Acknowledgements

As all current and former graduate students will appreciate, this dissertation has been a long and arduous effort. I came to Glasgow in 2010 to pursue a one year Master's course in the History of Medicine – and ended up staying nearly six years in Scotland. The completion of this dissertation, and indeed, my arrival in Scotland, could not have happened were it not for the goodwill of the following persons and organizations.

My first year Master's course in the History of Medicine was partially funded by a Saltire Scholarship, a burse funded by the Scottish government to encourage American, Canadian, Chinese, and Indian students to study in Scotland. Although I never met anyone associated with the Saltire society, I will be eternally grateful for helping to facilitate my graduate studies. Were it not for the Saltire scholarship, I may not have chosen to come to the University of Glasgow at all. This would have meant that I missed the opportunity of a lifetime, as upon completion of my MLitt I was offered a PhD placement fully funded by the Lord Kelvin Adam Smith fellowship. This fellowship, open to any postgraduate students at the University of Glasgow regardless of nationality, has allowed me to complete my dissertation. Named after two of the University of Glasgow's most esteemed scholars, William Thomson, First Baron Kelvin and Adam Smith, the fellowship provided me with a community of scholars, opportunities to present and disseminate my work, and most importantly, a generous living stipend. I could not have attempted, much less completed, my dissertation without their generous assistance. I will be forever grateful to the University of Glasgow and the government of Scotland for their largesse.

My doctoral advisors have been the primary actors to help facilitate my research over the years. Malcolm Nicolson, my senior advisor, was instrumental in guiding my research and helping to secure funding. Over the years he has poured over drafts of my dissertation and helped a young American navigate the cultural difficulties of transatlantic life. Matt Egan, another doctoral advisor, played an enormous part in shaping the course of this dissertation, despite leaving halfway through completion to take a post at the London

Chapter 1: Introduction

Perhaps the most interesting types of cities for historians are port cities. Port cities develop early in most civilizations, develop organically for commercial purposes, and are integral to the growth of nations.[1] Given their unique qualities and especial importance for economic development, they are integral to any historical analysis of a society.[2] This historical importance provides the context for a comparative study of the port cities of Glasgow and Baltimore. Specifically, this dissertation seeks to understand the relationship between social housing tenancy and public health in each city. Ultimately, the point of this study is to fill a niche in public health historiography, of the historical correlation between housing and health has been commented on previously but the subject has not been exhausted. The primary focus of this dissertation will be an examination of the development of social housing in both cities after WWII and social housings' impact on the health of tenants. This task will be accomplished in the succeeding chapters through the examination of a wide variety of documents related to housing and municipal politics in addition to an examination of medical literature throughout the years. The purpose of this introductory chapter, however, is to delineate the purpose of this study, examine the relevant historiography on the subject, and explain methodological approaches that will be employed in the dissertation's narrative.

Admittedly, the two cities of Glasgow and Baltimore seem an odd pair for comparison. Yet a good historical comparison must involve subjects that are similar enough to justify a comparison, but different enough to make such a comparison interesting. The housing narratives of the cities of Glasgow and Baltimore fit this criteria, and are thus fit for comparison. The two cities, as will be discussed in this

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[1] Paul Bairoch, *Cities and Economic Development: From the Dawn of History to the Present* (University of Chicago Press, 1988), p. 213-237 ; David Ormord, *The Rise of Commercial Empires: England and the Netherlands in the Age of Mercantilism, 1650-1770* (Cambridge University Press, 2003), p. 10-17; EA Wrigley, 'The Growth of Population in Eighteenth-Century England: A Conundrum Resolved', *Past and Present*, No. 98 (Feb., 1983): 121-150.
[2] Peggy Liss and Franklin Knight, 'Introduction', *Atlantic Port Cities: Economy, Culture, and Society in the Atlantic World, 1650-1850* (Knoxville: University of Tennessee Press, 1991), p. 1; Jacob Price, 'Economic Functions and the Growth of American Port Towns in the Eighteenth Century' *Perspectives in American History,* No. 8 (1974): 121-186.

chapter and the next, share very similar characteristics. The major qualitative difference between the cities is that Baltimore has always maintained a large Black community. As far as public health trends are concerned, both cities have struggled (and continue to struggle) with higher than average mortality and morbidity rates; relative to their neighbours both Glasgow and Baltimore are unhealthy. The term 'Glasgow Effect' is applied to the Scottish city as a shorthand to describe all the public health problems in the city; Glasgow has higher morbidity and mortality rates than cities suffering from comparable socioeconomic deprivation, and there is no settled consensus to explain the level of excess mortality and morbidity.[3] While the term 'Baltimore Effect' is not used commonly, the city exhibits the same public health characteristics as Glasgow, despite several positive influencing factors (Baltimore is located in Maryland, one of the United States' wealthiest states, and is close to Washington, DC, a very healthy and wealthy metropolis in its own right). Furthermore, both cities have struggled to house their respective populations, and consequently both cities turned to social housing in the mid twentieth century to relieve their housing pressures. Glasgow and Baltimore, then, are an apt choice of case studies for this dissertation. With similar characteristics, and a shared enthusiasm for social housing, Glasgow and Baltimore provide the perfect setting to discern the impact of social housing on health. This dissertation seeks to shed light on the ever-looming question of the relationship between housing and health, with a special emphasis on the role of social housing. Hopefully, the dissertation will provide enough evidence to support the argument that, at least in the two cities studied, rehousing slum tenants into social housing developments had a noticeable impact on the public health.

What is the Question, and Why Ask It?

The question that needs to be addressed is: what exactly is the relationship between housing and health? Does housing quality have any kind of an impact on persons' health, or is housing tenancy irrelevant in assessing occupants' health?

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[3] L Gray and A H Leyland, 'A Multilevel Analysis of Diet and Socio-Economic Status in Scotland: Investigating the "Glasgow Effect", *Public Health Nutrition*, Vol. 12, No. 9 (2009): 1351-1358.

More specifically, this dissertation asks: did rehousing slum dwellers in Glasgow and Baltimore into social housing have any positive or negative impact on their health? While public health professionals have long investigated the connection between housing and health, there have been fewer studies focusing specifically on the impact of social housing on tenant health. This is an unfortunate gap in historical research, as many of the earliest proponents of social housing believed that the housing form would improve tenant health.[4] Considering this, it is a worthwhile endeavour to discern whether social housing had any impact on public health during the post-war period. It is the thesis of this dissertation that rehousing slum dwellers into social housing in both cities had a beneficial effect on tenant health, and that given the public health benefits of social housing tenancy the social housing experiment of the latter half of the twentieth century should be viewed as a successful public health intervention. The dissertation seeks to prove this by completing the following objectives. Firstly, the dissertation will elaborate upon why Glasgow and Baltimore are especially suitable for such a comparison, namely by highlighting their shared problems with slum housing and poor health relative to similar cities. Secondly, the dissertation will review the public health motivations for the development of social housing in both cities. Thirdly, the dissertation will detail the implementation of social housing policy and trace the municipal and central governmental arguments that social housing would improve tenant health. Finally, over two chapters, the dissertation will review medical evidence, in the form of cross-sectional and longitudinal studies that present data on the health impact of rehousing in both cities. To distil this study into a single sentence: the central aim is to elucidate social housing tenancy as a key factor of public health in two similar but distinct cities. Such a study requires a preliminary definition of what is meant by 'health', however. For conceptions of health have varied widely throughout history and what criteria specifically constitute 'health' or 'public health' remain fluid. In order to fulfil this definition, however, an examination of the key models of the variety of social determinants of health is needed.

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[4] Russell Lopez, *The Built Environment and Public Health* (San Francisco: Jossey-Bass, 2012), pp. 35-36; Russell Lopez, *Building American Public Health: Urban Planning, Architecture, and the Quest for Better Health in the United States* (New York: Palgrave Macmillan, 2012), pp. 100-102.

Methodology and Analysis?

Like nearly all dissertations in social and economic history, this study will derive conclusions from primary sources. The sources used that relate primarily to housing will be somewhat predictable to academic historians. The second chapter on housing and health trends in both cities before the twentieth century relies mostly on municipal documents and historical written accounts of life in both cities, along with citations from established secondary literature. The third chapter on the intellectual foundation of social housing relies on the published secondary works of noted housing academics and intellectuals, who dubbed themselves 'housers'. The fourth and sixth chapters detail the social and political history of social housing in both cities, and again rely mainly on municipal publications along with governmental reports, departmental reports, academic studies, and newspapers. The fifth and seventh chapters, however, which examine medical literature to determine the public health impact of social housing specifically, are what constitute the most substantive and concerted content of the dissertation. The most important bodies of medical literature examined are the longitudinal and cross-sectional studies. The importance of longitudinal studies in social-historical research cannot be overestimated. In effect, longitudinal studies are academic investigations that involves the repeated observation of the same variables over a period of time to record change-over-time. In the discipline of public health research, longitudinal studies are often conducted to observe any changes in health in a study group of participants that are impacted by some variable versus a control group. Cross-sectional studies, which are also reviewed in this dissertation, are very similar to longitudinal studies – though as cross-sectional studies collect data from a study and control group at one specific point in time, the results are more open to criticism due to changes in variables. For this reason, longitudinal studies are very useful because of their temporal aspect: while cross-sectional studies can point to static health differences in different groups, longitudinal studies allow the particular variables that determine health differences to be identified and thus elaborated upon further. While there are justifiable reasons for reviewing cross-sectional studies as well (if

only because sometimes the most pertinent data is contained in imperfect studies), longitudinal studies are particularly suitable sources for medical history.

Yet medical data cannot evaluate itself and strew itself into a compelling historical narrative. This is of course the duty of historians, but there are different styles of analysis that lend themselves to facilitate different conclusions. Indeed, historian Christopher Hamlin has noted that 'traditional medical historiography caricatures events and investigations as wrong and wrongheaded if they seem not to belong to the mainline of medical advance' but that seeing as how medical history is in part an assessment of health policies, this is unfair.[5] For instance, in writing on the historical medical interpretations of air, Hamlin finds that while there was great interest on the subject among historians in the mid nineteenth century, current historians fail to include their past works in contemporary historiography. According to Hamlin, this suggests that:

'it is not beyond the pale to project the high points of a counternarrative of medical history in which environmental determinants of health would not be isolated in latter-day breakthroughs, but would belong instead to a trajectory, underrecognized by historians and environmental health researchers alike, which is in its own way at least as robust as those that have been recognized as the mainline of medical history.'[6]

Hamlin's prediction that the importance of the environmental determinants of health may be neglected by medical historians is a stark warning to more social research oriented historians; it is easy to forget that public health history is still in a growing phase, and the direction of public health historiography is still fluid.[7] For this reason, it is important to understand *how* medical data derived from primary sources will be evaluated and woven into an historical narrative. Contemporary public health academics and professionals understand that health is not simply the

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[5] Christopher Hamlin, 'Surgeon Reginald Orton and the Pathology of Deadly Air: The Contest for Context in Environmental Health', *Toxic Airs: Body, Place, and Planet in Historical Perspective* (University of Pittsburgh Press, 2014), p. 23
[6] Ibid., p. 36.
[7] Christopher Hamlin, 'Chapter 23: Public Health', *The Oxford Handbook of the History of Medicine* (Oxford University Press, 2011), pp. 413-424.

absence of disease. Experts now agree that there are many factors that influence health, both internal and external. While personal decisions and innate/learned behaviours contribute to health, cultural and socioeconomic factors outside personal control also influence personal health. Not all factors impact health equally, however, and certain influences impact health more severely than others. Perhaps one of the most simple, distilled model of these factors is the one presented by Dahlgren and Whitehead. Dahlgren and Whitehead emphasized the concentric nature of health determinants, and presented the variety of factors that influence health in a diagram they labelled the 'rainbow model'. An illustration of the model is presented below:
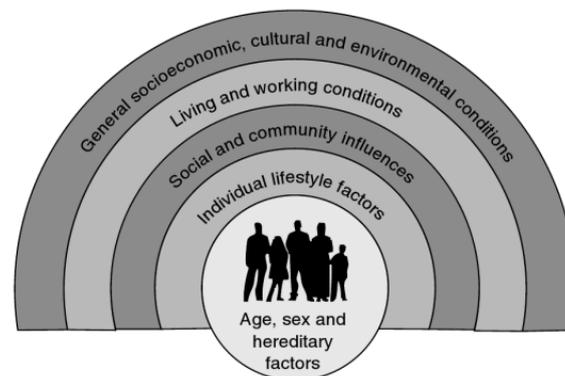
Public Health Skills: A Practical Guide for Nurses and Public Health Practitioners (Hoboken, NJ: Wiley-Blackwell, 2008), eds Lesley Coles and Elizabeth Porter, p. 11.

While the model may seem overly simplistic, it is useful in assessing the different levels of severity that different external factors impact personal health.[8] Yet while the Dahlgren and Whitehead rainbow model is malleable and adaptable, it was preceded by the more concrete and defined health determinant prescriptions of the Black Report. First published in 1980, political pressure delayed the release of the report as the newly elected Conservative government was afraid of public outcry at the severity of social health inequalities.[9] The Report, commissioned by the

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[8] Helen Aveyard, Pam Sharp, and Mary Woolliams, *A Beginner's Guide to Critical Thinking and Writing in Health and Social Care* (Berkshire: Open University Press, 2011), p. 128.
[9] Amanda Killoran and Michael Kelly, *Evidence Based Public Health: Effectiveness and Efficiency* (Oxford University Press, 2010), p. 456.

preceding Labour government led by James Callaghan, focused on data stemming from the early 1970s, and essentially highlighted a widening health gap between higher and lower income earners. Low income earners experienced much poorer health than higher income earners, and the Report blamed this on inherent social class inequalities in the social determinants of health.[10] Furthermore, the Report argued that the British welfare state as was then structured did little to counteract these structural inequalities. The Report thus strongly recommended that increases be made to child benefits, maternity benefits, and disabled benefit allowances. Significantly, the Report also endorsed increases in the provision of sheltered housing and home improvement grants, and argued that adequate housing was a necessary precondition for good health.[11] Due to its wide and sweeping judgements and suggestions (notwithstanding clandestine attempts to diminish its impact), the Black Report has become heralded as an historic document pointing to the causes of poor health and the symptoms of social inequality. While the Black Report was published at the end of this dissertation's focus study period, an understanding of the importance of the Black Report is essential to gauge the structural health problems that befell British (and indeed American) working populations who, according to the Report, were more likely to inhabit inferior housing. Again, although the Black Report was published in 1980, it highlighted the severity of external factors that are now known to determine health. Nearly 20 years later, the Acheson Report examined the claims of the Black Report, and concurred that housing was one of the key determinants of health.[12] Published in 1998, the Acheson Report recommended increasing the availability of social housing for lower income persons, improving the quality of social housing units, and improving policy measures aimed at helping people on benefits in order to reduce health inequalities by class.[13] While the Black Report was largely scuttled by the Thatcher government of 1980, the Acheson

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[10] *Shaping Health Policy: Case Study Methods and Analysis* (Bristol: The Policy Press, 2012), eds Mark Exworthy et al, p. 293.

[11] Peter Barritt, *Humanity in Healthcare: The Heart and Soul of Medicine* (Oxford: Radcliffe Publishing, 2005), p. 36.
[12] Rob Baggott, *Public Health: Policy and Politics* (London: Palgrave Macmillan, 2000), 2nd ed, p.375.
[13] Sheena Asthana and Joyce Halliday, *What Works in Tackling Health Inequalities? Pathways, Policies, and Practice through Lifecourse* (Bristol: The Policy Press, 2006), p. 71.

Report was published under the auspices of the Blair government in 1998 and well received. Indeed, even the authors of the Black Report wrote in support of the Acheson Report's objectives.[14] Thus, an understanding of models of health such as those put forth by Dahlgren and Whitehead, Black, and Acheson are essential for drawing the connection between poor housing and poor health. Health, while partially dependent on individual lifestyle choices, is significantly determined by external social and environmental factors. Likewise, while the more contemporary models of health are extremely useful as a concise directive of the factors that affect the public health, there is a large and varied corpus of medical and social science literature that discusses the relationship between housing and health. Indeed, while the contemporary body of literature continues to grow, the historiography of housing and health works extends far back before the 1980s. A review of the academic opinions on social housing and health, and in particular the relationship between *social* housing and health, will be useful context for this dissertation.

Historiography and the Impact of Residualization

The twentieth-century commentators on housing and health came from a variety of backgrounds, but were united by a shared appreciation of the importance of housing to health. While the task of elucidating such a relationship might seem fluid, determining the relationship between the built environment and public health is an essential task for historians and social scientists. While there have been fewer attempts to discern the impact of social housing *specifically* on health, scholars have tackled the broader issue of housing's relationship to health. Indeed, since Nathan Straus's appointment to lead the newly established United States Housing Authority in 1937, and Aneurin Bevan's appointment to head the Ministry of Health (then responsible for housing matters) in 1945, both the American and British governments have stressed the need for the provision of healthy, state supported housing options.[15] Since the 1930s, then, a historiography of housing and health has

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[14] Peter Townsend, 'Better Benefits for Health', (Bristol: The Policy Press, 2010), pp. 395-396.
[15] See: Nathan Straus, *The Seven Myths of Housing* (New York: Knopf, 1945); Nicklaus Thomas-Symonds, *Nye: The Political Life of Aneurin Bevan* (London: IB Taurus, 2015), pp. 42-44.

arisen, and a small but steady amount of research on the correlation between housing and health has been written over the years. Yet regardless of the attention the issue has received over the years, the question remains a complex one, and the relationship between housing quality and public health remained nebulous. Consider the following description of the problems in defining the correlation between housing and health by the New York Academy of Medicine:

> It is generally believed that housing exerts an important influence on health. True, it has never been possible to devise techniques of investigation that would permit demonstration of the effect of housing apart from the social conditions with which it is associated. Malnutrition, neglect of symptoms, and inability to obtain medical care may go along with crowded and insanitary living quarters as underlying reasons for ill health, and they in turn may be the result of poverty, lack of education, or low intelligence. But among this complex conditions conducive to ill health, housing is acknowledged to be a definite factor.[16]

The quotation above is quite telling, for although medical professionals were convinced that there was a connection between poor housing and poor health, they were confounded how to illustrate this connection without succumbing to criticism that other external factors influenced poor health. Consequently, at the middle of the twentieth century published studies that considered poor housing as a significant determinant of health were infrequent. One annotated bibliography on existing studies of housing and health noted that 'although there is an abundance of literature on the merits of good housing, there is a rarity of systematic studies pertaining to a direct link between housing and health with regard to specific disease.'[17] Clearly, a demand existed for such studies, as evidenced by the annotated bibliographical reference lists published by the United States government. Noted housing academic Edith Elmer Wood produced *Introduction to Housing: Facts and Principles* for the nascent United States Housing Authority (USHA) in 1939, which covered the economic and social effects of poor housing. The work explained the costs of preventable mortality and morbidity, juvenile delinquency, and excessive

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[16] *Bulletin of the New York Academy of Medicine*, 'Report of the Subcommittee on Housing of the Committee of Public Health Relations' (June, 1954),Vol. 30, No. 6: 494.
[17] United States Department of Health, Education, and Welfare, *Housing and Health: Annotated References* (Washington, DC: GPO, October, 1959), pp. i.

property taxes. The monograph argued for social housing as a solution against the deleterious effects of slum life, although at this point very little social housing existed in the United States.[18] Rumney and Shuman's *A Study of the Social Effects of Public Housing in Newark, New Jersey* examined three housing projects in Newark and compared the incidence of disease, juvenile delinquency, and crime with adjacent slum tenants. The study found that social housing tenants benefitted from rehousing; however their findings did not distinguish greatly between public health outcomes and/or increased social mobility.[19] The confusion over the exact impact of housing on health did not prevent stern warnings about the dangers of slum housing, however. At a 1947 meeting of the American Public Health Association, former New York City housing official Charles Ascher advised health officers to take a greater interest in housing code enforcement; his rationale was:

> The germ theory of disease as a basis for public intervention suggests the leading role of the health officer in framing these regulations. But structural safety, fire prevention, the avoidance of moral hazards, the promotion of recreation, and even aesthetics call for the blending of social science and engineering skills. Within the past two years we have had numerous instances of the ready cooperation of health officers, housing officers, and planning officers in the use of techniques of appraisal developed by our Subcommittee on the Hygiene of Housing. It would be a great contribution if health officers in their home communities would work quietly for the setting up of a committee within the city government on which these officers, the city engineer, and the city attorney were represented, to deal with housing regulation.'[20]

The idea that health was inextricably linked to housing, therefore, became more and more mainstream as the years progressed. The task of determining the relationship between housing and health became viewed as so important that the United States government commissioned several annotated bibliographies of housing and health

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[18] Edith Wood, *Introduction to Housing: Facts and Principles* (Washington, DC: GPO, 1939).

[19] J Rumney and Sara Shuman, *A Study of the Social Effects of Public Housing in Newark, New Jersey* (Newark, NJ: Housing Authority of the City of Newark, 1944). The study did compare disease incidence of social housing tenants, slum tenants, and reviewed a corollary study on Manchester rehousing schemes, See pp. 57-62.

[20] Charles Ascher, 'Regulation for Housing: Hints for Health Officers', *American Journal of Public Health* Vol. 37 (May, 1947): 512.

studies in the latter half of the twentieth century.[21] British and Scottish housing intellectuals, of course, composed their own bibliographies of housing and health studies.[22] Even the World Health Organization (WHO) compiled an annotated bibliography on the subject.[23] Still, slum housing plagues both developed and developing societies, and there is room for more research on the relationship between housing and health. Thus, there is intellectual room for further discussions of the relationship between housing (and in particular, social housing) and health.

Regardless, a contemporary historiography of the development of social housing in Britain and the United States does exist, and it would be a disservice to readers not to include a review of existing literature as a preface before an analysis of primary source documents. As noted, there is a dearth of literature that specifically tackles the question of whether social housing improved tenant health. There is, however, a large of body of literature that details the trends that influenced the public health of social housing communities in both countries. In particular, both British and American housing historians have stressed the importance of residualization in understanding the development of social housing in both societies. Broadly, the concept of residualization refers to the transitioning in the purpose and function of social housing over time. Put more simply, in both Scotland and the United States, social housing developments gradually transitioned (though at different speeds and for different reasons) towards accommodating lower-income

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[21] For an overview of housing and health studies, See: Elizabeth Carey, *Bibliography on Public Housing and Related Subjects for the Use of Teachers and Students* (Washington, DC: GPO, 1949); DHEW, *Housing and Health: Annotated References* (Washington, DC: GPO, October, 1959); Alvin Schorr, *Slums and Social Insecurity: An Appraisal of the Effectiveness of Housing Policies in Helping Eliminate Poverty in the United States* (Washington, DC: GPO, 1963); HUD, *Information Sources in Housing and Community Development* (Washington, DC: GPO, 1972); HUD, *Housing in the Seventies: Working Papers* (Washington, DC: GPO, 1976), Vols. 1 & 2; Lawrence Hinkle and William Loring, *The Effect of the Man-Made Environment on Health and Behavior* (Washington, DC: GPO, 1977).
[22] RL Reiss, *Municipal and Private Enterprise Housing* (London: JM Dent, 1945); John Lambert *et al*, *Housing Policy and the State: Allocation, Access, and Control* (London: Macmillan, 1978); Alan Murie, *Housing Inequality and Deprivation* (London: Heinemann Educational, 1983); DS Byrne, *Housing and Health: The Relationship Between Housing Conditions and the Health of Council Tenants* (London: Gower, 1986); Tony Newson, *Housing Policy: An International Bibliography* (London: Mansell, 1986); Tony Newson, *A Housing Bibliography* (Birmingham: Centre for Urban and Regional Studies, 1988); *Health and Social Services: the New Relationship* (London: Policy Institutes, 1991), ed. Isobel Allen.
[23] AE Martin *et al*, *Housing, The Housing Environment, and Health: An Annotated Bibliography* (Geneva: World Health Organization, 1976).

tenant groups in successive years. That is, as wealthier social housing tenants move to proverbial greener pastures, lower-income tenants take their place, come to represent a larger share of the population of a social housing development.[24] Thus, residualization describes the process of social housing transitioning from subsidized housing for a broad spectrum of socioeconomic groups into subsidized housing for the very poor exclusively – becoming in effect the 'housing of last resort'.[25] Furthermore, historians on both sides of the Atlantic have argued that in both countries social housing has played the role of a residualized form of tenure, though not for identical reasons or at the same time.

In Britain, historians have delineated the residualization process in social housing developments. Davies has argued that the process of residualization was somewhat politically contrived; the Conservative Party position since the 1920s has been that social housing should be designed to be a temporary step onto the private property ladder, and measures were adopted to discourage housing complacency.[26] Jones has focused much of his research on residualization in social housing in English cities.[27] Jones has further argued that haphazard tenant allocation policies and the premature sale of social housing units expedited the process of residualization in English social housing.[28] In Scotland, Robertson and Serpa have contended that social housing was more successful due to its ubiquity. They note that, by the mid-1970s, two thirds of Scottish families lived in social housing, whereas only one third of English and Welsh families lived in social housing at that time. Much like Davies and Jones, however, Robertson and Serpa maintain that conservative political policy helped expedite the process of residualization – contending that the promotion of private home ownership (along with the transfer of municipally controlled social

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[24] *Social Housing in Ireland: A Study of Success, Failure, and Lessons Learned* (Dublin: Oak Tree Press, 1999), ed. Tony Fahey, p. 20.

[25] Peter Malpass and Alan Murie, *Housing Policy and Practice* (London: Macmillan, 1994), pp. 21-22; Richard Martin Kirwin, *Strategies for Social Housing and Social Integration in Cities* (Paris: Organisation of Economic Co-Operation and Development, 1996), p. 149.

[26] Kate Davies, *Housing Poverty: From Social Breakdown to Social Mobility* (London: Centre for Social Justice, 2008), p. 7.

[27] Ben Jones, 'Slum clearance, Privatization, and Residualization: the practices and politics of council housing in mid-twentieth century Britain', *20th Century British History*, Vol. 21, No. 4 (Dec., 2010): 510.

[28] Ibid., p.

housing to non-profit housing associations) resulted in an exponential decline of social housing tenancy in Scotland.[29] Issues relating to the extent of the impact of specific government policies on the decline of social housing in Britain are not wholly settled. However, Malpass has argued that the residualization phenomenon cannot be attributed solely to housing policy. According to Malpass, the booming post-war economy in Britain produced a much greater desire for home ownership among the general public than Westminster could have possibly anticipated.[30] In the late 1940s, it would have been difficult to imagine the dramatic rise in standard of living that would follow in the coming decades and the concomitant demand for homeownership. Moreover, Rogaly and Taylor have contended that haphazard slum clearance policies by British municipalities had a much greater impact than either housing policy or residualization trends.[31] Pushing more slum dwellers into social housing encouraged many more stable tenants to leave; these tenants were more animated by desires for social segregation than home ownership.[32]

What most historians of British social housing agree on is that residualization had a dramatic and negative effect on the sustainability of subsidized communities: both council housing schemes and later housing associations. Historians disagree, however, over the exact causes of residualization. While some are quick to place blame on Conservative government policies (namely the prioritization of quantity over quality in the early 1950s and Thatcher's 'right-to-buy' scheme in the 1980s), others argue that housing policy had less influence on residualization trends than did general decennial increases in standards of living. Indeed, Forrest and Murie, two of the first scholars to address the issue of residualization, argued in the early 1980s that it was largely unfair to chastise politicians for not enacting policies that would have mitigated or slowed the flight of wealthier tenants out of social housing, for

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[29] Douglas Robertson and Regina Serpa, 'Social Housing in Scotland', *Social Housing in Europe* (Hoboken, NJ: Wiley Blackwell, 2014), eds Kathleen Scanlon, Christine Whitehead, and Melissa Arrigoitia, p. 47.
[30] Peter Malpass, 'The Wobbly Pillar? Housing and the British Welfare State', *Journal of Social Policy*, Vol. 32, No. 4 (Oct., 2003): 603.
[31] Ben Rogaly and Becky Taylor, *Moving Histories of Class and Community: Identity, Place and Belonging in Contemporary England* (London: Palgrave MacMillan, 2009), p. 38-50.
[32] Ibid., p. 513.

few predicted the growth of the demand for homeownership in Britain during the 1960s and 1970s.[33] Furthermore, while in hindsight slum clearance programmes demolished housing units and severed families' community ties – they were implemented with the best of intentions. In short, even the harshest critics of Conservative policy must concede that there were extraneous societal forces that helped cause residualization. Regardless, British social housing schemes were not viewed as the 'housing of last resort' for most of the twentieth century; greenbelt policies and slow housing construction limited the amount of private housing available and thus made social housing attractive to middle class Britons.[34] While historians have noted that the character of social housing began to change during the 1950s, the most devastating effects of residualization were delayed until the 1980s.[35] Indeed, Pryke notes that in 1980 the average British social housing tenant's income was 73% of the national average but by 1990 that figure had declined to 45%.[36] Yet despite eventual problems, it should be acknowledged that during the post-war period housing schemes played a vital role in sheltering Britain's (and particularly Scotland's) working population, and that while residualization ultimately had a deleterious effect on socioeconomic sustainability – these communities have been mostly viewed as pillars of the British welfare state.

In contrast, residualization in American social housing developments occurred early and fiercely. Because of this, social housing developments in the United States declined into a state of decrepitude far earlier than they did in the United Kingdom and arguably to a much more severe degree.[37] To be clear, while social housing in the United States was designed to serve a more concentrated

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[33] R Forrest and A Murie, 'Residualization and Council Housing: Aspects of Changing Social Relations of Housing and Tenure', *Journal of Social Policy*, Vol. 12, No. 4 (Oct., 1983): 453-468.

[34] Phil Jones and James Evans, *Urban Regeneration in the UK* (Los Angeles: Sage, 2008) p. 141; By Nancy Kleniewski and Alexander Thomas, *Cities, Change, Conflict: A Political Economy of Urban Life* (Belmont, CA: Wadsworth, 2011), p. 123.

[35] Peter Sommerville, 'Homelessness Policy in Britain', *Policy and Politics*, Vol. 22, No. 3 (1994): 165.

[36] Michael Pryke, 'Thinking Social Policy into Social Housing', *Unsettling Welfare: the Reconstruction of Social Policy* (London: Routledge, 1998), eds Gordon Hughes and Gail Lewis, p. 131.

[37] Michael Harloe, *The People's Home: Social Rented Housing in Europe and America* (Hoboken, NJL Wiley-Blackwell, 1995); Daniel Jones, *Master's of the Universe: Hayek, Friedman, and the Birth of Neoliberal Politics* (Princeton University Press, 2012), pp. 326-327; Harjinder Singh, *Housing in the Third World: Analyses and Solutions* (New Delhi: Concept Publishing, 1992), pp. 280-281.

demographic (i.e. poor Whites and poor to working-class Blacks) than social housing in Britain to start with, residualization to the point of 'housing of last resort' happened much faster and to a much more severe degree in Baltimore than Glasgow. Beginning about a decade after most developments were built, by the middle 1950s American tenants were exiting housing projects in droves. Historians highlight a number of factors that explain this phenomenon. Firstly, as the industrial infrastructure of the United States was not damaged during the Second World War, the American economy experienced a long and sustained economic boom immediately after 1945. A housing construction boom, coupled with much cheaper land prices, facilitated a great exodus of both middle and working class persons to suburban developments. Additionally, as will be discussed in later chapters, the prospect of racial integration in social housing prompted White tenants to voluntarily leave developments for private housing options in neighbourhoods that remained segregated. While racial anxiety contributed to residualization in Britain as well, the impact of prejudice was more pronounced in social housing in the United States.[38]

Again, the issue of race is central to American historians' understanding of residualization. Sugrue has written extensively on the topic of 'White flight', and argued that not only was the process fuelled by racial anxiety, but helped exaggerate feelings of racial anxiety among urban Whites. Writing on the dramatic impact of White flight on Detroit, Sugrue contended that 'In the postwar city, blackness and whiteness assumed a spatial definition' and that as Blacks and Whites increasingly occupied distinct areas feelings of racial distrust only deepened.[39] Sugrue elaborated that 'The barriers that kept blacks confined to racially isolated, deteriorating inner-city neighborhoods were largely invisible to white Detroiters. To the majority of white observers, visible poverty, overcrowding, and deteriorating houses were signs of individual moral deficiencies, not manifestations of structural inequalities.'[40]

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[38] James Gough, Adam Eisenschitz, and Andrew McCulloch, *Spaces of Social Exclusion* (London: Routledge, 2006), p. 104.
[39] Thomas Sugrue, *The Origins of the Urban Crisis: Race and Inequality in Postwar Detroit* (Princeton, NJ: Princeton University Press, 1996), p. 9.
[40] Ibid.

Furthermore, Landry found that while the American process of suburbanization began in the early 1940s for Whites, it did not begin until the late 1960s for Blacks. While this was partially due to differences in income levels, heightened racial animus towards Blacks prevented much of the Black middle class from purchasing suburban homes.[41] Historians Pietela and Orser have covered this phenomenon in Baltimore specifically. Orser has maintained that historians have underplayed the direct racial motivations behind White flight; according to Orser, Whites left Baltimore and other American cities because they were apprehensive about living near Blacks – *not* because they wished to live suburban lives. Pietela echoed this idea twenty years later, writing that in Baltimore 'Large-scale panic-induced racial turnover began during World War II, earlier by about a decade than in many other cities'.[42] Furthermore, in Baltimore, real estate interests were complicit in preventing Black homeownership; Pietela cites a newspaper article that notes that while a landlord might be content with a 10% percent annual return from a White tenant he will demand a 17 percent annual return when the property transitioned to Black occupancy.[43] While historians may argue whether Whites leaving Baltimore and other American cities should be labelled as 'White flight' (or to use Marshall's more euphemistic term 'White avoidance'), the truth is that Whites took advantage of a political climate that allowed them to move out of cities into the suburbs.[44]

The decision of Baltimorean White tenants to leave social housing, followed soon by middle class Black tenants, was the primary cause of the city's housing projects' descent into social decay. Again, while Glaswegian housing developments also declined into isolated pockets of socioeconomic depravation, the process occurred much more quickly in Baltimore. The reason is painfully clear: as

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[41] Bart Landry, *The New Black Middle Class* (Los Angeles: University of California Press, 1987), pp. 1-11.

[42] Antero Pietila, *Not in My Neighborhood: How Bigotry Shaped a Great American City* (Chicago: Ivan R Dee, 2010), p. xi.

[43] Ibid., p. 171.

[44] For a discussion of the differences between White flight and White avoidance, see: Harvey Marshall, 'White Movement to the Suburbs: A Comparison of Explanations', *American Sociological Review*, Vol. 44, No. 6 (December, 1979): 975-994; Harvey Molotoch, *Managed Integration: Dilemmas of Doing Good in the City* (Los Angeles: University of California Press, 1972), esp. chapters 7-8.

residualization occurred earlier and with more intensity in Baltimore than in Glasgow. Baltimorean social housing tenants of all income levels had more opportunities to leave for other housing options; indeed in 1955 tenants of the Armistead Gardens development in East Baltimore decided to purchase their homes collectively and reorganize their development as a cooperative in order to escape forced integration.[45] In contrast, Glaswegian social housing families had fewer housing options and no conflicting ethnic factor, and thus residualization was delayed in the city. This however, is one of the primary reasons that social housing in Glasgow remained a more stable housing community for longer; while Baltimorean social housing projects had become destabilized by the early 1960s, Glasgow housing schemes were not viewed as the 'housing of last resort' until the later 1970s. The key idea to understand at this point is that social housing in the United States served a different social function for most of the period that this dissertation examines because residualization happened for different reasons and earlier than in Britain, and that there may well have been health consequences for occupants.

Due to their interesting similarities, Glasgow and Baltimore are well suited case studies for an historical comparison. An examination of the historiography of social housing trends in the United States and United Kingdom has shown that the cities shared similar housing narratives, with the notable variable of race peppering different social housing trajectories. Municipal housing documentation will elucidate differences in housing policy. The examination of medical literature, mostly longitudinal and cross-sectional studies, will provide insight on health trends throughout the study time period. Qualitative analysis of the research findings will result in a better understanding of the social and public health implications of social housing. This analysis will be buoyed by an understanding of the models of the social and environmental determinants of health, mainly the 'rainbow model' as presented by Dahlgren and Whitehead and the proclamations of the Black Report. Hopefully, the succeeding chapters will shed light on the public health crises each city faces.

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[45] HABC, *Quarterly Review*, Autumn 1955, Vol. 8, No. 4 & Winter 1956, Vol. 9, No. 1, p. 2.

What needs to be explained now is how these cities developed as to face such similar public health challenges. An exposition of each city's historical population, housing, and health trends before the twentieth seems pertinent in order to proceed with this dissertation's expressed aim.

Chapter 2: The Growth of Glasgow and Baltimore

Early History and Geography of Glasgow and Baltimore:

The purpose of this chapter is to provide an exposition of each city's early development and ultimately an examination of each city's respective pre-WWII response to the housing and health problems of urbanization is necessary. Hopefully, this chapter will illustrate that both cities' struggle to provide healthy housing stemmed from long before the dawn of the twentieth century. Indeed, the cities' past share a number of traits. Glasgow's origins as a settlement date before recorded history, but the city did not mature into an important commercial and industrial centre until it took full advantage of its maritime location. Baltimore's success and expansion followed a similar path as Glasgow's, thanks to its auspicious location on the Chesapeake Bay. Although the area around Baltimore had been farmed since 1661, Baltimore did not develop into a modern city until its port was established in 1706. The Port of Baltimore facilitated trade routes to Britain and South America to be established, and thus preceded the colony of Maryland's affluence. The 'land of pleasant living' certainly owed its success to the causeway of the Patapsco and the natural bounties of the Chesapeake.[46] The geographical benefits that connect all port cities around the world is not lost on urban historians, indeed many historians have argued that the modern commercial world and its consequent economic system owes its existence to the trade and interactions facilitated by port cities.[47] However, historians have not yet woven the narrative that

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[46] 'The land of pleasant living' has been a credo for Baltimore and Maryland generally since the 1960s. The phrase originated as a motto for a locally brewed beer, National Bohemian. See: Gilbert Sandler, *Glimpses of Jewish Baltimore* (Charleston, SC: The History Press, 2012), p. 70.
[47] Paul Hohenberg and Lynn Lees, *The Making of Urban Europe, 1000-1994* (Cambridge, MA: Harvard University Press, 1995), p. 161; Francois Gipouloux, *The Asian Mediterranean: Port Cities and Trading*

Glasgow and Baltimore have had particularly similar growth patterns, and that their industrialization and expansion share many characteristics. Both cities rose to economic prominence in the early nineteenth century. This economic expansion, in turn, led to population growth. This population growth, in turn, contributed to the development of poor urban environmental health, which in turn resulted in problems with public health. Glasgow's and Baltimore's shared growth, then, was not without its hurdles.

Both Glasgow and Baltimore needed to expand their housing stock precipitously during the nineteenth century in order to accommodate more inhabitants. This last point may seem a bit obvious; as more people move into a city; more houses need to be built to accommodate them. Otherwise, more people are compelled to reside in the same number of houses, resulting in overcrowding which results in the dilapidation of housing. This was an especially important considering that the quality of each city's dwellings varied over time. In Baltimore, early federal period wooden and brick shanties gave way to the uniformly constructed rowhouses, and in Glasgow architecturally rudimentary stone cottages gave way to the impressive multi-storied sandstone tenements which came to define the city. Additionally, standards of health changed with the times. Public health and municipal officials began to notice the impact of high density living on public health, and reasoned that people could not live as they had in past centuries at increasing levels of population densities. If urban residents were to enjoy healthy lives, the provision of adequate housing would become paramount. While urbanization produced economic dividends, the process of urbanization was often unconducive to healthy living.[48] Infectious disease epidemics were common in the first half of the nineteenth century, and continued to occur until the advent of the Second World

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Networks in China, Japan, and South Asia, 13th-21st Century (Cheltenham: Edward Elgar Publishing, 2011), p. 173-177.

[48] Pope mentions the problems encountered with Glasgow's urbanization in the late eighteenth century, especially noting the problem of housing more and more people in a small housing market. Rex Pope, *Atlas of British Social and Economic History Since c. 1700* (New York: Routledge, 2002). Similarly, Baker notes that in 1890 the mortality rates in American cities were 30 % higher than rural areas, and that Baltimore was particularly unhealthy relative to other American cities. Lawrence Baker, *The Water Environments of Cities* (New York: Springer, 2008).

War. While social housing was envisioned partly as curbing infectious disease spread, housing schemes did not arrive in a large amount in Glasgow until the 1930s; the first housing project in Baltimore was completed in 1940. The goal of this chapter is to trace the historical development of both Glasgow and Baltimore, and elucidate how each city's notoriously poor housing stock arose. While judgements on what factors contributed to this situation (and what preventative measures could have been taken) are premature at this point, this chapter will highlight the trends of housing and public health in pre-WWII Glasgow and Baltimore. This means presenting the environment of each city as they were: dirty, crowded, and especially unsanitary.

A starting point for a comparison of Glasgow and Baltimore would be the year of 1707. This was the year of the Act of Union, which united the parliaments of Scotland and England, and had great consequences for Glasgow's merchants. Prior to 1707, most foreign trade had to be conducted through London. This ensured England's continued development over Scotland – although this is partly attributable to London's status as the most populous city in the world at the time.[49] With the passage of the Act, foreign trade privileges were granted to a few more British ports, including Glasgow. This ability for Glasgow to brand itself as a 'port-of-call' for foreign exports in no small way facilitated Glasgow's commercial prosperity in the eighteenth and nineteenth centuries.[50] With this newfound trading freedom, Glasgow became an important depot for the international slave trade. Thanks to the 'triangular trade', Glasgow soon became a leading exporter of slaves and in turn imported mahogany and sugar from the Caribbean and tobacco and flour from Maryland and other colonies. Baltimore relied on imported British manufactured goods and woollen products; this dependence that would only dissipate after the American Revolution. True, while neither Glasgow nor Baltimore grew as exponentially as Liverpool or New York (two cities that developed a reciprocal and

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[49] Fogel notes that in 1700, London was the most populous city in the world with 550,000, while Paris was a close second at 520,000. However, by 1800, London had a population of 900,000, far eclipsing Paris. Robert Fogel, *The Fourth Great Awakening and the Future of Egalitarianism* (University of Chicago Press, 2002) p. 53.
[50] Andrew Gibb, *Glasgow: The Making of a City* (New York: Routledge, 1983), pp. 57-59.

mutually beneficial trade relationship), the two cities' conjunctive rise was still impressive.

Geographically, Glasgow and Baltimore are very similar. Neither city is situated on the open Atlantic. Glasgow is situated on the River Clyde, which morphs into the Firth of Clyde and finally opens into the Irish Sea. Glasgow's geographic location protected the city from storms and maritime attacks, and consequently the city enjoyed a tranquil environment in which to develop. As commercial ships grew larger, the Clyde's depth presented challenges to merchants. Following the passage of the Improvement of the Clyde Navigation Act in 1770, however, Glasgow gained the authority and resources to dredge the Clyde sufficiently.[51] Like Baltimore, Glasgow's auspicious maritime location proved facilitated its blossoming.

William Lizars and Daniel Lizars, 'A Map of Renfrewshire', George A. Crawfurd, *General Description of the Shire of Renfrew*, 1818, courtesy of Special Collections, University of Glasgow Library.

Both Glasgow and Baltimore owe much of their economic success to their auspicious geographical locations. Yet while Glasgow was an ancient settlement that grew organically into a large city, Baltimore's location on the Chesapeake was contrived by its eighteenth-century merchant founders. Situated on Maryland's western shore (located in what is now called the Delmarva Peninsula), Baltimore

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[51] David Goodman, *The European Cities and Technology Reader: Industrial to Post-Industrial City* (New York: Routledge, 1999), pp. 59-61.

enjoyed the best of both worlds: easy access to the Atlantic and protection from the maritime elements.[52]
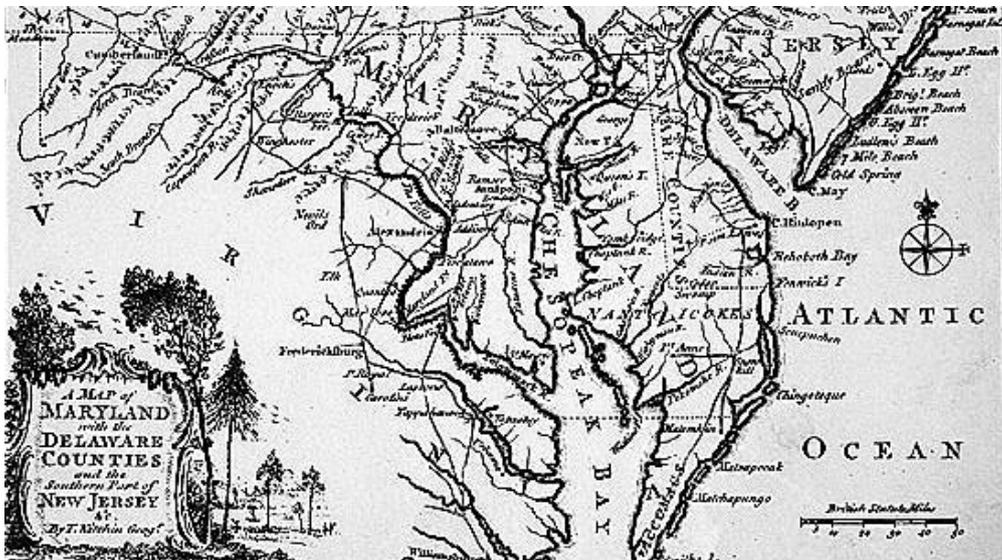
Thomas Kitchin, 'A Map of Maryland with the Delaware Counties and the Southern Part of New Jersey', *London Magazine*, Vol. 26, August 1757, op. page. 376; courtesy of the George Peabody Library, Johns Hopkins University, Baltimore, MD.

While Baltimore's basin is shallower than other ports, which prevents the largest contemporary vessels from docking there (this has been suggested as possibly contributing to Baltimore's twentieth century economic decline), the largest eighteenth and nineteenth century vessels could dock easily at Baltimore's harbour.[53]

Baltimore's proximity to other markets also drew commercial activity. While cheap stores of local flour and tobacco were alluring in their own right, the city's southern location on the eastern seaboard (relative to other major American ports, such as Philadelphia, New York, or Boston) meant Baltimore was closer to the

[52] Gary Browne, *Baltimore in the Nation, 1789 -1861* (Chapel Hill: University of North Carolina Press, 1980), p. 3.
[53] J T Scharf, *The Chronicles of Baltimore: Being a Complete History of Baltimore Town and Baltimore City From the Earliest Period to the Present Time* (Baltimore: Turnbull Brothers, 1874), pp. 289; *United States Congressional Record*, Proceedings and Debates of the 105th Congress, Second Session (Washington, DC: GPO, 1998), Vol. 144, Part 17, p. 24673.

markets of South America than its major American competitors.[54] Baltimore thus became a depot where British (and later, continental European) merchants could find South American goods, without having to travel to South America. In particular, guano was highly sought after, and Baltimore became the premier centre of the guano trade in the Anglophone colonies. Caribbean sugar and molasses were also important South American goods traded at Baltimore.[55] In addition to being a more Southern port than its competitors, Baltimore also had the distinction of being closer to the Western markets, indeed due to the curvature of the North American continent Baltimore is 500 miles closer to the Mid-West than New York.[56] Furthermore, goods from America's Western hinterland, such as furs and timber, arrived in Baltimore, and were exported to Europe.[57] The city's geographical location provided the basis for Baltimore's eighteenth and early nineteenth century mercantile success, and facilitated its industrialization and further economic growth afterwards.

Housing Trends in Nineteenth Century Glasgow:

To skip forward to the nineteenth century, Glasgow's housing narrative at that time can be characterized by one theme: increasing density. By 1911 there were over 700,000 people living in the three square miles of Glasgow. No British city at the beginning of the nineteenth century had anywhere near the required housing stock to accommodate their swelling populations – and Glasgow's housing conditions were

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[54] Frank Rutter, 'The South American Trade of Baltimore', *Johns Hopkins Studies in History and Political Science*, Vol. 15, No. 9 (1987): 371-45; Camilla Townsend, *Tales of Two Cities: Race and Economic Culture in Early Republican and North and South America* (Austin: University of Texas Press, 2000), pp. 62-65.

[55] Wilma Dunaway, *The First American Frontier: Transition to Capitalism in Southern Appalachia, 1700-1860* (Chapel Hill: University of North Carolina Press, 1996), pp. 207-208; Charles Steffen, *The Mechanics of Baltimore: Workers and Politics in the Age of Revolution, 1763-1812* (Urbana-Champaign: University of Illinois Press, 1984), pp. 7-9.

[56] The rail distance between Baltimore and Pittsburgh was 240 miles, 300 miles for Philadelphia, and 500 miles for New York. See: *American Railroad Journal and Advocate of Internal Improvements, January to July, 1835*, Vol. 4, No. 4 (1835): 56.

[57] For details on the guano trade and Baltimore's importance to rural Appalachian markets. See: Dunaway, *The First American Frontier*, pp. 206-209; for details about the fur trade in Baltimore, see William Haas, *China Voyager: Gist Gee's Life in Science* (Baltimore: Johns Hopkins University Press, 2009), p, 19; Lois Carr and Phillip Morgan, *Colonial Chesapeake Society* (Chapel Hill: University of North Carolina Press, 1991), pp. 74-75.

already deplorable from the outset. An influx of migrants and consequent rising rents forced many families to occupy dwellings too small for their numbers. This undoubtedly coerced many Glaswegian families into insanitary flats. Glasgow needed more housing to prevent overcrowding and generally unsalubrious environmental conditions. The solution to this problem was the tenement.

As any contemporary pedestrian can report, Glasgow is dominated by tenements. The tenements constructed in Glasgow were of high density, usually between four and five stories tall, and constructed of local sandstone. While most of these buildings appeared uniform outwardly, tenements could host a small number of large, middle class flats, or a great number of small, working class flats. These tenements were overwhelmingly constructed by private builders, owned by private landlords, who let them in the private housing market. This type of housing would dominate nineteenth and early twentieth century Glasgow; social housing would arrive largely after the Second World War. The lack of municipally subsidized housing during the nineteenth century did not mean the Corporation was unaware of the city's housing problems. Still, municipal authorities chose not to intervene significantly in housing provision - with some exceptions, housing remained privately provided. The lack of a government influence in housing provision raises a question - why did high density tenement buildings proliferate in Glasgow, if no authority demanded this? Put simply, solid high density tenements suited Glasgow's housing needs during a period of population growth, even if these tenements resulted in public health problems later.

Yet why settle for un-spacious tenements? In comparable English cities such as Liverpool and Manchester, tenements never saturated the housing stock as they did in Glasgow. English cities are dominated by terraced housing. In addition to providing more living space, terraced housing was often cheaper to construct than sandstone tenements. Given terraced housing's advantages, why then choose multi-storey tenements? [58] There are several explanations for this disparity. As Glasgow's

population growth was quicker than other British cities (save for Liverpool), Glaswegian developers needed to house as many people on as little space as possible. Furthermore, Scottish standards of living remained well below English standards. Housing market forces drove the construction of smaller, more affordable housing units. Scottish construction standards and the business climate may have also shaped Glasgow's housing landscape. A comparison published in 1904 of similar two-storey buildings in Glasgow and London (the comparison did not specify whether the buildings were tenements or terraced houses) revealed that stone walls were 50 % thicker, brick walls were 25 % thicker, and foundations were 114 % thicker in Glasgow. Scottish builders tended to be smaller organizations than their English counterparts, and thus may have been less able to recoup development costs, thereby making multi-family dwelling construction more attractive.[59] In any case, lower building costs made construction cheaper in England, resulting in more spacious accommodation for the English working class.

But the more significant explanation for the housing standard disparity was that Scottish property laws provided more incentives to build tenements rather than terraced housing. In England, builders leased land from landowners through fixed terms. At the end of these terms, ownership of both the title of the land and the building reverted back to the landlord. Land lords therefore had a certain degree of freedom in setting ground rents - for considering that landowners ultimately would have their property returned and improved (i.e. with a building), annual rents could be low and adjustable. English property owners could rest easy – whatever happened to their land, it was still theirs. In Scotland, however, landowners had no such guarantee. Under the feu system, Scots landowners issued a feu-ferm, or lease which legally conveyed authority over the use of the land to builders, although not the actual property deed. This differentiated the feural system from the actual sale

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[59] F Thompson, *The Cambridge Social History of Britain, 1750 – 1950: People and Their Environment* (Cambridge University Press, 1992), pp. 198-199; Sutcliffe adds that due to higher land prices and cheaper sandstone prices, the building costs of cottages and tenements were roughly the same in Scotland, thus it was in the Scottish builder's financial interest to build tenements in order to reap more rental income. Anthony Sutcliffe, *Multi-Storey Living: the British Working-Class Experience* (London: Taylor and Francis, 1974), p. 213.

of land, wherein a landowner would receive one lump sum in exchange for the disponing of all rights over a piece of property. As Scots landowners maintained authority over properties they leased, they had the right to demand feural duties indefinitely (although these feu duties were of fixed rates and agreed upon by builder and landlord).[60] As landowners were of course motivated by profit to lease their land, landowners bargained with builders for the largest feu fees they could acquire. This in turn spurred builders, who received all rental income after signing leases to properties, to maximize income potential on their properties. It was thus in Scottish builders' interest to develop solid, high density housing to fully realize future profits.[61] Indeed, an early twentieth-century committee found it no coincidence that Scotland maintained a feural system and that its cities were dominated by tenements:

> The exaction of feu duties by persons granting feus on the outskirts of Scottish towns has thus a tendency to necessitate the erection of tenements in order to make it profitable to develop the land subject to these payments. The high price of land and the erection of tenement housing react upon one another, that is to say, the high price of land requires the erection of tenements to make maximum use of it and to spread the burden of the feu duty over as many payers as possible, and conversely the power to erect tenements and to impose upon the land a very considerable property maintains the high value of the land.[62]

Thus, due to the feu system, and the enticements of profits firmly entrenched, it is not surprising that tenements became ubiquitous in Glasgow. High density tenements promised more of a profit return for Scottish builders than landowners. However, Glasgow's problems with overcrowding and unsanitary conditions were not due entirely to the preponderance of tenements over single family houses. After all, tenements can provide perfectly adequate dwellings. However, in order to be

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[60] Peter Clark, *The Cambridge Urban History of Britain: 1540 – 1840* (Cambridge University Press, 2000), p. 290.

[61] In Scots legal history, a 'feu' was an allotment of land granted to nobles; for which rent was paid in money or grain in lieu of military service. Graeme Davison, 'Colonial Origins of the Australian Home', *A History of European Housing in Australia* (Cambridge University Press, 2000), ed. Patrick Troy, pp. 15-16.

[62] James MacPherson, *Scottish Land: The Report of the Scottish Land Enquiry Committee* (London: Hodder & Stoughton, 1914), p. 293.

acceptable dwellings, tenements must contain sanitary, spacious, and affordable flats. The flats available in nineteenth-century Glasgow often failed to meet these prerequisites.

It was not simply that there weren't enough tenements; indeed during the latter half of the nineteenth century Glasgow witnessed a construction boom that resulted in many of its quintessential sandstone tenement blocks.[63] Indeed, as noted by Johnson, though Glasgow's tenements were largely indistinguishable by external appearance, class distinctions were expressed by the size of flats and provision of amenities.[64] A Glaswegian tenement may have consisted of several luxurious multiple roomed flats or have been entirely composed of 'single ends', or one room flats. With perhaps the exception of the provision of bay windows, there was little way to distinguish between tenement buildings other than whether they were made of brown, red, or beige sandstone. All of these flats were privately built, and most flats were privately let by landlords. Yet in addition to sanitary condition, affordability remained an issue. Even amongst middle class Glaswegians home ownership remained below English levels.[65] So while a large number of new housing units were added to Glasgow's housing market, Scottish builders did not fix the primary problem: providing affordable, spacious, sanitary homes to working class and poor families.

There were even quality disparities present in the affordable housing that existed. By 1890, working class housing could be divided into two categories: housing for skilled workers and housing for unskilled workers. The differences between the two types of accommodation were staggering. Skilled working class housing tended to consist of more spacious flats in newer buildings. As skilled workers were more likely to have stable incomes, these flats were let through yearly

[63] Richard Rodger, *Scottish Housing in the Twentieth Century* (Leicester University Press, 1989), p. 59.
[64] Jim Johnson, 'Community Based Housing Rehabilitation in Glasgow; Opportunities and Problems' *Conservation, Réhabilitation, Recyclage: congrès international organisé à Québec du 28 au 31 mai 1980* (Presses Université Laval, 1981), p. 89.
[65] Miles Horsey, *Tenements and Towers: Glasgow Working Class Housing, 1890-1990* (Edinburgh: Royal Commission on the Ancient and Historical Monuments of Scotland, 1991), p. 70.

agreements - providing stability for tenants. Unskilled working class housing, however, was much less commodious. It usually consisted of the least desirable flats; sometimes flats let out to entire families consisted of a single room. As unskilled workers had irregular incomes, landlords let these flats through monthly or weekly agreements, and in some instances, nightly agreements.[66] Tens of thousands of working class Glaswegians were obliged to subsist under such conditions. Additionally, a surplus of unskilled labour brought down starting wages and truncated opportunities for full employment. Low wages and irregular work thus plagued Glasgow workers, and reduced many to a constant state of penury.[67] As could be expected, tenants of Irish extraction were disproportionately compelled to live in the worst flats.[68] Large, middle class tenement buildings were 'made down', or subdivided to create 'single end' flats, which were often let to new Irish immigrants.[69] While these buildings originally provided sanitary, spacious accommodation, 'made down' tenements were just as crowded as older slum dwellings. Overcrowding not only resulted in increased wear and tear on buildings, but facilitated the spread of disease. Consider Lord Shaftesbury's comments on such tenements in Glasgow:

> The houses themselves had at the same time been made down from houses of three, four, five, or six apartments into tenement houses, in which each apartment was occupied by a single tenant, responsible only to the landlord or the factor. In the process of making down there were no additional means given for ventilation or for air, and in some cases the original light and air had been cut off, and passages had been made to give access to as many as six, seven, eight, and even ten families. A high rate of mortality was the necessary consequence of that system of construction.[70]

Providing healthy accommodation for working class persons in Glasgow was no easy task. Crowding and insanitation occurred even in high-rent districts, if high-end

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[66] RA Cage, *The Working Class in Glasgow, 1750 – 1914* (London: Taylor & Francis, 1987), p. 48.
[67] Olivia Checkland, *The Upas Tree* (University of Glasgow Press, 1976), p. 42.
[68] James Pagan *et al*, *Glasgow Past and Present: Illustrated in Dean of Guilds Court Reports* (Glasgow: J McNabb, 1851), p. 12.
[69] Alison Ravetz, *Council Housing and Culture* (New York: Routledge, 2001), p.33.
[70] Anthony Ashley-Cooper, 'Conference in the Queen's Rooms', *Speeches of the Earl of Shaftesbury in Glasgow* (Glasgow: Aird & Coghill, 1871), p. 72.

buildings were 'made down'. The only immediate solution to the affordable housing shortage at this time seemed to be the construction of more purposed built tenements. While nineteenth-century builders built thousands of new tenement building, they never completed enough to meet demand for affordable flats.

AN OVERCROWDED HOME
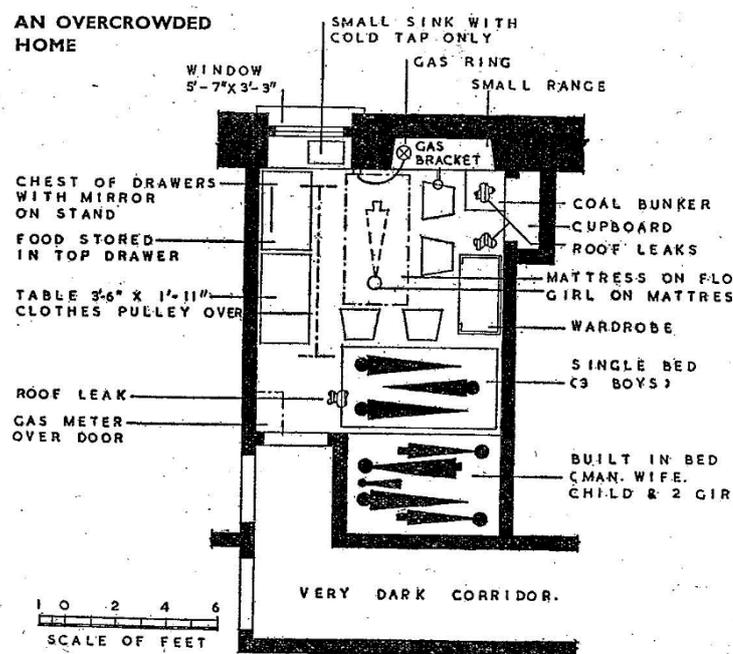
How nine people lived in a single room in Glasgow in 1946

(By courtesy of Dr. P. H. Bradbury and the R.I.B.A. Jo

An overcrowded 'single end', or single room housing unit. Department of Health for Scotland, *Choosing Council Tenants* (Edinburgh: HMSO, 1950), p. 19.

Tenement construction continued throughout the latter half of the nineteenth century and early twentieth century. It did not continue unabated, however. Tenement building waxed and waned; construction was closely tied to the health of the general economy. Still, the increase in the city's housing stock during the latter half of the century was impressive. According to Slaven and Keating, the most prolific bursts of tenement building occurred during 1869 – 1877 and 1893 – 1904, periods that mimic Glasgow's most economically vibrant periods.[71] But Appendix 1 shows that decennial gains in housing remained impressive throughout the century. The most productive decades in terms of units built were 1851-1861

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[71] Slaven, *West of Scotland, 1750-1960*, p. 237; Rodger, *Scottish Housing*, p. 59; Michael Keating, *The City that Refused to Die: Glasgow: the Politics of Regeneration* (Aberdeen University Press, 1988), pp. 6, 17.

and 1891-1901, both decades when the city added 22,000 new housing units. In terms of proportional increase, the decades of 1851-1861 and 1861-1871 were the most productive. Total available housing units jumped nearly a third and nearly a fifth, respectively. With the exception of the post Second World War period, the latter half of the nineteenth century would constitute the largest expansion of Glasgow's housing stock. Total available housing units would jump from just over 100,000 units in 1871 to just over 180,000 units in 1911. As significant as these numbers are, it must be reiterated that population growth outstripped even this growth in housing stock. As noted earlier, builders did not always develop tenements that matched population needs. Even with the aid of 'five per cent philanthropists', potential profit was the priority, not the provision of affordable housing.[72]

The profit motive created a wedge between builders and tenants. Even though the Scottish feural system motivated builders to construct high density tenements, middle class flats were more profitable. Thus, even though a large number of housing units were built during this time, disproportionate amount of flats were middle and upper income flats, placing them out of reach for most ill-housed Glaswegians. Additionally, affordable housing was not equally distributed throughout the city. Certain working class areas, such as Partick, Govan, and Fairfield, suffered particular deficiencies of affordable housing. All three of these districts were heavily industrialized, and as working class people preferred living closer to their places of employment, these areas were especially popular. Affordable housing in these areas was often unavailable, however. Interestingly, these districts would experience some of the highest rent hikes in the first decades of the twentieth century, sparking the Glasgow rent strike.[73] Even if public health legislation and building codes improved the average quality of working class housing throughout the century, accessibility and affordability remained the primary

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[72] John Tarn, *Five Per Cent Philanthropy: An Account of Housing in Urban Areas between 1840 and 1914* (Cambridge University Press, 1974) pp. 62-63.
[73] Keith Burgess, *The Challenge of Labour: Shaping British Society, 1850-1930* (London: Taylor and Francis, 1980), p.172; John Short, *Housing in Britain: The Post War Experience* (London: Taylor and Francis, 1982), p. 31.

concerns for tenants. [74] Glasgow thus faced an odd dilemma; the city had nearly enough housing units in general, but suffered from a stark deficiency of affordable housing units.

Yet despite a persistent need for affordable housing, by the end of the nineteenth century housing market conditions had changed. By 1911 the Glaswegian economy began to falter. The city's dominance in traditional heavy industries no longer remained unchallenged. Immigration to Glasgow, as well as fertility rates, declined rapidly, lessoning the incentive for builders to produce more housing units (though this was little comfort to the hundreds of thousands of Glaswegians who still endured awful conditions). Tenement building became less profitable as construction costs soared and working class wages stagnated. With less housing units being constructed, rents inched higher. Tensions over poor housing conditions coupled with rising rents eventually come to a boil- collective anger culminated with the Glasgow Rent Strike in 1915-1916.[75] Despite the gains made by the rent strikers, further tenement construction remained slow throughout the first half of the twentieth century. During this lull in construction in the years leading up to the Second World War, the population continued to grow (although more slowly than during previous decades), and hundreds of thousands of Glaswegians continued to suffer in unnecessary slum conditions. The problems of overcrowding and insanitary conditions would only lessen after social housing arrived in the city. However, the Corporation of Glasgow did not stand idly by as public health nuisances and overcrowding impacted population health during the nineteenth century. The direct provision of housing was at this point not a Corporation prerogative, but municipal authorities were not without recourse to combat slum problems. In order to mitigate insanitary conditions in the city, the Corporation broadened its scope of authority over housing regulations, and began intervening more aggressively into matters of housing quality and public health.

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[74] Paul Balchin, 'An Overview of Pre-Thatcherite Housing Policy', *Housing: The Essential Foundations* (London: Routledge, 1998), eds Paul Balchin and Maureen Rhoden, p. 4.
[75] Manuel Castells, *The City and the Grassroots: A Cross-Cultural Theory of Urban Social Movements* (Los Angeles: University of California Press, 1983), pp. 27-36.

Housing Trends in Nineteenth Century Baltimore:

The story of the expansion of housing stock in Baltimore in the nineteenth century mostly parallels Glasgow's narrative, with one major exception. While the great majority of housing units built in Glasgow were multi-storey tenements, in Baltimore the two-storey terraced house (or colloquially, 'rowhouse') predominated. While tenements made sense in the tight parameters of European cities, rowhouses were not only an efficient housing method in American cities but came to be viewed as definitive of the American promise of upward social mobility. Regardless, most of the houses built in Baltimore in the nineteenth and twentieth centuries were neither spacious nor elegant. While eighteenth-century European terraced housing was often viewed as the purview of the relatively wealthy, rowhouses were downsized and simplified for the working class, to be produced in large numbers for the swelling urban populations of mid-Atlantic American cities. Rowhouses were relatively inexpensive, quick to erect, and were more space efficient than detached dwellings (the predominant housing form in American cities prior to the nineteenth century).[76] The housing type became so popular and ubiquitous in Baltimore that while rowhouses exist in many other American cities, they are most associated with Baltimore's popular culture today.[77] The rowhouse changed in terms of composition, form, size, cost, and affordability over the next two centuries, but remained consistently the preferred housing option for Baltimore builders. Large, high density, multi-family tenement buildings that prevailed in New York and Glasgow never predominated in Baltimore. Perhaps this can be explained simply by noting that

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[76] While terraced housing caught on in early American industrial cities, the quintessentially northern English 'back-to-back' houses did not. There is a simple reason for this - while land became more expensive in American cities during the nineteenth century, it never became expensive enough to justify construction of back-to-back housing units. However, when push-came-to-shove, makeshift alley dwellings were erected to house a surplus population. James Borchet, *Alley Life in Washington: Family, Community, Religion, & Folklife in the City, 1850-1970* (Urbana-Champaign: University of Illinois Press, 1980), p. 17.

[77] The rowhouse dominates in many mid-Atlantic cities, notably Philadelphia and Wilmington, Delaware. For the association of the rowhouse with Baltimore, See: Matthew Cochran and Paul Mullins, 'The Archaeology of "Shoppertainment": Ideology, Empowerment, and Place in Consumer Culture', *Ideologies in Architecture*, (Tempe: University of Arizona Press, 2011), eds Reinhard Bernbeck and Randall McGuire, pp. 102-106.

Baltimore was a less populated city relative to New York. Similarly, another explanation could be that Baltimore faced less resistance to municipal expansion, allowing it to develop lower density residential property with impunity. Yet while Baltimore's geography and demographics impacted its housing patterns, to explain rowhouses as merely a product of environment would be inaccurate. Inexpensive, relatively sturdy, and generally more affordable and spacious than other nineteenth century housing alternatives, it is difficult to overestimate the impact rowhouses had on Baltimore's population.

It must be conceded that in the latter half of the nineteenth century, there was no doubt that Glasgow Corporation handled its urban problems better than the City of Baltimore. After a series of public health acts enacted after the mid-nineteenth century, Glasgow municipal authorities were capable of intervening matters of public health and housing. Municipal authorities in Baltimore, however, were much less capable of intervening in such areas. Although by 1910 the city was the 7th largest in the United States, the city lacked an underground sanitary sewer system until 1912.[78] Multiple accounts of Baltimore at the turn of the twentieth century painted a portrait of a particularly unhealthy environment.[79]

Clearly, Glasgow Corporation authorities became conscious of the perils of poor city infrastructure earlier than the City of Baltimore. However, Baltimore municipal authorities were not totally unaware of the problems associated with urban growth. Beginning in the nineteenth century, Baltimore municipal authorities, in line with other American cities, became interested in urban planning. Although early nineteenth-century Baltimorean officials could not have predicted the impact of the explosive economic and population growth that followed over the next century, they recognized the city was destined to grow. Prior to the nineteenth

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[78] Campbell Gibson, 'Population of the 100 Largest Cities and Other Urban Places in the United States: 1790-1990', Working Paper no. 27, Table 14 (Washington, DC: GPO, 1998); Although above ground gutters and sewer pipes existed in Baltimore before 1912, it was not until 1905 that the City of Baltimore opted to construct a city-wide underground sewer system, See: Christopher Boone and Ali Modarres, *City and Environment* (Philadelphia: Temple University, 2006), p. 128.
[79] H L Mencken, *The Diary of HL Mencken* (New York: Random House, 1991), ed. Charles Fecher, p. 301.

century, residential growth followed up the courses of the Jones Falls and Gwynns Falls, the two streams that powered Baltimore's booming grain mills.[80] Other than a general alignment with these sources of power, Baltimore's city development showed little rhyme or reason. Interest in coordinating the city's growth had been expressed as early as the first decade of the nineteenth century, but the War of 1812 disrupted these efforts.[81] All of that changed in 1818, when the General Assembly of Maryland commissioned a city plan. This plan was the first municipal response to unfettered growth in Baltimore, and preceded later acts designed to guarantee environmental health and housing standards.

The proliferation of rowhouses in Baltimore can be explained by the city's early foundations in property law and increasing demands on space. Early colonial settlers brought the ground-rent system to Baltimore, as was the custom in English cities at the time.[82] Landowners did not usually sell their land to builders, but rather leased the land to builders on ninety-nine year contracts. These contracts contained annual interest clauses, usually around five or six percent. After the builder constructed his property and sold it, the new owner became responsible for the payment of the ground-rent interest. Although this process might seem archaic and meddlesome to twenty-first century homebuyers, the system had a few distinct advantages over outright sale and ownership of the land. Firstly, because buyers purchased only the house, and not the land on which the house sat, house prices were much lower overall. New owners became responsible for the ground-rent, but this was much less than comparative rental rates. Thus, under the ground-rent system, home ownership became available to a broader class of earners in Maryland. Furthermore, the ground-rent system provided an incentive to builders to build as many houses as possible on their allotted land, to maximize their own profits. This resulted in a proliferation of rowhouses, which were much cheaper than detached houses, thus

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[80] T Whitman, *The Price of Freedom: Slavery and Manumission in Baltimore and Early National Maryland* (New York: Routledge, 2000), pp. 8-9; Federal Writers' Project, *Maryland: A Guide to the Old Line State* (College Park: University of Maryland, 1940), pp. 198-199.
[81] Maryland Historical Society, *The Mapping of Maryland, 1590-1914: An Overview* (Baltimore: Maryland Historical Society, 1982), p. 18.
[82] Lewis Mayer, *Ground Rents in Maryland; With an Introduction Concerning the Tenure of Land under the Property* (Baltimore: Cushings & Bailey, 1893), pp. 43-51.

opening home ownership in places like Baltimore and Philadelphia accessible to broader class of earners.[83] While it is true that similar incentives for builders existed in Glasgow, land was exceedingly dearer in Scotland than it was in colonial Maryland. In the United States, tenements were not considered economically feasible until the late nineteenth century; and only then in the cities of New York and Chicago. Baltimore builders had enough land to build outward, so they never bothered building high density housing.

An increased housing density, however, was coming to Baltimore whether builders or tenants liked it or not. As Baltimore was a commercial city in the eighteenth century, land close to the harbour became dearer as the city rose in prominence. The city's industrialization only compounded land price increases. Areas near the harbour came to host Baltimore's manufacturing and industrial centres. In contrast, the more desirable residential neighbourhoods moved further away from the harbour. This meant, somewhat paradoxically, that while the most expensive commercial land was near the harbour, the worst slum housing districts were near the harbour as well. According to one study, this increased demand for land near the historical core Baltimore initiated a process of 'land use succession'. This process involved residential properties closest to the areas of economic activity (i.e. housing areas initially considered undesirable) hosting succeeding waves of the city's most economically marginalized groups, as better off groups moved into more desirable areas.[84] When street facing houses near employment centres were unavailable, new city residents often chose to live in alley houses – Blacks in particular found refuge among the city's many alleys.[85] Worse yet, the poorest new residents, often recent immigrants, were compelled to become boarders in other persons' homes, a practice

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[83] United States Bureau of the Census, *Mortgages on Homes* (Washington, DC: GPO, 1923), pp. 65-68.
[84] Daniel Beirne, 'Steadfast Americans: Residential Stability Among Workers in Baltimore, 1880-1930' (Unpublished PhD Dissertation, University of Maryland, 1976), p. 11.
[85] H L Mencken in his autobiography *Happy Days* popularized the notion that alleys were primarily occupied by blacks. Hayward disputes Mencken's claim, but Phillips argues that this trend began as early as 1810 and cites the 1820 census of Baltimore, which counted 28 free blacks and 9 slaves on just one alley. See Hayward, *Baltimore's Alley Houses*, p. 110; McDougall, *Black Baltimore*, p. 39; Phillips, *Freedom's Port*, p. 104; H L Mencken, *The Days of H.L. Mencken: Happy Days, Newspaper Days, Heathen Days* (New York: Dorset Press, 1989), pp. 137-138.

that led to overcrowding and structural damage.[86] Soon the swelling numbers of newcomers outpaced the traditional 'succession' method of housing Baltimore's poorest. To keep up with demand and mitigate the effects of overcrowding, new, purpose built working class housing had to be built. Luckily for tenants, nineteenth-century Baltimore builders were happy to oblige.

In the 1840s, many builders began erecting modestly priced two-story rowhouses with liveable attics, topically termed 'two-story-and-attic houses'. The houses were especially designed for newly enriched urban tenants; a family could live in the attic and rent the two floors below to another family.[87] Three and four storey buildings were built for the middle classes, but remained less common. Baltimore's economy proved so resilient, however, that by the 1850s three story rowhouses were being built en masse for newly social mobile workers. Over the next thirty to forty years builders mass produced entirely new residential neighbourhoods block by block. Ethnic 'savings and loan' unions provided low interest mortgages to new European arrivals, who in turn achieved what few in Europe could ever hope to: home ownership. The standard amenities in these houses generally improved every decade, though the size of dwellings usually correlated to the health of the industrial economy at the time. Although later studies and reports showed that many of these rowhouses were built with inferior materials, the allure of cheap homeownership generally elicited praise from tenants.

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[86] Janet Kemp, *Housing Conditions in Baltimore* (Baltimore: Charity Organization Society, 1907), p. 12.
[87] Hayward, *Baltimore's Alley Houses*, p. 92.

Working-Class rowhouses on Franklin Row, constructed by H Peters in 1823. Although they are three-storey, their lack of ornamentation and simple lay-out indicates their status. Photo Courtesy Robert Alexander.

Rowhouses, like tenements in Glasgow, came to dominate Baltimore's landscape because they fitted the city's needs. While eighteenth-century Baltimore was a merchant city, nineteenth-century Baltimore was a manufacturing city. Manufacturing cities required a large class of workers. In turn, working people needed to be housed, and as Baltimore's population continued to expand until the 1950s, housing needed to be cheap to construct and cheap to rent or own. In Baltimore, rowhouses met all of these requirements. It was thus fortuitous that private builders favoured the rowhouse; while profit margins were not high builders could count on high turnover. Ranging in size and height (often as small as two bays wide and two stories tall), Baltimore's ubiquitous rowhouses were designed for single family occupancy.[88] Furthermore, they were intended for owner occupation rather than sold to landlords.[89] The size and relative affordability of Baltimore's rowhouses did not mean they were incapable of being abused, of course. Many rowhouses were subdivided into flats and let to multiple families, particularly in

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[88] A 'bay' is an archaic architectural term that translates roughly into 5 or 6 feet, for information on the construction of particularly small working class rowhouses see Mary Hayward, *The Architecture of Baltimore: An Illustrated History* (Baltimore: Johns Hopkins University Press, 2004), pp.193-194.
[89] Hayward, *Baltimore's Alley Houses,* p. 9.

immigrant neighbourhoods.[90] Still, despite abuses, rowhouses proved to be an egalitarian housing option for Baltimore's working class families.

Conclusion:

Both Glasgow and Baltimore experienced impressive population growth and economic expansion in the centuries leading up to the twentieth century. Both cities transformed from mercantilist port cities to leading industrial cities by the nineteenth century. The University of Glasgow hosted remarkably talented intellectuals, contributing far disproportionately to British academic life, and although Johns Hopkins did not found his eponymous university until 1876 the institution was immediately recognized as a leading force in the American academy. The shared, mostly harmonious growth of these two cities was punctuated by a stark reality: both cities cornered their residents into the slums, with the poor environmental conditions of slum housing contributing to public health problems. Municipal attempts before the twentieth century to counter the problems of slum housing were made with good intentions, but ultimately fell short in the provision of healthy residential environments. Nineteenth-century intellectuals had identified the problem: there was a correlation between poor housing and poor health. At the dawn of the twentieth century, however, slum housing was as pervasive as ever in both cities; while laws were passed to counter unscrupulous landlords who permitted such horrible conditions, the problems continued. It was the duty of early twentieth century 'houser' intellectuals to articulate a solution to the problems of poor housing and health. While many intellectuals did not live long enough to see the fruits of their labour, their collective suggestion that municipal governments provide safe, sanitary housing gained increasing traction in the years leading up to the Second World War. This was the intellectual birth of social housing.

Chapter 3: The Intellectual Debate over Social Housing, 1900 – 1940

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[90] Rhonda Williams, *The Politics of Public Housing: Black Women's Struggles against Urban Inequality* (Oxford University Press, 2004), p. 23.

Much as in the nineteenth century, the early twentieth century was a period of growth and transformation for Glasgow and Baltimore. Both cities experienced continued population growth, thanks to immigration and natural increase. Glasgow solidified its position as the second most important economic centre in the Empire, and while other cities eclipsed Baltimore's economic importance, Baltimore remained a crucial piston in the engine of the American economy. Intellectually, both cities were buzzing. A series of international exhibitions held around the turn of the century highlighted Glasgow as an intellectual centre. Furthermore, despite the extent of its notorious slum housing, Scottish urban planner Patrick Geddes labelled the city as 'foremost in invention and initiative.'[91] Meanwhile, the city of Baltimore quickly became renowned as a centre for innovative learning. Thanks to the establishment of Johns Hopkins University in 1876, the first American university based on the German research oriented model, intellectuals became increasingly aware of this provincial industrial city. In a very short period the university had transformed itself (and Baltimore) into a world renowned centre of academic excellence, particularly in the medical sciences.[92] Clearly, for both these cities the early twentieth century was an exciting time.[93] Yet as discussed in the previous chapter, both cities faced a serious impediment to their growth and prosperity – a dearth of safe, sanitary, and affordable housing for the cities' working populations. Scarce healthy housing options prompted crowding, which only compounded insanitary conditions in both cities. Additionally, the scarce housing that was available usually proved deficient in the provision of sanitary amenities, confounding the overarching problem of crowding. Progress had been made in reducing housing deficiencies in the last century, notably in the form of minimum housing standards, but both cities still struggled with problems of environmental health. In the twentieth century, the unhealthy conditions in each city became more difficult to ignore, as industrial economies required a steady flow of healthy workers. Old

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[91] Patrick Geddes, *Cities in Evolution: An Introduction to the Town Planning Movement and to the Study of Civics* (New York: Routledge, 1997), p. 212.

[92] Thomas Bonner, 'The German Model of Training Physicians in the United States, 1870-1914: How Closely Was it Followed?', *Sickness and Health in America: Readings in the History of Medicine and Public Health* (Madison: University of Wisconsin Press, 1997), pp. 195-196.

[93] Shopes, *The Baltimore Book*, p. xiii; Lynn Abrams, *A History of Everyday Life in Twentieth-Century Scotland* (Edinburgh University Press, 2010), pp. 19-45.

problems lingered on in a new age, and old solutions weren't working. For a new century, both cities needed a novel solution to their shared problems of housing and health. Thankfully, the early twentieth century proved an intellectually fecund environment; housing experts and public health authorities conceived jointly of a potential solution. That solution was social housing.

Yet while the provision of government subsidized housing would ultimately become a reality in both cities, the extent of appropriate government involvement in housing had yet to be articulated. A wide variety of British and American intellectuals engaged in this debate on the proposed nature of social housing. Inquiry into housing issues evolved into such an important discussion in American academic circles that by the 1920s and 1930s the term 'houser' arose to describe varied intellectuals who were inspired by the study of housing. Not all intellectuals interested in housing were university academics, however. Professionals from non-academic backgrounds influenced the social housing debate as well. Housers included academics, social activists, politicians, bureaucrats, economists, and medical and public health professionals. Intellectuals from a wide variety of backgrounds all contributed to the social housing debate, and coalesced around the idea that a private housing market alone could not provide adequate accommodation for the poorest members of modern urban industrial societies. Put simply, urban workers were unable to find housing that was sanitary and affordable. Housers soon realized that a twentieth-century economy required happy, healthy workers; wage earners needed to be able to afford housing conducive to good health. Privately let housing available to workers was often deficient in space and amenities, and in poor sanitary condition. Furthermore, as landlords were unable (or unwilling) to limit their profits and charge charitable rates, workers were compelled to inhabit these dwellings. Philanthropic interests first suggested that charitably minded private builders or cooperatives build affordable housing and voluntarily limit their prospective returns, so dubbed 'five percent philanthropy.'[94] While the model communities founded by Cadbury, Rowntree, and Thompson conformed to

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[94] Ian Morely, *British Provincial Civic Design and the Building of Late-Victorian and Edwardian Cities: 1880-1914* (Lewiston, NY: Edwin Mellen Press, 2003), pp. 137-140, 152-154.

this ideal, philanthropic housing endeavours never really caught on enough to alleviate housing strains on working class families. Government intervention, in the form of nationally or municipally operated housing, would be needed to provide for the housing needs of workers unable to afford sanitary accommodation. Their collective arguing would ultimately contribute to the construction of social housing during this period and the later proliferation of social housing after 1945. Although scholars and activists differed on just how governments should be involved in housing, all parties involved in the debate eventually supported social housing as the answer to Glasgow's and Baltimore's housing problems. This collective intellectual resolution is evidenced by the early examples of social housing that materialized before the Second World War, and the mass construction of social housing that disrupted both cities' housing landscape afterwards. Whether housers' ideas impacted Scottish or American housing legislation and whether nascent social housing improved the public health of Glasgow and Baltimore, however, are questions that remain unanswered. It is thus important to evaluate the influence of housers in order to understand the origins and evolution of social housing, and how social housing came to be a prominent characteristic of each city's housing market in the latter half of the twentieth century.

Beginning in the early twentieth century, new intellectual movements (Pragmatism in America, Fabianism in Britain, Leninism in Russia, etc.) were promulgating ideas that challenged established societal conventions. While such ideas startled traditionalists, they flourished in the burgeoning university environments of Glasgow and Baltimore. The idea of subsidized, municipal housing – to improve affordability as well as ensure public health – found academic advocates in continental Europe, Britain, and the United States.[95] Social housing was a nascent concept however, and housers were unsure how best to present their argument.

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[95] For introductions to the social housing debate, See: Gail Radford, 'The Politics of Housing in the 1920s', *Modern Housing for America: Policy Struggles in the New Deal Era* (University of Chicago Press, 1997), pp. 29-85; Helen Meller, *Towns, Planning, and Society in Modern Britain* (Cambridge University Press, 1997); and Eve Blau, 'Against the Idea of Force, the Force of Ideas', *The Architecture of Red Vienna, 1919-1934* (Cambridge, MA: Massachusetts Institute of Technology Press, 1999), pp. 18-48.

Firstly, housers needed to explain why social housing was a necessity at all. Up until this point in time, housing had been the purview of private interests. Property owners, speculators, builders, and landlords were motivated by profit, not by actual housing needs. Yet according to some then contemporaries, this system was perfectly adequate. Many were convinced that those who were subject to squalid housing environments had only their moral vices to blame for their condition, a line of thought common in the nineteenth century. Consider the words of an anonymous social critic, known by the pseudonym of 'Shadow', who investigated the living standards of Irish migrants in Glasgow in the 1850s:

> A shilling a week is paid for the apartment. Both parents are Irish, but speak the Scottish dialect; the young wife supports her partner and child by work in a factory. Before we leave, the husband enters, a short, stout repulsive-looking man, about twenty-five or thirty-five years of age, dressed in dirty corduroys, beard unshaved, and smells of whisky… Leaving Pat, somewhat an incorrigible in his way, we saunter forth into the street, by this time, dotted all over with little groups of labouring men, lounging about in their week-day clothes, with the addition of a clean shirt and neckerchief, just enough to remind them that it is the Sabbath-day.[96]

Yet while proponents of the idea that the behaviours of the working class resulted in their own poverty was common in the nineteenth century, this view began to wane by the dawn of the twentieth century. Still, other voices contended that both cities' housing met their population needs. Unsurprisingly, many real estate interests contended that the private housing market met population needs adequately.[97] A parliamentary inquiry on the housing of the working classes noted the words of James Morrison, a convenor of the Glasgow Improvement Trust of 1875, who concluded that in Glasgow 'a sufficient number of [houses] are erected by private

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[96] Shadow, *Midnight Scenes and Social Photographs: Sketches of Life in the Streets, Wynds and Dens in the City of Glasgow* (University of Glasgow Press, 1858), p. 14.

[97] Michael Harloe, *The People's Housing: Social Rented Housing in Europe and America* (Hoboken, NJ: J Wiley, 2008), pp. 271-272; In Canada, trade-unions joined forces with political parties to counter strong opposition from real estate interests, John Bacher, *Keeping to the Marketplace: The Evolution of Canadian Housing Policy* (Montreal: McGill-Queens University Press, 1993), pp. 33, 108-109; influential houser Catherine Bauer was also afraid of powerful real estate interests taking advantage of the American struggle over whether social housing should be a local or a federal concern, See: H Oberlander and Eva Newbrun, *Houser: The Life and Work of Catherine Bauer* (Vancouver: University of British Columbia Press, 1999), p. 121.

enterprise to meet all wants, and no real case of hardship is known.'[98] Glasgow city councillors noted the tremendous vacancies in their districts, and in an official publication the City of Baltimore boasted that for city residents 'a real home in Baltimore is within reach of all.'[99] Any municipal intervention into the housing market was viewed initially with scepticism. This was particularly true in the United States. According to one American contemporary, government intervention into housing might set American society on a 'road to socialism'.[100] British and American housers thus faced stiff opposition in convincing sceptics of the merits of subsidised, municipally owned housing.

Additionally, housers needed to answer a number of questions if politicians and municipal officials were going to consider housing legislation. What type of housing should be built? How well provisioned should individual units be? What kinds of tenants should be rehoused? Should social housing provide for all those in need of housing, or maintain tenant selectivity? Should governments directly build and maintain social housing, or simply offer subsidized finance to private builders? Put simply, nobody knew what 'social housing' was supposed to look like. It was the housers' duty to address these concerns, and formulate an agenda. In the years leading up the Second World War, housers did just that: dozens of articles, monographs, and books were published that not only advocated for the concept of social housing, but delineated the style, function, and purpose of the new housing form. Whether Glaswegian or Baltimorean municipal authorities paid much attention to housers' recommendations is irrelevant; social housing materialized in both cities and came to define the urban environment in both societies. An analysis of Scottish and American housers' work should illuminate the early twentieth

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[98] Royal Commission on the Housing of the Working Classes, *First Report of Her Majesty's Commissioners for Inquiring into the Housing of the Working Classes* (London: Eyre & Spottiswoode, 1885), p. 66.

[99] *The Baltimore Book: A Resume of the Commercial, Industrial, and Financial Resources, Municipal Activities and General Development of the City of Baltimore* (Baltimore: Meyer & Thalheimer, 1916), p. 81.

[100] Mary Beth Norton *et al*, *A People and a Nation: A History of the United States* (Stamford, CT: Cengage Learning, 2007), p. 576; Roberta Feldman and Susan Stall, *The Dignity of Resistance: Women Resident's Activism in Chicago Public Housing* (Cambridge University Press, 2004), p. 27.

century vision for social housing, and the impact their collective opus had on social housing development in the latter half of the twentieth century.

While the need for social housing was very real, different intellectuals and social activists argued for social housing on different grounds. Each expert on housing or public health had a unique perspective on the housing problems of each society and a personal agenda for advocating for social housing. Broadly, housing advocates can be placed into three distinct categories: the medically oriented, the economically and politically oriented, and the morally oriented. The medically oriented consisted primarily of state public health officials and university professors; their writings mostly provided evidence (or, often, conjecture) that poor housing constituted a prime determinant of health, and likely caused the disparities that afflicted working class persons. The economically and politically oriented were mostly social activists and politicians who had dedicated their professional lives to housing issues. Social activists clamoured for better housing on populist grounds, arguing that affordable, sanitary housing was a human right that ought to be fought for. Some social activists later became full-fledged politicians, such as John Wheatley in Glasgow and Lawrence Veiller in New York, thanks to their advocacy of social housing. Technocratic bureaucrats, such as John Highton in Scotland and Catherine Bauer in the United States, took a less fiery approach, generally arguing that poor housing likely resulted in decreased worker productivity and resident happiness. Social housing seemed a way to streamline efficiency, and therefore, was a good idea. Lastly, there were those who campaigned for social housing on moral grounds. For these housing advocates, affordable and sanitary accommodation was a human right, one that governments had a duty to ensure to extend to all citizens regardless of social status. Perhaps the first true 'housers', their admonitions were likely the most passionate of the era - authors excoriated real estate interests for profiting at the expense of the downtrodden, and extolled their government officials to repudiate such charlatans. Yet regardless of which group had the most correct grounding of concern, each group moulded the conversation on housing in early twentieth century Britain and the United States. The combined musings of housers shaped the arguments that legislators presented before their respective

governments, which resulted in the materialization of social housing. Their impact was integral and observable - and worthy of exposition and analysis.

Yet while housing intellectuals investigated the proper role of government intervention in the housing market, real people suffered the effects of inadequate housing. But this assertion raises a legitimate question – who suffered particularly from the poor housing stock in both cities? Class obviously played a role in housing choice; the working classes in both cities were disproportionately compelled to live in inadequate or insanitary housing; the poor almost invariably so. Social prejudice also determined housing options for many; immigrants in both cities (in both cases disproportionately Catholic) faced ethnic and sectarian discrimination in acquiring housing.[101] Catholics in both cities turned to fraternal organizations for help with housing, with Hibernian Societies aiding Irish Glaswegians, and the various ethnic based building and loan corporations aiding Catholic immigrants in Baltimore.[102] However, while Catholic immigrants and their descendants faced similar obstacles in both cities, any comparison of ethnic tension in Glasgow and Baltimore must acknowledge the differences in both cities' racial composition. By the early twentieth century, Glasgow remained an almost entirely white city. After the Second World War, Asian and Caribbean immigrants would arrive in Glasgow, although not as many commonwealth immigrants would settle in Scotland as England. The story of Glasgow's changing racial composition is a later, and still continuing, one. Baltimore's racial composition, however, had always been in a state of flux, and in the early twentieth century, was experiencing its most radical transition. In the 1910s, 1920s, and 1930s, hundreds of thousands of Southern blacks migrated to Baltimore in search of employment and a more harmonious racial atmosphere. Some migrants were lucky enough to find the former, but none found the latter.

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[101] Panikos Panayi, *Immigration, Ethnicity, and Racism in Britain, 1815-1945* (Manchester University Press, 1994), p. 110-111; Abrams, *Everyday Life*, p. 53; Williams, *Politics of Public Housing*, p. 23; M Stolarik, *Forgotten Doors*, p. 63.

[102] *The Oxford Handbook of Modern Scottish History* (Oxford University Press, 2012), eds TM Devine and Jenny Wormald, pp. 498-500; Immigration Research History Center, *Records of Ethnic Fraternal Benefit Associations in the United States: Essays and Inventories* (Minneapolis: University of Minnesota Press, 1981), eds Susan Shreve and Rudolph Vecoli, pp. 18-19; Sherry Olson, *Building of an American City*, p. 220; Charles Belfoure, *Baltimore Rowhouse*, pp. 124-126.

Baltimore, after all, was a Northern industrial city with a Southern, conservative culture – and any social study of Baltimore must recognize the unique hardships faced by its black residents.

Baltimore - Racially Motivated Housing Legislation:

One of the most damaging effects of racial tension in Baltimore was the restrictions placed on Black residential expansion. White Baltimoreans' prejudice towards Blacks was so severe that neighbourhoods, real estate interests, and eventually politicians colluded to restrict the growth of Black neighbourhoods. Consequently, Black Baltimoreans were much more likely to reside in overcrowded housing. While it is true that in Glasgow Catholics faced more difficulty in gaining higher-wage employment, and thus had less opportunity to afford better housing, Catholics never faced strict barriers to their residential expansion. Both Protestant and Catholic enclaves arose in Glasgow, and while some evidence existed that suggested Irish Protestants were less likely to live in dense tenements, both groups were mostly content to reside in enclaves.[103] In Baltimore, by contrast, a culture of intense racial intolerance coupled with institutionalized racial segregation made the city very hostile for Blacks.[104] Blacks faced a much harsher existence than Catholics in Baltimore; historian Wendy Winters even notes that two once marginalized immigrant groups to the United States, the Irish and the Italians, assimilated into American culture more quickly than Blacks despite their advantage of having a longer presence in the country.[105] While Durr contends that the city's 'White ethnics' (i.e. European Americans of non-British heritage) did face some employment discrimination, Skotnes contends that of the White ethnics only Jews experience

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[103] Donald MacRaild, *The Irish Diaspora in Britain: 1750-1939* (Basingstoke: Palgrave Macmillan, 2010), 2nd edn, p. 94.

[104] McDougall, *Black Baltimore*, pp. 63-65; While Blacks held relatively privileged skilled jobs in Antebellum Baltimore, Irish immigrants soon pushed them out of skilled trades after the 1840s, See: Norbert Finzsch and Dietmar Schirmer, *Identity and Intolerance: Nationalism, Racism, and Xenophobia in Germany and the United States* (Cambridge University Press, 2002), pp. 188-190.

[105] Wendy Winters, *African American Mothers and Urban Schools: The Power of Participation* (Lanham, MD: Lexington Books, 1993), p. 42.

severe residential restrictions.[106] Indeed, the Catholic White ethnics of Southeast Baltimore had assimilated into the wider American culture to such a great degree that perennial Democratic candidate George Wallace, the Southern vanguard of the old racial order, won these working-class districts in the 1964 Maryland Democratic primary.[107] A comparison based on the severity of the housing discrimination faced by Glaswegian Catholics and Baltimorean Blacks, therefore, is not an equal one. If any doubt lingers on this point, the following historical episode should serve as an illustration of why special attention must be given to Black Baltimoreans' difficulty in escaping slum conditions.

In 1910, a Black lawyer named W. Ashbie Hawkins decided to purchase a new house that better reflected his social class. Hawkins had founded a successful law firm to represent Black clients in litigation, as many White lawyers refused to represent Blacks. In addition to being a lawyer, Hawkins was active in Black social causes. He held a high position in Baltimore's division of the National Association for the Advancement of Colored People (NAACP), and was a regular contributor to *The Crisis*, the NAACP's official newsletter whose contributors included Marcus Garvey, W.E.B. DuBois, and Alain Locke. Through his partnership with George McMechen, another Black lawyer, Hawkins grew wealthy. He decided to purchase a stately house at 1834 McCulloh Street in Northwest Baltimore. Once he had purchased the house, he planned to rent it to his junior partner McMechen. The only problem was that McCulloh Street was one block east of Druid Hill Avenue, the accepted 'colour line' of Baltimore. Every resident of McCulloh Street was White, though with McMechen's arrival the block instantly became 'mixed'. Further aggravating norms, McCulloh street was just a few blocks west of Eutaw Place, one of the most prestigious and exclusive residential districts in the city. For early twentieth century White Baltimoreans, Black encroachment on such an exalted area signalled an unbearable affront to the city's established racial hierarchy. Almost immediately, neighbours

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[106] Kenneth Durr, *Behind the Backlash: White Working-Class Politics in Baltimore, 1940-1980* (Chapel Hill: University of North Carolina Press, 2003), pp. 64-80; Andor Skotnes, *A New Deal for All?: Race and Class Struggles in Depression-Era Baltimore* (Durham, NC: Duke University Press, 2013), p. 28.
[107] Nathan Glazer, *Affirmative Discrimination: Ethnic Inequality and Public Policy* (New York: Basic Books, 1975), p. 170.

began to harass the McMechen family. Neighbourhood tensions flared, and locals took action. Soon after McMechen's arrival, residents founded the McCulloh Street, Madison Avenue, and Eutaw Place Property Protective Association (MMEPPA) to organize White residents in opposition to his arrival. Later nearly 10,000 citizens signed a petition to the city council to prevent further intrusion of Blacks into White neighbourhoods.[108] City politicians were quick to respond to popular demand. To assuage growing frustration over the infiltration, Baltimore city council soon enacted Ordinance No. 654 (effective April 7, 1911), later amended and strengthened by Ordinance No. 692 (effective May 15, 1911).[109] Together the ordinances stipulated strict residential racial segregation by block, and nationwide this legislative approach became popularly known as the 'Baltimore Plan'.[110]

No. 654.

An ordinance for preserving peace, preventing conflict and ill-feeling between the white and colored races in Baltimore city, and promoting the general welfare of the city by providing, so far as practicable, for the use of separate blocks by white and colored people for residences, churches and schools.

The ordinance that precipitated the first 'Baltimore Plan'.

The first ordinance contained two clauses. The first clause prohibited Blacks from moving to White blocks, and vice versa. Mixed race blocks, rare but extant, were exempted from the law. The second clause prohibited the establishment of Black institutions such as churches, schools, or social clubs on White blocks, and vice versa. The only exemption to this rule was the allowance of Black domestic servants, who were allowed to live in White households.[111] The ordinance proved immensely popular, and copycat laws were enacted in the Southern cities of Richmond,

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[108] Carl Nightingale, 'The Transnational Contexts of Early Twentieth-Century American Urban Segregation', *Journal of Social History*, Vol. 39, No. 3, (Spring, 2006), p. 673.
[109] *The Ordinances and Resolutions of the Mayor and City Council of Baltimore: Annual Session of 1910/11* (Baltimore: Meyer & Thalheimer, 1911), pp. 294-300, 377-384.
[110] Jan Voogd, *Race Riots and Resistance: the Red Summer of 1919* (Bern: Peter Lang, 2008), p. 42.
[111] Richard Chused, *A Property Anthology* (Cincinnati, OH: Anderson Publishing, 1997), p. 122.

Greensboro, Winston-Salem, and Louisville.[112] The second ordinance clarified any potential confusion about what constituted a 'White block' or a 'Colored block'. The supplemental ordinance did adhere to a peculiar consistency, however, as the addendum forbade White encroachment on established Black neighbourhoods. 'It shall be unlawful for any white person to move into or use as a residence or place of abode any house [or block]… as the same are occupied… by colored persons'.[113] Despite popular support and careful legal composition, ultimately, the law proved short-lived. The Supreme Court ruled in *Buchanan vs. Warley* (1918) that the ordinance ran counter to the Fourteenth Amendment and that the 'right of the individual citizens to acquire or use property cannot be validly restricted by state or municipality on the ground of color.' [114] Considering the racial climate of the United States at the time, it was a testament to the legal prowess of Hawkins and the NAACP that they managed to overturn such an injurious impediment to Black Baltimoreans' struggle for housing.

While the ordinance was overturned relatively quickly, the anecdote still serves to illustrate the especial hardships Blacks faced in securing healthy housing in Baltimore during the early twentieth century. While the Supreme Court overruled Baltimore's municipal authority to enforce racial segregation, the ruling did not mend White Baltimoreans' racial distrust. The 'Idea' proved popular with White Baltimoreans and most viewed the ordinance as an essential tool in preventing greater Black empowerment in the city. Contemporary commentators noted the tension between Baltimore's White community and Black community over increasing housing pressures and historian Jan Voogd argues that the 1918 ruling precipitated

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[112] Somewhat curiously, White residents of St. Louis clamoured for similar legislation, but the city council refused to codify segregation, David Delaney, *Race, Place, and the Law, 1836-1948* (Austin: University of Texas Press, 1998), p. 1902.

[113] *The Ordinances and Resolutions of the Mayor and City Council of Baltimore: Annual Session of 1910/11* (Baltimore: Meyer & Thalheimer, 1911), pp. 378-379.

[114] In 1913, Hawkins and McMechen failed to convince the Maryland Court of Appeals in State of *Maryland vs. Gurry* that such racial restrictions on housing were unconstitutional, but the Supreme Court of the United States overruled this verdict. *Atlantic Reporter: Cases Argued and Determined in the Courts of Connecticut, Delaware, Maryland, New Hampshire, New Jersey, Pennsylvania, Rhode Island, Vermont* (St. Paul, MN: West Publishing Company, 1918), Vol. 103, pp. 910-911.

the city's race riots in 1919.[115] Put simply, early twentieth century Baltimore, in contrast to relatively tranquil colonial Baltimore, was not a hospitable environment for Blacks.

Yet McMechen's struggle can serve as a reminder of the obstacles Blacks and Whites *both* faced in attaining decent housing. For while poor Whites never faced housing discrimination anywhere near as intense as Blacks, both White and Black workers shared the same need: affordable, and sanitary housing. The difference between these two groups' shared struggle is that while one group only faced an economic impediment to attaining decent housing, the other group faced economic, legal, and social impediments in securing healthier housing. Thus, while the issue of race complicates any comparative narrative on housing in Scotland and the United States, a fundamental truth remains: residents of both Baltimore and Glasgow were in need of affordable and sanitary housing. Commentators from a wide variety of backgrounds interested in housing needed to articulate the problem of poor housing and compose a feasible solution to the problems of the status quo. Luckily for the working class, situations like McMechen's incited righteous indignation in British and American housers. New legal measures designed to restrict access to housing only served to renew intellectuals' opposition to builders, real estate interests, and landlords. In the early twentieth century, social housing advocates had momentum, and they didn't waste their opportunity. While social housing did not appear on a large scale until after the Second World War, the scholarly works and political action of both Scottish and American housers incubated the concept of social housing, precipitated the construction of social housing on a grand scale in the latter half of the twentieth century.

Early Arguments for Housing Reform, Charles Booth and Jacob Riis:

During the nineteenth century, many intellectuals held poverty to be self-inflicted. People were poor either due to sloth, vices, or poor family planning.

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[115] 'Soldiers Try to Terrorize Colored Folk', *Baltimore Afro-American*, 28/07/1919; 'Baltimore Whites Try to Stir Up Race War', *Cleveland Advocate*, 20/09/1919; Voogd, *Race Riots*, p. 42.

Environmental conditions deleterious to health were thus not viewed as causing poverty, but rather as resulting from poverty; if the poor improved their behaviour, they would consequently avoid impoverishment and its concomitant squalor. While the idea that sloth and vice could lead to iniquity had long held traction, during the nineteenth century family size became an increasingly popular target of moralists. The most prominent population contrarian of this time was Thomas Malthus, who ruminated that Britain's working class induced their own poverty through poor family planning, and that this behaviour reflected workers' intrinsic moral ineptitude. Consider Malthus's criticism of the British poor's alleged inability to plan and impulsive purchasing habits:

> The labouring poor, to use a vulgar expression, seem always to live hand to mouth. Their present wants employ their whole attention, and they seldom think of the future. Even when they have an opportunity of saving they seldom exercise it, but all that is beyond their present necessities goes, generally speaking, to the ale house.[116]

Adding further insult to injury, Malthus suspected that many workers consciously spent their wages flagrantly, knowing full well that should unemployment or illness affect their family they could rely on the parish for subsistence.[117] Indeed, Malthus touted temperance as a remedy against poverty. Again, this advice presupposed intrinsic character flaws in the poor. Temperance activist Thomas Beggs noted that during his investigations he had 'found very little poverty but what has been self-induced, or which the abrogation of the drinking habits would remove.'[118] In addition to alcoholism, Malthus was also concerned with population growth. He believed that large family size aggravated poverty conditions, and advised sexual abstinence to prevent families from declining into penury. While this view was contentious, contraception was viewed with even more suspicion. Thomas Wooler, editor of the social journal *The Black Dwarf* (1817-1824), argued that implementing measures to control population (i.e. contraception) would only promote promiscuity

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[116] Thomas Malthus, *An Essay on the Principle of Population* (Washington, DC: Robert Chew Weightman, 1809), Vol. 2, p. 173.
[117] Ibid., p. 173-174.
[118] Thomas Beggs, *The Proceedings of the World's Temperance Convention* (London: Charles Gilpin, 1846), p. 70.

in the poor, which would consequently be injurious to their welfare.[119] Regardless, while many of Malthus's contemporaries were sceptical of his emphasis on overpopulation and his utilitarian solutions, most of Malthus' early nineteenth century contemporaries agreed with the prevailing wisdom that immoral behaviour conditioned poverty.

Malthus's belief that immorality was intrinsic in the poor did not go unchallenged, however. Welsh social reformer Robert Owen, the manager of the New Lanark milling community, was a staunch critic both of Malthus's population fatalism and his cynical view of the poor's morality. He agreed that moral turpitude inhibited the advancement of the poor, but rejected the idea that poor people had a natural predisposition towards immorality. Instead, Owen felt that diminished moral character was the product of home life and physical environment, and felt that education and a healthy environment (communal working and living) could remedy poor peoples' immoral qualities.[120] The cultivation of good habits would free the poor from their chains. In 1805, an alms advocate advised that poor persons avoid undue stress, aggravation, and moral inequity, as the author subscribed to Galen's ancient idea that poor mental health precipitated physical illness.[121] Edwin Chadwick, whose writings led to the implementation of the Poor Laws, also agreed that poverty was self-induced. Chadwick's primary concern was the connection between sickness and poverty. Insanitation that caused illness, and illness resulted in poverty. While he noted the increased difficulties placed on the poor in maintaining a healthy housing environment, he tended to ascribe insanitary conditions more to the poor's bad habits, rather than their inability to pay for adequate housing. Rather than ascribe blame innate qualities, Chadwick merely blamed poverty on bad habits; if poor people led more sanitary lives, they would not become ill and subsequently

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[119] James Huzel, *The Popularization of Malthus in Early Nineteenth-Century England: Martineau, Cobbett, and the Pauper Press* (London: Ashgate Publishing, 2006), p. 164.

[120] For a discussion of the differences in opinion between Malthus and Owen, see Martin Fichman, An *Elusive Victorian: The Evolution of Alfred Russell Wallace* (University of Chicago Press, 2004), pp. 70 - 72; For Owen's views on communal living, See: Robert Owen, *A New View of Society* (London: Longman & Brown, 1817), 3rd edn.

[121] Miss Horner, 'Extracts from an Account of a Contagious Fever at Kingston-on-Hull', *Report of the Society for Bettering the Condition and Increasing the Comforts of the Poor* (London: Bulmer & Co., 1805) Vol. 4, pp. 133-143.

poor. [122] The seeds of a more charitable view of the genesis of poverty were being sown, however. Gentleman farmer and amateur pamphleteer William Cobbett fiercely disagreed with Malthus, and attacked his jaded views on his lower-income compatriots. In a vein of thought that seems quite sensible to contemporary readers, Cobbett attacked the old view of self-induced poverty, and wrote that though 'There are some men… who are reduced to poverty by their vices… [however] the far greater part by bodily ailments, by misfortunes to the effects of which all men may, without any fault and even without any folly.'[123] While Cobbett did not enjoy the popularity (or infamy) of Malthus, he presented the kernel of a transformative idea: environmental conditions impact poverty. This conception of the relationship between environment and poverty would gain traction later in the century.

Towards the end of the nineteenth century, intellectuals on both sides of the Atlantic began to think differently about poverty. Suddenly it became fashionable to view people as victims of circumstance, not morally deprived agents incapable of sustaining themselves. In Britain, Charles Booth's survey of the urban poor in *Life and Labour of the People in London* showed that a high percentage of Londoners lived in abject poverty, a percentage even higher than the Socialist Party's estimate.[124] Booth's use of colour-coded maps, detailing the severity of poverty and its proximity to areas of great wealth, was particularly disconcerting to British readership.[125] The multi-volume work, while largely statistical in nature, none-the-less exposed the extent of poverty to British audiences. Considering that London was the capital of the world's largest and most successful empire, the illustrations of the relationship between dire poverty and neighbourhood tenancy must have shocked audiences around the world. Yet while Booth drew academics' attention, he would

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[122] Michelle Allen, *Cleansing the City: Sanitary Geographies in Victorian London* (Athens: Ohio University Press, 2008), pp. 13-14.

[123] William Cobbett, *Advice to Young Men* (London: Mills, Jowett, and Mills, 1829), p. 321.

[124] *Charles Booth's London: A Portrait of the Poor at the Turn of the Century* (London: Pantheon Books, 1967), eds Richard Ellman and Albert Fried p. xxviii.

[125] Louise Creighton, 'Lecture II: The Sources of Family Wealth', *The Economics of the Household: Six Lectures Given at the London School of Economics* (London: Longmans & Greem, 1907), pp. 22-30; Booth also had his critics, See: Charles Loch, *An Examination of 'General' Booth's Social Scheme* (London: Swan Sonnenschein, 1890), pp. 89-100.

not receive the same popular attention as would his counterpart in the United States, Jacob Riis.

'Extracts from Map 2, Section S.W.', Source: Charles Booth, Survey of the Life and Labour of the People in London (London: 1891), Vol. 2, Appendix.

Published one year after Booth's sociological treatise, Jacob Riis's *How the Other Half Lives* horrified an American popular audience with a written and photographic exposition of American cities' poor environmental conditions and a depiction of the slums the poor were forced to dwell in. Riis, a Danish immigrant, had known unemployment and hunger since his arrival in the United States, and therefore had an intimate understanding of the squalor American immigrants were compelled to endure. Consider Riis's introductory statements on the severity of the conditions of New York's tenements:

To-day three fourths of its people live in the tenements, and the nineteenth century drift of the population to the cities is sending ever-increasing multitudes to crowd them. The fifteen thousand tenant houses that were the despair of the sanitarian in the past generation have swelled into thirty-seven thousand, and more than twelve thousand persons call them home. The one way out he saw – rapid transit to the suburbs – has brought no relief. We know now that there is no way out; that the "system" that was evil offspring of public neglect and private greed has come to stay, a storm-centre forever of our civilization. Nothing is left but to make the best of a bad bargain.[126]

Yet it was not Riis's written commentary that shocked polite American society, but rather the brutal photographs (rendered as line drawings) of intense poverty that captivated readers' attention. In particular, the images of malnourished and homeless children, made possible through Riis's access to easily portable cameras, disturbed polite society, and spurred progressive intellectuals to endorse government solutions to end malnutrition.[127] Riis's work achieved a sensationalist appeal.[128] The book had a significant impact on society – and lent credence to Riis's positions on urban problems. Riis was a strong advocate of slum clearance – and supported the 1895 clearance of the Mulberry Bend neighbourhood on the Lower East Side of Manhattan, an area populated mostly by poor Italian immigrants. Riis, in line with other late nineteenth-century intellectuals, was a proponent of architectural determinism – if one could eliminate poor housing conditions, public health problems would dissipate. At various points throughout the nineteenth and twentieth century, this idea waxed and waned in popularity. When the idea was popular, it was upheld as a justification for slum clearance. Yet while slum clearance has its merits, it can also prove short sighted; once slums are demolished former tenants need to be rehoused. For example, at the time of the Mulberry Bend clearance in New York, Riis had no plan to rehouse displaced slum dwellers.[129]

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[126] Jacob Riis, *How the Other Half Lives: Studies Among the Tenements of New York* (New York: Charles Scribner's Sons, 1890), p. 2.

[127] Cheryl Warsh and Veronica Strong-Boag, *Children's Health Issues in Historical Perspective* (Waterloo, ON: Wilfred Laurier University Press, 2005), pp. 166-169.

[128] According to Blake, Riis's work represented a transitional point between the older sensationalist works and the newer 'scientific' works, See: Angela Blake, *How New York Became American, 1890-1924* (Baltimore: Johns Hopkins University Press, 2009), pp. 24-25.

[129] Florian Urban, *Towers and Slab: Histories of Global Mass Housing* (London: Routledge, 2012), p. 26; Max Page, *The Creative Destruction of Manhattan* (University of Chicago Press, 2001), p. 78.

Unfortunately for those impacted by slum clearance, municipal authorities often failed to consider how to accommodate erstwhile slum district residents.[130] Thus, while eliminating slum conditions precipitated better environmental health, municipal authorities needed to replace existing slums with affordable and healthy housing options for slum dwellers.

While Riis was more interested in slum clearance than public health legislation, *How the Other Half Lives* and his succeeding works *The Children of the Poor* (1892) and *The Battle with the Slum* (1901) prompted social activists such as Lawrence Veiller to push for public health legislation in the 1890s and 1900s.[131] As director of the New York Tenement Commission, Veiller enforced existing minimum building standards and lobbied to further standards, culminating in the 1901 Tenement House Law that outlawed windowless rooms, narrow alleys, and other nuisances in New York buildings.[132] Thus, although Riis's work was meant to be apolitical, *How the Other Half Lives* altered the public conscious and impacted public health legislation. In an American context, Riis was often upheld by later authors such as Catherine Bauer and Edith Elmer Wood as the first houser – as his book brought such wide attention to the problems of slum housing that in contemporary times the phrase 'how the other half lives' has entered into casual speech.

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[130] By the 1930s, British and American housers were insisting that slum clearance include rehousing measures, See: *A Housing Program for the United States* (Chicago: National Association of Housing Officials, 1934), p. 17; Charles Morgan-Webb, *Three Million Houses* (New York: Committee for the Nation, 1937), pp. 188-191.

[131] Lawrence Vale, *From the Puritans to the Projects: Public Housing and Public Neighbours* (Cambridge, MA: Harvard University Press, 2007), p. 56; Lawrence Frank, *Health and Community Design: The Impact of the Built Environment on Physical* (Washington, DC: Island Press, 2003), pp. 18-20; Roy Lubove, *The Progressives and the Slums: Tenement House Reform in New York City, 1890-1917* (University of Pittsburgh Press, 1963), pp. 127-130.

[132] John Bauman, Roger Biles, and Kristin Szylvian, *From Tenements to Taylor Homes: In Search of an Urban Housing Policy in Twentieth-Century America* (College Park, PA: Pennsylvania State University Press, 2000), pp. 26-28.

'Street Arabs in Sleeping Quarters', Source: Jacob Riis, How the Other Half Lives (New York: Charles Scribner, 1890), p. 202.

In both Britain and the United States it was works such as Booth's and Riis's that altered public and intellectual opinion on the causes of poverty. Whether one looked at statistical analyses or disturbing images of human suffering, it grew difficult to affirm persistently that the poor caused their own condition. Rather, in the late nineteenth century people began to consider external influences, such as poor economic conditions, feelings of social alienation, and significantly, an unhealthy environment as more likely determinants of poverty. Initially, these realizations manifested themselves in an intense anti-urban movement; some of the late nineteenth century's best selling novels expounded on this theme, such as Josiah Strong's *Our Country* (1885), Joaquin Miller's *Destruction of Gotham* (1886), Edward Bellamy's *Looking Backward* (1886), and Ignatius Donnelly's *Caesar's Column* (1890). Elements of this anti-urban sentiment would reappear later in the early twentieth century with the Garden City movement in Britain and the City Beautiful movement in the United States. The anti-urban movement probably climaxed with the publication of Upton Sinclair's *The Jungle* (1906), which detailed with excruciating precision the insalubrious environmental conditions immigrants to Chicago were forced to endure. But as the necessity of urban settlement became

clear, anti-urban sentiment faded. Cities were here to stay, and it was up to British and American housers to ensure that urban housing conditions were as sanitary as possible.

Early Urban Planning Voices: Patrick Geddes and John Nolen:

Yet while public health professionals approached housing from a medical background, other Scottish commentators approached housing from a sociological perspective. Among the earliest Scottish intellectuals to direct his attention towards social housing, and indeed urban sustainability, was Patrick Geddes, the prolific polymath of Edinburgh. While Geddes trained originally as a biologist, he later turned towards issues concerning societal efficiency, and is most remembered for his contributions to urban planning. This transition was precipitated by the largess of Scottish-American industrialist Andrew Carnegie, who in 1903 offered a grant for a proposal for the restoration of Dunfermline.[133] Hiding in his 'Outlook Tower', Geddes laboured to illuminate the city as a social organism, one that could be cultured and likewise neglected, but ultimately resilient enough to flourish.[134] However, Geddes did not feel compelled to abandon his biological mindset to focus on social issues, and would argue that the primary objective of the home is to nurture a healthy family.[135] Drawing inspiration from Herbert Spencer and Frederic Le Play, Geddes sought to fuse an evolutionary understanding of nature with a sociological understanding of society to guide the planning of human organization.[136] Geddes thought that cities evolved much the way biological organisms did (hence the title of his first major urban treatise *Cities in Evolution*), and that just as Mendel could manipulate the traits of his pea plants through selective breeding, a planner could dictate the path of city development through a proper understanding of societal

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[133] Frederick Huntington-Vigman, *Crisis of the Cities* (Washington, DC: Public Affairs Press, 1955), p. 69.
[134] Volker Welter, *Biopolis: Patrick Geddes and the City of Life* (Cambridge, MA: Massachusetts Institute of Technology Press, 2003), p. 103.
[135] Helen Meller, *Patrick Geddes: Social Evolutionist and City Planner* (London: Routlege, 1990), p. 51.
[136] David DeSelm, *The Influence of the Foreign Heritage on the American City* (Washington, DC: GPO, 1976), p. 28.

needs.[137] Building on this literal understanding of the city as an organism, Geddes

adopted Le Play's conception of society as being defined by 'place, work, and family',

with the city serving as the host of society.[138] This ideological trio allowed Geddes to

argue that 'work', or more broadly, human activity, served as the linchpin between

man and his physical environment. Geddes often re-construed Le Play's criteria as

'environment, *function*, and organism', and emphasized the importance of function –

the interaction between humanity and the world.[139] For while human beings are

organisms like any other life form, they differentiate themselves by consciously

altering their environment for their own purposes. This activity constituted

civilization, and the city was the physical evidence of civilization. Concerning the city,

Geddes was most interested in how it served the needs of the family, which he felt

was the 'central biological unit of human society.'[140] In a letter to a colleague,

Geddes wrote that only through 'stable, healthy homes' could families cultivate an

environment which would produce children able to 'fully participate in life'. It was

this basic concern for humanity, coupled with a sincere belief that a scientific

approach to urban problems could heal social deprivation, that led Geddes to

endorse social housing. Later, he would be joined by many other early housing

intellectuals in such an endorsement; he co-authored a book on the future of social

welfare with his London based colleague Victor Branford in 1919.[141] Later, in 1923,

and along with the urban intellectualists Lewis Mumford (a Geddes protégé)

Thorstein Veblen, Henry Wright, Clarence Stein, and Frederick Ackerman, Geddes

founded the Regional Planning Association of America, which encouraged social

housing projects throughout the New Deal era. For while Geddes was a prominent

Scottish urban intellectual, his influence on the American cities, through his own

work and that of his protégés, was far greater. For these early American housers,

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[137] Robert Bud, *The Uses of Life: A History of Biotechnology* (Cambridge University Press, 1994), pp. 60-73.
[138] Indra Munshi, 'Patrick Geddes: Sociologist, Environmentalist and Town Planner', *Economic and Political Weekly*, Vol. 35, No. 6 (2000): 486; and Joseph Keulartz, *The Struggle for Nature: A Critique of Environmental Philosophy* (New York: Routledge, 1999), pp. 56-69.
[139] Kuerlatz, *The Struggle for Nature*, pp. 57-58.
[140] Phillip Mairet, *Pioneer of Sociology: the Life and Letters of Patrick Geddes* (Farnham: Lund Humphries, 1957), p. 28.
[141] Victor Branford and Patrick Geddes, *Our Social Inheritance* (London: Williams & Norgate, 1919), p. 126.

social, economic, and sanitary reform could be achieved through social housing; their endorsement was a tacit recognition that a governmental solution appeared to be the only feasible option to the problems of housing and health. Furthermore, Geddes' emphasis of a biological conception of the city heavily influenced the ideas of these housers.[142] However, not all intellectuals approved of social housing enthusiastically, and even Geddes was hesitant of social housing initially.

At first, Geddes viewed state intrusion into housing as injurious to organic urban integrity. He even called the slum clearance programme of colonial India as 'one of the most disastrous and pernicious blunders in the chequered history of sanitation.'[143] In fact, Geddes further contended that social housing would be an artificial barrier to organic family life, and therefore socially disruptive. Initially, Geddes preferred a more traditional conception of urban life, one that followed a natural (yet guided) path of development that promoted self sufficiency among individuals and families. Rather than impose a contrived, mathematical model of housing and development on urban residents, Geddes felt planners should have strived to rediscover the past traditions, customs, and mores of localities that expressed local conceptions of community and family.[144] Geddes felt that this was especially important advice for an American audience, for he argued that '[America's] citizenship has in the past suffered even more arrest and decay than our own, under the influence of the extreme economic individualism of her still too largely paleotechnic industry, her too individualistic commerce and finance.'[145] Eventually, through his travels and sociological investigations, Geddes understood that unguided urban development encouraged the oppression of the working class.

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[142] David Walters, *Designing Community* (New York: Routledge, 2012), p. 22; Francesco Bandarin and Ron van Oers, *The Historic Urban Landscape: Managing Heritage in an Urban Century* (Hoboken, NJ: J Wiley, 2012), pp. 12-13; Hyungmin Pai, *The Portfolio and the Diagram: Architecture, Discourse, and Modernity in America* (Cambridge, MA: Massachusetts Institute of Technology Press, 2002), pp. 117-119; Ben Minteer, 'Regional Planning as Pragmatic Conservationism', *Reconstructing Conservation: Finding Common Ground* (Washington, DC: Island Press, 2003), eds Ben Minteer and Robert Manning, pp. 99-104.

[143] Patrick Geddes, *Patrick Geddes in India* (London: L Humphries, 1947), ed. Jacqueline Tyrwhitt, p. 26.

[144] Miles Glendinning *et al*, '1880-1914: The Search for Order', *A History of Scottish Architecture: From the Renaissance to the Present Day* (Edinburgh University Press, 1996), p. 349.

[145] Patrick Geddes, *Cities in Evolution* (London: Williams & Norgate, 1915), p. 171.

Municipal intervention into housing, then, was a good development. With private sector domination of housing, rents remained high and conditions remained injurious to health. While Geddes felt it was important for cities to develop naturally, a solely private housing market facilitated unscrupulous landlords in extoritionate rent rates. Only government action appeared strong enough to break the domination of the privurate housing market by moneyed interests. Throughout the early twentieth century, Geddes and other early intellectuals promulgated this idea in their publications. Although each 'houser' maintained a different angle, all of these publications had a strong moral bent: affordable and sanitary housing was a right, and one that ought to be protected and ensured by the government for society's working people.

If Patrick Geddes was the father of Scottish planning, then John Nolen, a Geddes protégé, was surely the father of American planning. Born and educated in Baltimore's mid-Atlantic neighbour Philadelphia, Nolen was inspired by the slums of this densely populated port city to advocate urban planning as an antidote to America's urban environmental health crisis. A critic of the American 'City Beautiful' movement (much as Geddes was a critic of the Garden City movement), Nolen took a rational and utilitarian approach to planning.[146] Nolen emphasized efficiency and sanitation; if cities were professionally planned, sanitation, liveability and aesthetic appeal would naturally follow. Specifically, Nolen argued that the contrived ideas enumerated in a city plan actually *constituted* a kind of beauty, lending a kind of verve to urban life. In his work *The Place of the Beautiful in the City Plan*, Nolen elaborates on this concept:

> What, then, is "The Place of the Beautiful in the City Plan"... The answer, it seems to me, is quite simple. It is the city plan that makes the beautiful in the cities possible. Except as a diagram may be considered interesting or beautiful, looked at as a diagram on paper, or as the city plan as a whole might appear beautiful because of its recognizable order and

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[146] On the differing approaches of Geddes and the Garden City movement, See: John Montgomery, *The New Wealth of Cities: City Dynamics and the Fifth Wave* (London: Ashgate, 2007), p. 243; on Nolen's approach to city planning, See: Lubove, *The Progressives*, p. 220; M Boyer, *Dreaming the Rational City: The Myth of American City Planning* (Cambridge, MA: Massachusetts Institute of Press, 1986), pp. 154-155.

symmetry and logically good arrangement as viewed from an airplane, the city plan in itself is not beautiful at all. Nevertheless ... I venture boldly to assert that there can be no such thing as a beautiful city without a city plan conceived and executed not only so as to serve all the practical requirements of a city, but also to provide abundant opportunities for the proper expression of the beautiful.[147]

Nolen later noted that while parks and statues and fountains were of course beautiful, their beauty was facilitated by the proper planning and maintenance of cities. For Nolen, structure begat beauty, and indeed, defined every aspect of city life. This emphasis on the importance of planning is what differentiated Nolen from many early twentieth century urban intellectuals. Nolen was a direct critic of laissez-faire urban development (just like Geddes), for he recognized immediately the negative consequences of allowing private interests to dominate city development. Consider Nolen's ruminations on the perils of inadequate regulation of land development at an early Pan American Scientific Congress:

Public opinion generally was not, and in fact is not yet favourable to the strict public regulation and control of the laying out of residential neighbourhoods. It is, indeed, very difficult to make an advance, even in sanitary requirements, in measures for the reduction of fire hazard, in the reasonable protection of light and air, administrative regulations which might naturally be expected to receive attention in advance of grand city planning ... [However] There is widespread feeling that public health matters should have first attention. Thus, the obstacles to regulating and controlling land subdivision are greatly increased in this country by the "Laissez-Faire" doctrine, by what is known as the rights of individual property, and by the strength of vested interests.[148]

It seems that at the beginning of the twentieth century, laissez-faire property laws in the United States facilitated lax zoning regulations, which in turn precipitated insanitary environmental conditions.[149] Given the consequences of private sector domination of housing seemed injurious to public health. Nolen found that in

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[147] John Nolen, *The Place of the Beautiful in the City Plan* (Cambridge, MA: National Conference on City Planning, 1922), p. 11.
[148] John Nolen, 'The Effects of Land Subdivision upon Housing and Public Health', *The Second Pan American Scientific Congress* (Washington, DC: Dec. 27, 1915- January 8, 1916), p. 1.
[149] Ibid., p. 4.

American cities, housing standards were much lower than their European equivalents. According to Nolen, this could be avoided totally. If much higher standards were applied in the planning of new communities or the replanning of existing communities, public health problems would be diminished.[150]

Fundamentally, housing needed to be affordable, have adequate access to light and air, and be located in a pleasant environment. Although Nolen was city planner for Cambridge, Massachusetts, then a densely populated working class suburb of Boston characterized by 'triple-decker' wooden tenements, his ideas on what constituted 'good housing' stemmed from his childhood in Philadelphia. Nolen found the two-story rowhouses of Baltimore, Wilmington, Delaware and his native Philadelphia the ideal housing form for families. They were easy to assemble and cheap to buy - indeed Nolen was especially impressed with the large numbers of savings and loans societies in the mid-Atlantic that allowed working people to own their own homes.[151] However, Nolen also recognized the impact of urbanization on working persons, and their inability to provide healthy homes for their families:

> Homes for the new industrial and commercial classes were evolved in muddling, makeshift fashion, under dreadful conditions of congestion. The shadows of the factory stack falls on ugly rows of houses, mean tenements, with great sacrifice of human values...Inner ugliness, unrest, and recklessness saddens and brutalizes human life in many parts of industrial society. The development of cities and city life cannot be arrested. It is the historic trend. It is left us only to face the by-product of industrialism, the city, and if possible, civilize it.[152]

Much like Geddes, Nolen maintained that poor housing was the natural result of increased urbanization in a capitalist society. However, state action seemed like a potential solution to the problem of poor housing. Nolen felt that community

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[150] John Nolen, 'President's Address: Twenty Years of City Planning Progress in the United States', *Planning Problems of Town, City, and Region: Papers and Discussions* (Philadelphia: Fell & Co., 1926), p. 14.
[151] John Nolen, 'A Good Home for Every Wage-Earner', *Twelfth Annual Convention of the American Civic Association* (Washington, DC: American Civic Association, 1916), p.1.
[152] Nolen, 'A Good Home', p. 2.

organization could provide an alternative to the ruthless demands of the private housing market, as evidenced below by his advocacy of collectivism:

> We need to make many improvements for the benefit and enjoyment of everybody, for the common good. Strong, selfish, almost unchecked individualism still has its sway in our cities, and many of the evils which better city planning may help to correct are due to this cause. For example, the faults of the street system, the ignorant and ugly condition of waterfronts, the failure to link various agencies for transportation, the unsanitary and demoralizing influences of slums – these represent the neglect of any large planning authority to control and check rank individualism and to exercise collective power in the name of the entire community. In this respect how striking is the contrast between American and European cities.[153]

Indeed, 'rank individualism', as Nolen labelled it, was counter to the concepts of city planning and social housing, and thus injurious to working class welfare. Nolen's collective attitude, while somewhat at odds with the Toquevillian American emphasis on the individual, was perfectly in tune with the rhetoric of Franklin Roosevelt's America and the 'New Deal'. Consider Nolen's endorsement of European social institutions:

> About fifty years ago [read: 1870s], Europe began the improvement, replanning, and reconstruction of her cities to meet the requirements of modern life. Each city acting with strong, well-regulated collective power, endeavoured to provide facilities for wholesome exercise, for transportation, for good homes…To furnish advantages such as these should be one of the controlling purposes of city planning, for they not only provide wholesome recreation as a relief from the grind and fatigue of the day's work, but they also make a definite and, in the long run, an indispensable contribution towards tomorrow's efficiency…This rise and growing power of collectivism in the American democracy is due to the same influences which have acted on the European nations, and especially on the English.[154]

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[153] John Nolen, *New Ideals in the Planning of Cities, Towns, and Villages* (New York: American City Bureau, 1919), p. 17.
[154] Ibid., pp. 17-18.

Thus, if American cities were to succeed in providing a healthy atmosphere for their citizens, they needed to copy European models of urban planning. Yet in many of his works, Nolen does not comment specifically about housing standards. Indeed, initially he argued that housing standards were not a concern for the city planner. Later he retracted this position, and argued that explanations for planners' disregarding of housing issues were 'loosing strength' thanks to increased public awareness of the dismal state of housing in American cities. [155] Nolen later understood the importance of social housing, however – he became a regular attendee and contributor to the National Conference on Public Housing, an organization founded in 1931 for the expressed purpose of promoting social housing.[156] His advocacy of social housing permitted later intellectuals and politicians to agitate for social housing more boldly in the 1920s and 1930s such as Carol Aronovici's *Housing and the Housing Problem* (1920), Catherine Bauer's monumentally influential *Modern Housing* (1934), and in Britain, Marian Bowley's *Housing and the State* (1945).[157] Thus, Nolen's prolific writings on the importance of urban planning had a strong intellectual impact on the social housing debate in the United States. Yet the issue of housing reform was not confined solely to academic minds. Hundreds of thousands of workers in Glasgow and Baltimore were compelled to endure overcrowded, substandard housing conditions injurious to health. Throughout the early twentieth century, the fiercest proponents of social housing were not public health professors or abstract urban planners, but political activists. Their exposure of the deficiencies of slum housing in both cities, along with their direct agitation against their respective municipal and national governments, led to Scottish and American governmental involvement in the provision of housing.

Twentieth Century Political Housers:

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[155] John Nolen, 'The Effect of Land Subdivision Upon Housing and Public Health', pp. 5-6; Nolen later emphasized the role of housing in planning in NHA and NCCP discussions, Jon Peterson, *The Birth of City Planning in the United States, 1840-1917* (Baltimore: Johns Hopkins University Press, 2003), p. 5.
[156] Mel Scott, *American Planning Since 1890: A History Commemorating the Fiftieth Anniversary of the American Institute of Planners* (Los Angeles: University of California Press, 1971), p. 325.
[157] Carol Aronovici, *Housing and the Housing Problem* (Chicago: McClurg, 1920); Catherine Bauer, *Modern Housing* (Boston: Houghton Mifflin, 1934); Marion Bowley, *Housing and the State* (London: Allen and Unwin, 1945).

Just as Charles Booth and Jacob Riis spurred intellectual action with their groundbreaking sociological works on housing and health, early twentieth century social activists and politicians (many started out as the former and ended up as the latter) were eager to agitate for the implementation of social housing and codify public health regulations that mandated housing sanitation standards. Considering the similar, although not wholly alike, poor housing conditions working class Glaswegians and Baltimoreans were compelled to live in, it is not surprising that both cities incubated housing activism. Of course, Scottish and American housing activists pursued different strategies. Nevertheless, social activists and politicians in both countries aimed for the same goal of improved access to affordable and sanitary housing for workers. The purpose of this section is to delineate what their specific arguments were, and whether their actions catalysed the implementation of social housing legislation.

Housers in both Glasgow and Baltimore faced unique challenges that resulted in different trajectories for housing legislation. The issue of space is particularly important in a comparative discussion of both cities; while Baltimore could grow freely into the surrounding area, Glasgow did not enjoy a limitless countryside in which to expand. Furthermore, while Baltimore faced no objections in annexing surrounding farmland and enlarging its borders, Glasgow faced political opposition from doing so from other municipalities. This is not to suggest that Glasgow's borders remained unchanged until the early twentieth century, indeed twice in the nineteenth century Glasgow increased in area dramatically. After the Reform Act of 1832 (Scotland), which granted new powers to municipalities that had grown during the industrial period, Glasgow absorbed the boroughs of Calton, Anderston, and Gorbals in 1846.[158] The boroughs of Crosshill, Govanhill, Maryhill, Hillhead, and Pollokshields, all close to the historical core of Glasgow, were annexed under a municipal expansion agreement in 1891. The larger and more independent boroughs

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[158] Thomas Freeman, *The Conurbations of Great Britain: With a Chapter on Scottish Conurbations* (Manchester University Press, 1959), pp. 326-327; Charles Knight, *The Land We Live In: Pictorial and Literary Sketch Book of the British Empire* (London: Charles Knight, 1849), Vol. 1, pp. 306-307.

of Partick, Govan, and Pollokshaws managed to remain distinct from Glasgow until the Municipal Expansion Act of 1912.[159] Clydebank, Rutherglen, and Bearsden managed to resist Glasgow's expansion efforts, though this successful resistance was more due to regional pride than genuine economic concerns.[160] Thus, although Glasgow managed to expand well beyond its original borders, a finite amount of space coupled with the resistance of empowered adjacent municipalities prevented Glasgow from emulating Baltimore's suburban sprawl.

Labour and material costs also influenced housing patterns in both cities. A low union presence and unusually high wages characterized Baltimore's business environment, further aided by the United States' abundant natural resources. The business climate was so auspicious that the city managed to avoid any kind of industrial action despite the setbacks caused by the fire of 1904.[161] Glasgow, on the other hand, faced both material shortages and labour unrest. For instance, until about 1890 all of Glasgow's sandstone came from local quarries, however these supplies were soon exhausted and sandstone had to be imported from across Britain.[162] This meant higher building costs for Glaswegian tenement builders. More crucially, Glasgow was a centre of organized labour activity, which distinguished the city from labour-placid Baltimore. This difference is an important one, for while rent strikes in Glasgow certainly catalysed demand for social housing, frequent industrial action likely dampened housing construction progress in the early twentieth century. In contrast, while housing conditions were poor in Baltimore, it must be noted that home ownership was more common than in comparable American cities. Baltimore builders chose to construct row upon row of inexpensive two-story brick terraced housing, colloquially known as 'rowhouses'. Put simply, as wages were relatively high and home ownership was attainable, early twentieth century (White) Baltimoreans were fairly content with the city's housing environment. These two factors tempered

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[159] Andrew Gibb, 'Industrialization and Demographic Change: A Case Study of Glasgow, 1801-1914', *Western European Port Cities*, pp. 56-57.
[160] Michael Pacione, *Glasgow: The Socio-Spatial Development of the City* (Hoboken, NJ: J Wiley, 1995), p. 192.
[161] *The Baltimore Book:* , p. 69.
[162] Elizabeth Williamson *et al*, *The Buildings of Scotland: Glasgow* (New Haven, CT: Yale University Press, 1990), pp. 23-26.

Baltimore's population, and thus Glaswegian style 'rent strikes' did not occur. This did not mean that Baltimoreans were complacent about environmental conditions, indeed Baltimore's lack of an underground sewer was a source of municipal concern even in nineteenth century.[163] Despite real issues of housing quality, however, Baltimoreans were much more concerned about the perceived menace of racial integration than they were about slum housing or public health issues.

Indeed, the most striking and important difference between the two cities was their racial composition, and how racial concerns affected housing policy in Baltimore. While Glasgow's housing narrative was defined by class, Baltimore's housing narrative was defined both by class *and* race. Politicians, housers, and slum tenants in Glasgow and Baltimore were thus motivated by different factors. However, it must be reiterated that in both cities housers and politicians pushed for affordable and sanitary housing for their (White) working class populations. The results varied, but housing conditions generally improved leading into the Second World War. In Glasgow, continued pressures on Glasgow's slums conditioned socialist politics and interest in social housing. Even in Baltimore, where housing conditions were relatively better than Glasgow's, politically oriented housers advocated for social housing during the era of early New Deal legislation of the 1930s. Consequently, social housing arrived in Glasgow and Baltimore under very different circumstances. A review of housers' political advocacy of housing reform in both cities is essential to understand the differences in the development of social housing in both cities.

Housing Politics, Glasgow:

In Britain, social housing activism initially sprang from the Independent Labour Party (ILP), a party that would eventually come to Glasgow and become the foremost

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[163] C H Latrobe, *Plan for Sewerage for Baltimore City* (Baltimore: City Council, 1881), pp. 3-11. Interestingly, another report warned that a sewerage system that dumped effluvia into the Chesapeake Bay might have a negative effect on oyster beds, which were an important source of revenue for the city, See: *Report of the Sewerage Commission of the City of Baltimore* (Baltimore: Friedenwald, 1897), p. 147.

defender of local authority autonomy.[164] In particular, the party came to champion municipal housing as the best solution to overcrowded and insanitary slum housing, long before the Labour Party (itself founded seven years after the ILP) paid attention to housing issues.[165] The party's new platform that stressed the need for social housing was aptly timed, for although population growth was slowing, growth was still continuing and thus the country's housing infrastructure was increasingly strained. For instance, London's population increased by 65,000 between 1912 and 1915, however, only 1,500 houses were built in this period.[166] Conditions were even direr in Glasgow. By 1911, 11% of Glasgow's housing stock remained vacant as property owners held out for better sale prices, contributing to an artificial housing shortage.[167] As housing demand rose while the supply remained stagnant, rents increased accordingly. Interestingly, neighbourhoods that hosted munitions factories and were home to more skilled workers, such as Partick and Govan, witnessed the steepest rent increases (and concomitant overcrowding) once the First World War began. Conditions like these allowed the ILP to flourish in Glasgow, and catalysed the implementation of social housing in the city.

But the ILP did not fabricate demand for social housing in Glasgow arbitrarily; indeed the duress caused by poor housing conditions surely would have sparked action with or without the party. From the 1910s to the 1930s, stagnant wages and rising inequality spurred heavy socialist political activity in Glasgow, and led to a social movement now rendered as 'Red Clydeside'.[168] Before the ILP entered Glaswegian politics, organizations such as the Glasgow Trades Council, Workmen's National Council, and most significantly the Glasgow Women's Housing Association agitated for rent controls and more consistent housing standards, with mixed

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[164] W Fraser, *Scottish Popular Politics: From Radicalism to Labour* (Edinburgh University Press, 2000), p. 150.

[165] P Somerville, *Housing and Social Policy: Contemporary Themes and Critical Perspectives* (New York: Routledge, 2005), p. 145.

[166] David Donnison and Alan Middleton, *Regenerating the Inner City: Glasgow's Experience* (New York: Routledge, 1987), p. 25; and Manuel Castells, *The City and the Grassroots: A Cross-Cultural Theory of Urban Social Movements* (Los Angeles: University of California Press, 1985), p. 28.

[167] Castells, *The City and the Grassroots*, p. 28.

[168] William Kenefick, *Red Scotland! The Rise and Fall of the Radical Left, c. 1872 to 1932* (Edinburgh University Press, 2007), pp. 97-100.

results.[169] The east end neighbourhood of Shettleston was a particular hotbed of radical activity, and in Shettleston the ILP found a receptive environment for their ideas in Glasgow.[170] There is little reason to wonder why the area became a hotbed for activity; conditions in Shettleston were particularly grim.[171] Pressures on available housing remained intense, despite slowing immigration and decreased birth rates. A culture of righteous indignation to landlords' dubious practices developed in Shettleston; strikes and industrial action in retaliation for squalid housing conditions were common there before and throughout the First World War.[172] Of particular note was a political activist who sprang from Shettleston to champion social housing in Scotland: John Wheatley. His groundwork activism, and later legislative efforts, would ensure the initial development of social housing in Glasgow, and would lay the foundation for later massive expansion of social housing in the city.

By 1911, Parliament had already passed the House Letting and Rating (Scotland) Act, which granted certain legal rights to working class tenants and permitted month-to-month leases.[173] Although month-to-month leases might seem precarious by twenty-first century standards, these leases allowed working class tenants to secure much higher quality housing options which had previously required much longer tenancies. While Glasgow Corporation was not keen on upsetting land owning interests (even though public discontent was as much their problem as the Corporation's), they were even less keen on having working class Glaswegians revolt over poor housing conditions. Yet tensions had already boiled

[169] Alan Clinton, *The Trade Union Rank and File: Trade Councils in Britain, 1900 – 1940* (Manchester University Press, 1977), pp. 29-32; Pat Thane, *Women and Citizenship in Britain and Ireland in the 20th Century: What Difference did the Vote Make?* (New York: Continuum, 2010), p. 71.

[170] Andrew Morton, *After Socialism: the Future of Radical Christianity* (Edinburgh: CTPI, 1994), pp.19 - 22.

[171] Shettleston remains an unhealthy neighbourhood. See: Gerry Hassan and Peter Lynch, *The Almanac of Scottish Politics* (London: Politico, 2001), p. 169.

[172] Joseph Melling, *Rent Strikes: People's Struggle for Housing in West Scotland, 1890-1916* (Edinburgh: Polygon Books, 1983), pp. 69-70; Tony Dickson, *Capital and Class in Scotland* (Edinburgh: J Donald, 1982), p. 109.

[173] *The Poor Law and Local Government Magazine* (Glasgow: N. Adshead, 1913), Vol. 23, p. 3; However, the Act was not entirely progressive, as it granted summary eviction powers to landlords, a power which dampened the gain of monthly leases, F Thompson, *Social History of Britain*, p. 231.

over, and this incited housing activists to protest. In 1913, Glasgow city councillor and designated ILP housing expert John Wheatley authored a pamphlet titled *£8 Cottages for Glasgow Citizens*. While the pamphlet contained little original research, Wheatley managed to highlight the sheer deprivation so much of Glasgow's population was forced to endure. Characterizing Glasgow's slums as 'slaughterhouses of the poor', Wheatley included evidence that showed that death rates for dwellers of overcrowded tenements were as much as five times as high as death rates for those who lived in Kelvinside in the west end. Below are the statistics for deaths under one year of age in Glasgow neighbourhoods that Wheatley included in his pamphlet:

Table 1: Glasgow Neighbourhood Infant Death Rates, 1913

Neighbourhood	Death Rate per 1000 Births
Cowcaddens	126
Gorbals	130
Kinning Park	138
Townhead	145
Mile-End	148
Whitevale	151
Calton	163
Black Friars	178
Kelvinside	48

'The death-rate among infants under one year in eight working class wards and in Kelvinside', source: John Wheatley, Eight Pound Cottages for Glasgow Citizens (Glasgow: Glasgow Labour Party, 1913), p. 2.

Kelvinside, which remains one of the most affluent neighbourhoods in Britain, seemed to stir a righteous indignation in Wheatley, who resented the various health discrepancies between the area and other wards. Consider the following excoriation Wheatley levelled at the affluent neighbourhood and the MOH's annual report for 1907 that reported 'a year of normal experience':

> During the last year there was not a single death from scarlet fever, measles, whooping cough, or diarrheal diseases in Kelvinside ward, but 1232 deaths from these [diseases] occurred in the city. From this we learn that the average length of life in Kelvinside is double that in the healthiest of the eight wards quoted....Pardon my reminding you again that this was a 'year of normal experience'.[174]

Wheatley also noted that while Kelvinside suffered deaths due to tuberculosis and pneumonia, these deaths were also few - of the 1545 Tuberculosis deaths in 1907, 8 occured in Kelvinside, and of the 2565 Pneumonia deaths, 24 occurred in Kelvinside.[175] Considering these harsh disparities between the neighbourhood and the rest of Glasgow, it is easy to understand Wheatley's consternation.

But Wheatley was not just upset over the disparity in mortality, he was upset over the causes of the mortality. Seeking to remind his readers of the purpose of his pamphlet, Wheatley noted that 'It is now popularly admitted that bad housing contributes very largely to the tragedy I have referred to, and that by the general enjoyment of healthy homes the people would pass to an all around higher standard of life.'[176] Furthermore, Wheatley noted that while there were many reasons why persons felt compelled to occupy inadequate housing, such as high land prices, urban congestion, alcohol addiction, and a lack of suitable housing, the primary reason was poverty. This point reiterated a still young paradigm shift; the poor as victims of circumstance, not amoral products of sloth. Yet rather than despair, Wheatley remained confident that municipally constructed and subsidized housing could solve Glasgow's housing woes.[177] Wheatley proposed that the city start a municipal fund, bolstered by the profits of the Glasgow tram system, to collect enough money to construct municipal houses. Wheatley did not find using the surplus tram fares to fund a non-tram related project inappropriate:

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[174] John Wheatley, *Eight Pound Cottages for Glasgow Citizens* (Glasgow: Glasgow Labour Party, 1913), p. 3.
[175] Ibid.
[176] Ibid., p. 4.
[177] Sean Damer, *From Moorepark to 'Wine Alley': The Rise and Fall of a Glasgow Housing Scheme* (Edinburgh University Press, 1989), p. 73.

This is not a borrowing transaction, but the transfer of capital by the owners from one branch of their business where it is not required to another in which it is urgently needed. It is a proposal to do collectively what is done individually by the person who builds a house with his surplus wealth. The principal would be returned in cash, the interest in health and happiness.[178]

Specifically, Wheatley suspected tram fares could contribute two to three hundred thousand pounds, and envisioned the Corporation using these funds to build 10,000 four bedroom cottages for working class families. As per the title, the cottages would be let at £8 per year. But an old planning problem arose – should these houses be built inside or outwith Glasgow? Although the city's boundaries expanded in 1912, the city remained the most densely populated city in Europe. Wheatley lamented that while slum clearance and urban refurbishment were useful, ultimately the 'Glasgow Boundaries Act of 1912 will not rank as a step towards the solution of Glasgow's housing problem,' and that it was likely that many Glaswegians would need to decant to communities outwith the city.[179] However, whether Wheatley's recommendation that Glasgow build cottages outwith municipal boundaries was a tacit endorsement of population decentralization is debatable. In a later pamphlet Wheatley castigated 'progressives' for focusing too much on urban redevelopment, arguing that 'the Progressive Party want to buy out slumlords with the workers' money. That will increase your rates. They want to destroy the Slums. That will cause a scarcity of houses and so further enable the property owners to increase your rents.'[180] While this debate was something of an aside in the early twentieth century, Wheatley's fundamental argument was clear- Glasgow municipal authorities needed to pursue social housing if they ever sought to provide affordable and healthy housing for city residents.

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[178] Wheatley, *Eight Pound Cottages*, pp.7-8.
[179] Ibid., p. 10.
[180] John Wheatley, *Response to Critics of Eight Pound Cottages* (Glasgow: Glasgow Labour Party, 1914), p. 8.

John Wheatley, 1923, Photo Courtesy: National Portrait Gallery (UK)

Wheatley's ideas caught the attention of the Pollokshaws based socialist John MacLean, who along with Wheatley founded the Scottish Federation of Tenants in 1913 to agitate for rent control and municipal housing.[181] All of these actions, while noble, did not reduce inflamed class tensions. In November, 1915, during the height of the First World War, tens of thousands of Glaswegians refused to pay their rent. This now infamous 'Rent Strike' proved so effective that it resulted in the near immediate drafting of the Increase of Rents and Mortgage Interest (War Restrictions) Bill, which froze rents at 1914 rates and granted tenants more legal rights. This wartime legislation, however, did not calm the clamouring for actual social housing. Not only had housing become prohibitively expensive, overcrowding had reached an unbearable level. Consider the chart below from a 1917 report on Scottish housing conditions:

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[181] David Englander, *Landlord and Tenant in Urban Britain: 1838-1918* (Oxford: Clarendon Press, 1983), pp. 170-171, 182-183, 342; J Grayson, 'Campaigning Tenants: A Pre-History of Tenant Involvement to 1979', *Housing, Community, and Conflict: Understanding Resident Involvement* (Aldershot: Arena Press, 1997), eds Charlie Cooper and Murray Hewitt, p. 30.

Glasgow, Census 1911.	Inhabited Houses.	Population.	Persons	
			Per House.	Per Room.
One room	32,742	104,641	3·196	3·196
Two rooms . . .	75,536	367,341	4·863	2·432
Three rooms . . .	30,775	160,083	5·202	1·734
Four rooms . . :	10,817	54,238	5·014	1·254
Five rooms and upwards .	13,194	73,311	5·556	0·761
	163,064	759,614	4·658	1·827

Person-per-Room Density in Glasgow, 1911, Report of the Royal Commission on the Housing of the Industrial Population of Scotland, Rural and Urban, p. 104.

As of the 1911 census, over 100,000 Glaswegians lived in one room dwellings and nearly 370,000 Glaswegians lived in two room dwellings. What's worse, even housing standards dating from the early twentieth century stipulated that houses should aim for a person-per-room density of 1, at the most 1.5. Yet in 1911, over half of the city's population lived at a person-per-room density of 2 or higher.[182] Real legislative changed occurred only after the War. In 1919, after claiming victory in the First World War, many Scottish soldiers returning to Glasgow found the slums were more overcrowded and consequently in worse condition than when they had left for Europe. This was more than a minor annoyance; the Scottish public was rightfully angry. In response, Parliament passed the House, Town Planning, etc. (Scotland) Act in 1919. The Act, which came to be known as 'homes fit for heroes', facilitated the construction of the very first council estates in Scotland, houses to built and owned by local authorities throughout Scotland.[183] The Scottish Board of Health, which was charged with enforcing the Act, approved of a plan to build 57,000 new dwellings throughout Scotland, with the majority being relatively spacious three and four room flats.[184] Social housing had arrived in Scotland.

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[182] *Report of the Royal Commission on the Housing of the Industrial Population of Scotland, Rural and Urban* (Edinburgh: HMSO, 1917), p. 104.
[183] Alison Ravetz, *Council Housing and Culture: The History of a Social Experiment* (New York: Routledge, 2003), pp. 74-78.
[184] National Housing Association, 'Housing in Glasgow', *Housing Betterment* (May, 1920), Vol. 9: 103-105.

Despite his successes, John Wheatley's career as a political houser had only just begun, however. Wheatley's efforts, including his pamphlets and his role in the 1915 rent strike, would eventually land him a position as the first Minister of Health in the first Labour government (despite his agitation against the Labour party as a member of the ILP). Although Wheatley was only a city councillor at the passage of 1919 act, by 1922 he was elected to represent the Glasgow Shettleston constituency at Parliament. In 1924, he joined Ramsay MacDonald's cabinet as Minister of Health. In this position, he would supervise all social housing construction and provision, and supervise the implementation of his eponymous 'Wheatley Act'.[185] Social housing, desperately needed in Glasgow, got a running start in the intervening years before the Second World War. During this time, social housing construction in Glasgow proceeded at a much faster pace than private housing construction.[186] The growth and acceleration of social housing construction in the interwar period was in no small way preceded and conditioned by the actions of Wheatley and other Scottish ILP activists, such as Edinburgh based James Connolly and R E Muirhead.[187] The interwar period, however, saw an increase in social housing legislation. While the 1920's and 1930's did not witness the massive rent strikes of the 1910's, the need for social housing was just as great during this period, and the housers and politicians of the interwar period were cognizant of this need and sought to codify their support of housing reform.

The impact of the 1919 Act and the introduction of social housing on Scotland was both immediate and significant. Between 1919 and 1938, of the 344,209 new houses built in Scotland, 241,018 of those housing units, or exactly 70%, were social housing schemes.[188] In contrast, in England and Wales, only 28% of the 4.2 million houses built during this period was social housing.[189] The Scottish Office, through its various departments, set about to alleviate overcrowding and eliminate poor housing

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[185] *Housing (Financial Provisions) Act*, 1924: 14 & 15 Geo. 5, Vol. 35.
[186] Miles Glendinning, *Rebuilding Scotland: The Post War Vision, 1945-1975* (Edinburgh: Tuckwell Press, 1997), 107.
[187] Tom Gallagher, *Glasgow, The Uneasy Peace: Religious Tension in Modern Scotland, 1819-1914* (Manchester University Press, 1987), pp. 88-89; F Thompson, *Cambridge Social History*, p. 233.
[188] Colin Pooley, *Housing Strategies in Europe, 1880-1930* (Leicester University Press, 1992), p. 127.
[189] Ibid.

conditions. Even with the guidance of benevolent political housers like John Wheatley, however, the trajectory for Scottish social housing was not totally clear. After the 1919 Act, many housers felt that social housing construction needed to target the worst housed Scots, i.e. those who inhabited the most dilapidated tenements should be given rehousing priority. Yet the Housing (Scotland) Act of 1925, passed under the direction of Wheatley consolidated a course of building social housing to match general Scottish population needs.[190] This meant much of the Scottish social housing built during the interwar years was designed specifically for middle class occupancy.[191] This had a direct impact on the types of housing units built during the later 1920s. In Glasgow, a majority of housing schemes built during the 1920s were semi-detached housing units. While this housing type had been common in England, detached houses in Scotland had almost exclusively been for middle class and skilled working class up until this point.[192] The image presented below of social housing cottages in East Lothian, is representative of the social housing built in Glasgow's more suburban areas of Knightswood, Mosspark, and Netherton in the later 1920s:

THREE-APARTMENT COTTAGE HOUSES,
PRESTONPANS, EAST LOTHIAN.

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[190] Slaven, *West of Scotland*, p.246. The 1925 Act was also a Scottish focused copy of the Housing (Financial Provisions) Act of 1924, popularly known as the 'Wheatley Act' that targeted British subsidised housing needs, See: Peter Ambrose, *Urban Process and Power* (London: Routledge, 1994), pp. 107-108.

[191] Sydney Checkland, *The Upas Tree: Glasgow 1875-1975 and After 1975-1980* (University of Glasgow Press, 1981), p. 39.

[192] T M Devine, *The Scottish Nation: A Modern History* (London: Penguin, 2012), pp. 347-349.

Department of Health for Scotland, 'Housing of the Working Classes – Scotland: Economically Planned Houses of Satisfactory Design, Plans and Photographs' (Edinburgh: HMSO, 1933), p. 5.

Furthermore, the size of average flats had increased; between 1919 and 1944 about 60% of Scottish social housing units were three bedroom flats, and a further 25% of units were four bedroom flats.[193] Although the construction of larger, more amenable flats was indeed the *point* of social housing, again many of these houses went to middle class tenants, who presumably were more likely to inhabit better housing.

FOUR-APARTMENT TENEMENT HOUSES,
NETHERTON, GLASGOW.

GROUND FLOOR PLAN.
748 SQ FEET
UPPER FLOOR 772 SQ FEET.

SCALE OF FEET.

DIRECTOR OF HOUSING
GLASGOW
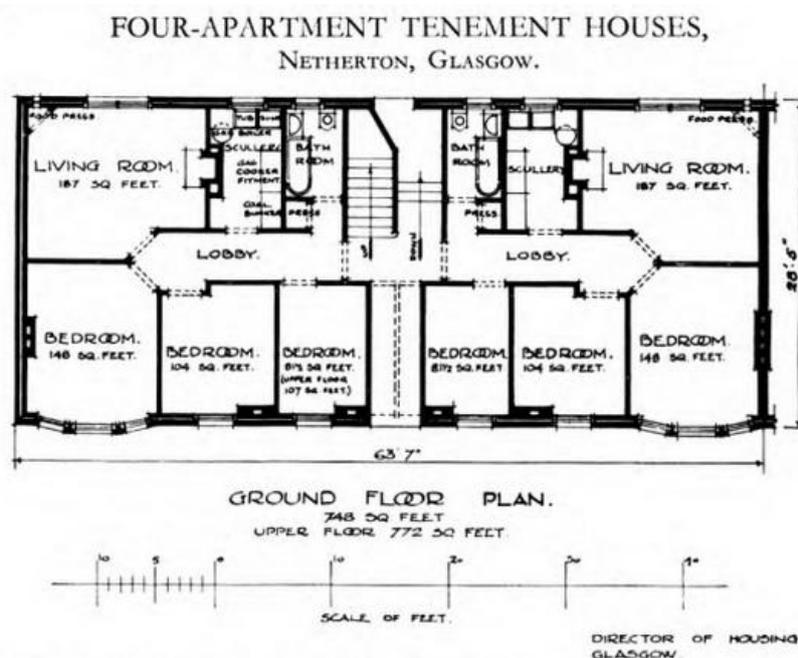
This plan is of a three-storey block of twelve houses.
The plan is compact in arrangement, and though the overall floor area is low, the apartments are reasonable in size.

Department of Health for Scotland, 'Housing of the Working Classes – Scotland: Economically Planned Houses of Satisfactory Design, Plans and Photographs' (Edinburgh: HMSO, 1933), p. 20.

Considering that working class Glaswegians had staged rent strikes during the thick of the First World War ten years prior, it is perhaps not surprising that construction of cottage style social housing in suburban areas for middle class tenancy stirred feelings of resentment. These feelings were heard, and the Housing (Scotland) Act of 1930 was designed to rectify these grievances; the Act stipulated that social housing

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[193] Pooley, *Housing Strategies*, pp. 125-127.

must be built solely to replace unfit tenement buildings.[194] Put simply, the Act designated that social housing construction entail the destruction of insanitary tenements and their replacement with more sanitary and subsidized social housing for working class tenants. Yet even this revisional Act generated discord. The 1930 Act drew criticism that local authorities were too focused on the elimination of the tenements most injurious to public health – as confirmed by the 1917 report a majority of Glaswegians lived in houses that were simply too *small*.[195] Ordinary Glaswegian families, who may have been fortunate enough not to inhabit the most insalubrious tenements, still deserved better housing. The various voices on the best trajectory for Scottish social housing influenced the eventual political compromise – the Housing (Scotland) Act of 1935. The 1935 Act, the final significant piece of housing legislation to impact Scottish housing before the Second World War, mandated that funds for social housing construction be divided equally between the two priority allocation groups. Firstly, half of funds were to be reserved for slum clearance and the rehousing of families from the most unfit tenements, and secondly, half of funds were to be reserved for constructing social housing simply with the aim of decreasing overcrowding in Scotland.[196] The 1935 Act thus seemed to strengthen Scottish social housing policy, and indeed after the Second World War tenant allocation policy would continue to make provisions for more middle class Scots.

While the Act placated discontent on the direction of Scottish social housing, Glasgow's interwar social housing building programme ultimately fell short of its lofty goals. By 1938, Scotland maintained an estimated deficiency of 300,000 houses, most of this demand emanating from Glasgow. Furthermore, according to a study stipulated by the 1935 Act, over 4,500 Glaswegian families of four persons or more lived in single room flats, with many incidences of even higher densities than four.[197] While nearly a quarter of million social houses were built between 1919 and 1944,

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[194] SHAC, *Report on Rural Housing in Scotland* (Edinburgh: HMSO, 1937), pp. 68-69.
[195] *Report of the Royal Commission on the Housing of the Industrial Population of Scotland, Rural and Urban* (Edinburgh: HMSO, 1917), pp. 97-104.
[196] *Housing (Scotland) Act*, 1935 (London: Lund & Humphries, 1935), Vol. 25, No. 4, p. 9.
[197] HC Deb 11/07/1938 Vol. 338 cc: 914-5.

there was still a great need for affordable sanitary housing. Indeed, the material, labour, and monetary shortages of the years of the Second World War ensured that Glaswegian slums deteriorated precipitously. The role of political housers, however, in initiating social housing construction in Glasgow, should not be ignored. Due to the courageous and deft political action of housers like John Wheatley and John Highton, thousands of Glaswegian families benefited from rehousing into social housing. The housers' political activity of the early twentieth century conditioned the massive social housing construction boom that transformed Glasgow after the Second World War. In Baltimore, however, political housers were not nearly as successful before 1940. American housers had to combat fears that social housing would lead to racial integration, a prospect that alarmed White residents. Additionally, Baltimorean housers had to counter a much stronger real estate lobby that was highly successful in delaying the arrival of social housing in the city. A review of American political housers' activism and pre-War housing legislation should illuminate the stark challenges social housing advocates faced in early twentieth century Baltimore, and help explain the later arrival of social housing in the city.

Housing Politics, Baltimore:

Politicians' influence was integral in raising awareness of housing and health problems in Glasgow. Similarly, politicians had a great impact on social housing policy in Baltimore. Just as in Glasgow, Baltimorean housers advanced political change by highlighting the depravity of the city's slums. In the early 1900s and 1910s, American housers such as Janet Kemp and A.S. Goldsborough detailed the atrocious conditions of Baltimore's poor districts, and examined the connection between living in slums and contracting diseases. Although Baltimore's housing stock was more spacious than other American cities, Kemp and Goldsborough, among others, revealed that Baltimore hosted its fair share of inhospitable tenements and that furthermore the city's general physical environment was inconducive to healthy living. Like their Scottish counterparts, American housers promoted social housing as

a solution to housing deficiencies. Ultimately they ensured that social housing legislation materialized when it was most needed, during the tumultuous decade of the 1930s. It should be noted that the first social housing development in Baltimore, the Edgar Allen Poe Homes, did not appear until 1940. Social housing in Baltimore before existed only as an idea before 1940. Furthermore, it must be conceded that social housing did not receive as warm a welcome in Baltimore as it did in Glasgow– even though the city eventually succumbed to pressure to implement social housing. Yet even in the land of pleasant living, unhealthy environmental conditions could not be ignored. Of course, the issue of race complicates the comparison of the development of social housing in Baltimore. Truthfully, in Baltimore, racial concerns dictated housing policy more so than concerns of affordability and environmental health. But American housers were not as concerned with upholding racial segregation as Baltimore's municipal politicians were. American social housing proponents in the early twentieth century mimicked British voices and focused on affordability and the connection between poor housing and poor health. When American housers did write about race, they were careful not to suggest that social housing would catalyse racial integration. This was a calculated approach; if housers could assuage White workers' belief that social housing would propel racial integration, White workers would consequently be more amenable to social housing. Ultimately, this strategy was successful.[198] Baltimore, like Glasgow, hosted crowded and unhealthy slums, and ordinary people were eager for an alternative. The difference between the cities was that Baltimore's municipal authorities, politicians, and indeed White residents, were much more concerned about the preservation of racial segregation than environmental conditions. This stalwartness created obstacles not just for Black Baltimoreans, but also for American housers and the White working class.

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[198] John Bauman, 'Catherine Bauer and the Plan for "Modern Housing"', *The Human Tradition in Urban America* (Wilmington, DE: Scholarly Resources, 2002), ed. Roger Biles, pp. 165-67; John Bauman, *Public Housing, Race, and Renewal: Urban Planning in Philadelphia, 1920-1974* (Philadelphia: Temple University Press, 1987), p. 167.

As mentioned earlier, the debacle over W. Ashbie Hawkins' purchase of a house in a White neighbourhood ignited racial uproar in Baltimore, and initiated a torrent of restrictive housing legislation in the city that persisted for half a century. On May 15th, 1911, Baltimore's Democratic mayor John Barry Mahool signed city Ordinance No. 692 into law, implementing immediately a residential segregation ordinance to be known as the 'West Ordinance', named after city councilman Samuel West.[199] Even though the ordinance and the oft copied 'Baltimore idea' would be struck down by the Supreme Court, the ordinance set a precedent of racial and socio-economic discrimination in Baltimore that would affect Blacks for decades.[200] In the early twentieth century, Mayor Mahool and his successor James Preston presided over Baltimore during the 'Great Migration', or the massive movement of Southern rural Blacks to Northern industrial cities. Southern Blacks moved to many Northern and Western cities, but as Baltimore was the closest industrial city, it was a popular destination for economic migrants.[201] Though the primary impetus for the Great Migration was economic, many Blacks felt that racial animus would be less virulent in Northern cities. While border state Marylanders were more enlightened than their Deep South compatriots, Baltimoreans were still opposed to the city's burgeoning Black population.[202] Regardless, the Black population in Baltimore grew every decade. After 1920, the city's Black population as a percentage of the total population grew, after shrinking in the late nineteenth century and into the twentieth century.[203] This temporary shrinkage in proportion was not due to a decline in real numbers of Blacks in the city, but rather due to a faster influx of European immigrants. As the chart below illustrates, the growth of

[199] 'Ordinance No. 692', *The Ordinances and Resolutions of the Mayor and City Council of Baltimore: Annual Session of 1910/1911* (Baltimore: Meyer & Thalheimer, 1911), pp. 377-384.
[200] Maryland Commission on Interracial Problems and Relations, *Desegregation in the Baltimore City Schools* (Baltimore: Baltimore Commission on Human Relations, 1955), p.5.
[201] Jeffrey Kerr-Ritchie, *Freedpeople in the Tobacco South: Virginia, 1860-1900* (Chapel Hill: University of North Carolina Press, 1999), pp. 241-242; Robert Gregg, *Sparks from the Anvil of Oppression: Philadelphia's African Methodists and Southern Migrants, 1890-1940* (Philadelphia: Temple University Press, 1998), p.14.
[202] David Krugler, *1919, The Year of Racial Violence: How African Americans Fought Back* (Cambridge University Press, 2015), pp. 20-22; James Grossman, *Land of Hope: Chicago, Black Southerners, and the Great Migration* (University of Chicago Press, 1987), pp. 164-172.
[203] Samuel Roberts, *Infectious Fear: Politics, Disease, and the Health Effects of Segregation* (Chapel Hill: University of North Carolina Press, 2009), p. 9.

the Black population's proportion of the total population would only accelerate after the 1920s.

Table 2: Proportion of Blacks in Baltimore, 1880 - 1950

Year	Total Pop.	Black Pop.	Percentage of Total Pop.
1880	332,313	53,716	16.1%
1890	434,439	67,104	15.4%
1900	508,957	79,258	15.5%
1910	558,485	84,759	15.2%
1920	733,826	108,322	14.8%
1930	804,874	142,106	17.7%
1940	859,100	165,843	19.3%
1950	949,708	225,099	23.7%

Sources: U.S. Bureau of the Census, *'Total and Negro Population in 1900, 1890, and 1880', Negroes in the United States* (Washington, DC: GPO, 1904), p. 205; U.S. Bureau of the Census, 'Cities Having a Negro Population of 10,000 or More in 1930', *Negroes in the United States, 1920-1932* (Washington, DC: GPO, 1935), p.55; U.S. Bureau of the Census, *1940 Census of the Population, Characteristics of the Population: United States Summary* (Washington, DC: GPO, 1943), and U.S. Bureau of the Census, *1950 Census of the Population, Characteristics of the Population: United States Summary* (Washington, DC: GPO, 1953).

While the White population grew at a faster pace in the first twenty years of the twentieth century, the Black population still grew too quickly for White Baltimoreans' comfort. Baltimore's demographic transition conditioned its culture of racialized politics. White Baltimoreans were not pleased with the changing colour of their city – and were determined not to lose political control or submit to residential integration. Ardent segregationist politicians of the time, who were mostly Democrats, capitalized on the racial paranoia White city residents felt during the early twentieth century. To understand just how entrenched these fears of racial integration were, consider the words of Henry Grady. A Southern orator who toured cities speaking on racial issues in the late nineteenth century, he hoped to heal the

cultural rifts between the Southern and Northern states by reminding his audience of their shared race:

> Two utterly dissimilar races on the same soil, with equal political and civil rights, almost equal in numbers, but terribly unequal in intelligence and responsibility, each pledged against fusion, one for a century in servitude to the other, and freed at last by a desolating war… we are required to carry these two races in peace and honour to the end. Never… has such a task been given to mortal stewardship. Never before in this republic has the white race divided on the rights of an alien race.[204]

Grady's emphasis on the difficulty of supporting two different racial groups 'on the same soil' must have terrified his Baltimorean audience. While Grady wrote of the ideological difficulties of such a scenario, he also pointed to more practical matters; he extolled Northerners to ensure that Black political domination of any state never occurs:

> The Negro vote can never control in the South, and it would be well if partisans in the North would understand this. I have seen the white people of a state set about by black hosts until their fate seemed sealed… If there is any human force that cannot be withstood, it is the power of the banded intelligence and responsibility of a free community.[205]

Grady's premonitions of Black political enfranchisement and similar voices of racial paranoia anticipated the rise of Baltimore's segregationist politicians. Municipal figures stoked the fires of White prejudice for political gain. The shear prevalence of these fears among Baltimore's White population is evidenced by the heavy coverage of racial issues in social literature of the time; the city craved political rhetoric to assuage their fears of a growing Black presence. Baltimore, put simply, harboured an intense racist climate. Whether Baltimore's politicians held racialist views personally is irrelevant, for they were eager to pander to popular racist sentiment among Whites for political gain. In 1911, eager to win re-election, Mayor Mahool reminded voters of Baltimore that 'this is a white man's city', and that the city would not

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[204] Henry Grady, 'The Race Problem in the South', *The Complete Orations and Speeches of Henry W. Grady* (New York: Hinds, Noble, and Eldridge, 1889), p. 198.
[205] Ibid., p. 212.

kowtow to the demands of Blacks.[206] In Baltimore, racism and municipal government went hand in hand. In particular, Democratic Party's role in implementing institutionalised racism in Baltimore cannot be ignored.

For some readers, it might come as a shock that many Democrats pushed for discriminatory policies against Blacks and endorsed housing segregation. Yet it is important to note that during the nineteenth and early twentieth century both political parties entertained a broader spectrum of political perspectives than they do currently; the dichotomy of 'progressives are Democrats' and 'conservatives are Republicans' that characterizes the contemporary American political climate is not true of past periods of American political history. A brief history of the political narrative of each party seems useful at this point. Progressive abolitionists founded the Republican Party, and the first elected Republican President was Abraham Lincoln, who guided the United States through its Civil War (1861-1865). Southerners and Southern sympathizers were slow to forget the Republican aligned Northern states' refusal to permit Southern states' secession from the Union. After the War the South became solidly Democratic, if only because Democrats were not Republicans. Furthermore, ardent segregationists, who were disproportionately Southerners and border staters, resented the Republican sponsored 13th, 14th, and 15th amendments to the Constitution. These amendments ended slavery, granted citizenship and extended equal rights to Blacks, and guaranteed Blacks' right to vote, respectively.[207] Thus, at the middle of the nineteenth century, Republicans represented racial progressives and Northerners, while Democrats represented racial conservatives and Southerners. However, this definition as well is too simple a reduction of each party's constituency. As the Northern states abolished slavery long before the Civil War, they industrialized, and developed a wage based economy before Southern states. While the South was not devoid of industry, at mid-century it remained a plantation based agrarian economy, sustained by Black slaves and poor

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[206] Margaret Law Callcott, *The Negro in Maryland Politics, 1870-1912* (Baltimore: Johns Hopkins University Press, 1973), p. 99.
[207] Antonia Darder, *Culture and Difference: Critical Perspectives on the Bicultural Experience in the United States* (Westport, CT: Greenwood Publishing Co, 1995), pp. 232-233.

White yeoman farmers. Thus as the nineteenth century progressed, Northern industrialists, the White middle class, and Blacks came to support Republicans, while White Southerners, unified by conservative racial views and an agrarian culture, supported Democrats with a newfound intensity.

Yet this exposition of the United States' two political parties does not entirely explain how Democrats come to control Baltimore municipal politics. After all, although Maryland was a slave holding border state, they sided with the Union during the Civil War. Why then, was Baltimore not a Republican stronghold? There are a number of answers to this question. Baltimore has been aptly characterized as a 'Northern industrial city with a Southern culture,' and while Maryland is often categorized as a Northern state, it maintained slavery throughout the Civil War.[208] Additionally, Maryland's decision to side with the Union was a reluctant choice. Not only were slaveholding interests in Maryland hesitant to support a war against the South, Baltimore was a unique hotbed of insurrectionary activity. When union soldiers were garrisoned in the city in 1861, clashes ensued between the soldiers and the city's Southern sympathizers. Reinforcements from Pennsylvania were sent to solidify Union control of Baltimore.[209] Later in the War, there were further riots in protest of the military draft. Baltimore, it seemed, was a reluctant supporter of the Union. Yet again, sympathy for the Southern cause only partially explains the Democratic Party's dominance of Baltimore. Beginning in the late nineteenth century, the Democratic Party began targeting Northern urban working class for votes. There was a distinct reason for this targeting. From 1861 to 1878, the Republican Party controlled the Presidency. Given that the Northern states were already more populous, foreign immigrants were streaming into Northern cities, and newly enfranchised Blacks provided a new bloc of support for the Republicans, there was no mystery why Republicans were long the dominant political party in after the Civil War. The Democratic Party was aware that demographic factors were not in

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[208] Barbara Fields, *Slavery and Freedom on the Middle Ground: Maryland During the Nineteenth Century* (New Haven, CT: Yale University Press, 1987), p. 1.
[209] Scott Sheads and Daniel Toomey, *Baltimore during the Civil War* (Linthicum, MD: Toomey Press, 1997), pp. 15-27.

their favour, and developed a strategy to appeal to European immigrant voters, on the grounds that urban immigrants and rural Whites were both disenfranchised groups. While a political union of Southern rural Whites and Northern urban immigrants seems bizarre, there were justifications for this approach. While the Republican Party was the party of industrial interests, it was not necessarily the party of industrial *workers*. While industrialization made Northern business owners wealthy, that wealth was not equitably distributed. As immigrants from Southern and Eastern Europe poured into port cities to work in factories, foundries, and mills, they did not find a worker's paradise. Instead, newly arrived immigrants were crowded into unsanitary slum housing and compelled to work long hours for little pay. The duress immigrants experienced in America's industrial cities is chronicled in works like Upton Sinclair's *The Jungle* or Stephen Crane's *Maggie: A Girl of the Streets*. The Northern urban working class, it can be safely asserted, was less than content and had a number of justifiable grievances. Late nineteenth century Democrats saw an opportunity to boost their support; if they could appeal to immigrant populations by championing workers' rights and trade protectionism, the Democrats could garner a new bloc of support. Both newly arrived immigrants Whites and Southern Whites shared a common adversary: the Northern business classes. Furthermore, as immigrant Whites viewed Blacks as competition for low wage work, Northern urban residents warmed to segregationist ideas, thus reinforcing their odd alliance with Southern rural Whites. By the early twentieth century, the Democrats were the party of the Old South (re: White South) and the urban working class; the Republicans, the party of the Northern middle class and Blacks. Thus, the United States' political parties could hardly be reduced to a particular ideology; America's political parties during this period held nuanced social and political views to placate the disparate groups of people they represented. Put simply, Democrats gained control of Baltimore's municipal government by appealing to the working class and segregationist interests of the city's White population.

Yet while politicians were concerned with maintaining racial order, housers were more focused on environmental and public health issues. While Black encroachment on White neighbourhoods was the preeminent popular concern,

working class families still faced a dire housing crisis. Although Baltimore was renowned as having more affordable housing options than New York or Chicago, the city still suffered shortages of decent affordable housing. This was particularly true of rental housing, for while home ownership was more widespread in Baltimore than other cities – most families were still renters in the early twentieth century. Blacks and immigrant Whites were much more likely to be renters than native Whites, a shared quality despite these groups' deep suspicions of each other. True, the single-family rowhouse predominated in Baltimore. Poor families, however, were often compelled into crowded conditions, and many single-family houses were transformed into makeshift multi-family tenements to accommodate more people.[210] Not only did this increase crowding in the city, it had the effect of driving up rents – the average cost of a family home in 1885 was $78, by 1902, the average cost increased to somewhere around $100.[211] Despite these increases, rents were still higher in New York. However, while Baltimore's working class may have enjoyed better housing conditions than their other urban American and British counterparts, the quality of Baltimore's housing conditions were almost certainly exaggerated by municipal authorities. Baltimore's *City Directory* of 1907, popularly known as 'The Baltimore Book', for example, seems a little too exuberant in its praise of its native housing stock:

> It has been stated that Baltimore is a City of homes. It is more than this. Baltimore is a City of OWNED homes. Houses of any class may be purchased upon terms that place OWNERSHIP within reach of the most humble wage-earner…Baltimore is described as a "City of practically no tenements," as the tenement evil is understood in connection with other cities, and the report is authority for the statement, which is an established fact, that a house in Baltimore can be rented for about one-half a similar house in a like neighbourhood can be rented for in New York.[212]

It is somewhat curious that the report begins its chapter on living conditions in the city by boldly proclaiming that Baltimore is a city of widespread homeownership, and

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[210] Travis, *Public Health Administration*, pp. 28-29.
[211] Charles Hirschfeld, *Baltimore, 1870-1900: Studies in Social History* (Baltimore, MD: Johns Hopkins University Press, 1941), p. 42.
[212] City of Baltimore, *The Baltimore Book* (Baltimore: 1907), pp. 95-97.

then tapers off with a note about the low rents charged in Baltimore. The report does not cite a reference for the claim that rented houses in Baltimore cost half as much as similar dwellings in New York, although it comments that of the 115,795 private dwellings in the city, excluding apartment buildings, about 55% were two stories in height. Such a proliferation of low-rise housing likely confirmed the contention that Baltimore rents were lower – if land prices were dearer, builders would have built higher density housing, and rents would likely have increased. The report concludes its discussion on working class housing with the following assertion:

> A real home in Baltimore is within reach of all. And this home is on a good street, in a respectable neighbourhood. Baltimoreans are not stowed away in the uppermost stories of unhealthy, insanitary tenement houses, with dubious and doubtful associates under the same roof, and in an atmosphere of social, physical, and moral impurity.[213]

It was certainly true that homeownership rates in Baltimore were higher than in New York, and it was probably true that average housing density was lower in Baltimore than New York. But what was emphatically untrue was that Baltimore was a 'city of practically no tenements' or that 'a real home in Baltimore is within reach of all'. Baltimore had plenty of tenements, and though municipal authorities may have wished to ignore discussion of them, housers did not eschew criticism of the city's tenements. In 1903, the Baltimore Association for the Improvement of the Condition of the Poor engaged Janet Kemp to investigate the conditions of slum housing in the city. Her findings were compiled in her report *Housing Conditions in Baltimore* (1907). In addition to providing a detailed account of Baltimore's less than salubrious slum housing conditions, Kemp also levelled some scathing criticism at Baltimore's municipal efforts to counter overcrowding and environmental insanitation. Citing the municipal publication, Kemp wrote:

> So eminent an authority as the Baltimore City Directory, 1907, declares that "There are no tenements in Baltimore." Doubtless such an impression is more or less widespread in the community. The prevalence of this idea is probably due to the fact that the growth of

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[213] Ibid., p. 97.

tenements has proceeded so largely with the four walls of dwellings intended for single families. Whoever will take the pains to read the report herewith submitted will discover how wide of the facts such an impression is.[214]

With this assertion in the introduction to her report, Kemp extinguished the notion that slum housing conditions did not exist in Baltimore: while most Baltimoreans did not live in large tenements, crowding and insanitation was just as pervasive in the city's smaller buildings. After the Great Fire of 1904, Baltimore municipal authorities managed to enact stricter building regulations in 1908, improving the standards enumerated in the Baltimore Building Code of 1893.[215] The improved building code called for the prohibition of: alley buildings, basement buildings, separate toilet facilities for every building, minimum cubic air space requirements, and annual inspection of all tenement houses.[216] Yet while Kemp conceded that the 'old style, death trap tenement, with its six stories of height' were increasingly rare in Baltimore, she reminded readers that new high density tenements fitted with sanitary amenities offer:

> Many more of the conditions essential to an ideal home life than can possibly be found in a six or eight-room house, in which every room may contain a family, and for which the only water supply is the yard hydrant, and an outdoor privy the only sanitary convenience. It is largely in houses of this latter type that Baltimore discovers its tenement problem and its need for tenement legislation.[217]

While Baltimore's municipal government and the city directory were keen to portray Baltimore as a housing paradise, the reality was that housing conditions in Baltimore were at best only slightly better than other cities. Indeed, Kemp noted that severely crowded and unsanitary conditions existed in Baltimore, and that the prevalence of single-family houses in Baltimore did not necessarily result in healthy, uncrowded houses. Additionally, and again in contradiction with the City Directory, Baltimore

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[214] Janet Kemp, *Housing Conditions in Baltimore* (Baltimore, MD: 1907), p.8.
[215] 'Building Regulations', *Journal of the Proceedings of the first Branch City Council of Baltimore at the Sessions of 1907-1908* (Baltimore: Dulcany, 1907), pp. 1063-1064.
[216] Kemp, *Housing Conditions*, pp. 5-6.
[217] Ibid., p. 14.

did host tenement buildings, if not the six plus story tenement buildings of the Lower East Side. This is evidenced by the photographs and written descriptions of such buildings in Kemp's study. Specifically, Kemp chose four housing districts in South Baltimore for the study: two districts primarily composed of alley houses (small, dilapidated houses on alley streets) and two districts primarily composed of tenement buildings or single-family houses converted into multi-family dwelling units. These buildings were occupied by Baltimore's poor immigrant communities and migrant Blacks, and were as decrepit as any New York tenement building. Regarding conditions in Baltimore's tenements, Kemp wrote:

> It would require a highly developed power of projection to be able to realize just what it means to live in a two-room apartment where one room has no access to the outer air, and the other is ventilated only from a canyon-like opening between two high buildings. Three offensive privy compartments open on this narrow passage, directly beneath the windows of the apartment in question. The abode of the primitive cave-dweller was more sanitary than this home in twentieth-century Baltimore.[218]

The impact of poor housing conditions on health, it seems, was apparent and appalling. Although a low density housing infrastructure existed in the city, crowding and a deficiency of basic sanitary amenities made much of Baltimore's working class housing stock detrimental to public health. Baltimore's vital statistics during the early twentieth century, particularly of Black wards, point to a strong correlation between poor housing and poor health. [219] Furthermore, White Baltimoreans were concerned about the potential health impacts of living near Blacks. Residential segregation, the reasoning went, would prevent Whites from contracting 'Negro diseases' like tuberculosis, pneumonia, or influenza. Racial concerns even influenced perceptions of public health, and while Kemp's intentions were pure, her work likely stoked negative perceptions of Blacks. Without question, Kemp's work encouraged Mayor Mahool's pursuit of Ordinance No. 692, and contributed to a general

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[218] Ibid., p. 26.
[219] Kemp, *Housing Conditions*, p. 38; See: Hayward Farrar, *The Baltimore Afro-American: 1892-1950* (Westport, CT: Greenwood Press, 1998), pp. 103-105; Dorceta Taylor, *The Environment and the People in American Cities: 1600s-1900s* (Durham, NC: Duke University Press, 2009), pp. 187-188; MacDougall, *Black Baltimore,* pp. 38-40.

consensus that quarantining Blacks would reduce civil disturbance, inhibit disease spread, and protect property values.[220] Mahool was not alone in his beliefs. In a treatise on the relationship between the United States government and American blacks, author and physician E W Gilliam examined the situation of Baltimore's Black community, where supposedly Blacks enjoyed a relatively high quality of life. Gilliam informed his readers that Baltimore was a city where Blacks were 'abundantly supplied with work, and should be living under favourable conditions.'[221] In the passage below, however, Gilliam described his encounter with a Baltimore health commissioner:

> Into the object of my visit he entered at once and with alacrity, declaring that the negro was living regardless of every law of health and sanitary regulation – that he had no forethought, no sense of personal hygiene – that licentiousness, disease, and death were running together briskly hand in hand – that the negro was far more susceptible to disease, than in antebellum days – that fell consumption, almost unknown among the blacks under the slavery regime, was so common that many were calling it the negro malady – that of the startling prevalence of loathsome diseases physicians were only cognizant – and that the death rate was tremendous, and out of all proportion to the mortality among the whites.[222]

Gilliam later supplemented his paraphrase of the health commissioner's maligning of Black lifestyle practices with mortality statistics that he suggested corroborated the commissioner's claims. A selection of weekly mortality rates per thousand, divided by race, showed that the White death rate per thousand ranged from 12.19 to 15.27, while the Black death rate ranged from 32.65 to 39.30.[223] These few select pages truly highlight the severity of the difficulties Blacks faced in securing sanitary housing in Baltimore. Given the harsh, condescending tone of the health commissioner, his speculations on Blacks' lack of forethought and licentiousness, and the reality of a higher Black mortality rate - what chance did Baltimore's Black community have in convincing their White working class neighbours they were not a threat to their

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[220] Garrett Power, 'Apartheid Baltimore Style: The Residential Segregation Ordinances of 1910-1913', *Maryland Law Review*, Vol. 42, No. 2 (1983): 302.
[221] E W Gilliam, *Uncle Sam and the Negro in 1920* (Lynchburg, VA: J P Bell, 1906), p. 449.
[222] Ibid., p. 450.
[223] Ibid., p. 451.

health and welfare? While employment discrimination likely made securing affordable, sanitary housing a difficult prospect, a culture of institutional racism made such an aim nearly impossible for Blacks.

Yet the civil rights movement, which eliminated all forms of *de jure* racial restrictions, would have to wait for another few decades. Baltimore's housers were eager to advocate for social housing in the city, and were willing to conform to discriminatory laws to placate segregationists. Given that the success enjoyed by Scottish and other European housers, American housers had reason to be optimistic that social housing could flourish in American cities. Baltimore's politicians and real estate interests were, however, less willing to compromise. While the advent of social housing appeared imminent and irrevocable to New York's political and economic establishment, Baltimoreans still clung to their Southern social mores.[224] Regardless, intellectual agitation for housing reform could no longer be ignored by the 1930s, even in Maryland. The city's Democratic Mayor Howard Jackson, who presided over the city for most of the 1920s and 1930s, was the integral arbitrator between progressive housers on the left, and the city's real estate interests on the right, who feared social housing as both a competitor to private housing and as a catalyser of racial integration.[225] Jackson's handling of the economic hardships of the Great Depression, the subsequent radical legislation of the New Deal, and a turbulent and divided population secured his reputation as a political houser, if only reluctantly. A review of the housing legislation during these decades is essential to understand social housing's progression in early twentieth-century Baltimore.

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[224] Peter Henderson, 'Suburban Visions and the Landscape of Power: Public Housing, Suburban Diversity, and Participation in Metropolitan Baltimore, 1930s-1950s', *Contested Terrain: Power, Politics, and Participation in Suburbia* (Westport, CT: Greenwood Press, 1995), eds Marc Silver and Martin Melkonian, p. 195.
[225] Edward Goetz, *New Deal Ruins: Race, Economic Justice, and Housing Policy* (Ithaca, NY: Cornell University Press, 2013), p. 29.
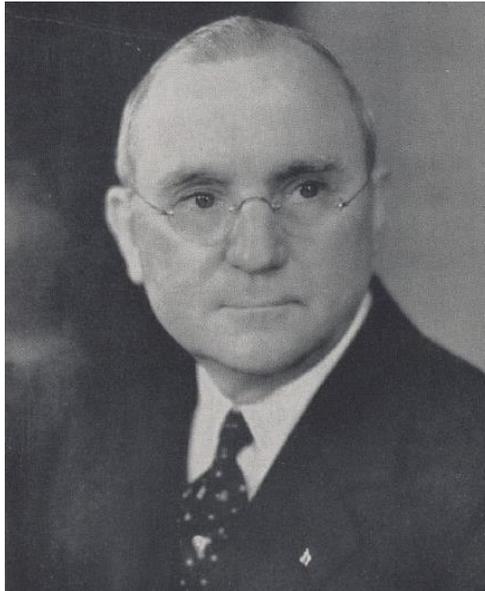
Hon. Howard W. Jackson, Mayor of Baltimore City, 1923-1927, 1931-1943, HABC, Public Housing in Baltimore: 1941-1942, p. 34.

The narrative of social housing in Baltimore is inextricably tied to the policies of the New Deal.[226] With the passage of the National Industrial Recovery Act (NIRA) in 1933, the United States federal government had officially expanded their efforts to revive an ailing economy. The passage of NIRA resulted in many of the so-called 'alphabet' agencies (due to public recognition of these agencies as acronyms), or federal departments created to stimulate economic recovery.[227]Additionally, NIRA promoted infrastructure projects, including slum clearance and housing projects. NIRA created the Public Works Emergency Housing Corporation (PWEHC) to distribute funds for housing construction projects. The PWEHC, itself a subdivision of the larger infrastructure support body Public Works Administration (PWA), was awarded a large amount of federal money for the purpose of engaging in:

> Low-cost housing and slum clearance projects which otherwise would not be undertaken. It
> will lend every assistance to states, municipalities, and public housing authorities in the

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[226] Jason Smith, *A Concise History of the New Deal* (Cambridge University Press, 2014), pp. 137-139.
[227] While the alphabet agencies were a success, Blacks often did not benefit from their largesse, See: Michael Hiltzick, *The New Deal: A Modern History* (New York: Free Press, 2011), p. 312.

development of worthy projects, and it may finance projects outright as a demonstration to the country of what can be done.[228]

The Roosevelt government was not always keen to broadcast such an ebullient message. Roosevelt's Secretary of the Interior, Harold Ickes, who administered the PWEHC, resisted the idea that the federal government intended to directly own and operate low-income housing. Indeed, the first New Deal housing acts were intended to bolster the private housing market. The National Housing Act of 1934 for example, which passed with houser support, created the Federal Housing Administration (FHA). The FHA guaranteed mortgage loans in a bid to increase home ownership. The programme thus targeted the middle class and the construction industry, rather than slum dwellers and housing activists.[229] The FHA remained popular throughout the twentieth century and rarely garnered criticism like social housing programmes.[230] In contrast, the PWEHC was created to 'expedite the commencement of construction, but it is intended to operate only where there is a reasonable prospect that some type of state or local public agency will be authorized eventually to take over the project, thus bringing local interest and responsibility into the picture'.[231] Thus, while the Roosevelt administration was aware of American urban housing deficiencies and sought to provide subsidies to improve housing quality, it was not yet willing to act as a direct provider of housing. This reality, however, did not directly impede the introduction of social housing to Baltimore.

In line with the United States' tradition of federalism, the PWEHC sought to grant money to state and local authorities in order for them to spend on housing projects. Luckily for Baltimore's poorly housed, the Maryland Emergency Housing

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[228] 'Trends in Present-Day City and Regional Planning in the United States, 1933', *Planning of Political Organ of the American City Planning Institute, the National Conference on City Planning* (London: City Planning Press, 1933), pp. 63.

[229] Jeffery Hornstein, *A Nation of Realtors: A Cultural History of the Twentieth-Century American Middle Class* (Durham, NC: Duke University, 2005), p. 119.

[230] Carroll Van West, *Tennessee's New Deal Landscape: A Guidebook* (Knoxville: University of Tennessee Press, 2001), p. 147.

[231] National Association of Housing and Redevelopment, *State Laws for Public Housing: A Memorandum on the Drafting of Enabling Acts for Public Housing Agencies* (Chicago: NAHR, 1934), p. 2.

and Park Commission (MEHPC) had been created in 1933 specifically to receive federal housing largesse. The Commission initially wanted to accept funds to engage in slum clearance and construct social housing development on cleared sites, but Baltimore's real estate interests pressured the Commission to pursue green field projects on the city's periphery.[232] Much of the pressure on potential social housing plans derived from the machinations of Baltimore businessman Guy Hollyday. As the president of the Title Guarantee and Trust Company, a private mortgage company, as well as the Real Estate Board of Baltimore, a confederation of city real estate interests, Hollyday wielded considerable power. In order to counter the impact of the Maryland Commission, Hollyday convinced Mayor Jackson to pass a resolution that prohibited the sale of vacant land for social housing at a discounted rate. This resolution, along with the lobbying efforts of the Real Estate Board, were successful in preventing the construction of social housing in the city for five years. Indeed, during the years of 1933-1937, the PWEHC managed to build 51 social housing projects containing 21,800 housing units– but not one project in Baltimore.[233] Thus, for most of the 1930s, real estate interests in collusion with municipal government, managed to keep social housing out of Baltimore. It would take more targeted federal housing legislation, along with the determination of American housers, to bring social housing to Baltimore.

Part of the problem rested with federal housing policy; while social housing faced stiff local opposition the Roosevelt administration's early delivery system was flawed. While the PWEHC developed the very first social housing projects in the United States, housers were not totally enamoured with the Commission or its approach to housing reform. For instance, the Commission's administrator Secretary Ickes was renowned as both stubborn and cantankerous, and was unwilling to acknowledge different opinions on housing direction. Yet the most fundamental point housers raised was that the PWEHC was a temporary agency; once NIRA funds were exhausted, the agency would cease to exist. A permanent and more focused

[232] Henderson, 'Suburban Visions', pp. 195-196.
[233] Michael Straus and Talbot Wegg, *Housing Comes of Age* (Oxford University Press, 1938), pp. 51-56, 149, 160.

federal housing agency needed to be established. The task of pushing for more federal government involvement in housing issues rested with energetic politically oriented housers. There was no single houser more influential in the development of the United States' national social housing policy than Catherine Bauer. A young, eager, and eventually prolific houser of the era, she first floated the idea of such a permanent Cabinet level agency at the National Association of Housing Officials (NAHO) annual conference in 1934, which coincidentally was held in Baltimore that year. While a litany of housers argued more generally that slums contributed to social, labour, and public health problems, much of the discussion around the time of the conference focused on criticism of Harold Ickes and proposals for a permanent housing agency.[234] Thanks to Catherine Bauer, American housers would get their wish – just two years after the NAHO Baltimore conference, both the United States and the City of Baltimore would have permanent agencies dedicated to social housing. Her combination of original academic thinking and political advocacy ushered in a wave of support for social housing, and altered indelibly American housing policy in the twentieth century.

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[234] Timothy McDonnell, *The Wagner Housing Act: A Case Study of the Legislative Process* (Chicago: Loyola University Press, 1957), pp. 96-97.

In 1934, Catherine Bauer published a profound and seminal monograph titled *Modern Housing*. This book not only shaped the opinions of academic housers in the 1930s, but had a direct influence on federal housing authorities. While Bauer's style of writing was elegant and her arguments powerful, what distinguished her work was the ample evidence she collected while researching social housing in Europe. Bauer conducted research independently on housing projects in England, Scotland, Germany, Austria, the Low Countries; these societies had already invested much money and materials in the development of social housing. Bauer's research provided evidence that not only were European social housing developments successful, but that the United States could not long afford to continue without some form of subsidised housing. On this point, Bauer wrote 'Although it is not true that any socioeconomic order which could produce good housing would be ipso facto a good system, it is certainly true that any arrangement that cannot do so is a reactionary and anti-social one.'[235] Bauer was disturbed that after the social upheaval of the late nineteenth century that American workers could go without affordable and sanitary housing. Bauer considered the issue so pressing that she dedicated herself to political advocacy of social housing, and joined the National Association of Housing Officials (NAHO) as an advisor. She lobbied the Roosevelt administration to commit greater federal resources to the provision of social housing. Her efforts had a profound impact on federal housing policy, and consequently in no small way facilitated Baltimore's municipal housing infrastructure.

Not long after the Baltimore Conference, noted houser and chair of the National Public Housing Conference Mary Simkhovitch, began collaborating with New York Democratic senator Robert Wagner on a bill to create a permanent American social housing agency. Simkhovitch and Wagner drafted a social housing

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[235] Catherine Bauer, *Modern Housing* (Boston: Houghton Mifflin, 1934), p. xvii.

bill that emphasised slum clearance and rehousing the worst housed, a similar approach to John Wheatley's 1925 Act. Bauer soon joined in on collaboration, though she differed greatly about the priority of slum clearance. Bauer saw no reason why American social housing policy should not be as progressive as European policy, and envisioned a near-future where housing was viewed as, in her own words:

the transition of housing from a speculative business, operated solely for a maximum of immediate private profit, to a long-time public investment undertaking, recognized as of essential public utility and planned and controlled as such.[236]

While Bauer never realised this utopian concept, she did help edit Simkhocitch and Wagner's congressional social housing bill.[237] The bill failed to pass several times. Truthfully, there was not much of a broad concern for housing quality and scarcity issues in the Congress; the economic depression continued unabated and most politicians favoured improving economic conditions before focusing on quality-of-life issues. Fortunately for housers, President Roosevelt viewed the development of social housing as means to invigorate the construction industry, and thus reduce unemployment.[238] In a deft political move, Roosevelt ordered that Robert Wanger, a progressive Northern Democrat, co-sponsor the bill with Henry Steagall, a conservative Southern Democrat. The Housing Act of 1937, known popularly as the Wagner-Steagall Act, was enacted on September 1 of that year. The Act articulated national housing policy centred on slum clearance (to Bauer's chagrin) and established the United States Housing Authority (USHA). Unlike the Housing Act of 1934 which established Federal Housing Administration (FHA) and the Federal Savings and Loan Insurance Corporation (FSLC), organizations which were designed to bolster the private housing market through mortgage guarantees, USHA was

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[236] Ibid., p. 224.
[237] The original bill was entitled 'S 2932' (Senate version) and 'HR 6998' (House of Representatives).
[238] Nicholas Bloom, *Public Housing that Worked: New York in the Twentieth Century* (Philadelphia: University of Pennsylvania Press, 2008), pp. 36-37; Adam Rome, *The Bulldozer in the Countryside: Suburban Sprawl and the Rise of American* (Cambridge University Press, 2001), pp. 27-35; Clarissa Hayward, *How Americans Make Race: Stories, Institutions, Spaces* (Cambridge University Press, 2013), pp. 139-142.

designated specifically to fund social housing projects in major American cities and coordinate urban development.[239] The Act endowed USHA with $500 million to distribute to local authorities who would be responsible for operation, with special finance guarantees to maintain low rents for tenants. Essentially, the Wagner-Stegall Act legitimised social housing in the United States. Even Bauer, who criticised sections of the Act and resented Roosevelt co-opting praise for its enactment, wrote that the Act was a 'radical piece of legislation – perhaps the most clear-cut and uncompromising adopted under the New Deal'.[240] Furthermore, the Act had profound implications for social housing prospects in Baltimore.

In September 1937, Baltimore did not yet have a municipal housing authority. This was not especially unusual; the neighbouring cities of Philadelphia and Washington did not yet have housing authorities either. However, both New York (1934) and Boston (1935) had formed housing authorities shortly after the Housing Act of 1934 in anticipation of greater federal intervention into housing.[241] Indeed, with federal funding, it was the city of Atlanta that built the first social housing development in the United States in 1936. The housing project was known as Techwood Homes (due to its proximity to the Georgia Institute of Technology), and replaced a community of wooden shanty dwellings with three-storey brick flats. Techwood Homes was designed exclusively for White occupancy. Only two months after the Wagner-Steagall Act in November, 1937, however, Baltimore Mayor Howard Jackson ordered the creation of the Housing Authority of Baltimore City (HABC). The HABC was designed to replace the MEHPC and accept federal housing funds. Even after the Wagner-Steagall Act, however, the creation of a municipal social housing committee was uncertain. The Real Estate Board of Baltimore was alarmed by the Wagner-Steagall Act, though warmed to the idea of social housing in

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[239] U.S. Senate, *National Housing Act of 1937* (Washington, DC: GPO, 1937), enacted Sept. 1st, 1937.
[240] Catherine Bauer, 'Now, at Last: Housing?' *The New Republic* (September, 1937), Vol. 8: 119-121.
[241] Christopher Klemek, *The Transatlantic Collapse of Urban Renewal: Postwar Urbanism from New York to Berlin* (University of Chicago Press, 2011), p. 68; John Gunther, *Federal City Relations in the United States: The Role of Mayors in Federal Aid to Cities* (Newark: University of Delaware Press, 1990), pp.125-126; Lawrence Kennedy, *Planning a City Upon a Hill: Boston Since 1630* (Amherst: University of Massachusetts Press, 1994), p. 148; Thomas O'Connor, *Building a New Boston: Politics and Urban Renewal, 1950-1970* (Lebanon, NH: University Press of New England, 1995), pp. 122-124.

Baltimore when Jackson noted that slum clearance could open up valuable downtown property for redevelopment. Almost immediately the HABC received over $26 million from USHA, and began the complicated and protracted process of excavating potential sites for White and Black social housing developments. The arrival of the Second World War would complicate social housing development in the early 1940s; federally subsidised housing was built for both White and Black defence-workers and most of this housing reverted to municipal control after the War. Still, the establishment of the HABC solidified the permanent presence of social housing in Baltimore. Although the establishment of the national USHA and the HABC did not preclude the powerful opponents of social housing from voicing their opinions (or dictating the location of social housing developments) – thanks to Catherine Bauer and Howard Jackson – social housing had arrived in Baltimore.

Yet Baltimore's leading political men found social housing to be at odds with the city's tradition of homeownership. Baltimore was a city of owner occupied rowhouses, not subsidised rental housing. Both Jackson and William Curran, a political ally who represented Baltimore's Catholic Democrats, were sceptical of social housing. Their scepticism was bolstered by the fear that social housing could potentially expedite racial integration – a fear that would prove prescient. Real estate interests stoked these flames by reminding nascent White working-class home owners that proximity to Blacks lowered property values; this idea was so potent that the tenet became sociological doctrine.[242] Nevertheless, real estate interests feigned interest in providing housing for Blacks. C. Philip Pitt, the head of the Baltimore Real Estate Board for much of the first half of the twentieth century, told Jackson that 'We will have to find some place for the Negro.'[243] According to the *Sun*, Pitt qualified this statement by adding later that 'No one builds houses for Negroes and it is up to us to find a place for them.'[244] The *Afro-American*, however, reported that Pitt quipped that a possible option would be 'to put the Negroes in a

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[242] Homer Hoyt, *The Structure and Growth of Residential Neighborhoods in American Cities* (Washington, DC: Federal Housing Administration, 1939), pp. 62-64; Gunnar Myrdal, *An American Dilemma: The Negro Problem and Modern Democracy* (New York: Harper & Row, 1944), pp. 622-626.
[243] 'Mayor to consider segregation meet', *The Baltimore Sun*, 6/01/1924, p.6.
[244] '10 groups join in plan to stop Negro invasion', *The Baltimore Sun*, 19/01/1924, p. 20.

bag and throw them overboard'.[245] Given that the real estate lobby's resistance to building housing for Blacks, one might have expected them to support social housing, as it relieved private developers of a legal duty to build houses for all races. Furthermore, as building and letting Black housing proved less profitable, it would have been understandable for the real estate lobby to embrace social housing as allowing them to focus on more lucrative housing developments. This, however, was not the case. Considering that the city's real estate lobby was partially responsible for Southern Democrats' dominance in Baltimore, perhaps it was not surprising that Jackson initially was hesitant to endorse social housing. However, Jackson could no longer govern Baltimore in a bubble; the winds of political change were sweeping the United States in the 1930s, and the newly elected progressive Roosevelt administration was eager to broaden the federal government's role in housing. Ultimately, Jackson did not warm to the notion of social housing in Baltimore out of compassion for slum dwellers – but rather was compelled to accept the progressive housing legislation of the New Deal. This was especially true after Roosevelt's unprecedented third election to the presidency in 1940.

The 1940 presidential election presented two very different choices for the Baltimorean electorate. Franklin Roosevelt, a liberal Democrat who had been in office since 1933, had not delivered the economic growth that he had promised. Roosevelt's challenger, Republican Wendell Wilkie, ran on a platform of isolationism and business liberalization. Roosevelt won the election handily (despite the dubious constitutionality of his decision to run for a third term), and Republicans would not control the White House until 1953. What is particularly significant about the 1940 election, however, were the demographic groups that broke tradition to vote Democratic. In Baltimore, a breakdown of the election results revealed shifting attitudes towards city 'machine Democrats'. Roosevelt garnered 65% of the Black vote and 96% of the working-class White vote. While both of these statistics were shocking (as Blacks had voted Republican since the end of the Civil War and such strong working-class support for any candidate was unprecedented), another

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[245] 'Editorial', *Baltimore Afro-American*, 24/01/1924.

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demographic statistic is more telling: 97% of Baltimoreans who lived in slum housing voted for Roosevelt in 1940.[246] The writing was on the wall – city residents wanted social housing to alleviate slum conditions. Jackson and his aligned Southern Democrats had already buckled to pressure and accepted federal money for social housing projects, established a municipal housing authority, and opened its first housing project just two months after Roosevelt's re-election. Yet for the Southern Democrats, their efforts were too little too late. Although Jackson had been a popular mayor Southern Democrats never recovered in Baltimore; after 1943 only 'Machine Democrats' would be elected mayor, with the very notable exception of Republican Theodore McKeldin – who proved more progressive than subsequent Democratic mayors.[247] Baltimoreans had spoken: they were ready for greater housing options and viewed social housing as a solution to slum housing. Thus, by 1940, the city had federal funds for social housing, a new municipal housing agency, and elected officials that were willing to implement social housing policy. All that remained was to actually build the social housing projects.

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[246] Durr, *Behind the Backlash,* p. 14.
[247] C Fraser Smith, *William Donald Schaefer: A Political Biography* (Baltimore: Johns Hopkins University Press, 1999), p. 101.

A cartoon that originally appeared in the *Baltimore Sun*; United States Housing Authority, *What the Housing Act Can Do for Your City?* (GPO: Washington, DC, 1938), p. 81.

Social housing arrived in Glasgow and Baltimore under very different circumstances. In Glasgow, the poverty and concomitant residential crowding of the early twentieth century coupled with the hardships endured during the First World War had cultivated a community that welcomed social housing eagerly. Life in Glasgow during the interwar years was hard; the razor gangs that roamed the streets during these years inspired H. Kingsley Long's infamous book *No Mean City*. The advent of social housing generated feelings of relief among Glasgow's hardy, overcrowded population. In Baltimore, social housing received a much less welcoming reception. While the Great Depression resulted in economic hardship for the city's working population, a strong real estate lobby campaigned against social housing and highlighted the prospect of home ownership. This diminished the appeal of social housing in Baltimore. Yet despite the differences in the arrival of social housing in both cities, both cities benefitted from the dedication of political housers. The determination of housers like John Wheatley and Catherine Bauer precipitated the introduction of social housing into Glasgow and Baltimore; it is safe

to argue that without their tireless efforts, social housing would have been a much later development in both cities. Both Wheatley and Bauer maintained the same vision: that social housing should provide affordable and sanitary accommodation for society's most downtrodden. Ultimately, both Scottish and American housers were successful in pushing for social housing. Yet while political housers stressed many hardships endured by working people as evidence for their claims, including insanitary environmental conditions, the influence of medical professionals in the push for social housing should not be ignored. While many housers were politicians and academics with a keen interest in housing, many medical professionals became accidental housers due to their interest in public health. A review of early twentieth century public health authority commentary on the impact of housing and health and their resultant advocacy for social housing is needed to understand their importance to the housing reform movement.

Universities, Health Departments, and Public Health:

By the twentieth century a paradigm shift had occurred, and a more sympathetic view of poverty dominated public discourse. This shift of opinion facilitated the early twentieth century discussion of social housing, and enabled intellectuals to form arguments based on the fundamental idea that a substantial number of Scottish and American families were unable to lead healthy and happy lives due to a lack of affordable and sanitary housing. Literary figures, academics, and social activists of the late nineteenth and early twentieth centuries succeeded in raising awareness of problems of housing and public health in Scottish and American cities, and these varied housers scored some early gains. Jacob Riis and Charles Booth exposed the general public to the trauma of housing deficiency, and John Wheatley and Catherine Bauer shamed their political contemporaries into enacting social housing legislation. Yet while all of this houser activity benefited poorly housed Scots and Americans, most housers were not qualified to comment on the exact health implications of poor housing. Pinpointing the public health ramifications of poor housing was the domain of the medical and public health professionals. Their interest in the problems of overcrowding and insanitary environmental conditions

led to their endorsement of social housing as a public health tool. Medical and public health professionals, who as the decades progressed quickly learned the importance of environmental sanitation, grew to champion social housing as a means to an end of poor housing-related health conditions. Many of these health oriented housers were university academics; the University of Glasgow and Johns Hopkins University both quickly became leaders in the newly established discipline of 'public health'. Further health professionals were municipal employees, who saw first-hand the impact of slum housing on the health of urban workers. Their influence in the transnational housing debate, particularly in convincing the general public and municipal authorities of the health dangers of slum housing, was integral to the success of social housing. A review of the development of the public health discourse on the importance of housing is thus essential to understand the arrival of social housing in both Glasgow and Baltimore.

In Glasgow the academic interest in the connection between housing and health had roots in the nineteenth century. Beginning in the 1860s, Scottish universities began to think critically about matters of public health, after Glasgow and other university towns suffered serious cholera epidemic victims.[248] To be sure, Scottish municipalities were not totally without recourse to combat public health disasters; since the Public Health Act of 1872, all British cities large enough to maintain sanitary authorities were required to staff a medical officer of health (MOH), and many Scottish cities had already instituted the position.[249] Yet as the Scottish cities' municipal public health infrastructure expanded, more experienced medical professionals were needed to fill new positions. Scottish universities were quick to take note, and began including environmental concerns in medical curricula. Towards the end of the nineteenth century, Scottish universities began offering degrees in public health.

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[248] E W Hope, 'The Influence of the Universities upon the Advancement of the Public Health', *Proceedings of the Royal Society of Medicine*, Vol. 19 (1926), p. 25. It should be noted, however, that after the construction of the Loch Katrine aqueduct in 1859, Glasgow's 1866 cholera epidemic caused only 53 deaths, down from 3,800 deaths in Glasgow's 1853 epidemic, See: *Proceedings of the Philosophical Society of Glasgow* (Glasgow: John Smith & Son, 1891), Vol. 22, p. 218.
[249] Tarn, *Five Per cent Philanthropy*, p. 74.

During the first half of the nineteenth century, Thomas Stuart Traill had given lectures on medical jurisprudence at the University of Edinburgh, and during these lectures public health issues crept into discussions under the topic of 'medical policy.'[250] However, these lectures were mostly philosophical in nature, and medical officers of health (MsOH) needed more practical training to combat environmental conditions deleterious to the public health. The University of Glasgow would become a pioneer institution in such practical training. William Gairdner, the first MOH for Glasgow, laid the foundations for public health courses at the University of Glasgow. In addition to being the MOH for Glasgow from 1863 to 1872, he was made Chair of Medicine at the University of Glasgow in 1862, a position he held until he retired in 1900.[251] After his death in 1907, his obituary in *The Lancet* remarked the following on his devotion to public health:

> He had already shown his interest in the then elementary science of public health, as was evidenced by his publishing, in the year of his appointment to Glasgow, a valuable book entitled "Public Health in Relation to Air and Water," which epitomised what was then known on the subject, and he was consequently asked to undertake the onerous task of chief medical officer of health in the city of Glasgow at a time when the city was crying out for sanitary reform… He had to face conditions of dirt and overcrowding such as do not exist in Great Britain to-day… his general sanitary work effected a complete change for the good in the unhealthy quarters in the city.[252]

Thus, despite keen interests in cardiology, mental illness, and the physician-patient relationship, Gairdner became known primarily for his work on the implications of of an insanitary environment on health. Yet while Gairdner was influential in advancing an appreciation of public health at the University, the more consequential shaper of public health curriculum at Glasgow was John Glaister. Originally a lecturer in 'medical jurisprudence' *a la* Traill at the Glasgow Royal Infirmary, he gained such prominence in this field that he became Professor of Forensic Medicine and Public

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[250] Hope, 'Influence of the Universities', p. 26.
[251] James Coutts, *A History of the University of Glasgow: From its Foundations in 1451 to 1909* (Glasgow: Maclehose, 1909), p. 585.
[252] 'Obituary: Sir William Tennant Gairdner', *The Lancet* (06/07/1907), Vol. 170, No. 4375: 58.

Health at the University of Glasgow.[253] It was at the University of Glasgow that Glaister honed his ideas on public health as a science – and documented these ideas in his monumental 1902 work *A Textbook of Medical Jurisprudence, Toxicology, and Public Health*. The timing of this work was particularly appropriate, for the year before Glaister's appointment to the University (1889) the Local Government Act of 1888 stipulated that all MOsH appointed had to hold a degree in public health, sanitary science, or state medicine.[254] As Glasgow had instituted its Doctor of Public Health (DPH) program in 1876, the University was well prepared for the increasing cooperation between municipalities and universities in public health matters.[255] Thus, at the beginning of the early twentieth century, while Glasgow continued to struggle with poor environmental conditions and preventable public health problems, university medical professionals were cooperating with municipal authorities to better tackle these problems. The University cultivated an intellectual atmosphere conducive to the understanding of public health as a practical science. Treating public health as a professional course certainly influenced AK Chalmers and Alexander MacGregor, both students of public health at Glasgow who succeeded each other as MOH for Glasgow (1898-1925 and 1925-1946, respectively). With professional training and a scientific understanding of public health, Glasgow's municipal health workers were much better prepared to tackle housing and health issues in the twentieth century than in years prior. Across the Atlantic, the development of public health courses at a much more junior institution would have a profound effect on housing and health issues in another city.

The wealthy Baltimore philanthropist Johns Hopkins bequeathed money in his will to found a university and a hospital, and the eponymous institution was established in 1876. From the beginning, Johns Hopkins University differentiated itself from its contemporaries. The university sought to emulate German universities and focus primarily on research and the instruction of practical skills rather than

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[253] Johanna Geyer-Kordesch, *The Shaping of the Medical Profession: The History of the Royal College of Physicians and Surgeons of Glasgow* (London: Continuum International, 2003), Vol. 2, p. 53.
[254] A S MacNalty, *Local Government* (London: Metheun & Co, 1948), p. 92.
[255] 'Degrees and Qualifications in Public Health', *The Medical Times and Gazette* (London: J A Churchill, 1879), Vol. 2, p. 323.

teaching the Classics to privileged youths.[256] The medical school rose to fame almost immediately. Abraham Flexner, author of the Carnegie Foundation funded investigation of American universities in 1910, wrote the following about Johns Hopkins:

> This was the first medical school in America of a genuine university type, with something approaching adequate endowment, well equipped laboratories conducted by modern teachers, devoting themselves unreservedly to medical investigation and instruction, and with its own hospital in which the training of physicians and the healing of the sick harmoniously combine to the infinite advantage of both. The influence of this new foundation can hardly be overstated.[257]

By the dawn of the twentieth century, Baltimore rivalled Glasgow, Heidelberg, and Paris as a centre for medical education. Still, even at Johns Hopkins medical curricula often eschewed instruction on environmental and public health problems. This deficiency would be corrected. Just as the Carnegie Foundation had funded Flexner's investigation of medical education, another philanthropic organization, the Rockefeller Foundation, decided in 1916 that it wished to 'co-operate with the University in the establishment of a School of Hygiene and Public Health for the advancement of knowledge and the training of investigators, teachers, officials, and other workers in these fields.'[258] The choice of Johns Hopkins as the recipient of such philanthropic largesse was a testament to the strengths of Hopkins' medical education model, and the Foundation's decision excited university staff greatly.[259] This offer was accepted, and in October of 1918 the Johns Hopkins School of Hygiene and Public was established.[260] Indicative of the university's reputation for forward thinking, the school had an ideological running start, and stated that the school's mission was to 'establish courses for the training of qualified persons in public

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[256] John Field, 'Medical Education in the United States: Late Nineteenth and Twentieth Centuries', *The History of Medical Education: An International Symposium held February 5-9, 1968* (Los Angeles: University of California Press, 1970), p. 505.

[257] Abraham Flexner, *Medical Education in the United States and Canada* (New York: Carnegie Foundation, 1910), p. 12.

[258] *The Rockefeller Foundation Annual Report, 1916* (New York: Rockefeller Foundation, 1916), p. 30.

[259] *The Johns Hopkins University Circular* (Baltimore: Johns Hopkins Press, 1917), Vol. 36, pp. 8-9.

[260] *The Johns Hopkins University Circular* (Baltimore: Johns Hopkins Press, 1918), Vol. 38, pp. 17-18.

health, to promote investigative work in hygiene and preventative medicine and provide opportunities for the training of investigators in these subjects, and to develop the adequate means for the dissemination of hygienic knowledge.'[261] Hopkins instituted a Doctor of Public Health degree, and sought to instruct its students in bacteriological analysis of food, water, and sewage; nutritional and environmental hygiene; sanitary engineering, among other subjects.[262] The professional response to Johns Hopkins' efforts was laudatory. A physician at the School of Hygiene wrote an article to a popular American journal that while it was commonly believed that 'any physician could step into the office of health officer of a large city, without any training, and do the work satisfactorily,' the truth was that the preservation of the public health was a diligent and arduous task and ordinary physicians were 'no more fitted to undertake it than he is to do the work of a skilled surgeon'.[263] Just like Glasgow, the city of Baltimore now had a university dedicated to the preservation of public health. These two institutions helped cultivate intellectual atmospheres that promoted the study of the relationship between housing and health, and while this discussion bellowed in lecture halls, some public health professionals joined the effort for housing reform.

The idea that the slums were injurious to health was already supported by Glaswegian and Baltimorean public health professionals. Yet before the advent of social housing in both cities, health professionals were often dismayed by how little they could assuage insanitary environmental conditions. Social housing arrived in Glasgow in 1919, but there were still far more many slum dwelling families by the Second World War. In Baltimore, slum dwellers were more concerned with preserving racial segregation rather than healthy living. The Great Depression and its resulting poverty softened many Baltimoreans' attitude towards institutional largesse, which eased efforts for Hopkins and municipal medical staff. Despite the hazardous conditions of Glaswegian and Baltimorean slums, public health oriented housers often found it difficult to persuade the working class of the benefits of social

[261] *The Johns Hopkins University Circular* (Baltimore: Johns Hopkins Press, 1918), Vol. 37, p. 18.
[262] Ibid., p. 19.
[263] A W Freeman, 'Training for the Health Service', *The Rotarian* (July, 1922), Vol. 21, No. 1: 20.

housing. While the social housing movement was successful, the input of health professionals lent credibility to its arguments.

During the inter war years, health professionals in both cities were involved in studies of housing and health. The MOH for Glasgow, Alexander MacGregor, was convinced that Glasgow's slum housing contributed to its unnecessarily high morbidity and mortality rates, and wrote several publications on the subject. In the United States, officials from the Public Health Service and USHA were concerned about the detrimental impact of slum housing. Hugh S. Cumming, the United State's Surgeon General from 1920-1936, wrote the following on the connection between housing and health:

> The United States Public Health Service wishes to endorse strongly a program which will further the demolition of slum areas and the construction of low-cost houses. Reduction of mortality and sickness rates in the future will rest to a great degree on extending to the total population the health standards of the more favoured groups. One necessity is that a sanitary environment be available. It is not to be implied that such an environment will immediately change the health or "house-keeping" habits of any group of the population – the slow process of health education must play their part –but the ultimate effect, I confidently believe, would be enormous.[264]

This above quotation was included as the preface of article on the relationship between housing and health by the USPHS's senior statistician Rollo Britten. Britten was even more direct than Cumming in his endorsement of social housing, arguing that 'there is definite evidence that the elimination of slum districts in cities and the provision of housing which meets adequate sanitary requirements would have an immeasurable effect on the future health of a population.'[265] Still, Britten's affirmation of the relationship between poor housing and poor health was not

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[264] Rollo Britten, 'The Relationship between Housing and Health', *Public Health Reports* (November, 1934), Vol. 49, No. 44: 1301.
[265] Ibid.

original; he himself noted that evidence had been accumulating for years that the relationship was both tangible and observable. Britten himself had reviewed public health literature, and found the connection between housing and health unignorable. In particular, Britten noted that infant mortality, pulmonary tuberculosis, and pneumonia were directly related to housing quality.[266] In a federal investigation on childhood mortality, a report noted that 'the infant death rate in families which lived in homes with 2 or more persons per room was 2½ times that in families which lived in homes with less than 1 person per room. The variations in mortality … from respiratory diseases were especially marked.'[267]The infant mortality rate of Baltimore infants whose mothers had tuberculosis was higher:

TABLE 11.—*Mortality rates among infants in Baltimore whose mothers had had tuberculosis*

Condition of mother	Live births	Infant deaths from specified causes					
		All causes		Tuberculosis		Other causes	
		Number	Infant mortality rates	Number	Infant mortality rates	Number	Infant mortality rates
Total.....................	10,797	1,117	103.5	15	1.4	1,102	102.1
Tuberculous...................	96	26	270.8	3	31.3	23	239.6
Not known to have been tuberculous.................	10,701	1,091	102.0	12	1.1	1,079	100.8

Robert Woodbury, U.S. Department of Labor, *Casual Factors in Infant Mortality: A Statistical Study Based on Investigations in Eight Cities* (Washington, DC: GPO, 1925), p. 35.

As the table above illustrates, proximity to tuberculosis resulted in an increased likelihood of contracting tuberculosis, and in overcrowded dwellings there was more constant exposure to tuberculosis. Furthermore, British investigations found that social housing tenancy lowered infant mortality and provided better respite from tuberculosis. In the table below, the MOH for Liverpool (a city similar in some respects to Glasgow) AA Mussen compared vital statistics of social housing developments and slum neighbourhoods in Liverpool in the years 1923-1929:

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[266] Ibid., p. 1302.
[267] Robert Woodbury, *Casual Factors in Infant Mortality: A Statistical Study Based on Investigations in Eight Cities* (Washington, DC: GPO, 1925), p. 7.

	Population	Deaths from all causes per 1,000 population	Deaths from pulmonary tuberculosis per 100,000	Infant mortality per 1,000 births
Entire city	872,802	13.9	123	98
Corporation tenements	14,572	18.2	164	131
A slum area (c)	3,436	28.4	299	171

A A Mussen, *Report on the Health of the City of Liverpool during the Year 1930* (Liverpool: C Tinling, 1931), p. 254.

While Liverpudlian social housing tenants experienced higher death rates than the city average, they enjoyed a marked improvement over slum dwellers. What emphasises the impact of social housing even more dramatically was that according to this same study:

> Houses in the [slum neighbrohood] are … visited by sanitary staff, and where nuisances have been found to exist, the usual notices have been served upon the owners, the streets and passageways are cleansed, sewers and private drains are regularly flushed, and in addition baths and washhouses, infant-welfare centers and clinics have also been provided in close proximity to the area.[268]

Additionally, the previous MOH for Liverpool EW Hope wrote on the public health impact of rehousing slum dwellers in Liverpool more than ten years prior to the report, and found that tenants rehoused into social housing on developments built on slum clearance land experienced a decline in morbidity despite living in the same location.[269] Thus, in Liverpool, two different MOsH found that rehousing slum dwellers into social housing had a significant impact on public health. Evidence from Glasgow corroborated the growing health professional consensus. The truth,

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[268] A A Mussen, Liverpool Health Department, *Report on the Health of the City of Liverpool during the Year 1930* (Liverpool: C Tinling, 1931), p. 254.
[269] E W Hope, *Report on the Health of the City of Liverpool during the Year 1918* (Liverpool: C Tinling, 1919), pp. 116-133.

however, was that while social housing flats were better equipped, better ventilated, and provided more natural light, they were not categorically transformative. Poor health could still thrive in good flats. American houser Lawrence Veiller wrote the following of the Glaswegian rehousing experience:

> The public officials of Glasgow have learned, as indeed public officials of all cities who have attempted to deal practically with this problem have learned, that the people who have been living in the slums cannot all of a sudden adjust themselves to a new environment and to a new way of living, that if slum clearance is going to be successful and the people rehoused are to be permanently benefited by this important change in their environment, it is necessary that they should be guided and helped in that transition period – in a word, taught how to live.[270]

While Veiller's language may seem patronising to contemporary readers, he did illustrate a fundamental truth: the guidance of health professionals in the difficult (and sometimes traumatic) process of rehousing only improved healthy living among those fortunate enough to secure social housing tenancy. Glasgow MOH Alexander MacGregor reinforced this sentiment in his Annual Report:

> Management involves something more than the collection of rents and attention to repairs, and implies attention to human needs. As a result of experience and observation over the past few years, it can be affirmed that the majority of tenants will respond to efforts made to improve their environment; but the extent of the response depends on the degree of wise and helpful aid rendered by appropriate officers of the local authority.[271]

Luckily for Glaswegian social housing tenants, Glasgow Corporation hired dozens of public health aides, all women, to act as housing 'inspectresses'. These inspectresses were not only charged with training tenants in the practice of good 'house-keeping', but were also tasked with (somewhat clandestinely) ranking the cleanliness of

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[270] Edith Wood, *Slums and Blighted Areas in the United States* (Washington, DC: GPO, 1935), p. 118.
[271] Ibid.

homes as either good, fair, or dirty. The MOH Annual reports during the 1930s show that the great majority of tenants kept their homes in either 'good' or 'fair' condition, which seemed to surprise the female health professionals. While social housing provided an environment more conducive to healthy living, public health aides were welcomed encouragers of healthy practices.

Conclusion:

Ultimately, the early twentieth century Scottish and American housers were successful in their endeavours. By the end of the Second World War, social housing had arrived in both Glasgow and Baltimore, although admittedly social housing had become far more expansive in Glasgow before 1945. Regardless, social housing dramatically altered the post-war housing landscape of both cities, thanks in large part to the collective efforts of academic, political, and medically oriented housers. While housers of different stripes applied their unique perspective to the social housing debate, Scottish and American housers were united by the same goal: to eliminate unhealthy slum conditions that urban workers were compelled to endure. Housers were united by the conviction that social housing could provide an alternative to slum housing that would be conducive to healthy living. In Glasgow, housers relied on the strong political support for subsidised, municipally controlled housing in the working-classes. Their political activity, coupled with Westminster's focus on housing problems after the War, resulted in a city committed to social housing. In Baltimore, the housers faced a tougher battler. The city's municipal establishment was opposed initially to social housing, and backed by a powerful real-estate lobby. Housers targeted the federal government for assistance, an effort that proved fruitful as the Roosevelt administration was considerably more progressive than most American city's political establishments. Yet while Baltimore was blighted by slum districts, many Baltimoreans were wary of social housing – some viewed it as a device to enforce racial integration. These fears, though totally prescient, were quelled by promises of segregated social housing. Once housers had won the ideological battle, however, came another challenge: to build enough social housing units to meet demand. After the war, both Glasgow and Baltimore municipal

authorities set upon a massive house building operation. Both cities, however, faced difficulties in composing social housing policy and building logistics. The following chapter seeks to elucidate the divergence in the social housing paths in both cities.

Chapter 4: The Arrival of Social Housing and Glimpses of Better Living

By the end of the Second World War, the impact of the slums on Glaswegian and Baltimorean quality of life had become unignorable. After the defeat of the Axis countries, the idea that the men and women of Allied nations should be compelled to live in overcrowded, insanitary conditions offended both professional and general opinion. Enough was enough; the slum dwellers of both cities had endured an era of austerity and hardship (Glaswegians suffering a great deal more than Baltimoreans, albeit) and were ready for housing options that could facilitate healthy and happy family environments. Thanks to the determined efforts of independent housers and their governmental and municipal allies in the decades before 1940, the public health dangers of poor housing were now more directly acknowledged. Even Baltimore's powerful real-estate lobby came to accept social housing as inevitable, although they did advocate for alternatives to social housing into the mid 1950s.[272] Additionally, the Scottish and American general public's indignation over meagre conditions had become more palpable; it was embarrassing that Glasgow and Baltimore's poor lived in such horrendous conditions. Thus, by the middle of the twentieth century, Glasgow and Baltimore were ripe for social housing development. The trajectory of social housing development in both cities diverged almost immediately due to differences in extant housing stock, economic opportunity, and (most importantly) demographics. Yet external forces did not mould social housing policy in each city completely. Glasgow and Baltimore's municipal governments took different approaches to implementing social housing, given their different population needs. Furthermore, while both cities' slum dwellers suffered similar health problems due to inadequate housing, the discrepancies in the effectiveness of

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[272] Paul Marx, *Jim Rouse: Capitalist/Idealist* (Lanham, MD: University Press of America, 2008), pp. 49-62.

rehousing efforts that surfaced in later decades can be attributed largely to municipal policy choices in the immediate post-war period. While Glasgow's municipal government developed social housing with gusto, Baltimorean attempts to rehouse its slum dwellers appear lacklustre in comparison. Though thousands of social housing units would be built in Baltimore, social housing opponents managed to repel the most progressive and encompassing plans for rehousing in the years leading up to 1965. A review of the policy debates and construction strategies of social housing in both cities is necessary to understand the two cities' different social housing landscapes.

Post-War Glasgow and Baltimore, a Portrait:

The two factors that most determined social housing policy in Glasgow and Baltimore were economic class and race. Put simply, Glasgow's working class expected social housing to replace substandard tenement housing while Baltimorean Blacks hoped social housing would offer reprieve from racially restrictive housing covenants. Still, one significant reason that social housing developed so differently in both cities was the differences in standards of living for Scots and Americans. The austerity of the Second World War period only exacerbated these trans-Atlantic class differences. While the American middle class had enjoyed access to middle class housing during the twentieth century, the Scottish middle class had long contended with labour strikes, much higher land prices, and of course housing shortages. This resulted in fiercer demand for fewer housing options; the middle class Scot endured less spacious and more expensive housing than the ordinary American. The devastation of the War coupled with the general deterioration of housing in the city due to a virtual halt on repairs only compounded the issues faced by Glasgow's poorly housed. A clean, amenable flat in the open spaces of the city's periphery – like so many of the social housing flats built in the 1920s and 1930s - must have seemed like paradise to Glaswegians. Indeed, by the 1960s reports surfaced that people preferred social housing flats even after Glaswegian housing authorities

began to renovate and refurbish Victorian tenements.[273] White Baltimoreans, including working class Baltimoreans, were drawn out of the city to new suburban developments; fully detached houses on quarter-acre lots in new communities like Dundalk, Arbutus, and Pikesville. Such housing was beyond the grasp of most Scots. Yet although housing standards were generally higher in Baltimore, it must be reiterated that many Baltimoreans resided in substandard housing, especially Blacks.[274] The advent of social housing promised as much reprieve for slum dwelling Baltimoreans as Glaswegians. Black Baltimoreans were particularly warm to social housing – as evidenced by the strong involvement of the *Baltimore Afro American* newspaper in its social housing coverage beginning in the 1940s.[275] Thus, given the great need for social housing in both Glasgow and Baltimore after the War, in addition to general enthusiasm of slum dwellers, it is not surprising that social housing construction accelerated rapidly in the 1940s.

It should be noted, however, that social housing's societal role evolved differently in both cities due to economic factors. While Glaswegians faced a dour economy, shortages of men and materials, political uncertainty, and the daunting task of rebuilding, Baltimoreans faced a period of unprecedented growth and social mobility. As the United States was physically removed from most of the fighting,

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[273] A study by the Scottish Housing Advisory Committee reported that tenants found social housing flats more amenable and rents cheaper than renovated tenement flats, 'Challenge of Scotland's Housing', *The Glasgow Herald*, 13/01/1967, p. 18.

[274] Discussions of urban blight and the decline in quality of Baltimore's housing standards were already occurring in the 1930s. See: Nicholas Bloom, *Merchant of Illusion: James Rouse, America's Salesman of the Businessman's Utopia* (Columbus, OH: Ohio State University Press, 2004), p. 57. Planners also warned that while slum clearance was necessary for Baltimore's survival, better affordable homes needed to replace cleared slums in equal measure. See: Norman Johnston, 'Harland Bartholomew: Precedent for the Profession' *The American Planner: Biographies and Recollections* (New York: Methuen, 1983), ed. Donald Krueckeberg, p. 298. Furthermore, because of the widespread use of lead paint in Baltimore, the Baltimore City Health Department became the first health department in the country to offer diagnostic blood tests to check personal lead levels. See: Gerald Markowitz and David Rosner, *Deceit and Denial: The Deadly Politics of Industrial Pollution* (Los Angeles: University of California Press, 2003), p. 55.

[275] Aurora Wallace, *Newspapers and the Making of Modern America: A History* (Westport, CT: Greenwood Press, 2005), p. 70; Rhonda Williams, *The Politics of Public Housing: Black Women's Struggles Against Urban Inequality* (Oxford University Press, 2004), pp. 45-46; Rhonda Williams, 'Black Women, Urban Politics, and Engendering Black Power', *The Black Power Movement: Re-thinking the Civil Rights-Black Power Era* (Boca Rotan, FL: CRC Press, 2006), ed. Peniel Joseph, pp. 88-89; Willard Gatewood, *Aristocrats of Color: The Black Elite, 1880-1920* (Fayetteville: University of Arkansas Press, 1990), pp. 77-80.

American manufacturing capabilities were not damaged. Thus, America's isolation from wartime destruction, along with reduced competition from European countries (due to their rebuilding efforts) led to an auspicious period of economic growth in the United States. The American middle and working classes prospered, and soon departed central cities in a great suburban exodus. The reality of cheap land, government guaranteed mortgage loans, and plentiful jobs lessened the appeal of social housing in Baltimore and other American cities. Furthermore, due to Americans' wide variety of accessible housing options, social housing descended into the housing of last resort much quicker than it did in British cities.[276] Put simply, it must be acknowledged that social housing in Glasgow and Baltimore did not develop in tandem, but rather on very different trajectories. As the years unfolded, developments labelled 'social housing' in both cities resembled each other less and less.

Yet to acknowledge the differences in standards of living between the two cities does not mean that Baltimore's slum housing conditions were distinctly better than Glasgow's; as Kemp's 1910 study *Housing Conditions in Baltimore* showed – Baltimore's housing conditions were not as favourable as many contemporaries claimed. In two of the neighbourhoods where Kemp collected data, the Albemarle Street district and Thames Street district, 58% of houses maintained densities of at least two persons per room, and 27% of houses had at least three persons per room.[277] These density statistics are similar to those recorded for Glasgow in the 1950s, which suggests that while Glasgow's crowding problems were very severe, Baltimore experienced at least similar conditions. Considering the lack of affordable spacious housing in Baltimore, it is easy to understand why the city's economically marginalized residents, both White and Black, welcomed social housing as a reprieve from dilapidated rowhouses just as Glaswegians did with overcrowded tenements.

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[276] Xavier de Souza Briggs *et al*, *Moving to Opportunity: The Story of an American Experiment to Fight Ghetto Poverty* (Oxford University Press, 2010), p. 30; Lawrence Vale, *Reclaiming Public Housing: A Half Century of Struggle in Three Public Neighbourhoods* (Cambridge, MA: Harvard University Press, 2002), p. 6; J S Fuerst, *When Public Housing was Paradise: Building Community in Chicago* (Urbana-Champaign, IL: University of Illinois Press, 2005), p. 195.
[277] Janet Kemp, *Housing Conditions in Baltimore* (Baltimore, MD: Charity Organization Society, 1907), pp. 8, 38-43.

Social housing promised spaciousness, cleanliness, greater household amenities, relief from predatory landlords, and a renewed sense of family dignity. For many Scottish and American slum dwellers, early social housing did not fall short of these promises. Still, while social housing might be considered an early success in both cities, the later decades of the latter half of the twentieth century proved that it was not a perfectly executed panacea.

Case in point: while social housing constituted a majority of Glasgow's housing stock by the early 1970s, social housing never eclipsed private housing in Baltimore by a long margin. Still, there were early success signs in both cities. By the mid-1960s social housing had broadened housing options for Baltimorean slum dwellers, particularly Black Baltimoreans. In Glasgow, while structural and social problems ensued, as late as 1971 90% of Glaswegian social housing tenants reported that they were satisfied with their accommodation.[278] In Baltimore, after the Supreme Court ruled racial segregation in social housing was unconstitutional in May of 1954, the BHA's executive director argued that the desegregation of housing projects might facilitate the desegregation of wider neighbourhoods.[279] The press was not always wholeheartedly receptive of social housing policy, however; in Baltimore the *Afro-American* could be quite critical of municipal housing decisions, even after desegregation. Regardless, city officials viewed social housing in both Glasgow and Baltimore as a solution to the slums.

Of course, racial integration complicated public perception of social housing in Baltimore. White Baltimoreans reacted negatively to racial integration of social housing projects, and exited social housing with increasing frequency. By the mid-1960s, less than 10% of all tenants were White. Due to stigmatization, Baltimorean social housing encountered a lot of structural and social problems much earlier on

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[278] Pearl Jephcott, *Homes in High Flats: Some of the Human Problems Involved in Multi-Storey Housing* (Edinburgh: Oliver and Boyd, 1971), p. 48; Similarly, in the same report, 63 percent polled were enthusiastic about their building, but 53 percent complained about the quality of their entire estate, See: Alice Coleman, 'Sustainable Urban Environments', *Environment and Development: Views from the East and the West* (New Delhi: Concept Publishing, 1993), pp. 489-490.

[279] 'Full Text of Winston's Historic Housing Address', *The Washington Afro-American*, 06/07/1954, p. 8.

than in Glasgow, and this had an impact on tenant health. In contrast, social housing construction did not peak in Glasgow until the late 1960s, as a less healthy Scottish economy social housing attracted a wider variety of tenants.[280] Put simply, a tenancy composed of lower-middle and skilled labour classes, fewer private housing options, and the absence of fear of racial integration allowed social housing to dominate more in Glasgow than Baltimore. This did not mean that social housing in Glasgow as thrived without disruption. Despite the various auspicious conditions that would allow social housing to succeed in Glasgow, ultimately, Glaswegian schemes encountered many of the same problems as Baltimorean projects. The social, physical, economic, and medical problems that would plague social housing tenants in the 1970s and 1980s would be sown in the expansion period of the 1950s and 1960s.

Yet, despite the different obstacles that each city faced, a common theme united both cities: a hope (indeed, an earnestly held belief), that social housing would result in healthier, happier residents. While the housers of the 1920s and 1930s had little evidence to justify social housing's potential, by the post-War period both Glaswegians and Baltimoreans seemed *ready* for social housing. As Wilson and Kelling later documented, unresolved nuisances spawned unhealthy environments – fixing nuisances quickly prevented potential problems from developing.[281] Unfortunately, both Glaswegian and Baltimorean housing authorities discovered that this proved an arduous task. Nonetheless, both municipal governments persisted. Both cities saw social housing growth from the late 1940s to the mid-1970s, afterwards a steady decline in social housing stock began. This chapter explores social housing's physical and social development in Glasgow and Baltimore from its boom to its apex, and establishes the context for the next chapter on social housing's early public health impact.

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[280] Louise Johnson, *Cultural Capitals: Revaluing the Arts, Remaking Urban Spaces* (Farnham: Ashgate Publishing, 2009), pp. 91-92.
[281] James Wilson and George Kelling, 'Broken Windows: The Police and Neighbourhood Safety', *The Atlantic Monthly* (March: 1982): 29-38.

Demographic Changes in Baltimore:

After 1945, Black Baltimoreans population growth relative to the White population became more precipitous. A review of the demographic changes in Baltimore is essential to understand the unique challenges that Baltimore housing authorities faced. Unlike Glasgow, the primary cause of housing deterioration was population influx and the artificial concentration of Black residents, rather than lack of maintenance or lack of building materials. While Glasgow's population growth had slowed over the previous decades, Baltimore's population continued to grow rapidly due to the migration of Southerners, both White and Black.[282] As housing construction did not keep up with population influx, and codified racial segregation kept Blacks from residential expansion, it is easy to comprehend why Black Baltimoreans became early advocates of social housing.

In the decade between the 1920s and 1930s, the Baltimore's Black population increased by 31%, while the White population increased by only 6%.[283] Many Blacks came to Baltimore during the First World War for factory job. While they were soon displaced by returning White soldiers, Black Baltimoreans sent word to their Southern relatives that the city appeared relatively hospitable and at least the *chance* at gainful employment.[284] This influx placed obvious strain on existing segregated housing stock in the city. On top of this, the Great Depression had slowed housing construction in the United States. In 1938, American builders produced 406,000 houses, while in the same year British builders produced 340,000 houses. At

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[282] John Frazier and Eugene Tettey-Fio, *Race, Ethnicity, and Place in a Changing America* (Binghampton, NY: Global Academic Publishing, 2006), p. 85.

[283] Samuel Roberts, *Infectious Fear: Politics, Disease, and the Health Effects of Segregation* (Chapel Hill: University of North Carolina Press, 2009), p. 212.

[284] While most Southern Blacks were employed as sharecroppers during the 1920s and 1930s, this hardly constituted 'gainful' employment, as they were often compelled to accept whatever price landlords felt was just. See: J W Harris, *Deep Souths: Delta, Piedmont, and Sea Island Society in the Age of Segregation* (Baltimore: Johns Hopkins University Press, 2001), pp. 215-217; for then contemporary accounts of the great migration, See: 'Black Troops' Bravery', *Richmond Planet*, 29/08/1914, p.4 and 'The Opportunity of the Dark Races', *Richmond Planet*, 5/09/1914, p. 4; for an analysis of the great migration's health impact, See: Lenworth Gunther, 'Black Health: Yesterday, Today, and Tomorrow', *The Crisis*, (Dec., 1980): 546-547.

the time, the United States was three times as populous as Britain.[285] This figure illustrates just how sluggish the American economy had become; despite a growing population, housing production ground to a near halt.[286] Furthermore, most of the new housing built was intended for White occupancy. Blacks tended to acquire new housing through the filter-down process, or residing in poor housing that White tenants had left for better housing. Additionally, Black urban residents annexed White housing on the periphery of existing Black neighbourhoods.[287] As historian Thomas Sugrue notes up until the mid-1960s, Blacks were coerced into housing areas of horrendous condition, into houses which were even worse than the houses in the poorest White areas.[288] A 1937 Civil Works Administration report found that of the 1,587 black families surveyed who lived outside of Baltimore's Druid Heights neighbourhood, only 5.4% of these families lived in housing categorized as 'good,' whereas 64.2% of these families lived in houses categorized as 'poor'.[289] While Black homeownership rates were higher in Baltimore than other cities, housing covenants crowded the Black population into tight residential pockets. Indeed, two thirds of the 145,000 Blacks that lived in Baltimore in the 1930s lived four census tracts adjacent to the central business district.[290] This meant that a quarter of the population lived in an area less than a fifth of the area of the total city. As the map below shows, by 1950 Blacks occupied mostly a small area in the city centre, branching outwards only as Whites left for suburban communities in the 1950s.

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[285] Derek Aldcroft and Harry Richardson, *The British Economy, 1870-1939* (London: Macmillan, 1969), pp. 43-46.
[286] Christian Saint-Etienne, *The Great Depression, 1929-1938: Lessons for the 1980s* (Los Angeles: Hoover Press, 1984), p. 45.
[287] For information on the 'filter-down' process, see D H McKay, *Housing and Race in Industrial Society: Civil Rights and Urban Policy in Britain and the United States* (Abingdon: Taylor and Francis, 1977), pp. 45-50; Henry Taylor Jr., 'Introduction: Race and the City, 1820-1970', *Race and the City: Work, Community, and Protest in Cincinnati, 1820-1970* (Urbana-Champaign: University of Illinois Press, 1993), pp. 11-12; Phillip Clay, 'New Directions in Housing Policy for African Americans', *The Metropolis in Black and White: Place, Power, and Polarization* (Piscataway, NJ: Transaction Publishers, 2012), pp. 261-262.
[288] Thomas Sugrue, *The Origins of the Urban Crisis: Race and Inequality in Postwar Detroit* (Princeton, NJ: Princeton University Press, 1996), p. 34.
[289] Roberts, *Infectious Fear*, p. 212. Interestingly, Freddie Gray, whose death in 2015 precipitated riots in Baltimore, grew up in a lead paint encrusted rowhouse in Baltimore. Jean Marbella, 'Beginning of Freddie Gray's Life as Sad as its End', *Baltimore Sun*, 23/04/2015.
[290] Farrar, *The Baltimore Afro-American*, p.105.
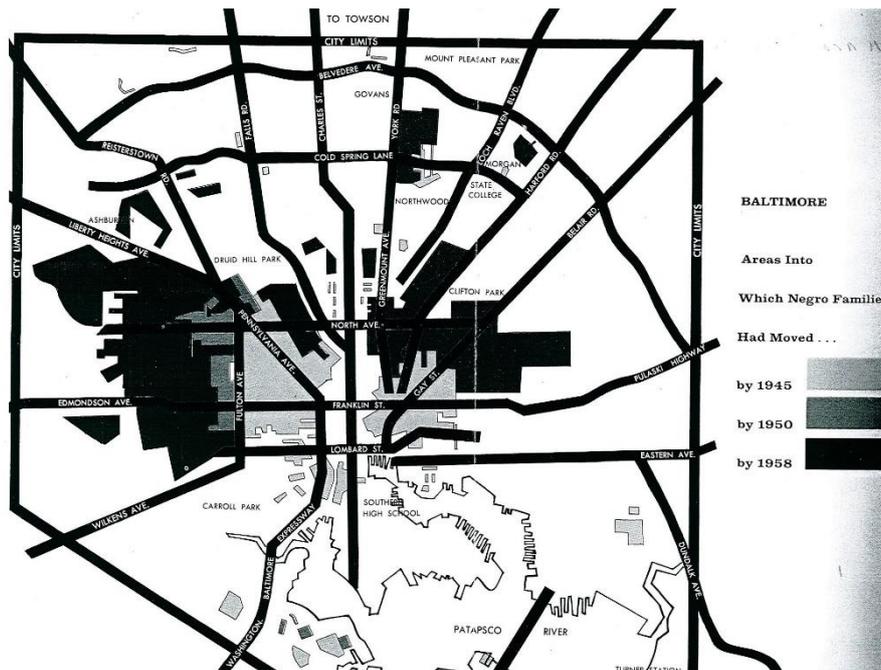
Photo from *Towards Equality: Baltimore's Progress Report* (Sidney Hollander Foundation, 1960).

With the advent of the Second World War, housing construction did increase temporarily. This increase can be attributed almost entirely to the construction of federally owned and operated defence-worker housing. Baltimore produced steel, ships, airplanes, and ball-bearings which were crucial to the war-effort; as production increased workers flooded the city to fill extra work positions. While defence-worker housing was segregated, housing was built for both White and Black workers. After the War, the housing developments were relinquished to municipal control, and became impromptu social housing developments. Still, just as in previous decades, population growth exceeded housing expansion in Baltimore. As the years progressed, Black Baltimoreans' population growth only accelerated, stressing existing housing stock to the breaking point. According to the 1950 census, Baltimore experienced the largest influx of Black migrants during the decade 1940-1950, and received more migrants than any other city. During this period, Baltimore gained 99,658 Blacks and 30,950 Whites. Considering that the 1950 census reported 723,655 White persons living in Baltimore and 225,099 Black persons living in Baltimore, this demographic transformation can be viewed as particularly severe.[291]

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[291] Marc Levine, 'A Third-World City in the First World: Social Exclusion, Racial Inequality, and Sustainable Development in Baltimore, Maryland', *The Social Sustainability of Cities: Diversity and the Management of Change* (University of Toronto Press, 2000), eds. Mario Polese and Richard Stren, pp. 126-129; Nettie Legters *et al*, 'Impact of Economic and Demographic Change on Baltimore Public

The table below illustrates that this demographic trend would continue in the coming decades, and by the mid-1970s Blacks would constitute a majority Baltimore's population.

Table 3: Population Demographics of Baltimore, 1940-1980

Year	Total Pop.	White Pop.	Black Pop.	Black Percentage of Total Pop.
1940	859,100	692,705	165,843	19.3%
1950	949,708	723,655	225,099	23.7%
1960	939,024	610,608	325,589	34.6%
1970	905,759	480,377	420,147	46.4%
1980	786,775	345,080	431,153	54.8%

United States Census Bureau, 1952, 1962, 1972, 1982.

Baltimore's demographic transformation had a profound impact on the direction of housing policy. By 1945, social housing, or 'public housing' as it is known in the United States, seemed more and more a pertinent solution to Baltimore's housing woes. As discussed in the previous chapter, during the 1930s housers had worked diligently to improve the governmental and public perception of social housing. Thanks to Catherine Bauer and the support of Mayor Howard Jackson, housers succeeded in soliciting federal funds for social housing projects. Yet, even with these new funds and the creation of the Baltimore Housing Authority (BHA) in 1937, the task of housing all of the city's new residents and rehousing the city's inadequately housed seemed daunting. The years leading up to 1965 presented a host of new challenges for Baltimore's municipal government, the primary challenge being the effort to rehouse the city's burgeoning Black population and maintain racial peace. It should be noted that while Glasgow Corporation needed to build far more social housing units, Baltimore City faced the arduous task of housing the Black community without upsetting White racial boundaries. Ultimately, Baltimore's housing authorities could not escape criticism, from either the Black or the White

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Schools', *Comprehensive Reform for Urban High Schools* (New York: Columbia University Press, 2002), p. 44.

community. Thus, while neither city government faced an easy task, Baltimore's municipal government faced unique resistance to social housing development.

Post-War Housing Policy in Glasgow:

While social housing already existed in Glasgow by 1945, construction accelerated greatly after the War. This accelerated social housing construction required the attention of both Glasgow municipality and Westminster. Yet while both Glasgow Corporation and the Ministry of Health (then responsible for housing matters) sought the same outcome, to rehouse Glasgow's slum dwellers into spacious and sanitary accommodation, neither could agree on just how to accomplish this goal. The ensuing years would amount to an intellectual tug-of-war between Glasgow Corporation, the Scottish Office, and Westminster. These differences on how to proceed did lessen gradually, with Glasgow Corporation determining housing policy to a greater degree. Yet in the years immediately following the War, Westminster was involved in major local decisions. An initial agreement on social housing expansion in Glasgow needed to be forged. Very simply, there were very different opinions on whether social housing should be built within Glasgow's city limits or outwith the city limits. Considering the differences of opinion on such an important issue, few probably suspected that the initial plan of action enumerated in 1946 would be followed precisely in the coming decades.

By 1945, Glasgow Corporation not only faced the daunting task of improving housing conditions for hundreds of thousands of people, but also the public's growing impatience with the city's overcrowded tenements. The city needed to quickly charter an urban redevelopment strategy to placate public discontent. Glasgow Corporation hired two specialists, London based architect Patrick Abercrombie and Edinburgh based architect Robert Matthew, to draft a prospective guide to help Glasgow authorities tackle its problems with poor housing and residential growth. The result of their efforts was the Clyde Valley Regional Plan (CVRP), published in 1946, a monumental tome that detailed a path towards rehousing much of Glasgow's population. The primary aim of the plan was to devise

a solution to rehousing Glasgow's population that pleased both the Corporation and the Scottish Office. While London (and by extension, the Edinburgh based Scottish Office) wanted to resolve overcrowding by moving Glaswegians out of Glasgow and into new communities in the surrounding countryside (a process known as 'decantation'), the Corporation favoured the redevelopment of slum housing and the expansion of municipal boundaries as needed (as Glasgow had past done, most recently in 1912).[292] The CVRP proposed a compromise: relocate 200,000 Glaswegians to several new towns in the West of Scotland (Cumbernauld, Bishopton, Houston, and East Kilbride), and further locate 250,000 Glaswegians to new housing developments towards the periphery of Glasgow's municipal boundary (Drumchapel, Easterhouse, Pollokshaws, and Castlemilk).[293] Both parties accepted the idea, albeit reluctantly, and Glasgow initiated a dual process of population decantation and decentralization. The acceptance of the CVRP did not equate to a seamless transformation for Glasgow, however. Though the plan was published in 1946, neither the Corporation nor the Scottish Development Office had come to a consensus about the size and location of the first new town, East Kilbride. This did not prevent the Scottish Development Office from rushing to plan, execute, and construct the new town of East Kilbride in 1947 just south of the city boundary without the Corporation's expressed consent.[294] Regardless of disagreements about East Kilbride, the Greenbelt, or the ring road, the general agreement to split social housing development between new towns and peripheral schemes (and later inner city slum clearance and redevelopment) dictated Glasgow's social housing policy for the next thirty years.[295]

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[292] John MacKenzie, "The Second City of the Empire': Glasgow – Imperial Municipality', *Imperial Cities: Landscape, Display, and Identity* (Manchester University Press, 2003), eds Felix Driver and David Gilbert, p. 222.

[293] L P Abercrombie and R H Matthew, *The Clyde Valley Regional Plan* (Glasgow: Clyde Valley Regional Planning Advisory Committee, 1947), pp. 7-8.

[294] Colin Pooley, Jean Turnbull, and Mags Adams, *Mobile Century?: Changes in Everyday Mobility in Britain in the Twentieth Century* (Farnham: Ashgate Publishing, 2011), p. 28; Ian Colquhoun, *RIBA Book of British Housing,* pp. 317-318.

[295] Robert Grieve, *Inquiry into Housing in Glasgow* (Glasgow: Glasgow District Council [Housing Department], 1986), p.18.

The mass construction of social housing that followed in Glasgow over the next thirty years altered the city's urban geography indelibly. While many ordinary Glaswegians took relocation to newer houses in stride, some housing professionals viewed slum clearance and relocation to new developments with suspicion. One of these circumspect professionals was Robert Grieve. A young civil servant who had helped draft the CVRP, Grieve presented a paper on Glasgow's ongoing transformation seven years after the Plan's publication. Grieve, who later became the chief planner for the Scottish Office (1960-1964) and then a professor of town planning at the University of Glasgow (1964-1974), noted just how peculiar Glasgow's urban landscape had become:

> The odd picture of a central core of very high density, a diminishing scale of densities through the rest of the City to the immediately pre-War and post-War housing near the outskirts and then a sudden jump to high density building over very large areas on or near the boundaries.[296]

Grieves' comments would later prove remarkably prescient – much of Glasgow's later problems with poverty and social isolation hark back to problems of density. Furthermore, these problems that the peripheral estates encountered were not unique to Glasgow; social housing developments in Paris and Birmingham experienced similar issues with social and economic isolation.[297] Throughout the twentieth century, Glasgow's peripheral schemes would offer varying levels of sustainability, and by the late twentieth century had devolved into Glasgow's 'new slums'.[298] Regardless, the size and scope the peripheral schemes, and the provisions of their individual flats, had a profound impact on ordinary Glaswegian perceptions of housing.

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[296] Robert Grieve, 'The Clyde Valley – A Review', *Report of the Town and Country Summer School* (London: Royal Town Planning Institute, 1953), p.22; *The Routledge Guide to British Political Archives: Sources since 1945* (New York: Routledge, 2012), ed. Chris Cook, pp. 84-85.

[297] For an illustrative and emotional analysis of the Parisian peripheral estates, See: Francois Maspero, *Roissy Express: A Journey Through Paris Suburbs* (London: Verso Books, 1994).

[298] Interestingly, this idea was floated as early as 1968, See: 'Ed.' *The Scots Magazine* (DC Thompson, 1968), Vol. 89, p. 545; J J Smith, *Labour in Glasgow, 1896: Socialism, Suffrage, Sectarianism* (Edinburgh: Tuckwell Press, 2000), p. 36.

The countryside location of the schemes illustrated the benefits and trade-offs of high density and low density living. Since the eighteenth century, when cities in Britain grew exponentially, intellectuals such as Robert Graham noted the simple connection between better health and wide, open spaces. Low density rural life seemed better for one's health.[299] By contrast, in the early twentieth century, intellectuals such as Lloyd Rodwin noted the benefits of high density urban living, and criticised the garden city movement in Britain and the United States. Living at a high density (such as in a tenement) in or close to a city provided better access to employment opportunities and other amenities, while suburban communities posed transportation problems.[300] Yet while low density rural dwellers balanced the benefits of healthy environment with the disadvantages of economic isolation, and high density urban dwellers balanced the benefits of economic opportunity with the disadvantages of public health nuisances, the peripheral estates of Glasgow developed into high density, suburban communities. Put simply, the peripheral estates combined the worst aspects of both styles of residential development: the communities were too compact for residents to enjoy a 'country' lifestyle, but too removed from Glasgow to enjoy the economic and social perks of city life. While one hesitates to deem the peripheral estates worse than the inner city slums they replaced (though Glasgow scholars Mooney, Damer, and Pacione have dared to do so), Grieves' remarks resonate eerily with the state of Glaswegian social housing in the twenty first century.[301] Glasgow's peripheral schemes, while sorely needed, were thus not completely positively received by housing commentators.

Yet during the 1940s, the potential pitfalls of social housing were of little concern to working-class city residents. In fact, at this point an intense optimism fuelled the city's social housing movement. Glaswegians lucky enough to be selected

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[299] Graham, *Practical Observations*, p. 62-67.

[300] Lloyd Rodwin, 'Garden Cities and Metropolis', *Journal of Land and Public Utility Economics*, vol. 21, no. 3 (Aug., 1945), pp. 268-281; Lloyd Rodwin, *The British New Town Policy: Problems and Implications* (Cambridge, MA: Harvard University Press, 1956), pp. 28-30, 87.

[301] Gerry Mooney and Mike Danson, 'Beyond 'Culture City': Glasgow as a 'Dual City'', *Transforming Cities: Contested Governance and New Spatial Divisions* (London: Routledge, 1997), pp. 76-77; Sean Damer, *Glasgow: Going for a Song* (London: Lawrence & Wishart, 1990), p. 14; Michael Pacione, *Urban Geography: A Global Perspective* (London: Routledge, 2009), pp. 224-225.

for East Kilbride tenancy filled its streets immediately. While many Glaswegians later lamented on being detached from their neighbourhoods, most leapt at the chance to get a flat in one of the new towns or peripheral estates that popped up in the 1950s and 1960s.[302] The preservation of social connections, therefore, was an afterthought. With Westminster's approval and a willing populace, the Corporation's development plan was clear: it was dedicated to housing its citizens as best as they could (providing that much of the city's population remain in Glasgow) – by building outward and later upward.[303] But while the Clyde Valley Regional Plan was an ambitious intellectual effort to reconcile nation and municipal voices to catalyse the development of social housing – Westminster did not stand idly by as Glasgow implemented the strategy. The Ministry of Health (and Housing), while not as crucial to planning direction as the Corporation, still played a role in the direction of social housing policy in the city.

After the War, the Ministry of Health dedicated itself to two objectives: establishing the National Health Service and rebuilding Britain's housing stock. Under Bevan's tenure, the Ministry focused on providing high standard, low density housing. Although Scottish social housing would later be defined by tower blocks, during the 1940s the Ministry of Health and Housing favoured more traditional housing options: two storey terraced housing in England and four storey flats along with 'four-in-a-block' maisonettes in Scotland. Considering that most Scots lived in tenement buildings, maisonettes were considered somewhat luxurious.[304] Building to generous standards with traditional (and due to shortages, expensive) materials, production pace was frustratingly slow. Eventually, this strategy backfired politically

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[302] For a discussion of the initial enthusiasm for social housing, See: Louise Johnson, *Cultural Capitals: Revaluing the Arts, Remaking Urban Spaces* (Farnham: Ashgate, 2009), pp. 91-92. For information on Glasgow Corporation's later realizations about the pitfalls of social housing, see Peter Kemp, 'Outcome Measurement in the Management of Social Rented Housing', *Measuring Outcome in the Public Sector* (London: Taylor & Francis, 1996), pp. 104-105.

[303] Linda McCarthy and Corey Johnson, 'Cities of Europe', *Cities of the World: World Regional Urban Development* (Lanham, MD: Rowman & Littleman, 2011), p. 212. The University of Glasgow held a symposium that discussed problems of contemporary social housing construction in part, Thomas Hart, *The Comprehensive Development Area* (Glasgow: Oliver & Boyd, 1968), Occasional Paper no. 9, p. 77.

[304] Richard Rodger, 'The Scottish Cities', *The Oxford Handbook of Modern Scottish History* (Oxford University Press, 2012), eds T M Devine and Jenny Wormald, p. 467.

for Bevan. In the 1951 parliamentary election, it was the Conservatives, not Labour that made the slow pace of housing development a primary campaign point. The Conservatives were inspired by the newly formed 'One Nation' advocacy group: they promised to promote modern construction techniques to facilitate the production of 300,000 new housing units a year.[305] Unlike in 1945, the Conservatives won the election. Harold MacMillan replaced Hugh Dalton (who adopted Bevan's policies) as Minister of Housing and Local Government, and would set in motion a policy of rapid tower block construction. During his years as Minister of Housing, Chancellor of the Exchequer, and Prime Minister (1951-1963), over a million social housing units were built in Britain. While this pace of rapid construction was popular at the time, Bevan's response to Conservative criticism of his housing policy has vindicated his position and become housing dogma 'While we shall be judged for a year or two by the number of houses we build, we shall be judged in ten years by the type of houses we build..'[306] Since then, much of the tower blocks the MacMillan government built have been torn down, whereas the Bevan houses were the among the first houses to be purchased from councils during the 'right-to-buy' years. It is true that social housing in Britain encountered a number of problems as the years progressed. It is also true that many of those problems could have been avoided easily. But British and Scottish housing authorities were keen to provide decent houses that were *improvements upon*, not just replacements of, slum tenements. Like Bevan, early Scottish housing authorities were circumspect of rebuilding too rapidly: the potential perils of poor planning such as the breakup of neighbourhoods, shoddy construction, and improper location were evident even in the 1940s.

In 1944, the Scottish Housing Advisory Committee (SHAC) issued a report that brought attention to the severity of housing deficiency in Scotland, particularly in Glasgow. Titled *Planning our New Homes*, the report (also known as the Westwood Report) acknowledged that while 337,000 permanent houses had been built in Scotland in the interwar period to alleviate overcrowding, more than half a million houses still needed to be built. Scotland's population natural increase,

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[305] Christopher Holmes, *A New Vision for Housing* (New York: Routledge, 2005), p. 22.
[306] Michael Foot, *Aneurin Bevan: A Biography* (New York: Atheneum, 1973), p. 82.

coupled with a wartime moratorium on building repair, had resulted in this severe shortage.[307] Furthermore, and in line with Bevan's ideas on quality, the report noted the importance of building *well* rather than building quickly:

> It is clearly of fundamental importance that the houses comprised in this huge total should be designed, planed, and equipped in a manner worthy of the people of Scotland and worthy of future generations of Scots folk who in their turn will make these houses their homes. The lesson is clear. While we are most deeply conscious of the great urgency of providing houses in maximum numbers in the intermediate post war years … yet this report would have failed its purpose if it did not seek to formulate as a basis of long term post war housing policy standards of quality in design accommodation planning, and equipment which posterity will judge worthy of ideals and aspirations of our time, and unworthy of its own.[308]

The report's recommendations were written to assuage feelings of uneasiness that were brewing in politicians wary of general strife, and to reinforce housing legislation that conformed to Bevan's quality over quantity paradigm. Before the introduction of the CVRP, the Housing (Scotland) Act of 1944 put in place measures to encourage the construction of spacious, amenable, long life residential buildings. In addition to promoting the use of new construction materials and techniques – the Act mandated more generous housing standards. The minimum square footage of a three bedroom council house had been set at 750sqf in the mid 1930s, but the 1944 Act mandated 800-900sqf for such residences. The Dudley Committee, which convened the same year to discuss the provisions of the Ministry of Health's *Housing Manual*, called for 950sqf for such residences in England.[309] The report *Planning our New Homes* focused its attention on Scottish housing, and echoed calls for more generous square footage but differentiated itself from the Dudley Report in calling for a larger percentage of flats to be built in Scotland.[310] While it may seem that the Scottish report set lower expectations for Scottish cities, the report simply reflected an historical precedent and cultural preference for flats over terraced housing.[311]

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[307] DHS, *Planning our New Homes* (Edinburgh: HMSO, 1948), pp.10-11.
[308] Ibid.
[309] Paul Balchin, 'Housing', *British Planning: 50 Years of Urban and Regional Policy* (London: Continuum International Publishing, 1999), ed. Barry Cullingworth, p. 14.
[310] DHS, *Planning our New Homes*, pp. 15, 57-58, 86.
[311] Colquhoun, *RIBA Book of British Housing*, p. 314.

One might have expected a Minister in charge of housing to scoff at such seemingly impractical and contrived high standards; thousands of Britons remained ill housed and under great duress and needed to be rehoused as quickly as possible. But Bevan not only favoured the recommendations, but set even more generous square footage standards in England. Furthermore, he encouraged local authorities to implement even higher square footage and amenity standards whenever possible.[312] Relying on the tried and tested housing types – such as terraced housing and four-in-a-blocks – Bevan slowly but steadily increased the English and Scottish social housing stock.[313]

Table 4: Housing Construction in Scotland and England and Wales, 1945-1951

	Scotland Local Authority	Scotland Private Owner	England and Wales Local Authority	England And Wales Private Owner
1945	1,428	141	508	937
1946	3,811	499	21202	29720
1947	10,773	1354	86567	39626
1948	19,547	1541	170821	31210
1949	24,180	1102	141766	24688
1950	24,314	782	139356	26576
1951	20,997	1145	141587	21406

Data from B R Mitchell, *British Historical Statistics* (Cambridge University Press, 1988), p. 392.

The passage of the Housing Act of 1949 only furthered Bevan's policy of quality over quantity. While the 1944 Act launched the first push of social housing development in Scotland after the War, the 1949 Act sought to improve existing

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[312] Stephen Merrett, *State Housing in Britain* (New York: Routledge, 1979), p. 102; Barry Goodchild, *Homes, Cities, and Neighbourhoods: Planning the Residential Landscapes of Modern Britain* (Farnham: Ashgate, 2008), pp. 82-83; Central Office of Information – Reference Division, 'National Awards for Housing Estates', *Home Affairs Survey* (London: HMSO, 1950), Vols. 3-4, p. 52.
[313] Lynsey Hanley, *Estates: An Intimate History* (London: Granta Books, 2007), p. 79.

houses rather than build new ones.[314] Existing houses that were improved would not

simply be handed over to private landlords, but bought by the municipality to

become social housing. According to the 1949 Act, houses that received subsidy for

renovation were required to be rebuilt to match local surroundings. So for instance,

if a dilapidated Glaswegian tenement were to be rebuilt, builders were required to

build in sandstone; they were prohibited from using much cheaper brick and mortar.

Regardless of Bevan's push for quality, tens of thousands of social housing units

were completed in Scotland during his tenure in office, and not just for working-class

families. Before 1949, nearly all Housing Acts contained the provision that funds

allocated be used for 'housing for the working-classes.'[315] As legislators felt that

funds were best used to support economically marginalized groups, previous

Housing Acts were designed specifically to help working-class persons. While the

Housing Act of 1949 was the first Act to remove this requirement officially, Bevan

had discouraged the assignation of social housing solely to working-class persons as

early as 1945.[316] Bevan believed that if social housing was viewed as benefiting the

working-class specifically, it would stir resentment in the middle class. Yet after the

harrowing experience of the War, class tensions had softened throughout Britain.

Social housing now seemed attractive to 'Middle Britain', and more and more people

considered themselves Middle Britain. For this reason, the Housing Act of 1949

removed the provision that funds allocated be used towards housing for the

'working-classes.' The 1949 Act sought not only to subsidise housing for the middle

class, but to create diverse, economically mixed communities. The early years after

the War was a productive period for social housing construction, particularly in

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[314] Paul Wendt, *Housing Policy – The Search for Solutions – A Comparison of the United Kingdom, Sweden, West Germany, and the United States since World War 2* (Los Angeles: University of California Press, 1963), p.57. Interestingly, the Housing Act of 1959 provided grants specifically for the financing of toilets and bathrooms.

[315] David Fee, 'The Privatization of Council-Housing in Britain: The Strange Death of Public Sector Housing?', *A City of One's Own: Blurring the Boundaries Between Private and Public* (Burlington, VT: Ashgate Publishing, 2008), eds Sophie Body-Gendrot, p. 44; Arthur Woodburn, 'Deletion of References to the Working Classes in Certain Provisions of the Housing (Scotland) Acts, 1925 to 1946', HC Deb 13/07/1949, Vol. 467 c 594; Arthur Blenkinsop, 'Removal of References to the Working Classes From Certain Provisions of the Housing Act, 1936', HC Deb 30/05/1949 Vol. 465 cc 1756-7.

[316] Alan Murie, *Housing Inequality and Deprivation* (London: Heinemann Educational Books, 1983), pp. 55-56.

Scotland. The table below provides statistics on Scottish social housing achievements during the post-War Labour government:

**Summary of Post-War Housing Statistics
1945* to 30th June 1952**

	England and Wales	Scotland	Great Britain
New houses and flats completed :			
Permanent :			
(*a*) by local authorities	766,284	116,471	882,755
(*b*) by new towns corporations	5,571	496	6,067
(*c*) by private builders	152,389	7,095	159,484
(*d*) by housing associations ...	8,118	501	8,619
(*e*) by government departments	24,025	2,327	26,352
(*f*) rebuilt war destroyed houses :			
(i) by local authorities	8,485	790	9,275
(ii) under licence ...	34,396	365	34,761
† TOTAL	999,268	128,045	1,127,313
Temporary :	124,970	32,176	157,146
Unoccupied war damaged houses repaired and dwellings provided by conversion and adaptation...	286,244	6,236	292,480
Requisitioned unoccupied houses ...	15,034	2,452	17,486
Temporary huts ...	2,686	—	2,686
‡ GRAND TOTAL	1,428,202	168,909	1,597,111
Permanent houses under construction at 30th June 1952 ...	211,728	39,977	251,705
Sites for permanent houses acquired by local authorities, etc.	1,326,745	212,024	1,538,769
§Housing labour force on new house construction at June 1952	231,200	33,100	264,300

British Information Services – Reference Division, *Housing Progress in Britain*
(Washington, DC: GPO, 1952), p.5.

Still, while the government faced the crucial task of constructing permanent houses for the future, the pressing need to house displaced persons immediately was no less paramount. The Ministry of Works (MoW) was responsible for the construction of temporary houses – and while many British citizens were housed in existing military barracks, the MoW took charge to manufacture temporary dwellings on an industrial scale to meet demand. Utilizing aeronautical factories, over 157,000 temporary houses (many of them Quonset huts) were built for displaced Britons.[317] The Scottish share of 32,000 constituted more than a fifth of the total. Considering that Scotland received much less of the brunt of Axis bombing (with the notable exception of Clydebank), that so many temporary houses were constructed in Scotland illustrates just how inadequate was existing Scottish

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[317] 'Quonset huts' were prefabricated, half-cylindrical corrugated steel structures. The name derives from Quonset Point in Rhode Island, where the United States Navy developed the huts for military use. The United States Navy drew inspiration from the similar 'Nissen huts' developed by the British in the First World War. William Young and Nancy Young, *World War II and the Post War Years in America: A Historical and Cultural Encyclopaedia* (Santa Barbara, CA: ABC-Clio, 2010), p. 28.

housing.[318] Further reports by SHAC only highlighted this reality. In a report titled *Modernizing our Homes*, the committee found that 400,000 Scottish (permanent) houses had no private toilets. This represented 30% of all Scottish houses – with Glasgow being disproportionately represented in this figure.[319] Additionally, thousands of other Scottish houses did not have access to shared toilets while others still had toilets without proper ventilation or lighting. The poor condition of British housing, and its detrimental impact on quality of life, was the primary reason that Bevan insisted on such high standards in housing construction; he did not feel that it was appropriate to replace inadequate housing with further inadequate housing. Regardless, construction pace remained an issue, especially in Scotland. In 1950, 25,811 permanent houses were built in Scotland, and while this was an increase of almost 75 percent since 1946, it was still not enough to meet demand.[320] Social housing did dominate construction, however, for in 1950 just 782 were built for the private market, although in the three preceding years over 1,000 private houses had been built in Scotland.[321] Yet all of this housing progress was not enough to keep Labour in power. The desperate housing shortages, the horrendous conditions of Scottish housing led to a Conservative parliamentary victory in 1951, and prompted the more cut-and-dry housing legislation of the 1950s. The Housing Repairs and Rent Act of 1954 required local authorities in England and Scotland to submit proposals to the Ministry of Housing for increased slum clearance. Additionally, the Housing Act of 1956 provided extra funding for slum clearance as an incentive to local authorities to demolish slum housing. Yet while English local authorities accepted an invigorated programme of slum clearance, Scottish local authorities were more hesitant; even though Glasgow was the most overcrowded city in Britain, the city prioritized the construction of green-field social housing developments over slum clearance. Annual reports issued by the DHS held that in 1954-1958 only a few thousand Scottish houses were subjected to slum clearance each year, compared with hundreds of

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[318] Nearly all of Clydebank's 12,000 homes were damaged during an air raid in 1941, and 25,000 of the town's population of 47,000 were made homeless. Alistair Gray, *A History of Scotland: Modern Times* (Oxford University Press, 1989), p. 98.

[319] *The Architect's Journal*, Vol. 105, p. 364.

[320] David Mackay and Andrew Cox, *The Politics of Urban Change* (London: Croom Helm, 1979), p.120.

[321] Office of the Deputy Prime Minister, *Housing Statistics 2004* (London: HMSO, 2005), p. 49; Central Statistical Office, *Annual Abstract of Statistics* (London: HMSO, 1966), Table 56.

thousands of English houses.[322] Clearly, Scottish local authorities in the 1950s felt that the decantation of slum dwellers to green field sites was of greater importance than the physical demolition of slum buildings.

Yet while the Conservative government of 1951-1964 was keen to promote social housing quantity over quality, the debate over the standard of housing quality was not totally settled. Bevan was aware of criticism of his tenure as Minister of Health, but retained his position on the primacy of social housing standards even after his party had lost the 1951 election. In 1948, the first Girdwood Report noted that perhaps more than one quarter of the total cost of social houses being built could be attributed to the improved standards used over those of the 1930s.[323] The average Bevan house built in 1946-1951 was 1044 sqf, 37% larger than those built in the 1934-1939 period.[324] Soon, the British public became aware that much of the delay in providing social houses could be avoided, and political attitudes towards the once highly esteemed Bevan had soured.[325] In an attempt to save costs, Bevan turned (reluctantly) to new methods of construction. Much of the Bevan era social houses built in the late 40s and early 50s were built with experimental combinations of wood, steel, and concrete, mimicking the style of houses being produced in Nordic countries at the time. With the formation of the Ministry of Housing and Country Planning, the new ministry called for reductions in 'circulation space' to diminish housing size. This was a not so subtle message that the incumbent government was aware of the public's desire to have quality houses built and costs kept down; to have their cake and eat it too. The Conservatives fulfilled their promise; construction costs and social housing unit spaciousness declined in the 1950s. By 1954, the

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[322] DHS, Cmnd. 490, *Housing Returns for Scotland, 30th June 1958* (Edinburgh: HMSO, July, 1958), Table 13, p. 8; DHS, Cmnd. 728, *Housing Returns for Scotland, 31st March 1959* (Edinburgh: HMSO, April, 1959), Table 13, p. 18.

[323] In the early 1950s, Alex Caincross investigated social housing costs in England and Scotland after the War, and found that building costs were generally 10% higher in Scotland, See: Alex Cairncross, *The Scottish Economy: A Statistical Account of Scottish Life* (Cambridge University Press, 1954), pp. 201-202; See: Ministry of Housing and Local Government, *The Cost of House-Building (Girdwood Report): Reports of the Committee on the Cost of House-Building* (London: HMSO, 1948); DHS, Report of the Committee (Laidlaw Committee) on Scottish Building Costs (Edinburgh: HMSO, 1948).

[324] Ian Cole and Robert Furbey, *The Eclipse of Social Housing* (New York: Routledge, 1994), p. 98.

[325] By 1949, twice as many polled Brits were dissatisfied with social housing than satisfied. Robert Pearce, *Attlee's Labour Governments, 1945-1951* (London: Routledge, 2002), pp. 33-34.

average space for a five bedroom house had decreased by 120 sqf. The sturdily crafted Bevan houses would be replaced by gleaming towers of steel, concrete, and glass to be tried and tested in the 1950s, 1960s, and 1970s. Ultimately, in Scotland and other parts of Britain, concerns of quantity overtook concerns of quality.

The early post-War years altered Glasgow's housing landscape irrevocably. While much of the slum housing units in the city's tenement neighborhoods remained, working-class Glaswegians had gained something in the intervening years: housing options. Hundreds of thousands of social housing units were built in Scotland, and the majority were located in or near Glasgow. The peripheral estates designated by the CVRP, constructed between 1945 and 1955, were viewed as luxurious and modern antidotes to slum housing. Each of the peripheral developments, all located at different corners of Glasgow's periphery, each scheme contained over 10,000 dwelling units that ultimately housed 50,000 people each. The three and four storey flat blocks that comprised these peripheral schemes were initially viewed as a welcome reprieve from the filthy closes of Victorian tenements; the criticisms that the peripheral schemes contributed to social and economic isolation surfaced later. Slum clearance and the redevelopment of central-city tenements provided thousands of additional rehousing options for Glaswegians, though before the 1970s tenement refurbishment was surpassed greatly by social housing construction on green-field sites. While Glasgow's slums would eventually have to be demolished, this strategy of rehousing resulted in better living conditions for ordinary city residents. As a result of progressive housing legislation after the War, over 381,000 permanent houses were built in Scotland in the years 1945-1959. Only around 8% of these houses were private construction, a figure that highlights just how dominant social housing became in Scotland in such a short period of time. The table below illustrates the breakdown of post-War Scottish housing construction:

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Local authorities_____  282, 850
Scottish Special Housing Association_____   45, 145
New towns_____    9, 977
Government departments_____    7, 925
Other housing associations_____   `1, 434
Private owners_____   33, 712

    Total_____  381, 043
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DHS, Report of the Department of Health for Scotland, 1957-1959(Edinburgh: HMSO, 1960), p.11.

The advent of social housing changed Glasgow and Scotland permanently. Furthermore, the 14 years of social housing construction in 1945-1959 were no anomaly. The trend of building more social housing than private housing would continue in Scotland up until the mid-1970s, and the majority of Glaswegians would live in social housing until well after the 'right-to-buy' scheme of the 1980s. In the mid-1980s, 63 percent of Glaswegians lived in social housing, in addition to 57 percent of Dundonians and 48 percent of Aberdonians.[326] Indeed, just under half of all of Scotland's current housing was constructed between 1945 and 1979.[327] It was a heady period for Scottish social housing advocates of all varieties, and though social housing would later come to be associated with social and economic deprivation, the provision of social housing flats in replacement of insanitary and overcrowded slum tenement flats during these years is heralded as defining aspect of contemporary Scottish history.

Housing Policy, Real Estate, and the Black Press in Baltimore:

At first, the political leaders of Baltimore in the 1940s saw little merit in social housing. The Democratic Party controlled the city's political establishment, and viewed social housing as potentially upsetting its base.[328] As mentioned in the previous chapter, the city's political establishment was a convoluted hodgepodge of progressive and conservative voices. Like most Border States at the time, Maryland

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[326] Knox, *An Industrial Nation*, p. 262.

[327] Colquhoun, *RIBA Book of British Housing*, p. 314.

[328] A Henderson, *Housing and the Democratic Ideal: The Life and Thought of Charles Abrams* (New York: Columbia University Press, 2000), p. 81; Durr, *Behind the Backlash*, pp. 23-24; Andor Skotnes, *A New Deal for All?: Race and Class Struggles in Depression-Era Baltimore* (Durham, NC: Duke University Press, 2013), pp. 298-299; Roberts, *Infectious Fear*, pp. 211-212.

was often labelled as a 'three party state'; politics were dominated by two branches of the Democratic Party, one branch representing labour and immigrants and one branch representing the middle class and old-stock Whites. Until the mid-1950s Republicans were largely a minor force in municipal politics; in Baltimore they were stereotyped as representing only the interests of businessmen and Blacks.[329] Southern Democrats controlled a majority of city council seats during the first half of the twentieth century and held the mayoralty from 1923-1927 and from 1931-1943.[330] While Southern Democrats and business interests were once vehemently opposed to social housing in Baltimore, the economic impact of the Great Depression and political popularity of the New Deal had changed the political perception of social housing. After the passage of the Wagner-Steagall Act in 1937, American municipalities were more-or-less compelled to accept federal funding for social housing construction. The city's Democratic mayor, Howard Jackson, skilfully attenuated opposition to social housing in the city by arguing that it would not compete with private housing nor lead to racial integration. With the creation of the Housing Authority of Baltimore City (HABC) in 1937 to act as recipient of federal largesse, the arrival of social housing seemed inevitable. Once the housing authority had been established and the money allocated, the difficulty became constructing social housing in a way that met working-class needs but neither disturbed racial boundaries nor upset real estate interests.

Luckily for social housing advocates, the years leading up to 1945 witnessed a softening of resistance to social housing. In the 1930s, the Baltimore Urban Rehabilitation and Housing Agency (BURHA) were established to advocate housing improvement and promote Black causes. The HABC was established in 1937 as the city's first municipal housing organisation, though the first purpose-built social housing project was not completed until 1940. This did not mean that by 1945 there

[329] John Fenton, *Politics in the Border States: A Study of the Patterns of Political Organization, and Political Change, Common to the Border States* (New Orleans: Hauser Press, 1957), pp. 13-18, 190-200.
[330] Matthew Crenson, 'Roots: Baltimore's Long March to the Era of Civil Rights', *The City in American Political Development* (New York: Routledge, 2009), ed. Richardson Dilworth, pp. 213-215; William Pendergrast, 'Maryland', *The States and Subversion* (Ithaca, NY: Cornell University Press, 1952), ed. Walter Gellhorn, p. 144.

was only one completed social housing project; on the contrary. The federal government built several thousands of units of housing for defence industry workers in Baltimore. While many of these housing units consisted of temporary housing that would be immediately dismantled after the War, some developments were permanent. Most of these developments were transferred over to municipal ownership after 1945, the most significant projects being Armistead Gardens in East Baltimore for Whites and the Cherry Hill complex in Southwest Baltimore for Blacks. While Armistead Gardens remained an all-White development (its residents voted to divest the development from municipal ownership in order to become a co-op in 1956, aided by funds from the Public Health Authority), many developments would transition to serve Black families solely.[331] Regardless, all of the thousands of the federally-built housing units were relinquished to municipal control after the War.[332] In effect, the city of Baltimore was gifted thousands of social housing units. Furthermore, even during the War, the HABC built social housing projects at such a pace that mimicked Glasgow's yearly output in the 1920s and 1930s. In 1940-1946, the HABC built 12 social housing projects, totalling 6025 permanent units. Additionally, the Brooklyn Homes project in the southwest of the city provided an additional 457 temporary units, and the Armistead Gardens housing project (still under operation by the Department of Defense) provided 1,674 additional units of subsidised housing.[333] Construction during the 1950s was just as robust, with the construction of purpose-built Black projects quickly outpacing purpose-built White units. Given the city's complicity in preserving housing segregation (both actively and later tacitly), Baltimore's early dedication to the construction of Black housing projects should be acknowledged. While Baltimore's housing authorities sought to maintain the city's racial hierarchy for as long as possible, the city made sure to build an equitable amount of Black housing and White housing (although as Black Baltimoreans were in more dire need of housing options, the city's early 50-50 approach still benefited White tenants disproportionally).

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[331] Jonathan Zimmer, *From Rental to Cooperative: Improving Low and Moderate Income Housing* (New York: Sage Publications, 1977), No. 38, p. 27.

[332] Durr, *Behind the Backlash*, pp. 25-32.

[333] HABC, *Shelter Plus* (Baltimore: HABC, 1955), p. i, Langsdale Library Special Collections, HABC Series.

A mother and daughter stock their kitchen in their new apartment in Latrobe Homes, circa 1941. The development remained a White – Only development until 1954, photo courtesy of Langsdale Library.

The prospect of racial integration defined housing policy in Baltimore before 1954, and afterwards the advent of integration changed the course of social housing permanently. After the *Brown vs. Board of Education* Supreme Court decision invalidated the concept of 'separate but equal' and mandated the integration of public schools throughout the United States in May, 1954, the HABC knew that its social housing projects, which were currently segregated by race, were in potential violation of federal law. Acting pre-emptively, the HABC decided to halt the consideration of race in social housing tenancy allocation, effectively integrating all social housing projects in the city. This decision was not wholly altruistic; the HABC considered integration a necessary political decision to avoid federal legal challenges and prevent racial discontent. Consider the following tempered address given to HABC employees on the integration decision:

Quite aside from the wide array of moral and philosophical considerations that naturally come to bear when a decision of this kind is made, there was present the unmistakable trend of legal opinion in this country to the effect that racial segregation is a violation of the constitutionally guaranteed rights of the Negro as an American citizen. As a public agency operating a public program, the Authority must constantly be evaluating its practices to insure that it is fulfilling all of its statutory responsibilities.[334]

While the HABC handled racial integration as deftly as could be hoped, the end of segregated housing projects in Baltimore catalysed White flight from social housing so that by the early 1960s a great majority of Baltimorean social housing residents were Black. While this racial transformation resulted in a greater number of housing options for Black Baltimoreans, it instilled further scepticism of social housing in Whites. As White Baltimoreans gradually fled social housing voluntarily, Blacks gained more spacious and sanitary housing options. Furthermore, social housing projects offered a housing environment relatively free of prejudice: municipal landlords, affordable rents, subsidised maintenance, and the security of a Black majority neighbourhood. Once social housing in Baltimore became popularly associated as 'Black housing', however, the city's housing authorities faced new and invigorated obstacles to constructing new housing projects. Every new project built was viewed as a potential harbinger of Black residential expansion; site location for new developments became one of the most politically charged aspects of social housing.[335] Still, the HABC continued to build new projects throughout the 1950s and early 1960s, even as alternatives to social housing such as public-private urban redevelopment plans gained traction among the city planning elites. Yet, as much as Blacks and poor Whites relied on social housing during this period, ultimately Baltimore's municipal authorities failed in their objective. The City sought to cultivate spacious, sanitary, and affordable housing environments – homes for tenants to raise their families happily. While it is true that the HABC oversaw the

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[334] Oliver C. Winston, 'Desegregation Policy: An address to all employees of the Housing Authority of Baltimore City', 06/30/1954, p. 3, Langsdale Library Special Collections, HABC Series.
[335] For information on the turbulent and often corrupt history of site selection in Baltimore, See: Cassandra Gottlieb, 'The Effect of Site Selection Policies and Practices on the Success and Failure of the Federal Public Housing Program: The Case of Baltimore' (Unpublished Master's Dissertation, Johns Hopkins University, 1975).

construction of tens of thousands of housing units during this period, the city never produced enough housing units to meet demand. The riots that erupted in Baltimore in 2015 even have a root in the lack of decent social housing; Freddie Gray's death was precipitated by his upbringing in a lead paint encrusted slum rowhouse.[336] Gray died from complications of a severed spine due to the effects of riding in a police van without being properly secured; had Gray not had such intense exposure to lead paint his spine might have been strong enough to resist severing during transit. Just as in Glasgow, social housing projects in Baltimore eventually became associated with problems of social and economic isolation, diminishing the attractiveness of the housing form. Regardless, in the 1940s and 1950s social housing was championed as a tool of housing equality for Baltimore's slum dwellers, especially its Black slum dwellers. In particular, the city's Black press was instrumental in championing social housing and chronicling its development.

Just as in Glasgow, the construction of social housing faced political impediments. Considering that some groups felt that social housing should not even exist, such as the real estate lobby, it was perhaps not surprising that social housing continued to face opposition even after the passage of the Wagner-Steagall Act. In Baltimore, real estate interests and segregation-oriented neighbourhood community organizations (often known as 'neighbourhood protection groups') opposed the construction of social housing projects for a number of reasons, but mostly wished to preserve the city's racial hierarchy. Conversely, there were a number of civic organisations that sought to promote social housing, most notably the Citizens Planning and Housing Association (CPHA) and briefly, its predecessor the Citizens Housing Council of Baltimore (CHCB). The CPHA worked diligently to produce original research on the impact of social housing, covered local municipal housing policy decisions, and advocated for the provision of social housing on both economic and moral grounds. In 1937, the CHCB accomplished its main goal when Baltimore City Council's sole Republican Daniel Ellison, proposed legislation to create a Baltimore Housing Authority. Ellison, whose family had doubtless experienced housing

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[336] Nicholas Sharrer, 'Baltimore's Toxic Slum Housing and its Part in the Violent Death of Freddie Gray', *The Conversation*, 29/04/2015.

discrimination due to his Jewish heritage, probably felt that his proposal would antagonize Howard Jackson.[337] The city's Democratic mayor amended the legislation and adopted the bill as his own; the legislation passed later in 1937 and Baltimore had its own housing agency. Afterwards, the CHCB disbanded and reorganized as the CPHA, which continued to advocate for social housing.

Similarly, throughout the twentieth century the *Baltimore Afro-American*, a highly influential local Black newspaper, was a stalwart proponent of social housing. The *Afro* viewed social housing as a tool of racial progress and empowerment, and praised the construction of new housing projects in its columns. Furthermore, the *Afro* viewed social housing as providing a public health benefit, and detailed the attachment of medical clinics to housing projects as bettering Black access to healthcare services. Similarly, the *Afro* argued that city housing projects would provide relief from Baltimore slums' infamous problems with lead paint and rat infestation. However, Baltimorean opponents of social housing never ceased to inhibit expansion in the twentieth century. The HABC walked a difficult tightrope; it had to cultivate a housing policy to please poor Whites and Blacks, but was not so progressive that it upset real estate interests or ardent segregationists. In a deft political move, Jackson appointed George Murphy, the brother of *Afro-American* editor Charles Murphy, as one of the five directors of the HABC. The Black community and CPHA housers were ecstatic; Murphy's appointment was a rare gesture of racial reconciliation. While Murphy had little sway in helping the HABC procure more housing funds from the federal government, he did ensure that funds received would be used to benefit Black Baltimoreans. Thus, in order to understand the progress of social housing construction in Baltimore, a delineation of post-War advocacy is necessary.

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[337] Joann Argersinger, *Toward a New Deal in Baltimore: People and Government in the Great Depression* (Chapel Hill: University of North Carolina Press, 1988), p. 99; Kurt Stone, *The Jews of Capital Hill: A Compendium of Jewish Congressional Leaders* (Lanham, MD: Rowman & Littlefield, 2011), pp. 153-154.

As discussed in the last chapter, housers agitated for federal intervention into the housing market during the 1920s and 1930s.

Yet even with the successful reorganization of Baltimore's municipal structure to accommodate a new federal intervention in the housing market, many of the city's prospective social housing tenants faced an additional hurdle to housing access that Glaswegian tenants did not face – racial discrimination. From the beginning, the issue of racial segregation and equal housing access complicated Baltimore's social housing narrative. Blacks were the most poorly housed marginalized group in Baltimore, yet city housing authorities were wary of appearing to dedicate most of their efforts to the provision of Black housing. Not only would this offend Baltimore's poor White community (whose support was crucial to any politician in Baltimore), it could have potentially upset real estate interests who feared difficulties in selling properties in close proximity to 'Black housing'. Considering that Baltimore would not have a Black Mayor until 1987, it is likely that without significant pressure Baltimore's municipal government would have provided as little social housing for Black occupancy as they could. Thus, in order to secure a fair amount of social housing for Black occupancy, the Black community had to mount pressure on the municipal government. Considering that Baltimore maintained *de jure* and *de facto* racial segregation throughout most of the twentieth century, this task was not without difficulties. Yet just as housers had to fight against currents of political opinion in the 1920s and 1930s, Black voices influenced housing policy in Baltimore through the highly influential Black press. Though the community faced an upward battle in securing social housing for their community, articles in *The Afro* exposed unfair housing practices and praised new Black housing projects. Just like the pre-War houser movement, the post -War Black struggle for social housing was an intellectual, social, and political one – and certainly not an endeavour in which they were considered equal participants. Still, Baltimore's Black community succeeded in garnering access to social housing – and by mid 1950s there would be over 9,000 social housing units in the city. By the mid-1950s, a modest majority of social housing was Black tenancy. While social housing did not provide a total escape from social and economic deprivation, it is remarkable that in such a short period of time Blacks

pushed for the development of social housing in Baltimore, pressed for their equal admission into social housing, and became the majority of tenants. The period of 1940-1965 in Baltimore's social housing narrative, then, can be viewed as a triumph for Black civil rights in Baltimore.

The most distressing aspect of Black Baltimore's accelerated population growth was that it did not result immediately in any increased political capital or economic improvement. Although Blacks constituted a majority of births by the mid-1960s, and a majority of the population by the mid-1970s, Black Baltimoreans never reached economic parity with White Baltimoreans. In order to garner more political power, and fundamentally to orchestrate greater access to housing, Blacks had to participate in a political system that did not treat their community as equal under the law. The Black press helped mitigate the community's political disadvantages. With the aid of popular Black support, a concise and professional Black press, and sympathetic White politicians, Black Baltimoreans were able to secure better housing options for their community. While this movement included the enforcement of fair rental laws and better access to mortgages, the initial and primary goal of Black leaders in Baltimore during the 1940s, 1950s, and 1960s was to promote social housing in Baltimore as a remedy for Black housing woes. Yet thanks to a booming population and the influence of *The Afro* – such detrimental environmental conditions would not persist much longer. During the post-War period, the Black press clamoured for better housing options for their community. Social housing filled this need for Blacks, and initially provided relief for poorly housed Whites.[338] Even the alternatives for social housing presented, mainly urban redevelopment programmes and subsidised home mortgages, gained support in the *Afro*. It should be reiterated, though, that the press's advocacy of social housing in Baltimore was primarily motivated to better Black Baltimoreans' quality of life. While it was not rare for the *Afro* to frame arguments for social housing as benefitting the public health, generally articles simply pointed to the need for more spacious and affordable housing options for Blacks. The city's post-War Black advocacy for social

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[338] Mimi Abramovitz, 'The U.S. Welfare State: A Battleground for Human Rights', *Human Rights in the United States: Beyond Exceptionalism* (Cambridge University Press, 2011), p. 57.

housing rights helped shape the broader Civil Rights movement. Furthermore, the 1968 riots that damaged the city indelibly have been attributed partly to an insufficient demand of social housing, and the *Afro* reminded its readers that it had long supported social housing and Martin Luther King's fair housing legislation.[339]

Black leaders had long clamoured for the City of Baltimore to provide housing relief for its citizens, but societal pressures and municipal apathy delayed the first social housing development in Baltimore until 1940, three years after the establishment of the HABC. Black neighbourhood residential expansion was frustratingly slow; the central belt of the city remained the city's Black ghetto. Considering that the Supreme Court had struck down housing covenants several times in the first half of the twentieth century, an outside observer might have believed that there were relatively weak obstacles to expanding housing options for Blacks. However, despite the Supreme Court's rulings on housing covenants, unspoken agreements between banks, realtors, and zoning authorities prevented Blacks from making headway during this period.[340] Following Baltimore's enactment of a system of racially exclusive zoning ordinances in 1911 (known nationally as the 'Baltimore Plan', though this same moniker would later describe an urban redevelopment programme in the 1950s), the Supreme Court ruled that such restrictions were illegal as they violated the Fourteenth Amendment in *Buchanan v. Warley* in 1917. The Supreme Court reiterated this opinion thirty years later with *Shelley v. Kraemer* in 1948 and again twenty years later with *Jones v. Mayer* in 1968.[341] While the law, at least, was clear (i.e. Blacks had the right to purchase any property they wished), real estate interests and their municipal sympathisers maintained de facto segregation through professional policy, mortgage refusal, and outright intimidation. Even after social housing arrived in Baltimore, the city's Black

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[339]'Baltimore Polishes Ambitious Renewal Program', *Sarasota Herald-Tribune*, 16/01/1977, p. 10-G; 'Embry Names Two Housing Projects', *Baltimore Afro-American*, 30/07/1968, p. 2; 'A Legal Irony', *Baltimore Afro-American*, 29/06/1968, p.4.

[340] The real estate practice of steering Blacks towards houses in Black neighbourhoods was pervasive in Maryland, a state with a tense racial culture. It was only after the Vietnam War that the federal government managed to enforce fair housing laws efficiently. By 1980, almost a quarter of Maryland's Blacks lived in suburban housing. Chapelle *et al*, *Maryland,* p. 262.

[341] Power, 'Apartheid Baltimore Style', pp. 311-312, 322.

community struggled for fair housing. While the post-War period witnessed a boom in social housing construction, Black Baltimoreans struggled throughout the period to gain sufficient access to social housing. A review of the development of Baltimore's first social housing projects during the years leading up to the mid-1960s is necessary to understand the struggles that Black Baltimoreans faced in securing spacious, sanitary, and affordable housing.

Early Construction, Baltimore:

In 1938, Baltimore's first social housing development seemed imminent. Mayor Howard Jackson voiced nominal support for social housing by this point, and with the establishment of the HABC the battle over social housing seemed to have been fought and won. Two years after the establishment of the HABC, the very first social housing project in Baltimore opened. Construction began on Poe Homes in November, 1940. The social housing development was designed solely for Black tenancy and would be located in the Black working-class neighbourhood of Poppleton, in west central Baltimore. This was undoubtedly, a sign of respect towards the Black community. Construction did not begin immediately, however. The neighbourhood needed to be cleared of its overcrowded slum dwellings. Despite being adjacent to the Johns Hopkins Hospital, Poppleton was a neighbourhood defined by overcrowded and dilapidated housing. The photograph below, taken by the CPHA around the time of construction, shows West Lombard Avenue, three blocks south of the Poe Homes site on Lexington Avenue.

Lombard Avenue, circa 1940, photo courtesy: Langsdale Library Special Collections.

The Poe Homes were intended to be a dramatic improvement over the existing housing stock. The project contained 298 housing units; housing units so well equipped they must have seemed almost luxurious to the new residents.[342] Both the *Afro American* and the *Sun*, newspapers that represented the Black perspective and White perspective respectively, heralded the opening of the development as a new stage of progress for the city. Despite the positive press, however, the development was not welcomed universally. The slum clearance conducted by the HABC resulted in 3,000 people being displaced; only 47 would be rehoused in Poe Homes.[343] Furthermore, it's likely that those displaced wound up paying higher rents for similarly slum dwellings in adjacent neighbourhoods.[344] It would not be the only instance of slum clearance with adverse effects in Baltimore. Thus, while housing projects were built for a noble purpose, the community devastation caused by Poe Homes and subsequent projects is a reminder that the social housing movement had unintended consequences in Baltimore. While social housing was welcomed as a progressive reprieve from the environmentally dangerous conditions of the slums, rehousing slum dwellers into housing projects did not result in an urban utopia of

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[342] HABC, *Public Housing in Baltimore, Third Report: A Summary of Two Years Activity, 1941-1942* (Baltimore, MD: 1942), p. 10.
[343] Skotnes, *A New Deal for All?,* p. 299.
[344] Ibid., pp. 299-302.

health and happiness. Over the next twenty years, thousands of social housing units would be built in the city, creating a new (and purportedly improved) housing option for Baltimore's economically marginalized populations. Again, while the HABC was committed to the provision of social housing, access to social housing remained a problem for Black slum dwellers. Two racial issues soured social housing policy immensely in Baltimore. In the 1940s and early 1950s, the HABC struggled to find the appropriate balance of purpose-built Black housing and purpose-built White housing. After 1954, the prospect of mixed housing projects resulted in a White exodus from social housing into the private housing market. While these issues would never really disappear from public conscious, once social housing in Baltimore became totally dominated by Black tenants social housing issues became 'Black' issues and faded from White public conscious. To understand social housing in Baltimore, the politics of race and integration have to be acknowledged.

By 1945, only five years after Poe Homes, there were 11 additional social housing projects in the city. Although the developments were split amongst Black and White tenancies initially, most projects were located in areas with significant Black populations. While this may seem like a progressive designation, the location of social housing projects reflected then contemporary prejudices. By placing projects in what were considered the most insalubrious neighbourhoods (i.e. poor Black neighbourhoods), the HABC was placating social housing opponents. The message was clear: while projects would be built in the city, they would be placed strategically so as not to alter neighbourhood racial demographics. Consider the map below, which illustrates the initial clustered locations of social housing in Baltimore:

Project Racial Designation, 1945
Family Projects

● **Negro Projects**
2 McCulloh
4 Poe
5 Douglass
6 Gilmor
10 Somerset
11 Cherry Hill

● **White Projects**
1 Latrobe
3 Perkins
9 O'Donnell Hts.
20 Fairfield
21 Brooklyn
22 Westport

Census Tract % Negro, 1940
90% - 100%
50% - 89.9%
10% - 49.9%
0% - 9.9%
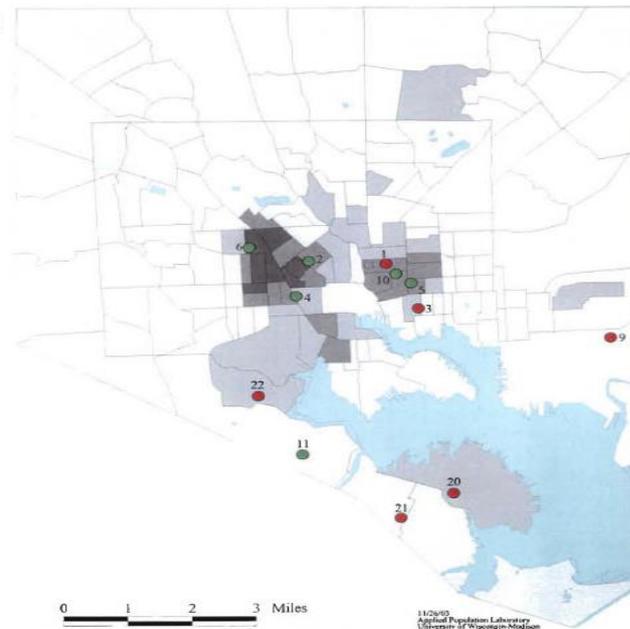
0   1   2   3 Miles

11/26/03
Applied Population Laboratory
University of Wisconsin-Madison

Department of Housing and Urban Development, 'Public Housing and Areas of Minority Concentration, 1940', *Research Maps Volume 2: Selected Data Sets for 1998*, (Washington, DC: GPO, 1998).

Before racial integration in 1954, the distribution of social housing among White and Black tenants was an issue of contention among Black and poor White Baltimoreans. All of the key players in the social housing movement, from the municipal government to advocacy groups to real estate interests, maintained opinions on matters relating to race and housing. In the 1930s, nine housing developments were proposed. Six of these developments were intended for Black occupancy.[345] Considering the particularly dire housing conditions Blacks were compelled to endure, this seemed a reasonable concession even in institutionally segregated Baltimore. This early focus and concentration on Black housing proved premature, however. For while many slum dwelling Whites viewed social housing with as potentially beneficial – any perceived special attention paid towards Blacks elicited jealously. If social housing was to be built – poor Whites wanted their share. For the sake of political and cultural stability, the HABC acquiesced to this social demand. Despite significantly less proportional demand for social housing among Whites than

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[345] HABC, *Public Housing in Baltimore, Third Report: A Summary of Two Years Activity, 1941-1942* (Baltimore, MD: 1942), p. 10.

Blacks, by 1945 six of Baltimore's 12 social housing projects were reserved for Whites. This did not mean, however, that the HABC wished to continue this trend in perpetuity. Blacks simply needed more suitable housing at the moment; the idea was to reach a kind of housing parity. As building new Black housing projects proved socially contentious, the HABC struck upon an idea. Much of Baltimore's former defence-worker housing had been reserved solely for White tenancy. Now that these projects were under municipal control and the War was over, there was little reason why many of these projects could not be converted into Black tenancy projects. Defence-workers made artificially high salaries during the

War and could afford to purchase houses in the private market; their housing projects were built to accommodate migratory influx and were built adjacent to essential factories. Even though many war-worker developments were intended to be temporary dwellings, many such complexes were converted into permanent social housing by the HABC for both White and Black tenants, though many units transformed from White to Black tenancy after the War. In 1945, the HABC issued on a pamphlet on the likely effects this transition would have for Black Baltimoreans, coupled with a discussion on the benefits of slum clearance and the construction of social housing.

The later 1940s were just as eventful for social housing advocates in Baltimore as the early 1940s. In May 1947, Thomas D'Alesandro, Jr. was elected mayor of Baltimore. His election rattled the city's elite – D'Alesandro was a progressive Democrat and Italian Catholic – his rise to power heralded a new age of populist politics. His detractors were right to be wary of him. Within two months of election, D'Alessandro created a housing court designed to fine slumlords and compel them to improve their properties. D'Alessandro's housing court was indeed the first of its kind in the nation.[346] The housing court was so successful it conditioned a programme that borrowed the name of the 1911 racial segregation protocol. The second incantation of the 'Baltimore Plan' was a comprehensive municipal approach to demolish slums on large scale and promote housing

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[346] Karen Stakem, 'Hans Froelicher, Jr. Civic Educator', *Maryland Historical Magazine*, (June, 1982), Vol. 77, No. 2: 198-199.

refurbishment through the enforcement of fines, court orders, and monetary incentives (The Plan will be discussed in greater detail in chapter five). The Plan was so successful and was copied widely, and supported by the *Afro* and general newspapers.[347] Further still, Baltimore's housing court was so inspiring in urban planning circles that it prompted national legislation. With the reinstatement of Harry Truman as President in 1949, the Truman administration launched his ambitious 'Fair Deal' programme to expand upon the legacy of the New Deal programmes. Unfortunately for Truman, the only major bill to be enacted was the Housing Act of 1949. The 1949 Act, however, was monumental in scope. In addition to providing millions of dollars in federal funding for slum clearance programmes and urban regeneration, the Act provided funds for 800,000 social housing units nationally.[348] In proceedings discussing the potential impact of the bill, D'Alesandro was not only cited, but asked to report to a congressional hearing on his municipal success. In particular, D'Alesandro felt compelled to comment on claims by real estate interests that the Baltimore Plan might be a private sector *alternative* to social housing. D'Alesandro, although the originator of the hugely successful Plan, disagreed fervently:

> It has been claimed that public housing is not needed in order to get rid of our slums. Slum conditions, it is said, could be eliminated if each city were to adopt an adequate set of housing standards and then see that these standards were enforced. These claims seem to have been based, to a great extent, upon our experience in Baltimore with a housing law-enforcement program…. As mayor of Baltimore and as the responsible head of a city government which is carrying out the this law-enforcement program, I want to clear up once and for all the confusion and exaggerated claims which are being made… I strongly believe that other cities should consider adoption of the Baltimore Plan as an interim method of relieving slum conditions to some extent, but do not let anybody kid you into thinking that it is, in any sense, a substitute for an adequate slum clearance, redevelopment, and public low-rent housing program.[349]

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[347] 'Housing Court will Try Code Breakers', *Baltimore Afro-American*, 26/07/1947, p. 1; 'Baltimore Slum Clearance Plan in New Phase', *The Evening-Independent*, 29/11/1949, p. 14; 'Baltimore Housing Director says Plan not Full Remedy for Problem', *Wilmington Morning Star*, 23/09/1949, p. 4.
[348] Russell Lopez, *Building American Public Health: Urban Planning, Architecture, and the Quest for Better Health in the United States* (London: Palgrave Macmillan, 2012), pp. 108-109.
[349]'Statement of Hon. Thomas D'Alessandro, Jr.' *United States Congress House Committee on Banking and Currency – Hearings* (Washington, DC: GPO, 1949), Vol. 2, p. 531.

Even the originator of the heralded alternative to social housing in Baltimore felt that the Plan was insufficient in its aims. While the Plan proved somewhat successful in eradicating the most conspicuous environmentally hazardous dwellings, the Plan provided for no new housing provision. As D'Alessandro and his newly enfranchised Democratic administration contended, the provision of social housing was necessary to fully eliminate the slums. Luckily for Baltimoreans, the Public Housing Authority (PHA) allocated 10,000 new social housing units for the city.[350] Not all municipalities were so lucky - according to Chudacoff the full 800,000 units promised nationally in four years would take 20 years to fulfil.[351] Regardless, the 1949 Act helped propel social housing even further in Baltimore, through federal money and endorsement.

Thus, by the early 1950s, social housing existed relatively harmoniously in Baltimore. The HABC was staffed by professional and enthusiastic staff, municipal coffers were supported by federal funding, and roughly half of all housing projects built were designed for Black occupancy – which did not seem to provoke discomfort in the White community. The aspect of race and social housing, however, could not be untwined. Furthermore, there were concerns that the Baltimore Plan had become anathema to the goals of the city's social housing programme. In 1951, George B. Nesbitt, an advisor on racial relations for the Housing and Home Finance Agency (HHFA), argued that Baltimore's urban renewal and housing programs would result in the fulfilment of Robert Weaver's 'triple threat': Negro clearance, the conversion of racially mixed areas into racially exclusive areas, and the reduction of land areas available to Negro residence. The Truman administration and indeed the subsequent Eisenhower administration were committed to the improvement of racial relations and the gradual integration of public facilities. Thus, even before *Brown v. Board*, the HABC grappled with the prospect of racial integration as inevitable. Attempts to

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[350]Peter Henderson, 'Suburban Visions and the Landscape of Power: Public Housing, Suburban Diversity, and Participation in Metropolitan Baltimore, 1930s-1950s', *Contested Terrain: Power, Politics, and Participation in Suburbia* (Westport, CT: Greenwood Press, 1995), eds Marc Silver and Martin Melkonian, p.200.
[351] Howard Chudacoff, *The Evolution of American Urban Society* (Englewood Cliffs, NJ: Prentice-Hall, 1975), p. 192.

provide proportional amount of social housing for Blacks proved lacklustre; Blacks were in far more need of social housing units than poor Whites and thus deserved a far greater percentage of race-specific housing project allocations. No real attempt was made to create interracial housing before the *Brown v. Board* decision in 1954. Indeed, many of the early housing projects designated for Blacks were hastily built and poorly planned – features that would accelerate their later decline as desirable communities. Indeed, the largest amount of additional units for Black occupancy passed after the 1949 Act were admitted as an addition to the Cherry Hill Project in Southwest Baltimore, a former defence-worker project far from the city centre.

A mother and daughter sweep the pavement surrounding their new home in Somerset Courts, circa late 1940s, photo courtesy of Langsdale Library, University of Baltimore

The watershed moment for Baltimore's social housing was on June 25, 1954. It was on this day that the HABC eliminated race as a factor in admission selection into social housing. In other words, from that point on Baltimore's social housing developments were open to any tenant irrespective of race. The decision came after the Black press pressured the D'Alesandro administration to apply the *Brown v. Board* decision to municipal housing. The decision came shortly after Baltimore parochial schools announced their intentions to begin integration, even

though they were not legally compelled to do so. That these dramatic changes to social order all occurred in about a month highlighted the differences between D'Alesandro and past municipal administrations. The concomitant rise of Black influence through the press and legal challenges in the mid-1950s also rattled the established order of Baltimore politics.[352] Yet similarly, the decision to integrate seemed both necessary and even overdue to social housing tenants and housing professionals. Given that a growing number of people, both Black and White, depended on social housing to provide an environment conducive to healthy lifestyles, the stark segregation that existed in its developments began to seem anachronistic, even by 1950s standards. In particular, non-traditional families (termed 'broken families') of both races were depending increasingly on social housing due to its subsidised rent rates. The table below illustrates the increase in such vulnerable tenants during the 1950s:
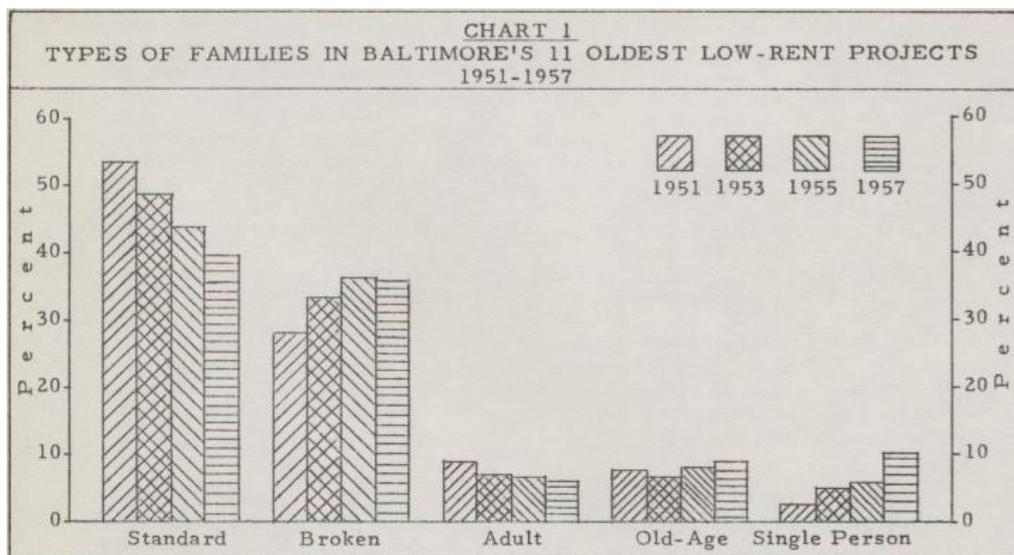
CHART 1
TYPES OF FAMILIES IN BALTIMORE'S 11 OLDEST LOW-RENT PROJECTS
1951-1957

BURHA, 'Types of Families Living in Baltimore's Low-Rent Projects, 1951-1957' (Baltimore: BURHA, 1958), p. 2.

As the graph above shows, with every passing year more and more vulnerable tenants moved into social housing in Baltimore. This trend would continue into the 1960s and 1970s, and the growing percentage of single-parent families would

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[352] Baltimore Urban League, *Toward Equality: Baltimore's Progress Report* (Baltimore: Sidney Hollander Foundation, 1960), p. 71.

contribute to some of the problems of social instability that later was associated with housing projects. In particular, housing projects became a refuge for Black single-parent families. The table below shows that in 1957, just three years after racial integration, there were three times the number of Black broken families as White broken families in social housing projects:

TYPES OF FAMILIES	WHITE		NEGRO		TOTAL	
	Number	Percent	Number	Percent	Number	Percent
STANDARD	1,203	100.0%	2,579	100.0%	3,782	100.0%
Standard Families	1,171	97.3	2,475	96.0	3,646	96.4
Standard Families with head in service	32	2.7	104	4.0	136	3.6
BROKEN	894	100.0%	2,065	100.0%	2,959	100.0%
Female Parent and no male adult(s)	864	96.6	1,985	96.1	2,849	96.2
Female Parent and male adult(s)	17	1.9	47	2.3	64	2.2
Male Parent	13	1.5	33	1.6	46	1.6

BURHA, 'Table 5: Detailed Distribution by Number and Percent of Types of Families, By Race, Low-Rent Projects, 1957' (Baltimore: BURHA, 1958), p. 15.

While the HABC was quick to integrate the city's housing projects, this did not mean that the transition was smooth or received without controversy. In 1954, the HABC operated 13 housing developments - six for Blacks (Poe, McCulloh, Gilmor, Douglass, Somerset, and Cherry Hill) and seven for Whites (Latrobe, Perkins, O'Donnell Heights, Brooklyn, Westport, and Claremont).[353] Additionally, two other segregated projects were under construction: Lafayette Courts for Blacks and Flag House Courts for Whites (though by 1960 more than half of Flag House's tenants would be Black, and by 1970 more than 90% of tenants would be).[354]

Compare the map below with the previous map on housing project location, which shows just how quickly the demographics of Baltimore's housing projects had changed in nine years:

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[353] 'Housing Integrated in Baltimore City', *The Afro-American*, 03/07/1954, pp. 1, 2, 7.
[354] 'Public Housing and Areas of Minority Concentration, 1960' and 'Public Housing and Areas of Minority Concentration, 1970', *Research Maps Volume 2: Selected Data Sets for 1998*, Department of Housing and Urban Development (Washington, DC: GPO, 1998).

Project Racial Designation, 1954
Family Projects

● Negro Projects
2   McCulloh
4   Poe
5   Douglass
6   Gilmor
10   Somerset
11   Cherry Hill
12   Cherry Hill Ext. 1
20   Fairfield

● White Projects
1   Latrobe
3   Perkins
9   O'Donnell Hts.
14   Claremont
21   Brooklyn
22   Westport

Census Tract % Negro, 1950
90% - 100%
50% - 89.9%
10% - 49.9%
0% - 9.9%
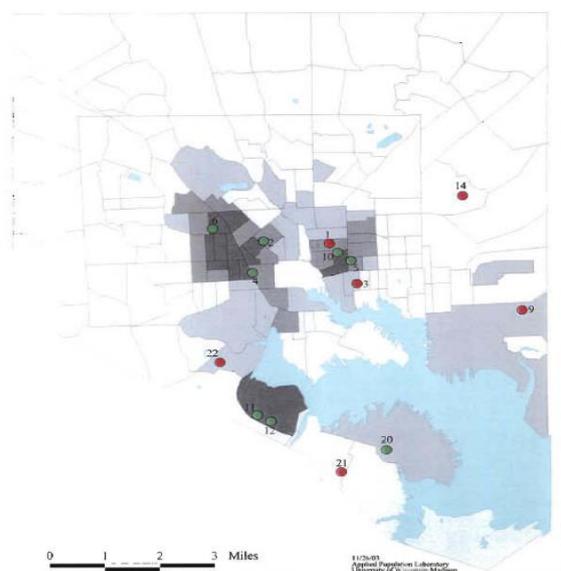
'Public Housing and Areas of Minority Concentration, 1950', *Research Maps Volume 2: Selected Data Sets for 1998*, Department of Housing and Urban Development (Washington, DC: GPO, 1998).

This trend of increased Black tenancy would only continue, and by the late 1950s a clear majority of social housing tenants were Black. However, while the legal end of segregation in Baltimore was indeed an historic moment, it was certainly not the end of discrimination against Black tenants. Indeed, Black commentators were very concerned over the safety of Black social housing tenants in White majority projects - much more concerned than they were over the safety of school children after desegregation. Black commentators feared that White social housing tenants would resent the proximity of Black tenants to their family homes. The following article from *The Afro-American*, the national parent newspaper to the *Baltimore Afro-American*, specified this concern:

> Whenever the subject of desegregation has been brought up in the many conversations I have had with innumerable groups and individuals, it is always pointed out that housing presents a vastly different situation than education. That is true, but when attention is called to the difference between a six hour per day controlled situation in schools and a 24-hour per day basis without formal controls in housing, the assumption is that desegregation won't work.[355]

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[355] 'Housing', *Afro-American*, 03/07/1954, p. 7.

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White social housing tenants in Baltimore were strongly opposed to racial integration. The decision to halt racial segregation, coupled with FHA mortgage backed suburban expansion, only expedited White flight from Baltimore social housing projects and the inner city generally. Historian Rhonda Williams' field research resulted in former White social housing tenants' recollections of being labelled 'nigger lover' by other Whites for their decision to remain in social housing after 1954.[356] Further research by Williams revealed that the first Black family to move into Brooklyn Homes, one of the last all-White social housing developments in Baltimore, resulted in Klan style intimidation tactics by existing residents.[357] Not only did Whites seek to prevent Blacks from entering their projects, as social housing applicants were able to state a preference to where they wanted to live, applicants tended to self-segregate. As the 1960s approached, Baltimore's sixteen social housing developments were not the shining examples of racial harmony that some had hoped for. In 1956, Armistead Gardens, an all-White housing project of 1,696 units under management of the FPHA, elected to become a cooperative, rather than risk takeover by the HABC and endure racial integration. While the Armistead Gardens strategy was never repeated by any other housing project, it remained a glaring example of the fear of integration. By 1959, only three projects remained all White (Brooklyn, Claremont, and O'Donnell) and seven remained all Black. Four projects had mixed tenants successfully, with the percentage of Black residents ranging from 33 to 77 percent. In two projects, there were a handful of White tenants in predominately Black occupied developments.[358] While municipal reports do not give an explanation of why some White tenants chose to stay in majority Black developments, it is likely that many former White developments became naturally aging communities, whose tenants were too old or too infirm to leave social housing. Regardless, by the early 1960s, social housing in Baltimore had reached its transformative moment. Although some White tenants remained in some housing projects, social housing in Baltimore had evolved into subsidised

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[356] Williams, *Politics of Public Housing*, pp. 120-121.

[357] Rhonda Williams, 'Black Women, Urban Politics, and Engendering Black Power', *The Black Power Movement: Rethinking the Civil Rights-Black Power Era* (New York: Routledge, 2006), pp. 88-90.

[358] BURHA, *Types of Families Living in Baltimore's Low-Rent Projects, 1951-1957*, p. 13.

housing for poor Blacks. This new demographic reality would result in consequences for social housing policy in the city in later decades, as municipal authorities viewed housing projects as a form of social welfare that benefited Black Baltimoreans exclusively. Additionally, as social housing evolved into concentrations of poor Black families, public health professionals became increasingly suspicious that housing projects might not cater to the special needs of Black tenants. Regardless, social housing had arrived in Baltimore and by the 1960s was set to assume its new role as a tool in aid of the alleviation of Black poverty.

Conclusion:

The post-war period resulted in a transformation of the housing landscapes in both Glasgow and Baltimore. In Glasgow, in the years leading up to 1960 nearly all housing units produced were social housing. Tens of thousands of Glaswegians were rehoused into new social housing developments, whose flats were more amenable than most working-class Glaswegians could have ever hoped to occupy previously. While Glasgow Corporation fought diligently to pursue a housing policy that avoided population decantation, ultimately a process of population decentralisation occurred. In particular, the peripheral estates of Drumchapel, Easterhouse, Castlemilk, and Pollok, which ultimately rehoused a quarter of a million people, dramatically altered the city's housing geography. Glasgow, once the densest city in Europe, witnessed its population fan out to peripheral estates and new towns. While some social housing developments in Glasgow eventually descended into social distress, the physical improvement of social housing flats over tenement flats could not be denied. In Baltimore, the municipal housing authorities never produced nearly as many social housing units as in Glasgow, despite being a similarly sized city. Regardless, social housing had a profound impact on the housing landscape of Baltimore, particularly in the newfound provision of housing options for Black residents. The city's first housing project was for Black tenants, which signalised the racial importance of social housing in the city. Indeed, while social housing in the city

remained segregated for 14 years, after integration social housing quickly became a social welfare policy in benefit of Black Baltimoreans solely. This had both positive and negative implications. Social housing provided reprieve from the legal and cultural segregationist practices in Baltimore; well after *Brown v. Board* nullified the judicial concept of 'separate-but-equal', real estate interests and the municipal government colluded to enforce residential segregation. The integration of social housing, however, soured White Baltimoreans' perception of social housing and bolstered public backlash against the building of new housing projects. Working-class White Baltimoreans did not want to live in integrated housing projects or even in the vicinity of integrated housing projects, even after an HABC investigation into inter-racial housing relations concluded that integration softened racial prejudices.[359] Similarly, the process of slum clearance had both positive and negative implications. In the period 1950-1964, over 25,000 Baltimoreans would be displaced by the policies of slum clearance, urban renewal, and social housing construction. Of those displaced, 90% were Black, and not all displaced persons were fortunate enough to receive social housing accommodation. Yet slum clearance and the housing courts enacted by the 'Baltimore Plan' did yield results; thousands of slumlords were reprimanded for keeping their property in environmentally hazardous condition and ordered to restore their rental units to an acceptable condition. Even if slum clearance was favoured by some as an alternative to social housing (i.e. Baltimore's real estate lobby), slum clearance facilitated suitable locations for social housing development, at a time when housing project location had the potential to provoke strong animosity. While social housing had become cemented into the urban fabric of Glasgow and Baltimore, a question lingered in commentators' minds on both sides of the Atlantic: did social housing result in healthier tenants?

Given that social housing was still a novel idea in the post-War period (particularly in Baltimore), it is perhaps not surprising that both housers and public health professionals were interested in the health implications of rehousing. While many speculated that social housing would invariably lead to healthier tenants, hard

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[359] BURHA, 'Attitudes Towards Integration', *Why Eligible Families Leave Public Housing* (Baltimore, MD, 1957), pp. 53-61.

evidence did not yet exist to prove or disprove this hypothesis. Furthermore, there were several aspects of social housing life that were both original and un-conventional. In Glasgow, housers and medical voices wondered what the impact of peripheral living would have on tenant health, in Baltimore, those same voices were concerned about the affect of close interracial proximity would have on the social environment. In both cities there were urban planners who extolled the potential of social housing developments as almost working-class utopias and still others that warned that if not carefully administered social housing developments would devolve into the 'new slums'. In terms of public health, medical investigators were curious if not opinionated about the prospective health benefits of social housing. Both Scottish and American public health academics investigated the health benefits of rehousing, and included their findings in a multitude of cross-sectional and longitudinal studies. These studies influenced professional opinion about the connection between housing and health, and contributed to the burgeoning public health sub-discipline of environmental health. The next chapter is a review and analysis of the findings of these studies, and their impact on professional opinion on the connection between housing and health.

Chapter 5: The Health Impacts of Social Housing, 1940-1964

By 1940, the connection between poor housing and ill health had become an important question in the public health dialogue. Thanks in part to the efforts of housers, health professionals in both Glasgow and Baltimore now acknowledged the strong correlation between built environment and personal health. An insanitary house could result in poorer health and early death. Public health professionals in both Glasgow and Baltimore, who had long noted the decrepit housing conditions in their respective cities, were now inclined to conduct studies of the relationship between housing and health. Furthermore, in an era of increased recognition of the importance of the science of public health, the medical community now viewed housing improvement as their prerogative. If better housing led to improved health, then health professionals should have felt at ease in advocating for better housing.

This concern had municipal public health ramifications. In Baltimore, the Commissioner of Health Huntington Williams clamoured (successfully) for the Baltimore City Health Department (BCHD) to add a Housing Bureau, and in Glasgow, the city's Medical Officers of Health (MOsH) Stuart Laidlaw and William Horne focused their efforts greatly on the health of rehoused slum dwellers. Furthermore, as discussed earlier, Aneurin Bevan as Minister of Health paid great attention to the provision of healthy housing for the working-class.[360] Recognition of this relationship, however, was only the first step. Medical professionals understood that not only did slums have to be cleared, but new housing would be needed to replace the slums – and that furthermore this new housing would have to be built in such a way that it would not facilitate slum behaviours. In short, urban public health rested on soundly planned and managed social housing. This proved a difficult task, however. Public health professionals of all varieties were excited by the prospect of treating social housing developments as an experimental field laboratory; only a small number of British and American public health studies existed on the relationship between housing and health at this point. Both cities, however, had committed to the building of large numbers of social houses by the mid 1940s, and thus the social housing environment was ripe for academic dissection. There was no doubt that social housing would play a larger role in urban society. But plenty of doubt remained as to whether social housing would actually improve tenant health.

Public health professionals and the wider medical community were optimistic that social housing could improve tenant health, however. A 1949 newspaper article on public health of Glasgow by Thomas Ferguson, a professor of public health at the University of Glasgow, asserted this idea. Ferguson found that his colleagues were much too preoccupied with the rollout of the new National Health Service. Glasgow's housing problems, he attested, were much more pertinent to public health problems than access to physicians. In newspaper article Ferguson wrote that

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[360] Ewen Cameron, *Impaled Upon a Thistle: Scotland Since 1880* (University of Edinburgh Press, 2010), pp. 222-223; Stuart Lowe and David Hughes, *A New Century of Social Housing* (Leicester University Press, 1991), p. 51; Barry Goodchild*, Homes, Cities, and Neighbourhoods: Planning and the Residential Landscapes of Modern Britain* (Farnham: Ashgate Publishing, 2008), pp. 82-84.

'To pour social and medical services into those wretched places was certainly uneconomic and often quite useless. Slum housing was still the greatest blot on Scotland's social welfare.'[361] Even in the era of dramatic upheaval in methods of medical delivery care, Ferguson found the age-old problem of housing to be Glasgow's most pressing public health issue. His transatlantic contemporary, Huntington Williams, echoed these sentiments. Environmental health, he found, was just as important to good health as curative medicine. In a preface to a pamphlet discussing new housing regulations meant to improve hygiene, Williams wrote:

> For the next generation or so there must be a program of more positive action for the prevention of blight and slums, equally important as a health measure as the curative nuisance abatement activity of the past fifteen years. Combined, much hard work and teamwork in both these related efforts should lead to the elimination of our disease-breeding slums and to a genuine upgrading of the physical and mental health of the inhabitants of the city.[362]

Yet despite early stern warnings on the importance of good housing – and proclamations on the necessity of social housing – health professionals could not predict accurately how social housing would impact public health before it was built. More research into the affects of rehousing was needed for such a judgement.

Predictions that social housing would constitute a complete failure, or alternatively, a panacea for housing and health woes, both proved equally inaccurate.[363] What can be asserted with confidence is that social housing in Glasgow and Baltimore both preceded and coincided with a period of marked improvement in public health and standard of living. It is also true that after the mid 1960s social housing tenants in many cities across Britain and the United States

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[361] 'Changing Concepts in Public Health', *The Scotsman*, 06/09/1949, p. 7.

[362] Huntington Williams, BCHD, 'Preface', *Ordinance and Regulations Governing the Hygiene of Housing* (Baltimore: BCHD, 1954).

[363] Elizabeth Wood, *Housing Design: A Social Theory* (New York: Citizens' Housing and Planning Council, 1961), pp. 1959-1971; Elizabeth Wood to the Commissioners, 'The Tennant Selection Process', December 22, 1952, Chicago Housing Authority Gautreaux Files; Jane Jacobs, *The Death and Life of Great American Cities* (New York: Random House, 1961), pp. 79-82; Federal Public Housing Authority, 'The Livability Problems of 1,000 Families', Oct. 1945, Bulletin No. 28 (Washington, DC: GPO, 1945).

reported a tremendous decline in quality of life, and that indeed many of these problems surfaced long before the mid 1960s.[364] Additionally, these problems persist in American social housing units today, according to the Department of Housing and Urban Development (HUD).[365] Regardless, the impact of social housing on public health and the fabric of urban geography showed that government subsidized housing were anything but irrelevant to tenant health. In addition to the general improvements in public health in each city, professionals who investigated life in social housing, such as Thomas Ferguson in Glasgow and Daniel Wilner in Baltimore, found that people reported feeling healthier after being rehoused into social housing.[366] Both municipal officials and the general public (especially Black Baltimoreans) seemed convinced that social housing could improve the condition of many persons' lives. This did not mean that social housing proved flawless; both Wilner and Ferguson (and later Jephcott) conducted studies that reported that social housing had some clear negative effects on tenant health. Overall, however, the social and structural problems that came to define social housing in the public conscious in later decades were not as severe in the early post-War period. Thus, public health professionals set out to investigate whether social housing was an effective tool in the improvement of public health, or whether it was an expensive and ineffective boondoggle. A review of public health studies that focused on social housing in Glasgow and Baltimore during the years 1940-1965 is necessary to understand whether social housing provided any reprieve from slum conditions deleterious to public health in the post-war period.

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[364] Lisa Levenstein, *Movement Without Marches: African American Women and the Politics of Poverty in Postwar Philadelphia* (Chapel Hill: University of North Carolina Press, 2009), pp. 118-119; Larry Bennet *et al*, *Where are Poor People to Live: Transforming Public Housing Communities* (Armonk, NY: M.E. Sharpe, 2006), pp. 6-7; Kenneth Jackson, *Crabgrass Frontier: The Suburbanization of the United States* (Oxford University Press, 1985), pp. 229-230; Lawrence Vale, *Reclaiming Public Housing*, pp. 222-223.

[365] Congressional Budget Office, "The Cost-Effectiveness of the Low-Income Housing Tax Credit Compared With Housing Vouchers", (Washington, DC: GPO, April, 1992); Glasgow City Council, *Glasgow's Housing Issues*, 29/08/2009, pp. 42-43.

[366] For Glasgow, See: Thomas Ferguson, 'A Study of 388 Families Living in Old Slum Houses', *Glasgow Medical Journal*, Vol. 35, No. 8 (August, 1954): 169-182; Thomas Ferguson and Mary Pettigrew, 'A Study of 718 Slum Families Rehoused For Upwards of Ten Years', *Glasgow Medical Journal*, Vol. 35, No. 8 (August, 1954): 183-201; For Baltimore, See: Daniel Wilner *et al*, *The Housing Environment and Family Life: A Longitudinal Study of the Effects of Housing on Morbidity and Mental Health* (Baltimore: Johns Hopkins University Press, 1962).

Tenant Selection Policies in Baltimore:

The role of social housing as a determinant of population health in the years leading to 1965 was contingent on a number of factors. Of all these factors, the selection criteria used to determine potential tenants were most crucial to the impact of social housing on tenant health. If a social housing development selects healthy tenants, and vice versa, it would be easier to cultivate a healthy environment. The importance of the tenant selection process in shaping social housing outcomes and area public health has been commented on by scholars of both environmental health and the urban environment.[367] In particular, in the United States, especially strict tenant selection criteria is cited as one reason that such a great majority of social housing developments are located in predominately Black neighbourhoods.[368] Similarly, fluctuating tenant selection criteria in Scotland has been cited as a reason for Glaswegian social housing's later social problems.[369] While environmental factors shape the health of all classes, as social housing selection policy began to favour more marginalised groups (e.g. the 'broken' family), social housing tenants as a cohort became unhealthier, and social housing developments became more unstable and unhealthy places. As will be discussed in chapters five and six, this trend in housing the most marginalized subgroups explains greatly the development of social problems in social housing after the 1950s. Before the 1960s, however, housing authorities in both cities managed to avoid these problems by implementing moderated tenant selection policies and cultivating strict housing management policies. Although social housing was always meant to benefit slum

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[367] Brad Tuttle, *How Newark became Newark: The Rise, Fall, and Rebirth of an American City* (Piscataway, NJ: Rutgers University Press, 2009), pp. 123-125; J S Fuerst, *When Public Housing was Paradise: Building Community in Chicago* (Urbana-Champaign: University of Illinois Press, 2005), pp. 200-203; Russell Lopez, *Building American Public Health*, pp. 105-107.

[368] Philip Tegeler, 'The Future of Race-Conscious Goals in National Housing Policy', *Public Housing and the Legacy of Segregation* (Washington, DC: The Urban Institute Press, 2009), pp. 155-164.

[369] Paul Spicker, *Access to Social Housing in Scotland: A Survey of Local Authorities and Housing Association Allocation Policies* (Edinburgh: Shelter Press, 1991); David Robinson, 'Health Selection in the Housing System: Access to Council Housing for Homeless People with Health Problems', *Housing Studies* (January, 1998) Vol. 13, No. 1, pp. 23-41.

dwellers, housing authorities aimed to mirror the general public in tenant composition as best they could, for as long as they could.

In Baltimore, early independent housers warned municipal authorities of the need to prioritize social housing allocation to the most destitute slum dwellers. The Citizens Housing Council of Baltimore (CHCB), an organization of private citizens that later became the highly influential Citizens Planning and Housing Association (CPHA), argued in a report that social housing units should go to the most needy Baltimorean families. The poorest families, the CHCB argued, would benefit most health-wise if allowed to relocate to social housing. For this reason, in 1940 (the year of the first social housing development in the city), the CHCB suggested somewhat strict parameters to guide social housing allocation. Although Baltimore in the 1940s was swelling with working-age single men looking for work in the defence industry, the CHCB felt that social housing should focus on families with young children. Significantly, while the United States Housing Authority (USHA) labelled 'young children' as under sixteen years of age, the CHCB argued that seventeen and eighteen year olds should be classified as dependents, arguing that a stable home environment at early adolescence would have positive long-lasting health effects. On the issue of home environments and adolescents, the CHCB reported:

> This age group, although legally able to work, finds it extremely difficult to find employment. They are also very conscious of their home surroundings, which, if not of good standard, cause them to spend much time away from home. This often leads into further difficulties, and in some instances they become delinquent.[370]

The idea that families with children, especially older adolescents, should be given preference for social housing seems remarkably prescient, considering the problems with youth gang violence that arose in social housing developments all over the United States in the 1970s.[371] It must be noted however that families with children

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[370] CHCB, 'Public Housing: Tenant Selection Policies', 1940, p. 1, Citizens Housing Council of Baltimore collection, University of Baltimore Langsdale Library Special Collections, Series III, Box 1, Folder 5.
[371] Sudhir Venkatesh, 'The Gang in the Community', *Gangs in America*, ed. C Huff (New York: Sage Publications, 1996), 2nd edition, pp. 241-256.

are not categorically 'unhealthy', while a large family may be in dire need of housing the individuals that comprise that family may be healthier relative to persons with illnesses or chronic conditions. The CHCB recognized this point as well. Considering the need for allowances for the sick and needy, the report remarked:

> There was considerable discussion in the council as to whether persons with illnesses which might be benefitted by good housing should be given preference for occupancy if other factors in eligibility are equally. Basic in the philosophy of public housing is the concept that it should benefit people whose health and social adjustment are endangered by their home environment.[372]

Thus, the above quote illustrates that housers associated with the CHCB were convinced that rehousing persons into social housing could influence positively social behaviour. While this official recommendation suggests the CHCB was unified in their support of allowances for unhealthy persons and families, the minutes of meetings held before official publications were issued reveal that housers held different opinions on the use of health criteria for tenant selection. On a meeting in early 1940, the Council reported:

> The Council discussed whether or not health needs and health problems should be taken into consideration. The Council seemed to be divided on this point, some thinking that persons with contagious diseases, such as tuberculosis, should be excluded, whereas others felt that in the community as a whole there is no such protection against these people. By having such a ruling [to exclude those with pre-existing conditions], the people admitted having such diseases would be eliminated, but others who did not know of their condition or who did not disclose it would be admitted. We also questioned how much health needs, such as having a cardiac person living on the first floor, could be considered in an undertaking as large as the housing project.[373]

Just as Thomas Ferguson contended in Glasgow in the 1950s, Baltimorean housers were concerned that the introduction of contagious tenants could potentially spread disease. Tenant selection, based on health reasons, was not so cut-and-dry.

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[372] CHCB, 'Public Housing: Tenant Selection Policies', 1940, p. 3.
[373] CHCB, 'Minutes for April 3, 1940'.

Furthermore, although the first social housing development in Baltimore would not open for another five months, housers associated with the CHCB were already worried about the potential impact social housing could have on persons with medical conditions. For instance, tenants with weak hearts could find walking up several flights of stairs especially strenuous (or at least this was a concern among Baltimoreans, who were used to low level terraced housing). The CHCB was clearly more concerned with family composition and more chronic conditions than it was with tenants with infectious disease. In Baltimore, an obstacle for housers and municipal authorities loomed ahead; social housing needed to be built with the unhealthy in mind. The question was – who deserved to be rehoused due to their status as 'unhealthy'?

While independent housers associated with the CHCB and other groups advocated certain criteria for tenant selection, the eligibility requirements for social housing in Baltimore rested primarily with the HABC. In 1940, the year of Baltimore's first social housing development, the HABC had sole responsibility for setting standards for tenant selection. As discussed in the previous chapter, the HABC was created in response to the United States Housing Act of 1937 (Wagner-Steagall Act) in order to receive federal funds that were mandated for social housing projects. While there were many forces opposed to social housing in Baltimore in the 1930s (real estate interests, anti-communists, and even a reluctant Mayor Jackson), once the Wagner-Steagall Act passed it became compulsory to build social housing in municipalities that were allocated federal funds. Yet before social housing units were even built in Baltimore, the HABC needed to clarify what exactly was meant by 'social housing', and who was going to get to opportunity to be rehoused.

In order to explain social housing to the general public, in early 1940 the HABC published a booklet entitled *Questions and Answers about Low-Rent Housing in Baltimore*. After describing what public housing is and why it is being built in Baltimore, the booklet delves into crucial aspects of tenant selection. On rental issues, the HABC decided that a family that made five times the rental cost of a social

housing unit was ineligible for selection.[374] This rather specific cut-off had been carefully calculated; if selection policies were too lenient social housing could balloon into cushy subsidized housing for unpopular transient defence-workers, if selection policies were too strict, social housing could be beyond reach of the 'working poor', whom the general public felt were most deserving of rehousing. In the same section, the booklet enumerated the size of families that may apply for certain units, with two people maximum allowed for one-bedroom houses and six to eight persons maximum allowed for four-bedroom houses.[375] While the eight persons to four bedrooms maximum might have seemed strict (especially for Glaswegian families, who were subject to much more severe overcrowding), the purpose of social housing was to *improve* housing conditions for Baltimorean slum dwellers, not to create federally subsidised slums. Additionally, those who were already poorly housed were given preference over those who were 'house poor': defined as families who occupy adequate housing but are forced to pay an overly large share of their income to afford such housing.[376] Commenting on a repeated question, the booklet details that 'If they [slum dwellers] remain in the low-income brackets and are otherwise eligible [families with prescribed housing grievances, i.e. crowded conditions], they will be given preference in the selection of tenants', solidifying the idea that those who lived in dilapidated neighbourhoods were most likely to benefit from the introduction of social housing.[377] Furthermore, while childless families were not barred from application, 'families with small children were preferred', though families that included adolescent children were preferred as well.[378] Early in its existence, the HABC had articulated its vision: large families with children were the preferred tenants, unhealthy and diseased tenants were not intended to compose a majority.

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[374] HABC, *Questions and Answers about Low-Rent Housing in Baltimore* (Baltimore: Housing Authority of Baltimore City, 1940), p. 4.
[375] Ibid.
[376] Phillippe Thalmann, '"House Poor" or Simply "Poor"?' *Journal of Housing Economics* (December, 2003), Vol. 12, No. 4: 291-317.
[377] HABC, *Questions and Answers*, p. 7.
[378] Ibid.

Interestingly, the HABC pushed the idea of tenant empowerment to promote the general welfare and social harmony. While slum dwellers in Baltimore were subject to the whims of duplicitous landlords and irascible neighbours, the HABC intended to be a more sympathetic housing manager. For this reason, the HABC was an early proponent of tenant representation in housing projects. In a 1943 letter addressed to residents of Gilmor Homes, a housing project for Black occupancy in West Baltimore, the HABC asked that residents elect a resident leader to form a tenant council. The tenant council was meant to be an official group designed to deal with the HABC, and represent tenant desires, questions, and complaints. In the letter, the authority declares:

> We are sending you this letter and asking you to be kind enough to recommend one of the tenants in the building in which you live to be your representative on the Tenant Council Steering Committee…These persons receiving the majority of the votes of the tenants for each building will be considered the persons to represent your building… We wish to draw to your attention that every person living within the area as a tenant will have the right to attend and vote at any general meeting called by the council or the authority thereafter… [they] will endeavour to set up the programs arranged for the various items that will bring enjoyment and pleasure to all of the tenants throughout the area.[379]

In this letter, the HABC made clear that not only did it intend to provide adequate housing for its tenants, but liveable housing, made so by the inclusion of tenants in housing decision processes. Perhaps even more importantly, this letter (and others like it) was addressed to Black tenants, more than ten years before *Brown v. Board*. For many Black Baltimoreans, participating on a tenant council may have been their first political experience, for in segregated states even voting proved difficult. While this letter would not have been available to the general public outwith social housing, word must have travelled among Black Baltimoreans that social housing tenants had more than just roofs over their heads: they had agency.[380] Baltimoreans who lived in social housing had the ability to help determine how they lived, a power

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[379] HABC, *HABC: To Each Tenant of the Gilmor Homes*, March 17th, 1943.
[380] Eric Brunner and Michael Marmot, 'Social Organization, Stress, and Health', *Social Determinants of Health* (Oxford University Press, 2005), Second Chapter (no page numbers).

that slum dwellers had never retained. News of these powers must have, at least temporarily, increased the popularity of social housing among slum dwellers, particularly Black slum dwellers. Thus, tenant empowerment, along with child-friendly and low income-friendly selection policies, helps explain the continued popularity of social housing throughout the 1940s and 1950s. Although many Baltimoreans were drawn to the suburbs thanks to new government subsidised mortgages, this was not a viable option for many slum dwellers. The city's social housing projects promised not only spacious, sanitary, and affordable accommodation, but agency over their own home environments. Social housing applications increased yearly during the post-War period.

To stem the flow of extra applications for tenancy, particularly among Black Baltimoreans, the HABC further stressed the importance of adherence to tenant selection criteria. Social housing had transformed from a novel oddity to a highly in-demand commodity. In the years leading up to 1954, the health of families and the housing conditions of families remained the paramount reason for social housing allocation. After 1954, the *Brown v. Board* decision and Mayor Jackson's formal denouncement of housing discrimination compelled the HABC to allocate more social housing to Black applicants, thus mitigating the importance of 'health' criteria. Very quickly, social housing became a welfare programme aimed at combatting housing injustices endured by Blacks. However, as Black Baltimoreans were compelled to endure housing conditions that were worse than even the poorest Whites neighbourhoods, the idea that social housing was intended for the unhealthiest Baltimoreans persisted. While more social housing units were allocated to Black tenants after 1954, health factors did not cease to be important factors in tenant allocation policy.

Those who occupied overcrowded and insanitary dwellings were also deemed especially worthy of rehousing. In a HABC document on the admission and continued occupancy of social housing in Baltimore, one of the first listed eligibility requirements for new applicants for social housing is that at the time of application families must be 'living in dwellings determined be unsafe, insanitary, or over-

crowded as defined.'[381] While previous publications by Baltimore housing authorities had been vague in their interpretation of poor housing or unhealthy conditions, the 1954 *Statement of Policies* defined clearly what constituted an unsuitable house. The document listed several conditions the HABC deemed unacceptable for human habitation. The statement noted that a house may be deemed unacceptable if 'the location... is such, either externally or within the structure, as to cause the constant presence of a health, fire, safety, or other environmental hazard to the occupants of such dwelling unit.'[382] On the condition of the structure, the statement noted that 'the presence of serious safety hazards resulting from the need for major repairs to roof, walls, ceilings, floors, or stairs, or through the presence of serious health hazards resulting from continuous dampness or exposure brought about by negligent or dilapidation.'[383] Further stipulations included the necessity of access to potable water, a sewer system, toilet facilities, bath facilities, a well-equipped kitchen, adequate lighting and heating, ventilation, and lack of overcrowding (defined loosely as when two families occupy one house).[384] In any case, the *Statement of Policies* on tenant selection in Baltimore made its point clear: city residents should not be compelled to endure slum conditions, and slum dwellers were especially deserving of rehousing into social housing.

Up until 1954, this policy was designed for both Black and White Baltimoreans. While more Blacks than Whites endured environmental conditions deleterious to health, and thus deserved more social housing units allocated proportionally, the HABC generally aimed to provide an equal amount of social housing to Baltimoreans of both races. At the time, this was a relatively progressive concession. After official desegregation, however, Whites fled social housing for the literal greener pastures of the suburbs, and social housing in Baltimore took on a new function: subsidized housing for Blacks. The use of health criteria in tenant

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[381] HABC, *Statement of Policies Governing Admission to and Continued Occupancy of the PHA-Aided Low-Rent Housing Projects Operated by the Housing Authority of Baltimore City* (Baltimore: HABC, 1954), p. 1.
[382] Ibid., p. 3.
[383] Ibid.
[384] Ibid.

selection proved less controversial in Glasgow, however. Housing in Scotland had long been the domain of the Department of Health, and early Scottish housers were strong advocates for social housing as a healthier alternative to slums. Even with a much greater shortage of suitable housing than in Baltimore, due to the stresses of the War, Glasgow Corporation seemed keen to grant preference to unhealthy and socially distressed families. While social housing allocation in Baltimore became defined by race, allocation policy in Glasgow focused on the overcrowded and the sick.

Tenant Selection Policies in Glasgow:

In a preface to a 1935 trans-European study conducted by the Department of Health for Scotland (DHS), the Secretary of State for Scotland Godfrey Collins wrote that 'There exists in Scotland a growing realization that in our efforts to provide new dwellings for the working classes, we must aim at something more than the provision merely of adequate and healthy internal living accommodation.'[385] While Collins continued this point by stressing the importance of aesthetics in the design of social housing, the authors of the study, who travelled to several European countries to visit their social housing complexes, were more interested in how other countries managed to cultivate such seemingly healthy social housing *communities*.

Unlike Collins, who focused primarily on aesthetics or more casually 'curb appeal', the authors of the study (two architects and two health professionals) were concerned more with liveability.[386] After visiting several social housing complexes in continental Europe, they found that they were much more habitable than their Scottish counterparts. According to the study, the primary determinant of this increased habitability was stricter methods of tenant *selection*. European housing authorities chose good tenants, which resulted in stable social housing communities.

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[385] DHS, *Working Class Housing on the Continent* (Edinburgh: HMSO, 1935), p. 5.
[386] The authors of the study were: John Highton, Department of Health for Scotland Secretary, John Wilson, Chief Architect for the DHS, WG Clark, Senior Deputy MOH for Glasgow, and EJ MacRae, Edinburgh City Architect.

Furthermore, the Scottish authors were impressed with European management strategies, and felt that Scottish cities needed to emulate their continental counterparts' diligence in tenant selection.

In a subsection of their report dubbed 'social considerations', the visiting Scottish officials noted that the residential harmony that characterized German, French, and Austrian social housing developments seemed to stem from the variation of economic classes (poor, working-class, and middle class tenants) that inhabited these developments. Although social housing in Glasgow would serve many economic classes after the Second World War, in the late 1930s social housing still conjured up notions of subsidized housing for indigent veterans. In Scotland, many people still referred to government funded housing as 'homes for heroes', even though the Addison Act (from which the 'homes for heroes' term derived) ran out of funding in 1921.[387] Furthermore, a stigma existed around social housing that it existed only to placate the working class political malcontents of the 'Red Clydeside' era. Waldorf Astor, Parliamentary Secretary to the Local Government Board of Lloyd George's administration, in 1919 referred to social housing as 'insurance against Bolshevism and Revolution'.[388] While the Addison Act was passed more than fifteen years prior to the publication of the continental study, the authors were convinced that the limited economic diversity among Scottish social housing tenants was intentional. Commenting on the variety of tenants in continental Europe, the report noted:

> The tenants housed in the schemes we visited covered perhaps a wider scale of social grades than do the tenants in Scottish housing schemes. Many of the houses particularly in Germany and France were specifically provided for better class tenants... Even where schemes were occupied entirely by the low wage earner class, the authorities had apparently

[387] Peter Scott, *The Making of the Modern British Home: The Suburban Semi and Family Life Between the Wars* (Oxford University Press, 2013), pp. 41-42; Neville Harris, *Social Security Law in Context* (Oxford University Press, 2000), p. 77.
[388] Michael Harloe, *The People's Home*, pp. 107-108; Graham Towers, *Building Democracy* (University College London Press, 1995), p. 23.

been able to exercise a wider discretion in selecting tenants than Scottish authorities can always exercise in their 1930s Act activities.[389]

Thus, the Scottish authors were impressed that even in developments designed for low wage earners, careful consideration went into tenant income level balance. Normally middle class tenants provided social stability, which promoted the general welfare. While the primary aim of the report was to comment on social housing trends in continental Europe, the authors were just as keen to chastise Scottish tenants for not living up to a higher standard. In stark contrast to the more sympathetic and accommodating tone of post-war British writers, the authors took a more dyspeptic tone; poverty did not cause unkempt Scottish tenants, unkempt Scottish tenants ensured their own poverty. For instance, on the topic of the behaviour of rehoused slum dwellers the authors wrote the following:

> Large schemes consisting of nothing but slum clearance tenants produce the poorest results. Where a group of bad tenants are congregated in one block, it is unnecessary to enter... the condition of the common stairs and general appearance of the surrounding ground, railways, and windows tell the tale... the interspection of undesirable tenants among the good is socially the more constructive tenant.[390]

Thus, for Scottish housing authorities in the 1930s, tenants defined housing; housing did not define tenants. The success of social housing, these men postulated, would depend largely on the type of tenants who occupied social housing. While it is true that problems with social housing ensued in later decades when developments began accepting more socially marginalised tenants (e.g. 'broken' families), the authors' attitudes of the continental report seem callous given the severity of Scotland's housing shortage. Nevertheless, the report highlighted an essential truth: stable tenants would cultivate stable housing environments. What Glasgow housing authorities realized, thus, was that a carefully formulated tenant selection policy could mould the success of social housing schemes. After the War, Glasgow Corporation cultivated such a strict tenant selection policy immediately; the result

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[389]DHS, *Working Class Housing*, p. 9.
[390] Ibid., p.11.

was the development of a successful, healthy living environment. With meticulous precision, the Corporation designed a calculus to determine which Glaswegians were eligible, and which Glaswegians would ultimately be selected, for social housing tenancy. This method of tenant selection, much like Baltimore's early methods, ensured the stability of Glaswegian social housing during the 1940s and 1950s.

The impact of the Second World War on tenant selection policies in Glasgow could not have been more dramatic. While Glasgow did not suffer structural damage from bombing to the same extent as London or Coventry, years of building inactivity in a city that was already overcrowded resulted in a truly dilapidated housing stock. As such, once social housing construction began again in 1945, the Corporation was aware that allocation policy would have to reflect a greater demand for housing across all income levels. Put simply, in post-war Scotland, middle class families competed with working-class families for social housing units. A 1950 Department of Health for Scotland (DHS) publication on social housing allocation titled *Choosing Council Tenants* noted that:

> In the first decade of this century, the lack of dwellings, like the lack of food and fuel, was confined to the lowest income groups, and they alone had a claim on the assistance of the state... Since the war, as a result partly of greater scarcity, partly of deliberate control of distribution, an even larger fraction of the population has come to rely on the State for the meeting of its needs; and the relationship between means and the extent of this dependence is far less direct.[391]

Given this reality, tenant selection policy would have to be defined explicitly in order to distribute social housing equitably among all prospective tenants. On the one hand, there were many Glaswegians who due to severely inadequate conditions or medical infirmity were completely destitute and thus in dire need of social housing. On the other hand, there were great multitudes of ordinary people who had worked steady jobs, served their country during the war in some capacity, and cultivated a healthy lifestyle – they too deserved better housing. In order to instil a healthy ratio

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[391] DHS, *Choosing Council Tenants*, (Edinburgh: HMSO, 1950), p. 7.

of middle class tenants and working-class tenants, municipalities in Scotland, including Glasgow, developed point systems to determine which applicants could become tenants. These systems would be the basis on which Scottish social housing tenants would be chosen.

In point systems, points were awarded to families for a number of claimed factors involving housing status. Regarding an applicant's current housing standard, points could be awarded for: overcrowded housing, insanitary housing, homelessness, or living in a slum dwelling. While being classified as living in an 'overcrowded' house depended on number of family members, structural conditions determined whether a house was 'insanitary' or a 'slum'. Applicants classified as 'homeless' were not usually truly indigent, but rather young couples without a house of their own. Applicants could also claim other factors unrelated to housing to better their chances. Applicants who cited health deficiencies often had a family member with a chronic medical condition, such as arthritis or tuberculosis. With a chronic condition, a social housing unit was viewed as improving the tenants' general quality of life. Other factors, such as being elderly, having veteran status, and even being an agricultural or industrial worker could benefit an applicant's chances.[392] As housing authorities dealt with a deluge of Glaswegians who wanted social housing, a strict adherence to a point based system of tenant selection seemed to be the only way to wade through all the applicants, for better or worse. An analysis of the mechanics of the point systems, and the determinants of the selection calculus, helps explain how social housing in Glasgow ended up becoming simultaneously subsidized housing for the middle classes and a sanctuary for unhealthy slum dwellers.

Two types of point schemes for housing allocation prevailed in Scotland after the War. These were the 'straight points' scheme and the 'group plus points' scheme. In the 'straight points' system, all applicants for social housing were arraigned on one list, and value points are given to each applicant for each specific eligibility claim Fmade for social housing. For instance, an applicant might claim

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[392] Ibid., pp. 7, 9, 18-19.

eligibility for living in a slum dwelling, in addition to having to raise three children in a one bedroom flat. All of the points claimed would be aggregated into one application, and the application would be judged against all other applicants for the same social housing units. The 'group plus points' system, however, did not judge all applicants against each other. Rather, under the group system, certain categories of applicants were allotted a guaranteed number of social housing units, and applicants were judged against applicants in the same category for those units. The group system arose because many local authorities and municipalities found that it was impossible to compare objectively different families with different needs; who could decide definitively whether a young veteran with a pregnant wife or a slum family with five children was more deserving of social housing accommodation? In Glasgow, whose housing authority adopted the group scheme, the situation was even direr. According to the 1950 report, in Glasgow 'the problem of allocating tenancies is one of deciding which families shall be rehoused at all, and not merely of deciding the order in which they shall be rehoused.'[393] Thus, to avoid offending certain groups, Glasgow Corporation allocated a certain number of social housing units for each category. Each applicant's points were aggregated just as in the single point system, but applicants were only judged against other applicants in their own category.[394] While the Corporation had no trouble finding willing tenants for its new social housing developments, some groups, such as persons compelled to endure severely overcrowded living conditions, probably felt underappreciated. Indeed, the report noted, regarding the importance of rehousing slum dwellers, that:

> There can therefore be no doubt that the rehousing of families from overcrowded or insanitary homes must be one of the chief aims of an allocation scheme, and that the two conditions are so frequently associated that they cannot be used to divide these families into two groups. We have therefore regarded these families as the… "badly-housed group."[395]

Even as early as 1950, housing professionals at the Department of Health for Scotland understood that slum dwellers faced particular hardships in cultivating

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[393] Ibid., p. 9.
[394] RD Cramond, *Allocation of Council Houses* (Edinburgh: Oliver & Boyd, 1964), pp. 24-25.
[395] DHS, *Choosing Council Tenants*, pp.18-19.

healthy lives, and thus deserved special housing attention. Regardless, the Corporation felt that for social housing developments to succeed, they needed to maintain a balance between less risky and riskier tenants.

The disagreement on whether or not to allocate social housing based on health grievances, however, remained pressing even after the decision to include the unhealthy as a category in the point system of allocation. The debate divided Glaswegian housing authorities, as contradicting advice on tenant selection policy was published in the years after the Second World War. As the above quotation illustrates, the DHS felt that overcrowded families and slum dwellers should have precedence in tenant allocation, and not families with sick members. Indeed, the 1950 report commented on the status of tuberculosis on social housing allocation:

> It is commonly asserted that the one evil (tuberculosis) results from the other (overcrowding), and… that cases of infective pulmonary tuberculosis should receive absolute priority in rehousing: that is, that in each local authority's area, all these cases should be rehoused before any houses were allocated to other families…But on the evidence before us we do not feel justified in recommending that infectious cases of this disease should receive absolute priority in the allocation of houses.[396]

At the time, the DHS felt that relationship between overcrowding and the spread of pulmonary tuberculosis was not wholly proven, and regardless, many TB negative persons suffered in overcrowded slum conditions as well. This view was not wholly callous; it cannot be overstated that Glasgow's housing situation was worse than any other British city. For instance, in 1876 only 5,746 housing units were built in Glasgow, and nearly 70% of those units consisted of two rooms or less.[397] Only in two years in the years leading up to 1944 did the number of units built exceed that number, despite the city's high birth rates, high levels of immigration, the devastation of two World Wars, and the general deterioration of housing over

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[396] Ibid. p. 21.
[397] *The British Architect: A Journal of Architecture and the Accessory Arts* (London: Gilbert Wood & Co, 1876), Vol. 9: 220.

time.[398] Put simply, there were many Glaswegians who needed better housing, not just the chronically ill and diseased. Ultimately, the general need for better housing in Glasgow pushed the Corporation to concentrate its efforts on rehousing slum dwellers and overcrowded families, and not families with sick members. The British government concurred with Glaswegian authorities. In 1948, the DHS publication *Planning our New Homes* recommended that newly built social housing be reserved primarily for: those who lived in slums, those who lived in overcrowded houses, and families without homes at all, primarily newlywed veterans. [399] The report noted that there was a deficiency of nearly half a million adequate houses in Glasgow, houses that either did not have washing facilities or enough space to raise a family of four etc., and that this figure did not even account for future population growth or subsequent expectations of a higher standard of living. [400] The opinion expressed in this report, then, was that persons who lived in overcrowded or slum houses were of greatest priority to be rehoused, not those with medical complaints. Signifying the national government's disregard of health as a criterion for rehousing, the only mention in this report of health as a criterion in tenant selection is a restatement of the importance of living space:

> The fundamental relationship between housing and health of the people is widely recognized and the question of determining standard of living space is obviously one of the highest medical significance and importance. Public health and social legislation of the past 80 years contains a multiplicity of provisions dealing with the matters.[401]

Yet while housing authorities agreed that those who lived in severely overcrowded houses needed to be rehoused, some Scottish housers believed that families with ill members deserved the chance to be selected for social housing tenancy. The DHS report *Choosing Council Tenants* published two years after *Planning our New Homes* noted just how difficult poor housing made life for the disabled and debilitated. Persons with cardiac disease, paralysis, arthritis, or those who were blind, could

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[398]HC Deb 20/05/1944, Vol. 401, cc 65-66.
[399] DHS, *Planning our New Homes* (Edinburgh: HMSO, 1948), p. 10.
[400] Ibid., p. 11
[401] Ibid., p. 15.

benefit from a social housing unit on the ground floor. Persons with bronchitis or colostomies could benefit from having a private bedroom. Similarly, persons with asthma, insomnia, and psychotic disorders would benefit from a private bedroom. Even those families with medical complaints had to be prioritized, however, as certain conditions did not 'endanger the health of the community', and were thus less worthy of social housing accommodation than families with contagious members.[402] The report's concession that not all medical claimants could be rehoused, however, did refute a commonly held premise: that persons with debilitating or contagious medical conditions deserved to be allocated social housing accommodation. On how to classify different applicants for social housing, the report stated the following:

> There is... no doubt that causes of ill health or disability, such as we have instanced, increase the burden and dangers of overcrowded or unsatisfactory houses and we have therefore placed these families in a special group which we have called the 'health group.[403]

Ultimately, the view that pre-existing health conditions should factor into tenant selection prevailed, albeit not to the point that pre-existing health conditions overrode overcrowding or slum dwelling in importance. Glasgow housing authorities allowed for health considerations to factor into social housing applications by accounting for 'health' through the group points scheme.[404] Under the group plus points scheme, Glaswegian families could apply for social housing either under the 'badly housed' group or the 'health group', in addition to several other groups. Social housing in Glasgow would serve a humanitarian role by ensuring housing for those who endured uninhabitable housing conditions and those debilitated by disease or chronic illness. The selection of unhealthy tenants for rehousing did not end the Corporation's involvement in health matters, however. The admission of 'health' tenants may have derived from philanthropic intentions, but the results of

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[402] DHS, *Choosing Council Tenants* (Edinburgh: HMSO, 1950), p.20.
[403] Ibid., p. 21.
[404] 'Health and Social Conditions', *Glasgow Herald*, 06/04/1936, p. 10; 'Glasgow's Housing Problem', *Glasgow Herald*, 13/02/1937, p. 6; 'Priorities in Glasgow Housing for Sale', *Glasgow Herald*, 20/03/1951, p. 3; 'Revision of Housing List Proposed', *Glasgow Herald*, 28/09/1960, p. 6.

this policy proved real and persistent. Furthermore, just as in Baltimore, in later years Glasgow social housing schemes would house more 'broken' families, whose needs and requirements stretched the capacities of many Glaswegian schemes.

Yet while tenant selection policies could be used in both cities to help cultivate a healthy population, many housing officials could not point to concrete data that rehousing improved slum dwellers' health. Indeed, one of the earliest British studies on the impact of rehousing on health pointed to the opposite conclusion: M'Gonigle found that slum dwellers rehoused onto social housing estates in Stockton during the 1930s were forced to spend a higher proportion of their income on rent, leaving less money for nutritious food. Nevertheless, public health professionals were interested in the potential health benefits of rehousing, and sought to investigate the exact effect of rehousing on tenant health. Two academics stand out as exemplar investigators of the relationship between social housing and health. In Baltimore, Johns Hopkins University professor Daniel Wilner conducted a massive six year longitudinal study of both slum dwellers and rehoused former slum dwellers. In Glasgow, University of Glasgow professor Thomas Ferguson conducted extensive cross-sectional research on the health of both slum dwellers and the recently rehoused A review of both Wilner and Ferguson's work should help illuminate the impact of social housing on tenant wellbeing in both cities in the post-war era.

A New Era of Public Health in Baltimore, 1945 to 1960:

With the new enfranchisement of the multiple agencies dedicated to ensuring environmental health and the provision of sanitary housing in the post-war period, Baltimore's municipal engagement with community health had just begun. In the years since 1941, Baltimore's municipal agencies, along with the help of the CPHA, had transformed much of Baltimore's worst slum housing neighbourhoods into environmentally healthy areas. By 1954, through the second incantation of the 'Baltimore Plan', the HABC and the BCHD had cleared or refurbished 131 acres of slum housing. In terms of social housing construction, the HABC had built 6,939

social housing units and had 2,337 more units scheduled for completion.[405] Furthermore, housing officers and designated police officers were enforcing the strict adherence to housing ordinance principles laid out in the Baltimore Plan in 200 blocks in south Baltimore, and were referring unscrupulous landlords to the relatively new (and, supposedly, politically independent) housing court for public health violations.[406] Clearly, the city's municipal efforts to ensure healthy housing were in full swing. But a fundamental question remained; were Baltimore's residents experiencing a discernible and definite health benefits from relocating from slum housing into social housing? The animating force behind social housing in Baltimore, and in Glasgow similarly, was to provide a healthy alternative to slum dwellers who could not afford better housing. The question itself proved so difficult to answer that it spawned several studies on the connection between housing and health in the city, the most famous being Daniel Wilner's longitudinal study tracking the health of slum dwellers and former slum dwellers rehoused to social housing projects. An exposition of these studies (with an emphasis on Wilner) and the municipal response to the health outcomes of housing measures should reveal whether social housing had a positive, negative, or negligible impact on public health in Baltimore.

In 1954, with a grant from the USPHS, the HABC initiated a collection of public health studies under the umbrella name 'The Baltimore Study on the Hygiene of Housing', often known simply as the 'Study of Health and Adjustment'.[407] Four academics affiliated with Johns Hopkins University conducted studies over a period of five years. Marcia Cooper launched a study on pica consumption and childhood nutrition based on case studies from the Mother's Advisory Service, H. Carl Reich analyzed the impact of housing on tuberculosis recovery in Baltimoreans, and J Douglass Shepperd, a medical student at the University of Maryland, conducted a study of the health of Baltimoreans who had not availed themselves of the many

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[405] Alexander Crosby, *Building a Citizens Housing Association* (Washington, DC: National Housing Conference, 1954), p. 26.
[406] Ibid.
[407] Wilner, 'Housing Environment and Mental Health', *Public Health Reports*, Vol. 72, No. 7 (Jul., 1957), p. 589; National Council on Crime and Delinquency, *Current Projects in the Prevention, Control, and Treatment of Crime and Delinquency* (New York: 1962), p. 612; Frederick Strunk, *An Inventory of Social and Economic Research in Health* (New York: Health Information Foundation, 1958), pp. 190-191.

BCHD services and facilities.[408] The most important and impressive study included in the 'Study on Hygiene of Housing', however, was the massive longitudinal study of slum dwellers and social housing tenants made by Daniel Wilner. These Hopkins affiliated medical and public health professionals initiated the first sociological examination that focused on *poor housing* as the primary factor in health outcomes, particularly in mental health and family stability. Most significantly of course, Wilner's study sought to understand the efficacy of rehousing slum dwellers into social housing projects. An analysis of the structure of Wilner's study will not only shed light on early public health studies' methodology, but will point to Wilner's eventual conclusion; that there were real and definite public health affects to rehousing Baltimorean slum dwellers into social housing.

Daniel Wilner's undergraduate (University of California, Los Angeles) yearbook photograph, 1947.

Essentially, Wilner's study sought to determine whether relocating from slum housing into municipal housing projects had a positive impact on tenant health. Both the HABC and the USPHS were keen to provide evidence that social housing provided

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[408] BCHD, *Annual Report* (Baltimore, MD: 1956), pp. 104-105.

a healthier environment than slum housing; the lack of such definitive evidence prompted the grant for academic study. The study was conducted from 1954 to 1960, and published in 1962. The idea for the study emanated from suggestions from a joint committee of the American Public Health Association (APHA) and the National Association of Housing Officials (NAHO) that occurred five years previously. Not by coincidence, Huntington Williams, Baltimore's Commissioner of Health, happened to be a member of NAHO.[409] The rehousing of slum dwellers, particularly Black slum dwellers, into new social housing projects seemed the perfect natural experiment to examine whether this kind of transition had any kind of impact.[410] To determine this impact, the study included a test group, 400 families who lived in slum housing previously but were rehoused into housing projects, and a control group, 600 families who lived in slums and had applied to live in social housing, but who had been rejected initially for relocation on suitability grounds. The social housing development chosen for the study, Lafayette Courts, was built in 1954, and both the control group and the test group came from the immediate area.[411] On this latter point, Wilner noted that the groups were not 'perfect' for the study, in fact in some ways they were quite unrepresentative of Baltimore social housing tenants and slum dwellers. Firstly, all subjects came from the same neighbourhood, so there was no geographic diversity of participants. Secondly, there was no racial diversity among subjects; the study groups contained no White families and relatively few Black veteran families (although this was by design). Thus, the study groups were somewhat unrepresentative of both social housing tenants and slum dwellers in Baltimore. Throughout the duration of the study there were still White tenants in city housing projects and plenty of White slum dwellers. The study allowed for these discrepancies, however, on the basis that poor, non-veteran Black families were the majority of social housing tenants and slum dwellers, and thus 'sufficient to permit

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[409] BCHD, *Annual Report* (Baltimore, MD: 1954), pp. 110-111.

[410] Raymond Morris and John Mogey, *The Sociology of Housing: Studies at Berinsfield* (London: Taylor & Francis, 1998), p. xiii; John Bauman, 'Black Slums/ Black Projects: The New Deal and Negro Housing in Philadelphia', *Pennsylvania History*, Vol. 41, No. 3 (July, 1974): 311-312, 323; Alvin Schorr, *Slums and Social Insecurity*: *An Appraisal of the Effectiveness of Housing Policies in Helping to Eliminate Poverty in the United States* (Washington, DC: GPO, 1963), p. 86; Stanislav Kasl, 'The Effects of the Residential Environment on Health and Behavior: A Review', *The Effect of the Man-Made Environment on Health and Behavior* (Atlanta: Center for Disease Control, 1977), p. 86.

[411] Wilner, *Housing Environment*, p. 23.

the drawing of comprehensive generalizations from our findings.'[412] Wilner noted in the methodology section of his study, however, that over the duration of the survey several families in the control group were eventually offered social housing tenancy. Wilner and his research team continued to monitor these families, on the grounds that it was only to be expected that some slum dwellers would leave the slums. Furthermore, these families helped make up for the (slight) loss of test group participants. Minor levels of attrition did not detract from the overall aim of monitoring both the test and control groups: to isolate the factor of social housing in a study of public health. While the study sought to elucidate the connection between housing and health and maintained a positive hypothesis, Wilner's thorough investigation ultimately revealed surprisingly modest results. A review of Wilner's methodology is both pertinent and necessary to understand his findings.

Wilner and his colleagues looked at a number of housing variables to understand the potential impact of the transition from slums to social housing. They examined: structural integrity, the variety and condition of household amenities (such as bathrooms, kitchens, water supply, and heating), and structural maintenance. Furthermore, they also considered the impact of density, measuring density on the basis of persons per floor area, persons per room, and persons per bedroom. All of these metrics informed Wilner of the differences between daily life in housing projects and slum dwellings. Additionally, the study included both a longitudinal analysis of data and a cross-sectional analysis of data. Admittedly, Wilner noted there were problems with the orchestration of the cross-sectional study: it was impossible to extricate completely certain factors from the housing factor. While it was true that both groups had similar incomes, similar family sizes, and that both groups showed they were capable of social 'know-how' in their applications for social housing, even Wilner concluded that social housing tenancy was probably not the sole determinant of physical and mental health. The aspect of social housing, however, was the subject of his study, and worthy of a study that isolated social housing tenancy as a factor. With this caveat, Wilner noted that the

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[412] Wilner, 'Housing Environment and Mental Health', *Public Health Reports*, p. 591.

longitudinal study was far more effective in determining the relationship between health and housing than in determining the relationship between health and various other metrics.

Yet despite the various and obvious physical improvements of social housing over slums (such as spaciousness, structural integrity, and affordability), Wilner had trouble establishing the direct connection between improved housing and potential improved health outcomes. At the very least, Wilner struggled to separate the factor of housing from other environmental and social determinants that impacted health. After all, the families in both the control and test groups were demonstrably poor, and it had already been established that poor families who lived in slum housing suffered health consequences due to their living environments.[413] In one third of families there was no father figure and one third of the families received public welfare. Even the attempt to illustrate that housing projects might offer a healthier environment than slums housing was flawed. The social housing project into which study participants moved (Lafayette Courts) was brand new, of better structural quality than surrounding slums, and offered a wider range of amenities.[414] However, it was plausible that lower income private housing stock could have provided similar accommodation. Only a few years prior to the start of the Wilner study, sociologist John P. Dean wrote an article titled 'The Myths of Housing Reform' in which he suggested that urban planners were wrong in believing that removing slum buildings also nullified all the social problems associated with socio-economic deprivation. On the efforts of slum clearance in the 1940s and 1930s, Dean wrote:

> In city after city-Buffalo, Birmingham, Cleveland, Denver, Detroit, Hartford, Indianapolis, Los Angeles, Milwaukee, Newark, Washington, and others- slum areas have been shown to be the areas of poorest health and the greatest personal and social disorder. The implication is this "Remove the slums and you remove the social ills!" But it would be just as illogical to say

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[413] James Plant, 'Some Psychiatric Aspects of Crowded Living Conditions', *American Journal of Psychiatry* (March, 1930), Vol. 9, No. 5: 849-860; M A Pond, 'The Influence of Housing on Health', *Marriage and Family Living* (May, 1957), Vol. 19, No. 2: 154-159; Svend Reimer, 'Architecture for Family Living', *Journal of Social Issues* (Spring, 1951), Vol. 7, Nos. 1 & 2: 140-151.

[414] HABC, 'Report of Engineering Survey – Lafayette Courts' (August 2nd-4th, 1965), p. 1.

that ills of slum areas are caused not by substandard housing conditions, but by the absence of telephone service, which also correlates with indexes of social disorder.[415]

Just as social housing tenants defined a project's character and served as an indicator of a development's stability, slum residents were the prime determinant of the social, economic, and public health characteristics of slum neighbourhoods. This train of thought was not a brand new revelation: in his article Dean cited sociologist Abraham Goldfarb's dissertation on juvenile delinquency in Harlem, wherein he proclaimed that 'the one unmistakable conclusion that emerges from the study is that is that there is no relationship between bad housing in its physical aspects and juvenile delinquency as revealed by court records.'[416] Nevertheless, Wilner was convinced a connection could be uncovered. While it was true that Lafayette Courts was in the same neighbourhood as the slums from which tenants came (and thus, consequently, the surrounding social environment of the participants was not *radically* altered during the study), Wilner and his colleagues found that there were some tangible observable results from moving into social housing. As will be discussed later, this proved justification enough for Wilner that the process of rehousing slum dwellers into housing projects was worthwhile.

With the housing project selected and relevant literature reviewed (including Scottish studies on the connection between housing and health), Wilner needed to select the test and control group families.[417] Once these families had been selected, Wilner needed to conduct initial interviews with to both groups not only for the purpose of establishing base medical characteristics of the groups from which to measure changes, but also to prove the suitability of the groups for comparative

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[415] John P. Dean, 'The Myths of Housing Reform', *American Sociological Review*, Vol. 14, No. 2 (April, 1949), p. 283.

[416] Abraham Goldfarb, *Substandard Housing as a Potential Factor in Juvenile Delinquency in a Local Area in New York City*, (PhD Thesis, New York University, 1937), p. 39, cited in Dean, 'Myths of Housing Reform', p. 283.

[417] Lilli Stein, 'A Study of Respiratory Tuberculosis in Relation to Housing Conditions in Edinburgh', *British Journal of Social Medicine*, Vol. 4, No. 3 (July, 1950): 143-169; Lilli Stein, 'Glasgow Tuberculosis and Housing', *Tubercle* (1954), Vol. 35: 195-203.

study. Thus, the initial survey included a housing quality inventory survey that utilized the American Public Health Association (APHA) Appraisal Method, a morbidity survey of the members of each family, and an adjustment inventory which measured less tangible factors such as inter-family relationships, relationships with neighbours, morale, and mental health.[418] The background questions revealed that for the most part, families in both groups were very similar in terms of average income, family size, marital status, and public welfare receipt. In the table presented below, Wilner reported the differences in background statistically:

Table 1—Selected Demographic and Other Background Characteristics: Initial Comparability of Test and Control Families

			Test	Control *
	a. Person Data:	N =	(1,828)	(2,977)
			Per cent	
(1) Age of persons	Under 5		30.9	30.5
	5–19		34.5	35.8
	20 and over		34.6	33.7
(2) Usual activity of all persons	Works full or part time		17.5	19.5
	Keeps house		15.8	14.0
	School		31.9	31.3
	All other (preschool, etc.)		34.8	35.2
	b. Family Data:	N =	(396)	(633)
(3) Size of family	2–4 persons		48.9	49.1
(4) Income	Under $2,000		38.1	38.6
	$2,000–$2,499		25.5	21.1
	$2,500 and over		36.4	40.3
(5) Receiving welfare	Yes		22.0	23.0
(6) Marital status (female)	Married now		62.3	61.7
(7) Veteran status	Veteran family		28.7	31.1
(8) Education at most 9th grade	Wife		57.8	62.6
	Husband (per cent where present)		55.1	55.2
(9) Original application date	1952, or earlier		36.9	32.2

* Control per cents and rates in all tables were adjusted because of the two control families per test family in about half of our matched "pairings." In effect, these double-control families were each given a weight of 0.5.

Daniel Wilner et al, 'The Effects of Housing Quality on Morbidity', American Journal of Public Health, Vol. 48, No. 12 (Dec., 1958), p. 1609.

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[418] Daniel Wilner *et al*, 'How Does the Quality of Housing Affect Health and Family Adjustment?', American Journal of Public Health, Vol. 46, No. 6 (June, 1956): 738; See: Alan Twichell, 'Measuring the Quality of Housing in Planning for Redevelopment', *Urban Redevelopment: Problems and Practices* (University of Chicago Press, 1953), pp. 3-98 [esp. 89-98].

While the data suggests that families in both groups were quite similar, the two most striking details were the differences in the metrics of income and application date. Firstly, the control group families were 4% more likely to have an annual income over $2,500 a year, suggesting that even as early as 1954 the HABC favoured selecting median income Black tenants over higher income Black tenants, despite the gross discrepancy in averages between Black incomes and White incomes generally. Secondly, the test group families were nearly 5% more likely to have applied for social housing admittance by 1952 or earlier, three years (April, 1955) before the construction of Lafayette Courts. This eagerness for admittance was indicative of the 'social know-how' that Wilner had referenced in earlier publications.[419] Regardless, the family characteristics were very similar. Indeed, the initial housing characteristics of the two groups' slum dwellings were also very similar:

Table 2—Selected Housing Quality Characteristics: Initial Comparability of Test and Control Families

Housing Quality	Test	Control*
	Per cent	
Hot and cold running water in apartment	72.2	75.6
Bathtub in the apartment	71.2	71.2
Share bathtub with nonfamily persons	41.9	37.0
Toilet in the apartment	80.8	82.5
Share toilet with non-family persons	48.0	43.1
Central heating	53.3	50.4
Leaks in pipes or plumbing	25.3	21.0
Rats in the apartment	27.0	21.3
Number of families	(396)	(633)

* Control per cents weighted.

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[419] Daniel Wilner *et al*, 'How Does Quality of Housing Affect Health and Family Adjustment?', *American Journal of Public Health*, (Jun., 1956), Vol. 46, No. 6: 742.

The comparison of housing amenities showed that for nearly every metric measured, the test group families had endured less liveable housing conditions than the control group families. Again, this discrepancy, however slight, reinforces the idea that HABC tenant selection policy sought to offer social housing tenancy to families that not only seemed stable, but who also were deemed to have lived in the most unsuitable housing. For Wilner and the study staff, however, this preliminary data provided the best possible condition for their experiment: they had chosen subjects nearly identical to each other in a wide variety of ways. For Wilner, this meant that any subsequent changes in morbidity, mortality, social adjustment, and mental health among the groups would be due primarily to housing change or housing stasis. While the study methodology was not perfect, Wilner's efforts have been heralded in subsequent decades by academics impressed with the study's expansiveness.[420] Finally, a public health study had been devised to eliminate as many variables as possible with the aim of answering a single question that professionals of all kinds were desperate to know: did social housing tenancy improve the health outcomes of rehoused slum dwellers?

There were some indications of the study's findings before final publication in 1962. Though the study was conducted between 1954 and 1960, Wilner published several articles detailing the morbidity results of household interviews in the intervening years.[421] The early results of the study suggested that while there was some evidence of small improvements in social outcomes that could aid potentially

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[420] Mark Baldassare, *Residential Crowding in Urban America* (Los Angeles: University of California Press, 1979), pp. 78-79; Allan Carlson, *The Family in America: Searching for Social Harmony in the Industrial Age* (San Francisco: Ignatius Press, 1993), p. 73; David Halpern, *Mental Health and the Built Environment: More than Bricks and Mortar?* (New York: Taylor & Francis, 1995), p. 126.

[421] Daniel Wilner *et al*, 'How Does Quality of Housing Affect Health and Family Adjustment?', *American Journal of Public Health*, Vol. 46, No. 6 (Jun., 1956), pp. 736-744; Daniel Wilner *et al*, 'Housing Environment and Mental Health', *Public Health Reports*, Vol. 72, No. 7 (Jul., 1957), pp. 589-592; Daniel Wilner *et al*, 'The Effects of Housing Quality on Morbidity', *American Journal of Public Health*, Vol. 48, No. 12 (Dec., 1958), pp. 1607-1615; Daniel Wilner *et al*, 'Housing Environment as an Environmental Factor in Mental Health: the Johns Hopkins Longitudinal Study', *American Journal of Public Health*, Vol. 50, No. 1 (Jan., 1960), pp. 55-63.

tenant health outcomes in the long term, there were no dramatic health improvements among test group participants. Put bluntly, the data showed little to no difference in morbidity or mortality between the test and control families. Furthermore, Wilner could not blame the unexciting results on the issues of transition from slum-to-projects. In a report on early morbidity results, Wilner included two 'periods' of questioning, an 'initial period' which followed test families as they moved into Lafayette Courts from April, 1955 to March, 1956, and an 'after period', wherein the study staff conducted interviews in an eighteen month period after March, 1956. Both periods of questioning yielded similar results for both the test and control groups. The results of the initial period were particularly similar, as the table below illustrates:

Table 3—Chronic Conditions Present During the Two Years Preceding Wave 2 as a Rate per 1,000 Persons Surveyed: Initial Comparability of Test and Control Families

Chronic Condition:	Test	Control*
Number of Persons Surveyed	(1,828)	(2,977)
Total Chronic Conditions	517.5	537.0
Tuberculosis	8.2	5.7
Venereal disease	4.4	5.5
Asthma	17.0	18.8
Diabetes mellitus	5.5	3.7
Diseases of nervous sys-		
Diseases of the blood	23.0	17.5
tem and sense organs	48.7	50.4
Diseases of the circu-		
latory system	96.8	108.6
Bronchitis	19.1	22.5
Hernia	21.9	17.0
Diseases of skin and		
cellular tissue	27.4	27.7
Diseases of bones and		
organs of movement	41.6	35.3
Impairments	170.7	193.5

* Control rates weighted.

Daniel Wilner et al, 'The Effects of Housing Quality on Morbidity', American Journal of Public Health, Vol. 48, No. 12 (Dec., 1958), p. 1610.

Commenting on these disappointing results, Wilner noted that 'our general impression is that for the 18-month rehoused period under examination the move to good housing has not on the average resulted in measurable improvement in rates of episodes and related matters for the test group as a whole over the control group.'[422] Wilner posited that the study would yield more discernible results as time progressed, and reiterated his faith in the suitability of the study subjects (both test and control) and the suitability of the interview methodology. Wilner did offer, however, several hypotheses that would explain the negligible differences in early reported data. The first hypothesis offered was that though the test family dwellings were better appointed than control family counterparts (enough so for Wilner to refer to social housing frequently as 'good housing'), certain aspects of life in Lafayette Courts may have *worsened* symptoms of morbidity. In particular, Wilner noted that most of the test families lived in 11-storey 110 family unit buildings, quite in contrast to the control families who lived in low-level slum rowhouses.[423] Consequently, the test families were subject to much higher density of persons per square footage than were the control families, even though test families' individual flats were more spacious. Wilner theorized that the high-rise development could possibly be more conducive to the 'aerial transmission of certain diseases', such as upper respiratory infections and childhood diseases.[424] The second hypothesis offered was that study families' level of attrition affected results. Yet as already noted, the rate of participant family attrition was remarkably low. However, at earlier points in the research, Wilner speculated that test family participants who dropped out of the study might be particularly healthy and/or socially mobile, whereas control family participants might be especially unhealthy and/or economically disadvantaged. Such a scenario would compound the similarities between the two groups. However, the early published reports were prescient; the fully published study pointed to less than earth-shattering results. Wilner's discomfort with his own study results was abated, however, by the more edifying results that he managed to discern.

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[422] Wilner, 'Effects of Housing on Morbidity', p. 1611.
[423] Ibid., p. 1612.
[424] Ibid., pp. 1612-1613.

In the introduction to the full study, Wilner noted that studies of housing and health had been published before 1962. Of the 24 articles on the connection between housing and health that Wilner cited, 14 were British studies, including two Scottish studies.[425] These various studies, however, failed to account for differences in outcomes that could potentially have been due to differences in education, income, or social factors. More importantly, as Wilner noted 'Because of the research design principally employed – the cross-sectional study – it has been difficult to rule out the effects of non-housing factors.'[426] Wilner's study then was revealing not just because it produced results, but because it produced results derived from longitudinal analysis. While it was true that Wilner conceded that the results were not as dramatic as he and his study partners had hypothesized, his efforts did point to a (slight) tangible benefit to rehousing, even though there were several metrics measured wherein the control group fared better than the test group. Despite this concession, Wilner's study produced results that were undoubtedly indicative of a correlation between living in social housing and improved tenant health, even if the results were not as dramatic as had been hoped for. The most illustrative results from the study were measures of morbidity, mortality, and school performance. The morbidity results in particular were informative, though the explanations for the variations in morbidity data between test and control data were somewhat convoluted. In particular, the morbidity data revealed a difference in outcomes for different ages: people under 35 benefitted from rehousing, whereas people over 35 did not benefit from rehousing. Among children and young adults under 20, there was a slight decline in instances of certain illnesses. During the last two years of the questioning period (1957-1958), rates of infectious diseases (mostly childhood diseases), digestive conditions, and accidents were lower in the test group. The decline in the incidence of accidents in this age

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[425] Lili Stein, 'A Study of Respiratory Tuberculosis in Relation to Housing Conditions in Edinburgh', British Journal of Social Medicine, Vol. 4 (1950): 143-169; Lili Stein, 'Glasgow Tuberculosis and Housing', *Tubercule*, Vol. 35 (1954): 195-203; See: J M Mogey, 'Changes in Family Life Experienced by English Workers Moving from Slums to Housing Estates', *Marriage and Family Living*, Vol. 17, No. 2 (May, 1955): 123-128; H Nelson, 'Housing and Health', *British Medical Journal*, Vol. 2, No. 4420 (Sept., 1945): 395-397.
[426] Wilner, *Housing Environment*, pp. 241-242.

group provided some of the most dramatic results of the study; reported accidents were a third lower in Lafayette Courts than in the control group's slum housing. Among adults (20-34 years of age), test group rates were slightly lower than control group rates of illness episode covered a wide range of conditions, such as allergic, endocrine, metabolic, circulatory, and mental disorders. Only in persons above the age of 35 did the control group fare better in morbidity, likely due to the stresses of moving house and loosing community ties.[427] Thus, while morbidity rates were not dramatically improved through rehousing, there was evidence that supported the thesis that rehousing could reduce morbidity rates in younger slum dwellers.

In terms of mortality, twelve study participants died in the duration of the entire study (1954-1960). Ten deaths were from the control group, while two deaths were from the test group.[428] While this simple breakdown of study participant deaths seemed to suggest that social housing provided an environment much more conducive to healthy living, a further exposition of the deaths reveals a more nuanced picture. Of the two test deaths, both were children under 6 years old, the very study participants who benefited most from rehousing. The control deaths, in contrast, were split evenly – while there were five deaths among very young children, the remaining deaths were in persons over 60 years of age. The deaths of the senior participants were due to the following: two due to cerebral haemorrhage, two due to pneumonia, and one due to stomach cancer.[429] Considering that only forty persons over 60 were included in the study, twenty each in the control and test group, Wilner was convinced that rehousing had a much more profound impact on senior mortality than adult or childhood mortality. While no rehoused seniors died during the entire length of the study, a full quarter (5) of slum dwelling seniors died. The graph below presents the mortality data from the study:

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[427] The stress suffered from the severance of community ties has been documented in both the United States and the United Kingdom, See: Marc Fried, 'Grieving for a Lost Home: Psychological Costs of Relocation', *Urban Renewal: The Record and the Controversy* (Cambridge: Massachusetts Institute of Technology Press, 1966), ed. James Wilson, pp. 359-379; R A Hays, *The Federal Government and Urban Housing: Ideology and Change in Public Policy* (Albany: State University of New York Press, 1985), pp. 181-185; HC Deb 25/11/1981 Vol. 13 cc 891-900.
[428] Wilner, *Housing Environment*, p. 74.
[429] Wilner, *Housing Environment*, pp. 74-75.

	Test	Control
	Number of persons	
Alive at beginning of period	1343	1359
Survived through period	1341	1349
Died in period	2	10
Death rate (per person)	0.00149	0.00736
Survival rate (per person)	0.99851	0.00264

'Statistical Significance of the Difference in Mortality', Wilner *et al*, *The Housing Environment and Family Life*, Appendix 11, p. 324.

While the data is numerically low, the statistical advantage of rehousing for seniors was more statistically significant. Wilner commented that if one only considered the factor of the mortality rate in estimation the effectiveness of rehousing's impact on mortality, one could divide the test death rate by the control death rate to yield a percentage of 0.7976. This figure could be assessed as signifying that the test group experienced a level of 80% protection from mortality, or more simply, that rehousing resulted in the survival of 80% of preventable deaths.[430] Given the low sample size, Wilner noted that there were different professional views on whether analyses could be drawn from such numbers, and offered two contrasting perspectives.[431] Wilner *et al* were confident enough in the results to report the mortality data from the study. The study staff were not confident enough, however, to conduct morbidity research on senior study participants, who were much more likely to die during the duration of the study. While most senior study participants did not die, Wilner qualified this omission by noting that'[senior study participants] had the highest rates of episodes of illness and disability of any of the age categories in the study.'[432] For this reason, morbidity data was not collected from the senior study participants, as the study staff determined they could not evaluate how housing affected morbidity independent from the generally poorer health of older study participants. Similarly,

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[430] Wilner, *Housing Environment*, Appendix 11, p. 324.
[431] Mindel Sheps, 'An Examination of Some Methods of Comparing Several Rates or Proportions,' *Biometrics*, Vol. 15, No. 1 (Mar., 1959): 87-97; J J Gart 'A Simplified Method for Finding Confidence Limits on the Relative Risk in 2 x 2 Tables,' *Annual Mathematical Statistics*, Vol. 31, No. 1 (Mar., 1960): 234-235.
[432] Wilner, *Housing Environment*, p. 246.

as there were only seven deaths in study children under the age of 6, there was little point in statistical analysis. The fact that of these seven deaths five were control group children was interesting in-and-of-itself, however. While the study mortality data was smaller than the study morbidity data, considering that the morbidity analyses indicated a slight improvement in young rehoused children, it seemed reasonable that relocating from slum dwellings to social housing reduced the likelihood of childhood mortality.

Yet as already noted test group participants did not experience a dramatic reduction in morbidity or mortality rates. Similarly, investigations into what Wilner classified as 'social psychological adjustment' (e.g. relations with neighbours, family relations, and psychological state) only showed modest improvements after rehousing; Wilner himself categorized these improvements (somewhat ineffectually) as 'at least a directional trend confirming the expectations specified for the area'.[433] Although there was some evidence to support Wilner's thesis – that moving into social housing improved tenant health – there were no significant improvements in the morbidity, mortality, or psychological metrics among test group tenants. Wilner looked at one more indicator of health, however, and this last indicator was the metric that changed the most dramatically after rehousing: school fulfilment. The only caveat to this apparent benefit of social housing, however, was that social housing improved school performance in a totally unexpected, secondary way. Initially, Wilner thought the test group children would benefit from rehousing due to the larger size of social housing units. In Lafayette Courts, there were more rooms per dwelling, which meant ostensibly that children would have more opportunities to find quiet study spaces. Additionally, the study staff believed that rehousing would result in a 'heightened general morale, increased educational aspirations of parents for their children, and more parental participation in educationally promotive activities with children'.[434] In order to comprehend whether or not test group children performed better than their control group peers, students from both groups were selected for comparison against one another. The study collected data

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[433] Wilner, Housing Environment, p. 248.
[434] Wilner, *Housing Environment*, p. 226.

from 293 test children and 287 control children, and adjusted data for comparison by similar age, sex, and grade. The students were subjected to three different intelligence tests: one for general intelligence, one for arithmetic achievement, and one for reading achievement. The study staff noted that both groups of children selected performed at similar levels at the start of the study; this was to assure that 'brighter' children were not more represented in social housing. Initially, the results of the test comparisons were extremely disappointing. Put simply, there was little difference in test scores for all ages, sexes, and grades of study children. The thesis that social housing would improve academic performance, then, proved incorrect. The study reproduced the results of the intelligence test data below:

TABLE 6.   School performance: intelligence, arithmetic, and reading test scores.

	"Before" period (9/53–6/56)		"After" period (9/56–6/58)	
	Test	Control	Test	Control
Intelligence test		I.Q. score		
Mean	93.3	92.9	92.8	91.7
Standard deviation	9.4	10.5	8.3	11.1[a]
Number tested	(194)	(208)	(221)	(211)
Arithmetic achievement test		Grade level		
Mean[b]	5.4	5.9	3.5	3.5
Standard deviation	1.1	1.4	1.3	1.5
Number tested	(42)	(33)	(253)	(226)
Reading achievement test		Grade level		
Mean[b]	4.7	4.9	3.4	3.4
Standard deviation	1.5	2.1	1.8	2.0
Number tested	(35)	(33)	(258)	(239)

[a] Test-control difference significant at level of .02 to .05.
[b] Grade adjusted.

'Table 6 - School Performance: Intelligence, Arithmetic, and Reading Test Scores', Wilner *et al*, *The Housing Environment and Family Life*, Appendix 11, p. 324.

The investigation into juvenile academics did yield some unexpected and positive results on the benefits of rehousing, however. The study staff found that test group children experienced an advantage in school *progression* over control group children. Test group children were much more likely to complete each grade and subsequently be promoted into the next grade than were control group children,

despite little difference in academic proficiency. While 82% of test group children progressed normally, only 68% of control group children did. Ultimately this would likely lead to greater high school completion rates and subsequent improved job opportunities for test group children. While this was certainly a significant result, Wilner viewed the result as a kind of consolation prize.[435] For instance, Wilner supposed that there were subjective factors that contributed to grade promotion, such as differing standards at different schools and the collegiality of individual teachers. Consequently, Wilner did not find school progression nearly as accurate a determinant of school success as academic performance. The study did posit, however, that test children were promoted more due to their more consistent school attendance. Wilner argued that social housing tenancy had a direct impact on ability to attend school. Additionally, the test group children maintained lower reported levels of morbidity. Consequently, as rehoused children were less likely to become sick, they were less likely to miss school, and thus more likely to be promoted normally to the next grade level. Wilner and the study staff had found, albeit accidentally, what they were looking for: a definitive positive impact of social housing on quality of life. While this result was less dramatic or expansive an impact than Wilner had hoped for – it did give support to his contention that from a public health perspective social housing was a worthy endeavour.

Yet despite the positive results of the school progression data, Wilner's longitudinal study *The Housing Environment and Family Life* otherwise did not reveal exciting results. The morbidity data was somewhat conflicting and only pointed to modest improvement. Drawing conclusions from the mortality data was difficult due to the small sample size of the data. The psychological experiments showed that test group tenants reported feeling better about their housing environment, but reported little change in personal mental well being. Even investigations into rehoused children's academic performance showed an insignificant improvement in

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[435] Contemporary scholars have produced studies that show that social housing residency can improve school performance dramatically, and find this to be an important indicator of public health. For a review of such literature, See: Jean Anyon, *Radical Possibilities: Public Policy, Urban Education, and A New Social Movement* (New York: Routledge, 2014), pp. 103-105.

test scores – the agreed upon best method by which to track cognitive ability. Social housing tenancy did not seem to correct the great health disparities suffered by slum dwellers – at best it seemed to improve quality of life mildly. Nonetheless, the study did produce empirical evidence (however modest) that supported the claim that social housing improved the health of tenants. Housers for decades had made this claim, and it took a six year study that culminated in 1960 to lend credence to the claim. The study did not show that social housing improved health categorically; rather it showed that social housing provided an environment that bettered *certain* aspects of certain *types* of peoples' lives. Wilner and the study staff acknowledged the mixed and somewhat unexciting results of the study in their conclusion, and noted that social housing would not cure the problems that plagued disadvantaged communities.[436] It was, however, an illustration of what social housing could provide: better housing for working-class persons (especially Black persons in Baltimore). The arrival of social housing would not eliminate slum conditions, nor would it resolve much of the social problems that had developed in Baltimore. Social housing tenancy could make life better for those fortunate enough to gain entrance, however. In Glasgow, studies similar to the Wilner sought to ask the same question: did social housing improve tenant health or at the very least the quality of life for working-class persons? In a sense, the health studies in Glasgow had more impact as social housing came to play a more important role in the development of the socio-spatial fabric of the city. Regardless, public health professionals were eager to highlight what their counterparts in Baltimore had by 1960: that relocating from the slums to social housing improved the health of tenants. Just as Wilner had discovered in Baltimore, however, investigations into the connection between social housing and health often produced surprising results.

A New Era of Public Health in Glasgow, 1945-1960:

Five months before V-E Day, an academic and public health professional joined the University of Glasgow's Department of Public Health and Social Medicine

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[436] Wilner, *Housing Environment*, pp. 241-243.

who would leave an indelible mark on the institution's involvement in the question on housing and health. In January of 1945, Thomas Ferguson assumed an appointment as the Henry Mechan Chair of Public Health, a position he would hold for more than two decades. From this position, Ferguson would conduct numerous studies on the social welfare of Glaswegian families; though for much of his career he focused on juvenile delinquency.[437] However, it was his studies on Glaswegian slums and the rehousing of slum tenants into nascent social housing developments in the 1950s that resulted in greater academic acclaim. For in 1954, Ferguson published jointly two studies in the *Glasgow Medical Journal* that would have a monumental impact on the growing housing and health debate. His first study was an expositional cross sectional study of the health of 388 families who lived in dilapidated slums, and his second study was a comparative cross-sectional study of 718 slum families who had been rehoused into social housing either for a period of 10 to 14 years or a period of 15 to 19 years.[438] These investigations into housing and health, conducted between 1952-1953, were the Glaswegian predecessors to the Wilner study (indeed, Wilner referenced Ferguson). While Ferguson's investigations were not nearly as exhaustive as Wilner's six year long longitudinal study, Ferguson sought similar objectives to his Baltimorean counterpart: to determine if there was a link between better housing and better health. Just as Wilner would, Ferguson surmised that rehousing slum dwellers into social housing would improve their health and quality of life. Also similar to Wilner, Ferguson's studies would reveal recognizable but surprising results on the impact of rehousing. Despite this, later academics have recognized that Ferguson's studies influenced prevailing thought on

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[437] Thomas Ferguson and James Cunnison, *The Young Wage Earner: A Study of Glasgow Boys* (Oxford University Press, 1951); T Ferguson, *The Young Delinquent in his Social Setting: A Glasgow Study* (Oxford University Press, 1952); T Ferguson and J Cunnison, *In their Early Twenties: A Study of Glasgow Youth* (Oxford University Press, 1956); T Ferguson and Agnes Kerr, *Handicapped Youth: A Report on the Employment Problems of the Handicapped Young People in Glasgow* (Oxford University Press, 1960).

[438] Thomas Ferguson and Mary Pettegrew, 'A Study of 388 Families Living in Old Slum Houses', *Glasgow Medical Journal*, Vol. 35, No. 8 (August, 1954): 169-182; Thomas Ferguson and Mary Pettegrew, 'A Study of 718 Slum Families Rehoused For Upwards of Ten Years', *Glasgow Medical Journal*, Vol. 35, No. 8 (August, 1954): 183-201.

the efficacy of rehousing, and his work reinforced the prevailing housing planning attitudes in Scotland.[439]

Like his future Baltimorean counterpart Daniel Wilner, Thomas Ferguson had had extensive experience in public health research before he published his seminal studies on the health of slum dwellers. Born in Falkirk, Ferguson graduated with an MBChB from the University of Edinburgh in 1922. After serving a variety of public health positions as an MOH across Scotland, he joined the staff of the Department of Health for Scotland (DHS) in 1933. By 1937, he had been promoted to Deputy Chief Medical Officer for the DHS and participated in a number of environmental health committees including the Industrial Health Research Board, the Committee on Scottish Health Services, and the Committee on Housing of the London School of Hygiene and Tropical Medicine.[440] Ferguson's research credentials, then, were impressive. It is not surprising that when Ferguson announced his decision to leave the DHS and accept a new academic role at Glasgow's Department of Public Health, Andrew Davidson, the Chief Medical Officer for the DHS, reported that 'Dr. Ferguson's departure from the Department is a serious loss to central health administration, although it is good to know that his wide experience of public health administration, both central and local, is still to be available in Scotland.'[441] With his career already well established by his arrival in the University of Glasgow, Ferguson was well prepared to conduct his research into slum conditions and health outcomes. Yet like all housers, Ferguson had intimated his opinion on the role of housing in health before he began serious research on Glaswegian slums and rehousing. In a lecture given in Glasgow City Chambers shortly after his appointment, Ferguson emphasized the importance of individual effort in maintaining health. According to an article in the *Herald*, while Ferguson noted the importance of decent housing, food, and standards of amenity in the maintenance of

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[439] Alvin Schorr, *Slums and Social Insecurity*, p. 144; Stanislav Kasl, 'Residential Environment on Health and Behaviour', *Man-Made Environment*, p. 88; Leland Burns and Frank Mittlebach, 'A House is a House is a House', *Industrial Relations: A Journal of Economy and Society*, Vol. 11, No. 3 (Oct., 1972): 408; Barbara Wootton, *Social Science and Social Pathology* (London: Allen & Unwin, 1959), pp. 72-73.
[440] 'New Glasgow Professor: Chair of Public Health' *Glasgow Herald*, 30/08/1944, p. 6.
[441] 'Professor Ferguson: Presentation from Health Department' *Glasgow Herald*, 20/1/1945, p. 4.

healthy lifestyles, such maintenance required the 'full and intelligent use of these things' and that it had become 'increasingly difficult to make progress without the co-operation of the individual citizen'. In particular, Ferguson was concerned by what he perceived to be Glaswegian mothers' apathetic reception of special vitamin-enriched foods dispensed by municipal authorities.[442] While Ferguson may have been viewed as a progressive public health reformer at the time, he seemed to hold critical views of working-class social behaviour patterns. Indeed, in a commentary on a juvenile delinquency study nearly ten years after his housing studies Ferguson remarked that 'It is undoubtedly to the parents that there belongs most of the success or failure of training a lad away from delinquency'.[443] Regardless of Ferguson's stringent commentary on personal responsibility, his extensive training and experience in public health prepared him for his studies on the impact of social housing on health.

Thomas Ferguson (1900-1977) was the Henry Mechan Professor of public health from 1944 to 1964, Photo Courtesy: University of Glasgow

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[442] 'Public Health: Citizens' Co-operation Essential' *Glasgow Herald*, 26/2/1945, p.3.
[443] 'Admissions to Remand Home Criticized – "Insulting and Sabotaging"' *Glasgow Herald*, 15/5/1961, p. 8.

At this point, a note on the difference in methodology between Ferguson and Wilner seems appropriate. While Wilner employed a longitudinal approach, and evaluated changes in reported data collected at set intervals over a period of time, Ferguson employed a cross-sectional approach, i.e. he evaluated data collected at only one point in time. Social scientists generally agree that longitudinal studies offer more meaningful data than cross-sectional studies, as repeated measurements of the same data offer more reliable results than a single examination.[444] Yet while both Ferguson's studies were cross-sectional, they serve as a kind of longitudinal 'light' purpose: for the studies compared the social and health characteristics of families of different lengths of slum tenancy and different lengths of rehoused tenancy. While the second study of 718 rehoused families provided much more conclusive data, a look at the first study of 388 slum families helps establish the social state and health characteristics of Glaswegian slum dwelling families. Put simply, these were thorough, sophisticated studies of housing – and are equivalent in importance to the Wilner study. A review of Ferguson's studies reveals an impeccable attention to detail. Ferguson began his first study with a comparison of contemporary slum families with those of the early nineteenth century. Ferguson noted that in James Cleland's study of Glasgow (1819-1820), the average family size was 4.68, as opposed to the city's 1950s average family size of 4.36. Despite this slight drop in fertility, housing density had increased substantially in the intervening years. In Cleland's study, the average person-per-room density of a Glaswegian household was 2.06, in Ferguson's study, the density of the selected slum dwelling families was 2.52, a figure almost twice as high as the average household room density for Glasgow as a whole in 1952-1953 (1.27).[445] The physical dwellings that these slum families occupied were very stark and contained few amenities; considering the slow pace of tenement construction in the early twentieth century it is surprising that average density was not even higher. While all of the housing units Ferguson investigated had running water, only ten families in the study had a private

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[444] See: Donald Hedeker and Robert Gibbons, *Longitudinal Data Analysis* (Hoboken, NJ: Wiley, 2006), pp. 1-3. Wilner commented that longitudinal studies offered 'known theoretical advantages' over cross-sectional studies, see: Daniel Wilner, 'Housing Environment and Mental Health', *Public Health Reports* Vol. 72, No. 7 (Jul., 1957): 589.

[445] Ferguson, '388 Families', pp. 170-171.

toilet. No fewer than 256 of the 388 families shared a toilet with four other families, and in 15 instances toilets were shared by eight families.[446] If any doubt remained that Glasgow's slums were an inadequate place to raise a family, Ferguson's early description of these dwellings' qualities and his review of historical accounts of nineteenth-century slums, extinguished these doubts. Regardless of Ferguson's own opinions on the causes of poverty and poor health, it seemed obvious that Glaswegian slum tenements were inconducive to healthy living and thus inadequate for working-class occupation. Indeed, commenting on a public health grant he was awarded shortly after the war, Ferguson remarked that 'a man's fitness and enthusiasm for work often depended on as much on factors outside the workshop as on factors inside.' Ferguson had come to the conclusion that slum conditions hampered tenant health, and hypothesized that rehousing would result in better health.

Yet Ferguson's first study did not just seek to describe the quality of Glasgow's slums. It sought to answer a fundamental question: what factors contributed to the different health and social outcomes of slum dwellers? After all, if study families all inhabited the same slum neighbourhood, shouldn't they experience similar outcomes? This presumption proved incorrect, however. Ferguson found that the two most important factors that predicted the health of slum families were weekly income and, inversely, length of tenancy. Furthermore, length of tenancy and weekly income were related: the newer a family was to a slum, the higher their average weekly income. Ferguson attributed this relationship to the acute housing shortage in Glasgow after the War – which drove a wider range of socio-economic classes into the slums. More recent slum families were more likely to be headed by a skilled or semi-skilled worker. Therefore, these families were more likely to garner a higher wage. The higher a family's weekly income, the better the family's health, social stability, and economic prospects. To quote Ferguson – 'the "atmosphere" of the home tended to improve as more money became available'.[447] This language is reminiscent of Ferguson's earlier comments on the importance of family influence

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[446] Ibid., p. 171.
[447] Ibid., p. 178.

on juvenile success; indeed within this study Ferguson investigated the importance of the father-figure in slum families. Ferguson dissected the 388 study families to determine how income and father skill-set impacted the health outcomes of each family. The study results illuminated the factors that contributed to poor health and social isolation within slum communities, and provided context for the results of Ferguson's second study of rehoused slum dwellers.

According to Ferguson, of the surviving 317 fathers of the 388 study families, 54 (13.9%) were skilled workers, 67 (17.3%) were semi-skilled, and 267 (68.8%) were unskilled. Health aides affiliated with the study classified 68% of the skill-set fathers as having 'good' health, which was nearly identical to the 64% of the unskilled fathers classified as having 'good' health.[448] Yet while there was little health disparity among different classes of fathers, the health of mothers correlated directly to income. While 70% of the wives of skilled labourers were classified as being of good health, only 38% of the wives of unskilled labourers were. Ferguson argued that this was likely due to the added strains placed on the wives of unskilled husbands; they were not only expected to take charge of domestic duties, but work outside the home to provide extra income as well. With regards to childhood mortality, Ferguson deemed household crowding the primary determinant. While class seemed to have a small affect (18% skilled-class children died as opposed to 20% of unskilled-class children), childhood mortality correlated more strongly with family size – families with three children or less suffered an 8% mortality rate, while families with eight children or more suffered a 36% mortality rate.[449] The more children per room, the more likely was it that children died prematurely. Thus, weekly income seemed only to have a direct impact on the health of slum mothers while there were negligible differences in father and child mortality. The skill-set of fathers did impact the apprenticeship rate of children, however – while 36% of older sons of skilled workers served in apprenticeships, only 18% of older sons of unskilled workers did so. Furthermore, the length of slum tenancy determined economic achievement of sons: of families who had lived in the slum for less than ten years, 42% of age eligible sons

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[448] Ibid., p. 173.
[449] Ibid., p. 174, 175.

served apprenticeships, of families who had lived in the slum between ten and fourteen years, 27% of age eligible sons served apprenticeships, and of families who had lived in the slum for twenty years or more, only 20% of age eligible sons served apprenticeships. The negative impact of slum life, then, was apparent but delayed. The children of newer-entry slum families could still thrive despite a less than salubrious home environment, while the qualities of 'slum life' were more deeply ingrained in the children of longer tenancy families. This initial data pushed Ferguson towards a conclusion that many academics would come to share: as slum behaviours were so deeply entrenched in long term slum dwellers that simply rehousing socially deprived persons was not a panacea to the problems associated with slums. Put simply, removing a person from the slums was easy, extinguishing the slum behaviour was more difficult. Ferguson had discovered that a family's income and length of tenancy determined health and social outcomes more than mere residency in a slum – but this data pointed to the broader and more salient truth about the long-lasting impact of the slums.

Indeed, the study's investigations into the role of income produced interesting and surprising results. There were limitations to his methodology, however. Ferguson noted that determining the direct impact of weekly family income on health would have been difficult. In fact, Ferguson claimed that it would have been difficult to even calculate families' exact weekly income – given the sporadic employment of some of the families. What Ferguson did manage to quantify was the average weekly allowance available for housekeeping – or the money household mothers had at their disposal to spend on maintenance. Ferguson hoped that by measuring average housekeeping allowance against family size, he could determine if slum tenancy impacted quality of life. In general, the amount of money available for housekeeping increased with the size of the family. This increase, however, was not usually proportional. A look at the table below illustrates the correlation between household size and housekeeping allowance:

Money available for housekeeping	No. of persons in household								Total families
	1	2	3	4	5	6	7	8+	
Less than 60/- ..	23	6	—	1	—	1	—	—	31
60/-	3	13	8	3	2	1	—	—	30
80/-	—	10	9	6	6	3	—	—	34
100/-	—	6	16	25	7	2	7	2	65
120/-	—	4	22	26	22	16	5	8	103
140/-	—	—	3	9	10	10	4	4	40
160/- or more ..	1	1	9	14	18	7	8	5	63
	27	40	67	84	65	40	24	19	366

'Table 2: Money available for housekeeping (weekly) in relation to number of persons in household',
Ferguson, '388 Families', *Glasgow Medical Journal*, p. 177.

Somewhat paradoxically, housekeeping allowance tended to increase the higher a flat's rental price, but in actuality the difference was relatively small. In households that had less than 100s per week for housekeeping, 60% of families paid less than 7s in weekly rent; in households that had 160s per week or more, 51% of families paid less than 7s in weekly rent. Put simply, in Glasgow's slum districts, rent did not account for a large percentage of household expenditures, regardless of families' income. Furthermore, it stood to reason that higher weekly income families had more disposable income to spend on housekeeping; the slums hosted a variety of socio-economic classes and some slum families had more income to spend on life's necessities than others. Yet this did not mean that slum families' health outcomes were wholly determined by weekly income. As noted before, what seemed to account for differences in health and social outcomes of slum families was a family's length of tenancy in slum housing.

Yet if length of tenancy was the primary determinant of differences in family health outcomes, what were these different outcomes? Ferguson's comparisons of families who had lived in slums for less than ten years and more than ten years provided the most decisive data of his first study. For instance, Ferguson noted that in the 218 families that had resided in the slum for more than ten years, 68 fathers

had died, but of the 130 families that had resided in the slum for less than ten years, only 3 fathers had died.[450] This health metric was related to income, but also to age; younger fathers were of course less likely to die. As the table below shows, families that resided in the slum less than ten years tended to be headed by younger fathers:

TABLE 3.
Age of father in relation to length of occupancy of present slum house.

	Age of father					
	20 —	30 —	40 —	50 —	60 —	
317 families living in slums, father still alive	9.8	36.4	25.3	13.0	15.5	100.0
127 families who have lived in present slum house less than 10 years, father still alive	21.7	56.6	16.3	3.9	1.5	100.0

'Table 3: Age of father in relation to length of occupancy of present slum house', Ferguson, '388 Families', *Glasgow Medical Journal*, p. 180.'

As shorter tenancy families were more likely to be headed by young, skilled fathers, these families experienced better health and socioeconomic outcomes due to the greater reliability of their household heads. Again, younger families were more likely to be driven to slum tenancy out of lack of housing options rather than economic necessity. The advantages of younger fathers is further evidenced by the general increase in average housekeeping allowance among the newer tenant families, as demonstrated by the graph below:

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[450] Ibid., p. 180.

TABLE 4.

Money available for housekeeping in relation to length of occupancy of present slum house.

	Money available for housekeeping (weekly)					
	Less than 80/-	80/- to 99/-	110/- to 119/-	120/- to 139/-	140/- or more	
130 families less than 10 years in present slum house	5.4	8.5	24.6	35.4	26.1	100.0
258 families 10 years or more in present slum house	29.5	8.9	12.8	22.1	26.7	100.0

'Table 4 Money available for housekeeping in relation to length of occupancy of present slum house', Ferguson, '388 Families', *Glasgow Medical Journal*, p. 181.

While a slightly higher percentage of longer tenancy families had 140s or more weekly for housekeeping, the average shorter tenancy family spent much more money on housekeeping. Most strikingly, nearly a third of longer tenancy families had less than 80s a week for housekeeping, whereas less than six percent of shorter tenancy families had so little funds. Yet while this data implied that slums simply reflected the economic purchasing power of its residents, this was not Ferguson's point. Ferguson's purpose in including this data was to strengthen his thesis that relocation to social housing would not eliminate slum problems – there were underlying issues of socio-economic deprivation. Furthermore, Glasgow's slums had caused enduring, perhaps even indelible, traumatic damage to its tenants. In conclusion of his first study, Ferguson offered the following summation of the state of Glasgow's slums in the early 1950s:

Many of the miserable, decrepit houses still remain, though doubtless relatively less numerous than they were a generation or two ago; the most striking change is in the *people* [emphasis added] of the slums. Many slum areas are still 'tough' spots, but now to a much greater extent than formerly many of the inhabitants are hard-working, often skilled or semi-skilled operatives in regular employment, earning good and steady wages. Poverty is much less prevalent than it was and is no longer a major factor in driving people into a slum environment, except in the case of a relatively small number of unfortunate old people. Most

of the people who have been driven into slum houses since the end of the war have gone that way because of sheer inability to obtain better accommodation, for which they were in the great majority of cases willing and able to pay.[451]

Regardless, Ferguson's study of rehoused slum dwellers was necessary to gauge the impact of the slums upon lower income Glaswegians, and to place the process of rehousing in proper context. While Ferguson did not specify if families moved into social housing or into improved private housing, the term 'rehousing' in a British context has invariably always meant that families were moved from privately let slums to social flats.[452] Furthermore, as such a dominating percentage of new housing construction in Glasgow after the War was social housing; it was highly unusual for Glaswegian families to be moved into subsidized private housing rather than social housing.[453] In any case, Ferguson's thesis was not so much that rehousing slum dwellers was a poor curative measure against the problems associated with slum environments, but rather that rehousing in-and-of-itself would not alleviate all the deleterious health characteristics of slum families. His second study, which observed the health and social outcomes of 718 families rehoused into social housing, only seemed to confirm that thesis. This study helped refine Ferguson's attitude on the relationship between housing and health, and would influence later debates on the merits of the concept of architectural determinism.

The second study was conducted in much the same vein as the first study – just as with the first study tenants were categorized by length of tenancy. The study recorded the characteristics of 718 slum families who had been rehoused from periods ranging from 10 years to 27 years. The purpose of the second study, in Ferguson's words, was to 'present a picture of the present mode of life of these rehoused families, and, if possible, to make some broad comparisons between them and the families still living in slums, though it was realised that it would be difficult to

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[451] Ibid., p.180.

[452] Ministry of Health, *Manual on Unfit Houses and Unhealthy Areas: Policy and Practice* (London: HMSO, 1919), Vol. 1, pp. 20-23; Elizabeth Denby, *Europe Re-Housed* (New York: WW Norton, 1938), pp. 21-29.

[453] William Reed and Elizabeth Ogg, *New Homes for Old: Public Housing in Europe and America* (New York: Foreign Policy Association, 1940), pp. 42-44.

draw close comparisons between the two series.'[454] Furthermore, Ferguson wished to show that the longer families had been rehoused, the more their social and health outcomes would improve. Just as with Wilner, Ferguson examined a number of indicators of health and wellness. Much like Wilner, however, Ferguson was disappointed by what he perceived to be uninspiring study results. While Ferguson compared a number of outcomes (overcrowding, housekeeping allowance, infant mortality) between different families, it seemed that neither length of tenancy in social housing nor continued tenancy in slums created any disparity between outcomes. Yet a deeper analysis revealed that the data collected was not entirely indistinguishable. Specifically, Ferguson discovered an interesting characteristic of the impact of rehousing on infant mortality – the most valued health indicator for public health researchers. For after accounting for similarities between the mothers, i.e. by comparing infant mortality rates for mothers of the same age and with the same number of children (as opposed to comparing infant mortality rates for all mothers), Ferguson observed that rehoused mothers experienced a decline in infant mortality. Similarly, rehoused families who were not overcrowded experienced lower infant mortality than did families who were too numerous for the flats into which they had been rehoused. This was a significant study result: rehousing families with young mothers seemed to lessen the likelihood of infant mortality. The study had provided concrete evidence of the effectiveness of social housing's ability to improve Glaswegian slum families' health and welfare. The children of rehoused families fared better than those of slum families, even if other variables contributed to poor health and social outcomes. Furthermore, Ferguson had established a precedent that Wilner's research would reinforce: the younger the tenant, the greater benefit rehousing would have on their health.

Just as with his first study, Ferguson also described the qualities of the slums and social housing developments examined in the study. The social housing units were all built in 1927-1952, and the great majority were classified as being of 'good' condition. The average number of persons in rehoused families was higher than slum

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[454] Ferguson, '718 Slum Families', p. 187.

families; 6.52 persons as opposed to 4.36 persons. Significantly, however, the average number of persons per room was less in the rehoused families, 2.03 persons as opposed to 2.52 persons. This data indicated that Glasgow Corporation preferred to select larger families for rehousing.[455] This explains how smaller families in slum dwellings could experience a higher degree of crowding. Similarly, the Corporation expressed preference for tenants from less affluent backgrounds. The fathers of the rehoused families were disproportionately unskilled: of the 718 fathers, 73 (10.2%) were skilled, 143 (19.9%) were semi-skilled and 502 (69.9%) were unskilled. Furthermore, Ferguson noted that 'the general level of health was higher among skilled and semi-skilled workers than among the unskilled,' suggesting that from a health perspective, the lesser-skilled headed families were in much greater need of sanitary accommodation.[456] This condition was complicated further by the fact that rehoused family fathers were much older on average: while 53% of slum families studied were headed by fathers over 40, a full 90% of rehoused families were headed by such fathers.[457] Again, considering the conclusions of the first study, the longer families had resided in slum housing the greater the impact of slum housing on their socio-economic prospects. Furthermore, on account of their more advanced age, the paternal mortality rate was much higher in rehoused families. Conversely, slum family fathers were more likely to be classified as of 'good' health – although again this may have been primarily been due to their relative youth. All of these differences in family characteristics made Ferguson's attempt at objective comparison more difficult, but the study nonetheless stimulated academic discussion on the relationship between housing and health.[458] While the debate over the influence of the housing environment on tenant health continued long after the early 1950s, Ferguson's survey helped illuminate a fundamental truth about the nature of Glasgow Corporation's tenant selection policies and the impact of these policies on health. While all socioeconomic classes were represented in Glaswegian social housing, the Corporation preferred to admit families headed by low-income

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[455] Ibid.
[456] Ibid., p. 189.
[457] Ibid., p. 197.
[458] *Bulletin of Hygiene*, (London, 1955) p. 5; Leland Burns and Frank Mittelbach, *A House is a House is a House* (Los Angeles: University of California Press, 1972), p. 19.

workers; this resulted in a lowering of mortality rates in the most vulnerable families. This was undoubtedly a calculated approach undertaken by the Corporation to the disadvantage of more affluent slum dwelling families. While it was certainly true even in the 1940s and 1950s that some slum families would have eschewed social housing in the hopes of finding better private accommodation in the future, it is also likely true that many of these families would have benefited from rehousing – if only temporarily. Ferguson had not only highlighted the character of social housing tenant selection, but exposed the impact of Glaswegian housing policy on public health.

Yet as with the first study, other indicators besides mortality needed to be investigated. Ferguson examined rehoused families' average amount of money available for housekeeping, and drew conclusions from this data on their health. While Ferguson admitted that housekeeping allowance was difficult to quantify, the study attempted to record weekly housekeeping allowance in relation to family size. As in the first study, the amount of money increased with family size, though not necessarily proportionately. The table below illustrates the difference in money available for housekeeping by rehoused family size:

TABLE 2.

Money available for housekeeping (weekly) in relation to number of persons in household.

Money available for housekeeping	No. of persons in household								Total families
	1	2	3	4	5	6	7	8+	
Under 60/- ..	40	9	3	—	3	—	—	—	55
60/- ..	2	14	6	8	5	—	—	1	36
80/- ..	2	16	12	16	13	1	—	1	61
100/- ..	2	14	18	20	10	8	7	4	83
120/- ..	—	2	14	30	18	24	9	10	107
140/- ..	—	2	5	15	20	18	6	18	84
160/- ..	—	—	5	10	24	16	15	15	85
180/- ..	—	—	2	2	4	5	9	8	30
200/-+	—	—	1	6	13	29	17	37	103
	46	57	66	107	110	101	63	94	644

'Table 2: Money available for housekeeping (weekly) in relation to number of persons in household'

'718 Slum Families', *Glasgow Medical Journal*, p. 190.

The relevance of housekeeping allowance to health and social outcomes was discussed at greater length in the second study. Ferguson referenced the work of Schultz, whose delineation of a 'human needs diets' for the period of study indicated that most of the families listed on the table had adequate income for food and other necessities.[459] Ferguson noted however, that the study did not collect data on feeding habits, and furthermore speculated that some rehoused families may be driven back to the slums due to the strain of paying a higher percentage of income on rent.[460] Yet while Ferguson later concluded that this speculation was unfounded, the study did reveal that the amount of money available for housekeeping was an indicator for child mortality. In households where weekly housekeeping allowance was less than 100s, 27% of children died before the completion of the study, in households with 100-139s weekly, 19% of children died, and in households with 140s weekly or more, 14% of children died.[461] Other factors, such as household density and household size, contributed to these mortality rates. Ferguson had shown, however, that there was a correlation between household income and mortality in rehoused families.[462] While Ferguson had provided novel research with his dissection of the health outcomes of rehoused families, a more fascinating issue had not been resolved. What remained to be answered was whether rehoused families or slum dwelling families enjoyed healthier lives.

Yet it was the comparison between slum families and rehoused families that made Ferguson's second study so important. Above all other factors, social housing flats offered slum families a reprieve from overcrowding. Indeed, while social

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[459] Beginning in 1941, Schulz wrote papers half yearly detailing the minimum dietary needs of a family of five, based partly on the dietary outlines of Seebohm Rowntree expressed in his works *Poverty and Progress* and *The Human Needs of Labour*. For a detailed description of Schulz's recommended minimum for 1952, See: T Schulz, *Oxford Bulletin of Statistics*, Vol. 14, No. 6 (February, 1952): 310-324.

[460] Ferguson, '718 Slum Families', p. 194.
[461] Figures exclude still-birth children.
[462] Ibid., p. 195.

housing flats were larger in size than slum flats, additionally, the Corporation tried to reduce person-per-room density by awarding larger flats to larger families. For example, while 65% of two roomed flats in the slums suffered a room density of 3 persons per room or higher, only 47% of social housing flats suffered such a density. As crowding was less severe in social housing units, housing conditions were easier to maintain. According to Ferguson, 80% of two roomed social housing flats were assessed as being of 'good' condition, whereas only half of two room slum flats were assessed as such.[463] The only benefits to living in slum housing seemed to be lower rents and a shorter distance between home and workplace. However, the practice of sitting down to a regular 'family meal' was no higher in the social housing flats. Again, despite the clear spatial and structural improvements, a more consequential benefit existed; rehoused families experienced was a significant decline in infant mortality. In a comparison of 52 pairs of mothers, thirteen between 30 and 34, twenty five between 35 and 39, and fourteen between 40 and 44, mothers in rehoused families suffered slightly fewer miscarriages and stillbirths, and suffered significantly fewer premature infant deaths. The table below presents the full data:

TABLE 5.

Fifty-two mothers of the same age and with the same number of pregnancies living in old slum properties and in rehousing areas.

	Families living in old slum property	Families rehoused upwards of 10 years
Total number of pregnancies	260	260
Total number of children still surviving when this study was made	201	225
Total number of children born alive but died before this study was made	37	17
Total number of miscarriages and stillbirths	22	18

Table 5: 'Fifty-two mothers of the same age and with the same number of pregnancies living in old slum properties and in rehousing areas', '718 Slum Families', *Glasgow Medical Journal*, p. 201.

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[463] Ibid, p. 197.

As infant mortality was so much greater in the slum families, Ferguson declared that changes in purchasing power distribution and tenant selection policy had nullified the thesis of M'Gonigle. In 1936, George M'Gonigle, the MOH for Stockton-on-Tees, investigated recently rehoused low-income slum dwellers, and found that rehoused tenants had to reduce their expenditure on food to meet increased rents. [464] The results of the investigation proved sensational, and provided fodder for critics of social housing.[465] Ferguson found that rehousing slum families in the early 1950s did not result in these families spending less money on food and necessities. Ergo, in the rehoused families examined there was no indication of increased infant mortality. The relationship between higher rents and lower food budgets that McGonigle and others articulated in the 1930s had likely been mitigated by the lower food costs and higher average wages of the post-War period. While early 1950s Scotland was not without its economic hardships, there was low unemployment and stable wage growth. While it was true that rehoused families were burdened with higher rents than their slum dwelling counterparts, the reduction in infant mortality showed that paying higher rents was not a poor bargain for social housing tenants. In Glasgow, there were real health benefits to living in social housing. Slum families who were lucky enough to be rehoused could not expect luxurious accommodation; they could however expect relief from the overcrowding, the provision of adequate amenities, and structural deficiencies that contributed to a higher incidence of infant mortality in slum dwelling families.[466] Social housing, then, seemed the healthier option for all income-levels of tenants.

Yet the outcome of the study did not satisfy Ferguson. Despite the study data pointing to a real decline in infant mortality in rehoused families, Ferguson was

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[464]G M'Gonigle and J Kirby, *Poverty and Public Health* (London: Gollancz, 1936), pp. 108-127; See: J Orr, *Food, Health, and Income: Report on a Survey of Adequacy of Diet in Relation to Income* (London: Macmillan, 1937); R Titmuss, *Poverty and Population* (London: Macmillan, 1938); Elizabeth Denby, 'Housing and Malnutrition', *Highway*, No. 29 (1937): 114-115.

[465] 'Review: Poverty and Public Health', *Town and Country Planning*, Vol. 4, No. 16 (1936): 147.

[466] In several studies of twentieth century Glasgow, a rise in infant mortality coincided with increases in density in slum districts. See: Judah Rumney and Sara Shuman, *A Study of the Social Effects of Public Housing in Newark, N.J.* (Housing Authority of the City of Newark, NJ, 1944), p. 53. In Dublin, similarly degraded slum conditions produced an even higher infant mortality rate than Glasgow's. See: Murray Fraser, *John Bull's Other Homes: State Housing and British Policy in Ireland, 1883-1922* (Liverpool University Press, 1996), pp. 66-67.

disappointed that he did not discover more direct links between rehousing and improved health. Just as Wilner would feel ten years later, Ferguson hoped for dramatic evidence to point to social housing improving tenant health across a wide variety of health metrics. Ferguson hoped to show that living in social housing improved every facet of slum dwellers' lives. Put simply, his study could not supply data to support such a conclusion. Regardless, Ferguson used the study results to bolster his positons on social housing. He lamented the lack of suitable social housing in Glasgow, and noted that 'proportion of young tradesmen driven into the slums has risen of recent years' and felt that every Scottish family deserved to enjoy the stability of social housing tenancy.[467] Yet Ferguson also remained sceptical of the effectiveness of social housing in altering health or changing social behaviour. Adding with some prescience that adolescent delinquency continued in rehoused families (despite housing authorities' efforts to target large families in part to extinguish this very issue), Ferguson wondered openly if slum behaviours could ever be mitigated through rehousing. Referring to James Russell's work published almost a century prior, Ferguson revealed his support of the idea that habits cultivated in the slum would take generations to undue. Indeed, after the publication of these studies he turned his attention almost entirely to juvenile delinquency. On this point, Ferguson ended his study with the following declaration on the limitations of rehousing:

> It is abundantly clear that many rehoused families require a great deal of help and encouragement to make the transition from the slums to a new life: this study shows again that the eradication of slum sickness does not come with the mere erection of new houses.[468]

With this final proclamation, Ferguson offered a significant caveat to his study results. Rehousing slum families into social housing in Glasgow facilitated a decline in infant mortality, but it could not relieve slum families of the anti-social behaviours that plagued their communities.

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[467] Ferguson, '718 Slum Families', p. 201.
[468] Ibid.

Conclusion:

The latter half of the twentieth century posed interesting challenges to housing authorities and public health professionals. The debate over whether social housing was to be built at all had been settled. The questions of where social housing should be located, and more importantly who should be admitted into social housing were not yet settled, and indeed would continue to vex housing professionals throughout the twentieth century. Arguments over the minutiae of tenant selection policy troubled not just Glaswegian and Baltimorean municipal authorities however – this debate involved the input of academics, real-estate interests, and prospective tenants. As subsequent investigations into social housing on both sides of the Atlantic revealed – tenant allocation played a significant role in defining social housing environments. Yet while all parties involved recognized the importance of tenet allocation – the attention paid towards this process seemed to repudiate a main houser claim: that the rehousing of slum families into social housing could alter their condition. More specifically, many housers had claimed that rehousing working-class families into social housing would improve their health. City-level public health improvement coincided with social housing developments in each city (ecological evidence). This was not a totally unfounded assertion. At the end of the Second World War, implementers and experts at the time thought that social housing would improve health. The *American Journal of Public Health* had issued its 'Basic Principles of Healthful Housing' in 1941 and advocated social housing as the best method to correct the deficiencies of the slums. Additionally, in the years leading up to 1964, city-level public health improvement coincided with the construction of social housing developments in both cities. Furthermore, early studies showed relatively better health for residents who had recently moved into social housing. Rumney and Shuman had found that rehousing Newark slum dwellers into social housing resulted in improved health and social outcomes. Yet as this chapter has revealed, public health professionals were still intrigued by the prospect of health-restorative housing, and sought to investigate

whether social housing had as direct an impact on tenant health as many claimed. In Baltimore, Daniel Wilner examined whether rehousing slum dwellers would improve mortality and morbidity rates, and in Glasgow Thomas Ferguson investigated the same question. In neither Baltimore nor Glasgow did rehousing slum dwellers result in a marked reduction in mortality and morbidity rates. Such results were indeed disappointing, and many social housing detractors later pointed to these and similar studies to bolster their claim that social housing was a wasteful expenditure. Yet both Wilner and Ferguson both discovered that social housing did not have an inconsequential effect on tenant health. Wilner discovered that while older slum dwellers did not experience many improvements in personal health, younger persons responded better to their new environments. In particular, young children who were rehoused enjoyed much better chances at normal school progression than their slum dwelling peers. In Glasgow, Ferguson encountered a similar phenomenon: rehousing had a much greater impact on the health of young people. Specifically, while rehoused Glaswegian fathers did not record any marked improvements in health, infant mortality increased significantly in rehoused families. Thus, while the Wilner and Ferguson studies did not prove that rehousing slum families improved upon every aspect of their lives, they did show that social housing did have a positive impact on tenant health. Whether or not social housing developments in Glasgow and Baltimore retained this quality in later decades, however, is the subject for the next chapters.

Chapter 6: The Politics of Social Housing, 1964-1980

The years leading up to 1980 were momentous for social housing developments in both Glasgow and Baltimore, if only because the housing form had become embedded in the urban fabric of both cities. In the United States, Lyndon Johnson signed the Civil Rights Act of 1964 after less than a year in office. The Act proclaimed any and all discrimination based on race, creed, or sex illegal. One of the main impetuses of the legislation was to extinguish institutional racial housing

segregation, particularly in the South, which had persisted despite previous legal injunctions ordering desegregation (*Brown vs. Board*). In Baltimore, racial segregation in social housing had been illegal since 1954. This decision in turn, however, prompted White flight from city projects and indeed the city proper to the suburbs. As more Whites fled mixed-race areas for the suburbs or White enclaves within the city, racial segregation in some ways became more entrenched in the 1960s than it had been in the years following 1945. As social housing in Baltimore increasingly fulfilled the stereotype of 'Black housing', the problems that befell the city's housing projects worsened and worsened. The city's remaining White social housing tenants grew concerned over racial integration – even those who had previously felt unperturbed by the prospect. In a 1957 interview with outgoing residents of Baltimore's Latrobe Homes and Perkins Homes, over three quarters of interviewees from both developments responded negatively about having Black neighbours. Furthermore, over a third of Latrobe residents and over a quarter of Perkins residents confirmed that the presence of Blacks provided an impetus to move out of social housing.[469] This report would prove remarkably prescient, for by the mid 1960s more than four fifths of Baltimore social housing tenants were Black. While this demographic transition can be viewed as a boon for Baltimore's Black community, the Housing Authority of Baltimore City (HABC) and other municipal agencies would find in the following decades that it was difficult to handle the challenges of managing such a concentration of a socially and economically deprived minority community.

In Glasgow, while social housing had come to dominate the landscape of the urban periphery, housers faced obstacles during this period as well despite continued expansion. By 1964, Glasgow Corporation had demolished 32,000 slum dwellings and moved their inhabitants to the peripheral estates. Such a massive undertaking was bound to unnerve some Glaswegians. Many were distressed that the city was being effectively hollowed out; population decantation to the new towns located outwith Glasgow remained a popular option with the Scottish Office

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[469] BURHA, 'Attitudes Towards Integration', *Why Eligible Families Leave Public Housing* (Baltimore, MD: HABC, 1957), p. 54.

until the early 1970s. By this time, nearly 200,000 people had been moved to these new towns, accounting for almost a fifth of Glasgow's 1951 census recorded population of nearly 1.1 million.[470] Regardless, by the early 1970s, the city had become the largest landlord in the United Kingdom. Glasgow Corporation owned nearly 170,000 houses in the city, or 56% of the city's entire housing stock.[471] Despite this growth, problems ensued in Glasgow's social housing developments just as in Baltimore's projects. The 1971 census of population showed that for the first time, Glasgow's highest levels of unemployment had shifted from the inner city to the social housing estates on the city's fringes.[472] By the early 1970s, even the most optimistic supporters of social housing were concerned that they had evolved into the 'new slums'.[473] Clearly, while social housing construction expanded precipitously during the 1960s and 1970s, the problems that precipitated their transformation into the 'new slums' reared their ugly heads during this period. Social housing in Glasgow and Baltimore was here to stay – but its newly earned patina of social oasis had already begun to tarnish.

Yet even with the increase of liveability problems associated with social housing, in many ways it was during the post 1964 period that social housing developments took the shape that the housers of the 1930s and 1940s had always envisioned. In Glasgow, the Scottish economy was strong enough to support the construction of high-rise tower blocks, and an unbridled enthusiasm for a 'new Scotland' mitigated the post-War worries over neighbourhood breakup.[474] Although

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[470] Gerry Mooney and Mike Danson, 'Beyond "Culture City" Glasgow as a "Dual City", *Transforming Cities: New Spatial Divisions and Social Transformation* (London: Routledge, 2013), eds Nick Jewson and Susan MacGregor, p. 76.
[471] Glasgow District Council, *Inquiry into Housing in Glasgow* (Glasgow District Council, 1986), p. 34.
[472] W Lever, 'Glasgow: Policy for the Post Industrial City', *Managing the City: The Aims and Impacts of Urban Policy* (Lanham, MD: Rowman & Littlefield, 1987), ed. Brian Robson, p. 47.
[473] *Quality of Life and Human Welfare: Proceedings of the Third Royal Scottish Geographical Society Symposium* (Norwich: Geo Books, 1984), eds Michael Pacione and George Gordon, p. 106.
[474] Consider the quick change in temperament of Malcolm Smith, the housing manager of Glasgow Corporation. In 1969, Smith argued that it was unreasonable to ask a family to be rehoused outwith their neighbourhood. By 1970, Smith and his colleagues expressed frustration at families living in a tenement which had recently been condemned but refused to be rehoused into another neighbourhood. See: 'Unreasonable to Uproot Families: Housing Manager', *Glasgow Herald*, 25/4/1969, p. 6; 'Families in Tenement Fall Refused Offers of Houses', *Glasgow Herald*, 11/6/1970, p. 5.

these high-rise tower blocks would also come under fierce criticism in the 1970s, after their arrival they were lauded as icons of modernity for Glasgow. In Baltimore, changing municipal demographics and civil rights legislation had empowered Blacks more than they had ever been, and federal funding for social housing developments (coupled with municipal funding for slum clearance) allowed for more slum residents to become social housing tenants. Additionally, alternatives to social housing, mainly efforts that fit under the broad umbrella of 'urban renewal', grew in popularity during the period. In Glasgow, the traditional focus on slum clearance gave way to the focus on private housing stock refurbishment (i.e. the restoration of overcrowded tenements rather than their demolition). New community based advocacy organizations known as housing associations sprang up to promote the restoration of tenement blocks to preserve community ties.[475] From 1976-1987, the Glasgow Eastern Area Renewal (GEAR) programme sought to shift housing policy from slum clearance to slum regeneration. Similar to the Springburn renewal programme of the 1960s, GEAR influenced Glaswegian housing policy in the late 1970s. In part, GEAR lessened enthusiasm for social housing; alternative forms of low-income housing only grew in popularity in Scotland after the 1980s. In Baltimore, social housing evolved fully into a safe-haven for working-class and poor Black families. Additionally, Baltimore's housing projects offered respite for special needs tenants, especially the elderly and large families. The various urban renewal programmes following the Housing Act of 1954 cultivated an air of urban transformation that saved the city from even more severe population flight. While social housing began to draw fiercer criticism during the 1970s in Baltimore, social housing construction accelerated during the decade. This is in contrast to Glasgow, where construction pace decelerated. A review of the maturation of social housing policy and construction in the 1960s and 1970s in both cities should provide enough background to understand their eventual decline. Furthermore, this chapter should provide context for an evaluation of the public health impact of social housing in these decades in the following chapter.

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[475] Anne Power and John Houghton, *Jigsaw Cities: Big Places, Small Spaces* (Bristol: The Policy Press, 2007), p. 102.

Expansion in Glasgow and the Hutchesontown Case Study, 1960-1970:

By the early 1960s, social housing's impact on Glasgow's urban geography was already apparent. The four peripheral developments of Drumchapel, Easterhouse, Castlemilk, and Pollok had already been established, and though construction would continue in these areas into the later years of the decade, by the 1960s these developments had already taken form. While the peripheral schemes constituted the most populous social housing developments, through slum clearance programmes much of Glasgow's most dilapidated tenements would be replaced by social housing.[476] The Comprehensive Development Area (CDA) strategy, an idea that originated in the early 1940s but did not materialize until 1957, contributed to much of the slum clearance and social housing redevelopment efforts in the city centre. While this strategy ultimately subsided in importance compared to other redevelopment programmes (the last CDA, Woodside, was named in 1964), Glasgow Corporation continued to invest money in designated CDAs until 1977.[477] Yet while the Corporation was enthusiastic about the CDA strategy, the strategy did not escape criticism. Later critics lambasted municipal authorities for cultivating environments without sufficient amenities, and city architect AG Jury predicted (correctly) that the CDA strategy would displace far more persons in an area than rehouse them. [478] This criticism was levelled despite a reported agreement that:

> Business in buildings retained in the area will not be displaced by the corporation, and that
> provision will be made, as far as practicable for those displaced to have accommodation

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[476] Roger Smith, *Strategic Planning in Action: The Impact of the Clyde Valley Regional Plan, 1946-1982* (Gower, 1985), pp. 60-61. For a 1960s investigation into the interaction between private housing dwellers, slum clearance tenants, and general needs tenants, See: J Tucker, *Honourable Estates* (London: Gollancz, 1966).

[477] Y H Tan, 'Palimpsests of the past: invoking heritage in the redevelopment of post-war housing estates', *Environmental Impact II* (Ashurst : Wessex Institute of Technology, 2014), p. 347.

[478] For criticism on the lack of amenities in CDAs, see: 'Uncertain Future for Woodside Publicans', *Glasgow Herald*, 11/05/1964, p. 12; 'Future of Church in Development Areas', *Glasgow Herald*, 10/02/1965, p. 9; 'Law Urged to Aid Small Traders Hit by City Plans', *Glasgow Herald*, 19/04/1968, p. 5; For the earliest criticisms of the CDA, See: 'Public Inquiry into Glasgow's Development Plan', *Glasgow Herald*, 08/04/1953, p. 6; For commentary of CDA population displacement, See: 'Re-Housing of "Overspill" From City's Crowded Areas', *Glasgow Herald*, 16/12/1953, p. 3; A G Jury, *Proposals for Comprehensive Redevelopment: Hutchesontown and Part of Gorbals, Govan, Royston: Report to the Housing and Planning Committees* (Glasgow Corporation: 1953).

either in the area as redeveloped, in an appropriately zoned area in the city, or in an overspill area.[479]

Even later critics pointed to the social degradation present in newer schemes. Regardless, the CDA strategy was an effective tool of deceleration against population overspill. Furthermore, the CDAs were optimal for experimentation with high-rise social housing in Glasgow in the 1960s.[480] Unfortunately, the CDAs themselves would descend into the 'new slums' in the coming years, and many prospective sites were cancelled due to the failures of existing CDAs.[481]

Yet while the CDA strategy was meant to be a practical solution to housing shortages in the city, the strategy was rooted in fear rather than hope. Glasgow municipal officials were becoming wary of population overspill into the new towns outside of the city, and saw CDAs as keeping slum dwellers in the city. Their concerns were not without merit - the city's population declined from 1,055,017 in 1961 to 825,668 in 1975, a reduction of over 20%.[482] Even the peripheral estates, which were a compromise from the Abercrombie era to retain rehoused families within the city borders, seemed to dampen the city's power and prestige.[483] Put simply, the Corporation wanted to retain control over Britain's 'second city', not it's it third or fourth. Furthermore, city officials were frustrated by the relatively slow construction pace of new houses. Indeed, even as late as 1958, Glasgow Corporation had a waiting list of 100,000 families for social housing, and the Glasgow MOH had decreed that 30 percent of existing housing stock was either: totally unfit, unacceptable, or incapable of improvement.[484] In 1957, the Secretary of State for Scotland John Maclay approved the city's first CDA. The first areas chosen for urban redevelopment were Hutchesontown-Gorbals, Govan, Townhead, and Royston. Hutchesontown-Gorbals, on the south side of the city, was by far the most deprived

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[479] 'New Gorbals Plan Goes to Minister', *Glasgow Herald*, 16/04/1965, p. 4.
[480] 'Returning to the Rural Roots', *Glasgow Herald*, 30/10/1986, p. 25.
[481] Tan, 'Palimpsests', p. 348.
[482] Thomas Markus, 'Comprehensive Development and Housing, 1945-1975', *Glasgow: The Forming of a City* (Edinburgh University Press, 1993), ed. Peter Reed, p. 160.
[483] Owen Hatherly, *A New Kind of Bleak: Journeys Through Urban Britain* (London: Verso, 2012), pp. 296-299.
[484] Slaven, *Development of the West of Scotland*, p. 253.

area of the four, and was thus selected to be the first CDA. Even the name 'Gorbals'
reflected its deprivation; a newspaper article reported that the name itself made
'many Scots shudder'.[485] Furthermore, municipal authorities intended that the two
smaller neighbourhoods of Laurieston and Hutchesontown, which comprised the
Gorbals, would ultimately replace the Gorbals as a geographic identifier. This was an
ironic hope, as the Gorbals existed before Glasgow.[486] Although the name Gorbals
never disappeared from the Glaswegian dialect, the name 'Hutchesontown' did take
on a special significance. For due to the extreme slum clearance and rebuilding
efforts in Hutchesontown, the area would become synonymous with both planners'
ebullient attitude toward social housing in the 1960s and the problems that later
befell the schemes in the 1970s. Although there was initially much fan-fare for the
redevelopment efforts, much of the 'Hutchie' flats would ultimately end
ignominiously. Some of the buildings lasted less than twenty years before
condemnation and subsequent demolition.[487] Never-the-less, the Hutchesontown
social housing schemes represented both the highest aspirations and the practical
limitations of urban planning in Glasgow, and thus warrant analysis.

*Basil Spence's vision for Hutchesontown-C development, 1959, Photo Courtesy: Royal
Commission on the Ancient and Historical Monuments of Scotland, Item SC 358382*

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[485] *Eugene Register-Guard*, 'Clearance Plans to Eliminate Slum District in Glasgow', 25/04/1965, p. 13.
[486] Ibid.
[487] 'End of the Line for E Blocks', *Glasgow Herald*, 29/5/1987, p. 32.

The greater Hutchesontown CDA was a massive endeavour. It entailed a combination of slum clearance, urban regeneration, and social housing construction. As the first comprehensive CDA, the Hutchesontown flats were a kind of proving ground for innovative social housing designs throughout the city. The Corporation divided the designated 111acres on the city's south side into five parcels (areas A-E). Each parcel was allotted to a different architect to showcase different social housing designs. Although there were a multitude of housing designs implemented, the Hutchesontown area came to be defined by high-rise flats. The first area, Hutchesontown-A, was the least controversial. Located on the northern side of the neighbourhood, the construction contracts were awarded to Wimpey builders, who by the early 1960s had already become prominent social housing builders in Scotland. Given the firm's success with more traditional architectural forms in the peripheral estates, Wimpey chose to build low-rise maisonettes to replace the existing slums in area A. Similarly, Area D was later filled primarily with lower-rise buildings, though Area D was nonetheless considered innovative for being constructed with direct labour though the newly formed Scottish Special Housing Association. The area was characterized by four 24-storey blocks, a few smaller maisonettes, and a few mid-rise 8-storey buildings. By 2004, two of the towers had been demolished while two were refurbished; the smaller dwellings still stand. However, the more innovative schemes, and consequently more controversial schemes, were area B and C. In 1964, the Corporation awarded these two areas to two different private architectural firms. The city awarded area B to Robert Matthews, while area C was awarded to Sir Basil Spence. Although both developments were celebrated initially, area B and C suffered entirely different fates: while Matthews' developments have survived into the twenty first century, Spence's developments were demolished by the early 1990s. Only Area E, affectionately known as 'Hutchie-E', experienced a still more sordid existence and demise.[488]

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[488] 'The Motorway Juggernaut', *Glasgow Herald*, 19/03/1987, p. 12.

Areas A and B, with C and D under construction, 1965, Photo Courtesy: Royal Commission on the Ancient and Historical Monuments of Scotland, Item SC 676678

In the Hutchesontown-B development, Robert Matthew decided upon a mixed development strategy of high-rise towers and lower blocks. Matthew designed four 17-storey towers along with a smattering of lower storey tenements, developments that came to define the 'new Gorbals'.[489] Glasgow had long suffered population decline due to decantation to new towns outwith the city boundary, but there was still a shortage of available land for housing development. High-rise towers were viewed as a solution to the problems of space and cost concerns, albeit architectural critics noted that except for a few exceptions most high-rise developments did not use less land or cost less.[490] Furthermore, high-rises were much more expensive investments; in addition to the higher construction costs (labour, cranes, reinforced concrete), maintenance costs were far higher, lifts needed to be installed and maintained regularly, insulation needed to be replaced (although with unexpected frequency), and vandalism needed to be extirpated. Thus, while high-rise towers were initially met with enthusiasm, the problems

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[489] John Gold, *The Practice of Modernism: Modern Architects and Urban Transformation, 1954-1972* (New York: Routledge, 2007), p.180.

[490] For criticism of high-rises, See: 'Comparative Building Costs in Denmark and Sweden', *Glasgow Herald*, 10/06/1955, p. 6; 'Planning and Preservation', *Glasgow Herald*, 20/02/1974, p. 10; 'Britons Struggle to Cope with High-Rise Housing' *New Straits Times*, 20/11/1985, p.8; for comments on the relative spaciousness of high-tower individual flats, See: 'With the Accent on Spaciousness', *Glasgow Herald*, 12/09/1967, p. 8.

associated with living in these buildings were realized quickly by tenants.[491] Despite many tenants' trepidation towards living in high-rises, construction of high-rise social housing continued en masse until 1978, well after the Housing Act of 1967 rescinded public subsidy for high-rise development.[492] Additionally, this circumspection of high-rises was exacerbated by the accidental gas explosion in Ronan Point, a tower-block in East London in 1968.[493] Yet high-rise social housing had not yet reached its zenith in Glasgow; indeed the Matthew's Area B still stands and is considered one of the most successful social housing developments in the city. But while Robert Matthews would leave Glasgow to take a planning position in London, there was another prolific Scottish architect who left his mark on the Hutchesontown-Gorbals CDA. Sir Basil Spence would design area C, and while Spence was celebrated even more than Matthew at the time of construction, his high-rise designs came to embody every single problem associated with Glaswegian social housing.

View of Area B from west, Photo Courtesy: Royal Commission on the Ancient and Historical Monuments of Scotland, Item SC 676551

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[491] 'Security of High Flats', *Glasgow Herald*, 1/09/1977, p. 6; 'Protection Needed', *Glasgow Herald* 30/08/1977, p. 6; 'Trouble with the Landlord', *Glasgow Herald*, 24/03/1966, p. 8; 'High-Rise Living', *Glasgow Herald*, 11/02/1977, p. 6.
[492] Chris Pickvance, 'Physical Planning and Market Forces in Urban Development', *Critical Readings in Planning Theory* (Oxford: Pergamon Press, 1982), ed. Chris Paris, p. 74.
[493] Paul Newland, 'After Ronan Point: Re-imaging the Territory', *The Cultural Construction of London's East End: Urban Iconography, Modernity and the Spatialisation of Englishness* (Amsterdam: Rodopi, 2008) pp. 149-150.

Although both Spence and Matthews had been awarded their land allotments by the Department of Health for Scotland in 1958, the Hutchesontown-C flats were not ready for occupation until 1965. It took three years for construction to begin, and even after Queen Elizabeth laid a commemorative stone on the building site in June of 1961, it took four more years for the flats to open.[494] The slow pace of construction was particularly conspicuous; while construction on Area A and Area C started around the same time, Wimpey Builders completed development in their area by early 1961. Additionally, the Corporation gave Spence considerable artistic leeway. While the Scottish Office normally demanded that the construction costs of individual flats not exceed £2,800, Spence was allowed to exceed this price. Even David Gibson, the fiery chief of the Corporation's Housing Sub-Committee agreed to suspend the city's usual expectations of speed and output, in order to accommodate the CDA's flagship development.[495] Yet this special treatment did not preclude any kind of suspicion of Spence. Many Britons were mortified by his ultra-modern Coventry Cathedral, which debuted in 1960, though Spence earned respect in his native Scotland for being chosen among all architects to design such an important symbol of British perseverance.[496] Furthermore, a 1962 editorial in the *Glasgow Herald* detailed Scottish local authorities' difficulties in dealing with grandiose architects like Spence:

> The problem for local authorities… is one of balance – between the development companies some of whom possess valuable and perhaps unique experience of the problems of urban redevelopment, and the architects whose contribution to successful development may be very great indeed but who may not always be the best judges of how a particular site should be used.[497]

Despite objections, construction on Area C commenced in May of 1961.[498] Spence contracted the noted London based construction firm of Holland, Hannen and Cubitts to carry out his designs, which lent credence to the grand expectations for his

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[494] 'Programme for the Queen's Visit to Glasgow', *Glasgow Herald*, 23/06/1961, p. 12.

[495] Glendinning, *Rebuilding Scotland*, p. 100.

[496] 'New Coventry Cathedral', *Glasgow Herald*, 19/08/1955, p. 5.

[497] 'City Centres', *Glasgow Herald*, 25/01/ 1962, p. 8.

[498] 'Work Starts on Maisonettes', *Glasgow Herald*, 04/05/1961, p. 7.

design.[499] In particular, architectural commentators were impressed with the firm's use of highly mechanized equipment and prefabricated materials.[500]

Hutchesontown C under construction with tenements in foreground, 1961, Photo Courtesy: Royal Commission on the Ancient and Historical Monuments of Scotland, Item SC 681261.

From the outset, Spence's vision was clear: to imitate French architect Le Corbusier. In the late 1940s and early 1950s, Le Corbusier developed a modernist style that he called Unite d'Habitation ('Housing Unit') which emphasized utility and spaciousness. Le Corbusier built many multi-storey tower blocks out of reinforced concrete (as steel became an expensive commodity in post-War Europe), and Spence drew his inspiration for Area C from these blocks. After considering a number of different designs for Area C – Spence settled on two twenty-storey towers, containing a total of 400 housing units for 1280 people. Of particular note were the development's 'hanging gardens', as Spence called them, or suspended patios. The idea of providing each flat with a patio was to stimulate the community spirit of the

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[499] *The Surveyor and Municipal and County Engineer* (London: St. Bride Printing Library, 1963), Vol. 122: 289.
[500] *The Surveyor and Municipal and County Engineer* (London: St. Bride Printing Library, 1961), Vol. 120 [Jan-Jun]: 615.

Gorbals – each family could chat and socialize with other families from their respective patios, in theory lending a suburban feeling to the development. Once the flats were completed, there was great fanfare initially, and enthusiasm for the 'hanging gardens' concept. It did not take long, however, for the development to fall into disrepair, and for the design faults to reveal themselves. Glasgow's unforgiving weather, coupled with the construction firm's cut corners, exacerbated the development's decline. The flats were damp, mouldy, and without adequate ventilation. The open balconies, while meant to be the development's main attraction, made the flats difficult (and thus expensive) to heat. Some authors have even suggested that the Area C towers were worse for tenant health than the nineteenth century tenements they replaced.[501] Ironically, even when the flats were demolished in 1994, they were injurious to health: debris from the explosion killed one viewer.[502] Thus, Hutchesontown-C, despite its grandiose aims, had an inauspicious existence with an equivalently inglorious destruction. Only Area E suffered a shorter life span, though it did not enjoy as much infamy as Area C.[503]

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[501] Peter Clanfield and Christian Lloyd, 'Redevelopment Fiction: Architecture, Town-Planning, and 'Unhomliness'', *The Edinburgh Companion to Contemporary Scottish Literature* (Edinburgh University Press, 2007), ed. Berthold Schoene, p. 124.
[502] 'Expert Baffled by Death at Demolition', *Glasgow Herald*, 14/05/1994, p. 1.
[503] 'The Motorway Juggernaut', *Glasgow Herald*, 19/03/1987, p. 12.

In 1969, work began on the Hutchesontown-E development, a series of tower-blocks also meant to showcase a grand Corbusian design for Glasgow. The towers were constructed with a prefabrication technique designed by a Franco-Algerian construction firm.[504] Opened officially by Queen Elizabeth in 1972, the flats only lasted fourteen years before being vacated in 1986, and were demolished entirely in 1987.[505] The general public viewed the development as a complete failure, and reflective of housers' overly grandiose vision for social housing.[506] The 'Hutchie-E' flats closed due to problems with damp, mould, and poor ventilation, mostly due to the Franco-Algerian firm's unfamiliarity with the Scottish climate. The materials used to construct the flats were so porous the walls allowed wind and rain to permeate into them. [507] Clearly there were good justifications for the development's quick demolition.

While there was not a Baltimorean social housing development that was demolished as quickly, the conspicuously short existence of Area E draws comparison to the Pruitt-Igoe social housing development in St. Louis, Missouri. The Pruitt-Igoe project, similar to the Hutchesontown schemes, was a much anticipated social housing development. Yet the social environment of Pruitt-Igoe descended into chaos so quickly that the project was only inhabited from 1954 to 1968, and was demolished in 1971.[508] The project, one of the United States' most infamous housing projects, came to symbolize the all the problems associated with modernist architecture, urban redevelopment, and the concentration of poverty.[509] Similarly,

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[504] Pacione, *Glasgow: The Socio-Spatial Development of the City*, p. 170.

[505] Glasgow District Council, *House Condition Survey: 1985* (Glasgow District Council, 1985), Vol. 5, p.19.

[506] Bo Strath, *Myth and Memory in the Construction of Community: Historical Patterns in Europe and Beyond* (Bern: Peter Lang, 2000), pp. 124-126.

[507] Gray, *A History of Scotland*, p. 125.

[508] Roger Trancik, *Finding Lost Space: Theories of Urban Design* (Hoboken, NJ: Wiley, 1986), p. 15.

[509] For a detailed analysis of Pruitt-Igoe's rise and fall and its place in American housing historiography, See: Roger Montgomery, 'Pruitt-Igoe: Policy Failure or Societal Symptom', *The Metropolitan Mid-West: Policy Problems and Prospects for Change* (Urbana-Champaign: University of Illinois Press, 1985), eds Barry Checkoway and Carl Patton, pp. 229-242.

with the quick decline of 'Hutchie-E', ordinary Glaswegians were beginning to understand what social scientists had only just discovered: that social housing tenancy did not guarantee healthy living.


A seven storey block in Area E in disrepair shortly before demolition, 1986, Photo Courtesy: Royal Commission on the Ancient and Historical Monuments of Scotland, Item SC 883892

While the Hutchesontown flats were not the only social housing units to endure mixed results, they were the first implementation of the CDA strategy, and were constructed under the greatest of expectations. The failure of the Hutchesontown flats (as well as other schemes), however, was not just dependent on structural deficiencies in construction or the perennial admission of riskier tenants. Much of the blame for the problems that arose in Glasgow's social housing schemes in the 1960s and 1970s can be attributed to municipal politicians' bungling of urban planning. To wit, most of Area D, built with direct labour by the Scottish Special Housing Association, remains today while much of the other area schemes were demolished. While Glasgow's social housing developments were paved with good intentions, the Corporation and the Scottish Special Housing Association (SSHA) were overwhelmed with the responsibility of housing so many tenants. It would take especially dedicated agents to cultivate healthy environments in Glaswegian social

housing developments. Throughout the 1960s and 1970s, progressive municipal housing figures and private housing authorities collaborated to ensure that working-class Glaswegians had access to sanitary and safe houses. Their dedication and combined effort helped alleviate some of the social problems that befell the city's social housing communities in these years.

The political climate of Britain during the 1960s and 1970s was capricious. Britain in the 1960s saw two Conservative governments followed by one Labour government, and in the 1970s saw one Conservative government followed by two Labour governments. Harold MacMillan had become Conservative leader by in the late 1950s by criticizing the former Atlee led Labour government's slow building pace of social housing, promising famously to deliver 10,000 houses a year. This proved appealing, and once Prime Minister he delivered what he promised. However, the renewed construction pace was not fast enough to satisfy Glasgow's housing advocates. Glasgow's municipal authorities believed that in order to usher in an era of housing modernity, the city government would have to be more proactive and vociferous in their support of social housing construction. Glasgow Corporation's housing committee convenor, David Gibson, epitomized this renewed sense of urgency in housing matters in the early 1960s. His comments on the importance of social housing for Glaswegians, and in particular his endorsement of the high-rise tower block style development, were emblematic of the political temperament on housing during the decade.
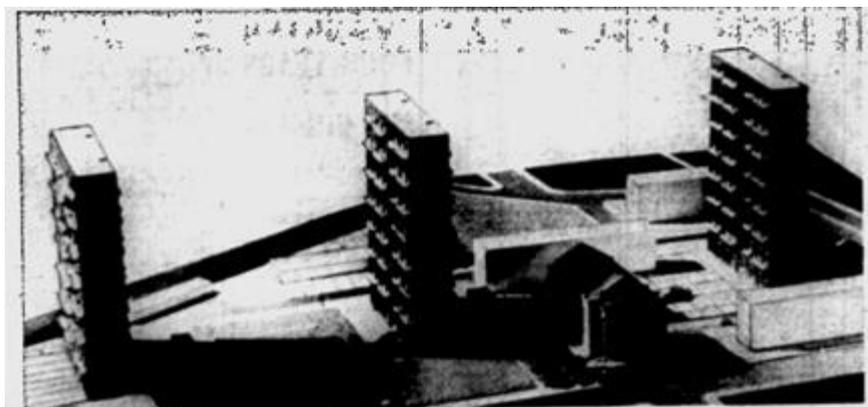
In 1961, Glasgow Corporation selected Bailie David Gibson to be convenor of the committee's housing committee. Although not wielding as much power or influence as New York's near mystical planner Robert Moses (or even Leeds' housing committee chairman, Karl Cohen), Gibson became the prime champion of 'building up' during the early 1960s in Glasgow.[510] Gibson was so enthused with the issue of housing that he even declined a nomination to run in a Parliamentary by-election for the Bridgeton division of Glasgow as he reported that he would feel guilty abandoning his housing post so quickly, and that he thought he should contribute to ridding Glasgow of its 'housing shame.'[511] Although not trained as a planner or an architect, Gibson was completely convinced by the modernist vision of 'houses in the sky'; the answer to Glasgow's housing shortage was to build 'up' on land previously found undesirable.[512] In an official address as housing convenor, Gibson remarked that:

> In the next three years the skyline of Glasgow will become a more attractive on to me because of the likely vision of multi-storey houses rises by the thousand... The prospect will be thrilling, I am certain, to the many thousands who are still yearning for a home. It may appear on occasion that I would offend against all good planning principles, against open space and Green Belt principles – if I offend against these it is only in seeking to avoid the continuing and unpardonable offence that bad housing commits against human dignity. A decent home is the cradle of the infant, the seminar of the young and the refuge of the aged.[513]

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[510] Richard Crossman, *The Diaries of a Cabinet Minister* (London: Hamilton, 1975), Vol. 1, pp. 81, 127, 541; Miles Glendinning, *The Conservation Movement: A History of Architectural Preservation* (London: Routledge, 2013), p. 301.

[511] 'Bailie Gibson Declines Nomination', *Glasgow Herald*, 07/07/1961, p. 11.

[512] 'Social Consequences of High Flats', *Glasgow Herald*, 27/03/1963, p. 5.

[513] David Gibson, 'Chairman's Address', *Annual Housing Inspection* (1962).

Councillor David Gibson (left) and George Bowie, Chief Architect of Crudens, Ltd, inspect a model of a proposed extension to a scheme. Photo Courtesy: Miles Horsey, Tenements & Towers: Glasgow Working-Class Housing 1890-1990 (Edinburgh: Royal Commission on the Ancient and Historical Monuments of Scotland, 1990), p. 44.

His remarks proved somewhat prophetic. Not only did high-rise tower blocks predominate in social housing construction during the decade, but conventional urban planners, who previously endorsed population decantation, would soon endorse centre city redevelopment over population overspill. Yet Gibson's oratory prowess did not convince every Scottish politician of the merits of inner-city redevelopment. In 1963, Willie Ross, the Labour MP for Kilmarnock who would later serve as Secretary of State for Scotland during the prime ministerships of Harold Wilson, argued that the only way to alleviate Glasgow's slums was through a dramatic expansion of the new town programme. The *Glasgow Herald* reported Ross as remarking that:

> One could not, he said, expect 100 years of the worst industrial slums to be dealt with in the normal way of a small town getting subsidies to build houses. The Glasgow problem was a challenge to the whole country and could only be met with new towns spread throughout Scotland. It was ridiculous, he said, to fix a small area with an overspill.[514]

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[514] 'National Challenge of Glasgow's Housing', *Glasgow Herald*, 23/09/1963, p. 4.

In some ways, Willie Ross got his wish. The new towns of Irvine and Livingston were both built in the 1960s, and Cumbernauld was expanded to receive more residents in 1973. But Cumbernauld's expansion in March of 1973 would be the last hurrah for overspill advocates: just three months later in July of 1973 the proposed new town of Stonehouse was shelved due to popular opposition. Later, several Glasgow municipal agencies joined forces with the Scottish Office on a massive centre city redevelopment scheme called G.E.A.R (Glasgow Eastern Area Renewal). Though David Gibson would die young in 1964, his efforts to promote high-rise development came into fruition. What he could not have predicted, however, was just how much the new high-rise social housing developments would come to resemble the old slums they replaced. While the intentions of slum clearance and tower block enthusiasts can be sympathized with, it remains true that much of Glasgow's social housing developments devolved into insalubrious, unhealthy environments in the 1960s and 1970s. The problems associated with high-rise social housing would only worsen in the 1970s, and though Glasgow municipal authorities would make earnest attempts to rectify these social and structural ills, they were largely unsuccessful in improving the public image of the high-rise. This was especially true by the 1980s, when the Thatcher government's policy of the 'right-to-buy' disrupted social housing policy throughout Britain. Similarly, in Baltimore, the problems of poverty, crime, and social deprivation began to overwhelm social housing. While there would never be a 'right-to-buy' scheme in Baltimore, the problems associated with social housing were both apparent earlier and more severe in the charm city. With increasing speed, the city's projects were evolving into inharmonious concentrations of at-risk tenants. An examination of the problems Baltimore's housing authorities had in building social housing, in addition to managing the changing tenant demographics, should prove illuminating.

Social Housing in Baltimore, 1960-1970:

The city of Baltimore underwent an extraordinary transition in the 1960s and 1970s independent of the expansion of social housing. Very quickly, Baltimore

became a majority Black city.[515] Although the 1980 Census was the first to declare city majority Black, indicators of Baltimore's demographic transition occurred much earlier: the public schools became majority Black in 1960 (though this development was partly due to White parents withdrawing their children from public schools).[516] The demographic trend of Whites leaving the city and Blacks increasing in both numbers and percentage had continued unabated since 1943, and in 1959 Black births accounted for 47.5% of all births, almost double the 1940 percentage.[517] Yet despite these trends, by 1960 the housing shortage for Black occupancy had worsened, not improved. For although the residential areas considered socially acceptable for Black occupancy were expanding, they were not expanding fast enough to keep up with population growth. Black Southern migrants continued to stream into the city until the mid 1970s, further straining the available housing. While less than a quarter of the city's population was Black in 1950, by 1960 nearly a third of residents were Black. As the map below illustrates, Black neighbourhoods grew from the city-centre primarily westward and north-westward, but also eastward.

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[515] Dozens of American cities experienced this transformation, and became referred to as 'minority-majority' cities.

[516] Howell Baum, *Brown in Baltimore: School Desegregation and the Limits of Liberalism* (Ithaca, NY: Cornell University Press, 2010), p. 92.

[517] 'Predict Local Births Will be Equal in 1960', *Baltimore Afro-American*, 05/01/1969, p. 20.

Project % Negro, 1964
Family Projects

● 90% - 100%
   2   McCulloh
   4   Poe
   5   Douglass
   6   Gilmor
   10 Somerset
   11 Cherry Hill
   12 Cherry Hill Ext. 1
   13 Westport Ext.
   15 Lafayette Cts.
   17 Cherry Hill Ext. 2
   18 Murphy
   19 Lexington Terr.
   20 Fairfield
   22 Westport

○ 50% - 89.9%
   1   Latrobe
   3   Perkins
   16 Flag House Cts.

● 10% - 49.9%

● 0% - 9.9%
   9   O'Donnell Hts.
   14 Claremont
   21 Brooklyn

Project Type
○ Family, Opened 1940 - 1954
○ Family, Opened 1955 - 1964

Census Tract % Negro, 1960
   90% - 100%
   50% - 89.9%
   10% - 49.9%
   0% - 9.9%
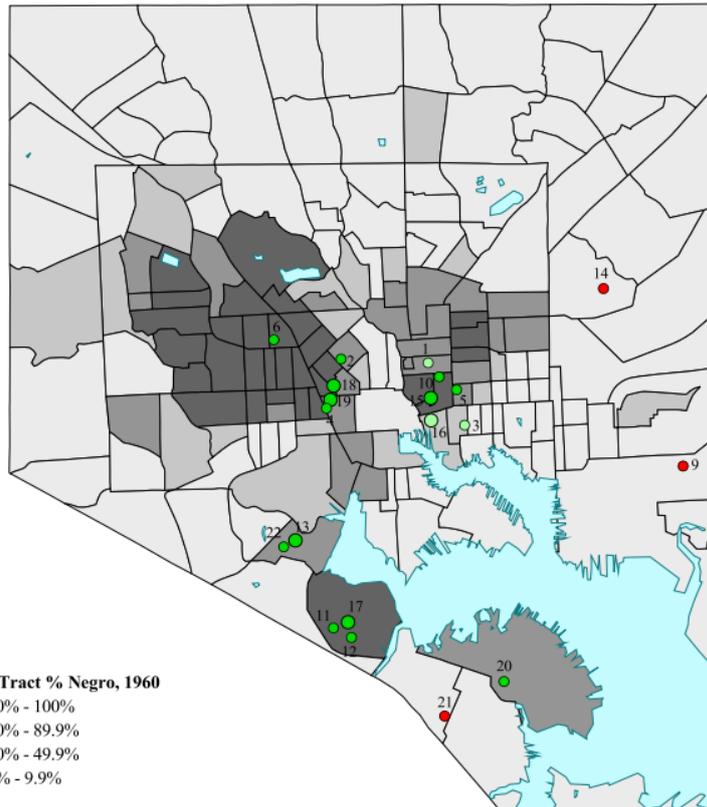
"Public Housing and Areas of Minority Concentration, 1960", Map Courtesy: Applied Population Laboratory, University of Wisconsin- Madison.

Furthermore, due to legal and social restraints on Black residential expansion, competition for existing housing available to Blacks increased rental prices. This forced Black Baltimoreans to spend an even higher share of their income on housing, pushing more and more Blacks into the 'house poor' category. For instance, while only 28% of Black Baltimoreans were lucky enough to spend under one fifth of their income on rent, half of Whites were so fortunate.[518] Furthermore, the city's private housing stock was ill-equipped to handle multi-occupancy living. While Glasgow's tenement blocks were easily (if haphazardly) subdivided into smaller flats, Baltimore's two storey rowhouses were difficult to convert into multi-family housing units.[519] This reality did not preclude rowhouses from being made down into flats, however. Furthermore, this process created less incentive for real estate interests to build new multi-family housing units. By 1960, more than half of all of the city's

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[518] BURHA, *Rent and Housing Conditions by Race* (Baltimore, MD: September, 1963), p. 2.
[519] Gail Radford, *Modern Housing for America: Policy Struggles in a New Deal Era* (University of Chicago Press, 1996), pp. 119-120.

houses were built before 1920, with many of those houses built well before 1900.[520] Additionally, the combined efforts of slumlords, blockbusters, lacklustre housing code enforcers (despite a new Housing Court and the second Baltimore Plan's national attention), and slovenly tenants contributed to Baltimorean housing decrepitude. In the words of one report: 'Every day these four factors –age, obsolescence, slum landlords, careless tenants- are working together to create greater blight in Baltimore – blight that is costly in dollars, in health, in safety, in morale.'[521] Furthermore, very little of the new housing that was built in Baltimore in the years up to 1960 was built explicitly for Black occupancy (excluding social housing), which made neighbourhood expansion more difficult.[522] Even higher income Blacks had difficulty attaining suitable housing. A 1971 newspaper article chronicled a Black doctor's struggle to rent an upscale apartment in the suburban Cheswolde neighbourhood, a White neighbourhood in the transitioning northwest. The couple were denied tenancy repeatedly (ostensibly due to a lack of available apartments), though later White applicants managed to secure tenancy. Ironically, Walter Gans and Frederick Scheiman, the landlords of the building, were Jews – and were thus still prohibited by housing covenants from living in the nearby upscale neighbourhoods of Roland Park and Guilford.[523] Put simply, the city's private housing stock did not provide an environment conducive to happy and healthy living for Black Baltimoreans – social housing units, when available, were especially attractive for Black city residents.

Given the limitations of private housing in the city for Blacks, it is not surprising that Black community leaders advocated for more social housing projects as a civil right. During the 1960s, the *Afro-American* newspaper was a keen supporter

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[520] Greater Baltimore Committee, *Housing Code Enforcement: A Report to Mayor J. Harold Grady* (Baltimore: February, 1961), 44.

[521] Greater Baltimore Committee, *But What About Our Housing?* (Baltimore, MD: 1961), p. 3.

[522] Arnold Hirsch, 'Less than Plessy: The Inner City, Suburbs, and State Sanctioned Residential Segregation in the Age of Brown', *The New Suburban History* (University of Chicago Press, 2006), p. 42.

[523] 'Couple Claims Housing Bias, Sue Realtors for $10,000', *Baltimore Afro-American*, 25/05/1971, p. 3; for information of Jewish neighbourhood patterns in Baltimore, See: Michael Olesker, *The Colt's Baltimore: A City and its Love Affair in the 1950s* (Baltimore: Johns Hopkins University Press, 2008), pp. 143-145.

of social housing expansion in the city. A 1963 article anticipated the near completion of the Murphy Homes, the first new social housing project built in the decade (though an extension had been built on the Westport Homes in 1960). Murphy Homes was also the first high-rise development since 1956, when the Lafayette (February), Lexington (April), and Flag House (May) were all constructed. Named after George B. Murphy, a Black educator and board member of the *Afro-American*, the project would be completed in November of that year and its units were intended to 'serve as an important source for the relocation of those families eligible for public housing' who would be displaced by an urban renewal projects.[524] This statement can be read somewhat euphemistically, as the Murphy Homes were the intended product of urban renewal, which displaced far more Black residents than it rehoused. Furthermore, the Murphy Homes were only for elderly residency, and thus would include a considerable amount of White tenants.[525] Despite the relatively limited focus of Murphy Homes, Baltimore's Black community was enthused about the continued construction of social housing projects in the city generally, and found social housing to have a positive impact on Black Baltimoreans' lives. Yet after 1954, prospective Black tenants did not need to wait for the construction of new projects: all social housing units in the city were available for Black occupancy.

Indeed, while the *Afro-American* celebrated new projects, the more significant development in social housing was not an expansion of units but the demographic transition in existing units during the 1960s. For it was during this decade that nearly all projects in Baltimore became uniformly occupied by Black tenants. With the exception of three projects on the city's periphery (Brooklyn, O'Donnell Heights, and Claremont), White tenancy in Baltimorean social housing past 1970 was negligible. This transformation was due to a number of factors. The HABC's 1954 decision to stop segregating tenants by race, following the Supreme

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[524] 'Murphy Homes Almost Ready, Scheduled to Open in Fall', *Baltimore Afro-American*, 26/05/1963, p. 10.

[525] Cassandra Gottlieb, 'The Effect of Site Selection Policies and Practices on the Success and Failure of the Federal Public Housing Program: The Case of Baltimore', Master's Thesis (Baltimore: Johns Hopkins University Press, 1978), p. 44.

Court's *Brown v. Board* decision of the same year, was certainly a catalyst for White flight from social housing. As the map above illustrates, by 1964 the majority of social housing projects in the city had become at least 90% Black occupied. However, while demand for social housing lessened among Whites due to integration, it was also true that municipal housing authorities began to focus more attention towards the needs of Black Baltimoreans. Put simply, the HABC came to accept its role as a socially conscious landlord for Black residents. Social housing advocates were sensitive to this new role as early as 1960; an *Afro-American* article quoted George Constable, the president of the Health and Welfare Council (HWC) of Maryland, urging housing officials 'in urban renewal areas to follow a policy of non-discrimination in the disposition and use of housing and other facilities.'[526] The advice, while well intentioned, was somewhat superfluous: Black occupancy of social housing rose steadily and precipitously throughout the 1960s.[527] A look at the increases in Black tenancy in a selection of previously all-White projects from 1959 to 1960 reveals just how early this transformation surfaced:

Table 5: Demographic Change in Selected Baltimore Housing Projects

Project:	Black % - 1959	Black % - 1960	Change in %
Latrobe	53.8	60.0	6.2
Perkins	38.8	43.7	4.9
Westport	83.4	88.9	5.5
Flag House	35.4	48.4	13.0

Source: BURHA, 'Some Background Information For Participants in the December 1, 1960, Meeting On Nondiscrimination Clauses in BURHA Land Disposition Contracts', Memorandum, 25/11/1960, p. 6.

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[526] 'Health Council Urges Open Policy in Housing' *Baltimore Afro-American*, 29/11/1960, p. 3.
[527] BURHA, 'Some Background Information For Participants in the December 1, 1960, Meeting On Nondiscrimination Clauses in BURHA Land Disposition Contracts', *Memorandum*, 25/11/1960, p. 6.

In addition to these racially mixed projects, in 1960 there were nine all Black projects and three projects that remained all White, including one development, Westport in the south-western quadrant of the city, that had transitioned from all White tenancy in 1950 to all Black tenancy in 1960.[528] By 1970, only four projects (Perkins, O'Donnell Heights, Claremont, and Brooklyn) would have any sizeable White populations, and by 1980 there would be no projects with less than 90% Black occupancy. Thus, by the 1960s, the entire dynamic of social housing tenant selection had changed for prospective Black tenants. The problem was no longer racial discrimination in tenant selection, but rather the limited supply of available units. In 1960s Baltimore - social housing was viewed as an important commodity. Yet while social housing construction continued during the 1960s, it did not proceed as speedily as in Glasgow. While Glaswegians marvelled at the massive schemes constructed at Hutchesontown and Red Road as icons of modernity, such giant developments of cultural significance never arrived in Baltimore. Indeed, partly due to the on-going civil unrest in the city, social housing construction slowed considerably. During the 1960s, only three new social housing projects were built in the city – and one extension to an existing project in 1960. The table below details the new units constructed in the city during the decade:

Table 8: Baltimore Housing Projects Constructed in the 1960s

Project:	Date:	Number of Units:
Westport (Extension)	**June, 1960**	**232**
G. B. Murphy Homes	**October, 1963**	**758**
Mount Winans	**November, 1963**	**140**
Oswego Mall	**December, 1969**	**35**
Total:	**…**	**955**

Source: HABC, Baltimore Public Housing (Baltimore: Housing Authority Commission, 1970), p. 5.

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[528] Ibid.

Although there would be a total of 10,616 units of social housing in Baltimore by January of 1970, only 1,165 new units were built during the 1960s.[529] Consequently, competition for social housing during this period in Baltimore was fierce. While White flight from social housing opened more units for new Black tenants, demand still outstripped supply. With the chaotic disruptions of the Civil Rights movement, social housing must have seemed a safe reprieve for Black families. Conversely, it was an age of the growing appeal of alternatives to social housing – particularly the refurbished slum housing in urban renewal areas. The area considered acceptable for Black residence expanded precipitously through the decade. Just as quickly as Whites left their rowhouses for the suburbs, Blacks were just as eager to occupy them. This contributed to a demographic phenomenon in Baltimorean projects: as wider private housing options materialized for Blacks, social housing increasingly allotted more units to at-risk tenants. Although there was still demand for social housing units in the general Black population, a greater percentage of social housing units was awarded to more unstable Black tenants. This development would have a profound impact on tenant selection policy and housing planning in the city.

During the 1960s, the social housing policy shifted from the general needs of the entire Black community to the needs of more specific sub-groups. Groups such as the elderly, single-parent households, and specifically families displaced by urban renewal programs, now garnered more attention. It was not that housing authorities were not sympathetic to the needs of ordinary slum dwelling Black families. Given just how quickly social housing had become majority Black since 1954, the HABC could not be accused of neglecting the needs of Black tenants. Rather, the HABC began to view social housing as a tool aimed towards society's most downtrodden, rather than just subsidized housing for the general Black community. Indeed, just as Blacks had secured the right to access all social housing units, private housing options become available to Blacks. The increased complexity of the urban housing market for Black residents led to the creation of the Baltimore Urban Renewal and Housing Agency (BURHA) in 1957. The agency united the Housing Bureau of the

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[529] HABC, *Baltimore Public Housing* (Baltimore: Housing Authority Commission, 1970), p. 5.

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Health Department, the Housing Authority of Baltimore City, and the neighbourhood planning section of the Department of Planning all under one administration. This new agency was designed to utilize all housing and planning resources available to better accommodate the complex needs of the city's growing Black community. Take for example BURHA's prescriptions in a 1964 memorandum on proposed increases in housing units for the next year. The memo notes that additional units should be designed for explicitly for:

> 1) To meet the relocation needs of families to be displaced by expressways, school sites, urban renewal, and other public programs.

> 2) To make available additional small units to provide low-rent housing for the elderly with limited incomes. More than half the units proposed are for this purpose.

> 3) To begin action toward meeting the needs of large families. The Housing Authority has too few accommodations suitable for this group, and large families of low income often represent a major relocation problem. This program would provide some 156 new large units.

> 4) To clear areas which represent some of the worst slums in the city.

> 5) To assist with the renewal plan for Harlem Park by removing the blighting influence of some vacant structures and solving some of the problems represented by financial hardship cases.[530]

Ultimately, 641 of the proposed new housing units were built in 1965 as addendums to existing projects, and 100 new units were rehabilitated existing private structures in the Harlem Park Renewal Area (an urban redevelopment site in West Baltimore). While the difference between traditional social housing projects and rehabilitated private dwellings in designated urban renewal areas might have seemed stark, the truth was more nuanced: BURHA was trying to meet both the increased general demand for social housing and accommodate different prospective tenant groups. By the mid 1960s, BURHA could not justify letting social housing units solely to more

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[530] BURHA, 'Additional Public Housing', *Memorandum* (July, 1964), p. 1.

stable tenants. The demographic composition of Baltimorean projects was changing rapidly. Gone were White tenants. Increasingly, middle class Black tenants were eschewing social housing for other options. The city's social housing applicants were increasingly drawn from the very poor, the elderly, single parented families (an increasing phenomenon among Black families as detailed in Daniel Patrick Moynihan's 1965 study), and large families.[531] For these applicants, social housing was not an alternative, temporary housing option to slum housing at exorbitant rents (as it had been for Black middle class tenants), but rather a permanent option instead of slum housing.

While BURHA had come to terms with its role as landlord of 'Black' housing, it was not yet prepared to assume the role of caretaker of an indigent Black community. The change in tenant needs after the mid-1960s was described succinctly by the Department of Housing and Community Development (DHCD), the organization which in 1968 replaced the decade-old BURHA as the city's consolidated housing authority. In their annual report 1969, the DHCD noted:

> As originally conceived, public housing was intended to help families over the rough spots, providing low-cost housing on a temporary basis. Over the past ten years, the family with this type of need has been increasingly replaced by the low income family requiring a decent home on a long term basis.[532]

The report, published at the end of the decade, also noted that many more social housing developments were planned for the 1970s, accelerating the slump in construction during the 1960s. Despite accelerated population loss during the 1970s, the prevalence of socio-economically deprived families in the city facilitated growth in social housing demand. The same report by the DHCD noted that an additional 1,019 units of social housing specifically for occupation by the elderly were planned

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[531] Office of Planning and Policy Research, *The Negro Family: The Case for National Action* (Washington, DC: GPO, March, 1965). For a comparison of marital separation in Baltimore and other cities, see p. 57.
[532] DHCD, *Annual Report* (1969), p. 14.

for construction, and that the majority of those planned units would be finished by the end of 1970.

Social housing sites and urban renewal areas, 1969, Department of Housing and Community Development, Annual Report 1969.

Yet while elements of Baltimore's Black community welcomed the expansion of social housing as a relief from slums, the projects were not always conducive to healthy living. Just as in Glasgow, unexpected problems with social housing, particularly high-rises, arose. It was during the 1960s that the city's high-rise projects (Lafayette, Lexington, Flag House, and Murphy Homes) began to reveal their design flaws, and display signs of social problems. Children contributed to vandalism, adolescents formed gangs, and adult tenants succumbed to drug and alcohol abuse.[533] Additionally, an argument existed that Baltimoreans were particularly unsuited to high-rise accommodation, considering that the city was defined by

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[533] 'Public Housing Can Succeed if Projects Are Made Liveable', *Toledo Blade* 16/03/1974, p. 8L; 'Public Housing Tenants Get Security Systems' *Baltimore Afro-American* 08/07/1978, p. 6.

decidedly low-rise private housing.[534] Critics in both Glasgow and Baltimore were concerned that the break-up of traditional neighbourhoods would lead to social disharmony, and that many tenants would adjust poorly to high-rise living.[535] While this criticism seems condescending, these fears were not wholly unfounded. In the 1950s, sociologists Michael Young and Peter Willmott compared social life in Bethnal Green and a newly built social housing development in East London. They discovered that while residents of Bethnal Green enjoyed the benefits of strong neighbourhood kinship, the residents of the high-rise social housing development felt isolated and had much fewer closer relationships than neighbours who lived in low-rise housing. Consequently, social housing residents reported a lower quality of life.[536] The counter argument to social housing equivocators was that many of the problems facing social housing tenants were issues slum dwellers faced already. In 1965, newly established and empowered BURHA director Richard L. Steiner noted in a memorandum that:

> The problems about which we are concerned are not unique to high-rise public housing projects. Problems of crime, vandalism, and sanitation are, today, characteristic of all urban communities not only in the city of Baltimore but throughout the nation as a whole. However, with respect to public housing, this Department is concerned with these problems as regards frequency of occurrence, extent, and tenant and community reaction.[537]

Thus, it would seem that BURHA's position was that much of the criticism directed towards social housing was misplaced; the problems that befell the projects were the same problems that befell the slums. The problems that social housing tenants encountered were not due to high-rise living, or even slum living, but rather stemmed from systemic poverty. The very next paragraph of the same memorandum, however, conceded that there were indeed especial challenges in operating high-rise social housing:

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[534]Belfoure and Hayward, *The Baltimore Rowhouse*, p. 168-170.

[535] For information on social housing and neighbourhood social cohesion in the United States, See: Larry Jones, *Crossing Boundaries: The Exclusion and Inclusion of Minorities in Germany and the United States* (New York: Berghahn Books, 2001), p. 75; For Glasgow, See: Graham Towers, *Shelter is Not Enough: Transforming Multi-Storey Housing* (Bristol: Policy Press, 2000), pp. 65-68.

[536] Michael Young and Peter Willmott, *Family and Kinship in East London* (London: Routledge, 1957).

[537] BURHA, 'Crime, Vandalism, and Sanitation, High-Rise Buildings', *Memorandum*, 12/05/1965, p.1.

> The very nature of the high-rise structures provides a multitude of opportunities for vandalism and other acts of unwholesome and malicious substance. The types of crime and vandalism in public housing, as everywhere else, present serious social problems. We are convinced that we must employ new and different techniques, exercise greater practical imagination, and perhaps spend more money in order to find solutions.[538]

Given the problems with high-rise social housing in Baltimore, it is not surprising that municipal authorities were concerned about the longevity of social housing, particularly high-rises, as a viable solution to the city's housing woes. In 1967, the Baltimore City Department of Planning (BCDP), one of the few extant municipal organizations that managed to escape reorganization into BURHA and the subsequent DHCD, published a policy plan on future urban development. Although highly optimistic, the plan noted with some despondency the difficulty in solving housing problems through urban planning in Baltimore:

> Much of the housing and the residential environments in the inner city of Baltimore are unfit for human occupancy. Many of the newer housing and residential environments built recently in the city are poorly designed and form the beginnings of the slums of the 1980s.[539]

While the first statement on the unsuitability of Baltimorean housing was unprovocative, the second statement, that new urban housing (i.e. mostly social housing) was poorly designed and likely to deteriorate into slum-like conditions, was revealing. Even before 1970, the correct prognosis was apparent – if not properly planned and maintained, social housing projects in Baltimore (and other American cities) could devolve into the 'new slums'.

Although many more social housing projects would be built in Baltimore in the years leading up to 1980 – the prediction that 1980 would be social housing's nadir was not only remarkably prescient but signified just how evident the problems

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[538] Ibid.
[539] BCDP, 'Comprehensive Policy Plan – Housing, Dwellings, & Neighborhoods', September, 1967, p. 2.

that affected social housing were as early as the 1960s.[540] The problems of crime, social isolation, and deteriorating health, all of which were documented in Daniel Wilner's longitudinal study, continued unabated in Baltimorean social housing during the 1960s and into the 1970s. Despite this, construction in the 1970s far exceeded the previous decade; sixteen new projects and four extensions of existing projects would be built between 1970 and 1980. Yet while projects continued to be built, enthusiasm for social housing began to wane. Both housing authorities and the Black press exhibited a growing disillusion with the merits of social housing during the 1970s, and this signalled the end of public positive perception of social housing in the Baltimore and the United States. While the 1970s saw increased social housing construction in both cities (particularly in Baltimore), both municipalities were already becoming less enamoured with the idea of social housing. The municipal authorities that once championed (or at the very least, acquiesced to) social housing were now suspicious of the extent that social housing could ameliorate slum problems. The so called 'urban renewal' projects in Baltimore and Glasgow that had emerged during the mid 1950s were by the end of the 1960s viewed much more favourably. In both cities in the 1970s, slum clearance programmes regained momentum, often at the expense of the provision of decent housing. A new emphasis on slum clearance did not equate to an abandonment of housing construction, however; as mentioned in Baltimore many new developments were built and in Glasgow housing authorities contributed to the refurbishment of many slum tenements.[541] Thus, the 1970s proved the final testing ground for social housing in both cities, and the policy decisions sowed in the 1980s that led to social housing's inexorable decline were in large part based on the disastrous results of 1970s urban planning and social housing policy in both cities.

Changes in Glasgow: the Advent of GEAR and Housing Associations, 1970-1980:

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[540] See: Hal Pawson and David Mullins, 'Conclusions', *After Council Housing: Britain's New Social Landlords* (London: Palgrave MacMillan, 2010) pp. 299-307; R Hays, 'New Directions in Housing Assistance: 1973-1980', *The Federal Government and Urban Housing* (Albany: SUNY Press, 2012), 3rd edn., pp. 139-164.
[541] HABC, *Baltimore Public Housing* (Baltimore: Housing Authority Commission, 1970), p. 5.

The 1970s was a transitional decade for social housing in Scotland. In the first

year of the decade, Scottish housing unit completions peaked at 43,000 units built,

up from 28,500 in 1960.[542] Of these houses, 81 % were social housing units, with

65% constructed by local authorities and 35% constructed by national entities such

as the Scottish Special Housing Association (SSHA).[543] Of that national total, 3,051

housing units were built in Glasgow, with 2,845 of these built by Glasgow

Corporation.[544] The beginning of the decade, then, seemed to represent the ultimate

realization of Scottish housers' dream: a full embrace of social housing as a tool to

eradicate slum conditions and improve the environment of the poorly housed. This

was not the case however; the decade saw Glasgow's social housing decline in both

quality and perceived societal importance. For example, although Scottish housing

completions peaked in 1970, housing unit completions declined every year leading

up to 1980 (save for 1975 and 1976).[545] Furthermore, social housing's decline in

relation to the number of housing units built in total was even more dramatic; while

81% of housing completions in 1970 were social houses, this percentage declined to

39.5% by 1980.[546] Lastly, the end of the decade would culminate with the passage of

the Tenants Rights, etc (Scotland) Act of 1980, which established a framework for

social housing tenants to purchase their homes at significant discounts. Ultimately,

this would result in the sale of nearly 130,000 social housing units across Scotland.[547]

Put simply, the decade of the 1970s heralded social housing's decline in importance

in Glasgow and Scotland. As Scotland became a wealthier nation, there was less of

an acute need for social housing, and as problems emerged in existing social housing

developments (particularly high-rise tower blocks), new alternatives for slum

dwellers were explored. New urban planning projects coupled with the activities of

private neighbourhood-based housing associations led to the diversification of

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[542] Christopher Harvie, *No Gods and Precious Few Heroes: Twentieth Century Scotland* (Edinburgh University Press, 1998), p. 154.

[543] Rodger, *Scottish Housing*, p. 171.

[544] 'Younger's emphasis on better Glasgow Homes', *Glasgow Herald*, 25/02/1971, p. 9; 'Glasgow's Housebuilding Record Criticised', *Glasgow Herald*, 16/01/1971, p. 8.

[545] This surge in 1975-1976 was due to the need to house increased numbers of oil workers in and around Aberdeen. See: Maxwell Gaskin and Donald MacKay, *The Economic Impact of North Sea Oil on Scotland* (Edinburgh: HMSO, 1978), p. 36.

[546] Knox, *Industrial Nation*, p. 262.

[547] Clive Lee, *Scotland and the United Kingdom: The Economy and the Union in the Twentieth Century* (Manchester University Press, 1995), pp. 197-198.

housing options for working-class Glaswegians. This did not mean, however, that the decade proved uneventful in social housing policy. The trajectory of urban planning and rehousing efforts changed considerably during the decade – with the aim of shaping social housing to better fit changing tenant needs.

The fundamental shift for social housing in Glasgow was housing authorities' change in focus from the provision of as many units as possible to the provision of units that met specific tenant group needs. During the 1970s, Glasgow Corporation and other housing authorities, particularly the SSHA, became less concerned with the sheer number of social housing units, and more concerned with the general quality and particular specifications of new and refurbished units. This paradigm shift reflected an acceptance in the changing demographics of prospective tenants; as middle class and skilled class tenants increasingly eschewed social housing, new tenants with new needs filled their place. Increasingly, social housing in Glasgow catered to the elderly, the disabled, the long-term unemployed, and lone parented families. Yet, just as in Baltimore, authorities soon realized that many of the existing housing units were ill suited to the needs of more deprived tenants. Lifts were too small to accommodate stretchers or coffins, many tower blocks were not ergonomically designed and were located far from public transportation options, and day care and crèche facilities were rare as mothers were expected initially to remain home to care for their children. Thus, as the prospective tenants of social housing changed, the units themselves changed. Tower blocks fell out of favour with planners and architects alike.[548] Perhaps even more significantly, population decantation slowed as city authorities united to retain people in Glasgow. While the New Towns were met with excitement during the 1950s and 1960s, enthusiasm for population decantation began to wane during the 1970s.[549] In 1976 the planned community of Stonehouse south of Glasgow was cancelled just three years after being planned. Even the much heralded CDAs had reached their peak of popularity.

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[548] See: Scottish Housing Advisory Committee, *Planning for Housing Needs: Pointers Towards a Comprehensive Approach* (Edinburgh: HMSO, 1972).
[549] Peter Booth and Robin Boyle, 'See Glasgow, See Culture', *Cultural Policy and Urban Regeneration: The West European Experience* (Manchester University Press, 1993), pp. 28-29.

Of the original 29 planned CDAs conceived in 1957 (which were famous for their adoption of high-rise development), only nine would be developed, the last of which commenced in 1973.[550] With new prospective tenants increasingly poorer, and problems associated with CDA life (isolation, economic stagnation, etc.) beginning to emerge, municipal authorities began to direct their energy towards centre-city urban renewal. Specifically, the District Council (after local government reorganization, 'Glasgow Corporation' became the District Council) employed a significant plan to revitalize its urban core neighbourhoods.[551]Just like Baltimore with its second 'Baltimore Plan', the District Council adopted a renewal programme to restore its existing housing stock to a habitable quality. In 1976, Glasgow District Council launched the Glasgow Eastern Area Renewal (GEAR) project that sought to revitalize slum housing tenements in an area of nearly 4,000 acres in the city. While the project fell short of its grand aims, the project still embodied Glasgow's two social housing policy goals of the decade: develop better social housing units and locate them centrally in the city. Though social housing production slowed dramatically during the decade, in the later 1970s new and more sustainable social housing units became available for working-class Glaswegians in areas closer to their original residence. The GEAR programme and similar efforts by private housing authorities need to be reviewed to fully understand housing policy in Glasgow during this period.

Much of the city's gradual disaffection with social housing beginning in the 1970s can be attributed to a growing disillusion with high-rise tower blocks. By 1971, nearly half of social housing units built in Glasgow since 1957 were high-rise tower blocks. While tower blocks did not constitute the majority of social housing in Glasgow at this point, they were the most conspicuous reminder of the city's embrace of social housing. Newspaper articles commented that such schemes were

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[550] As originally planned, the goal was to have a considerable amount of the CDAs completed by 1980. Instead, the project was scuttled after 1973. See: George Gordon, *Perspectives of the Scottish City* (University of Aberdeen Press, 1985), p. 289.
[551] 'Decade of Effort and Achievement', *Glasgow Herald* 31/05/ 1985, p. 9.

inherently unliveable. They were viewed as highly susceptible to fires.[552] Children were at a high risk of falling out of windows or off of balconies to their death.[553] Vandalism was not only unstoppable, but injurious to tenant health.[554] Lifts, which were prone to malfunction, were also subject to power shortages.[555] Furthermore, whether rightly or wrongly, many viewed tower blocks as conducive to (and even facilitating of) criminal behaviour. A warden of Petershill Court, a high-rise development in Balornock, spoke of 'the muggers, the glue-sniffers, the vandals who have turned sweet dreams of home into nightmares for the 120 families under his protection' and alluded to his residence in Petershill 'as though it were a prison sentence.'[556] The Red Road flats, perhaps Glasgow's most notorious, were considered by former tenants to be so uninhabitable that there were serious calls to designate all floors above the twenty first storey for university accommodation.[557]Clearly, by the end of the 1970s, both tenants and the press were voicing increased frustration with high-rise housing's design flaws and social conditions.

Yet while the Glaswegian public had grown disaffected with high-rise developments, they nevertheless remained an essential component of city housing stock. Indeed, high-rise tower blocks continued to grow as a percentage of total Glaswegian housing up until 1973, when their relative share began to decline slowly. Mostly this trend can be attributed to the District Council favouring lower storey development and the rise of private housing associations refurbishing traditional tenements. However, the trend towards lower average storey height can in part be

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[552] 'Call for Seminar of High-Rise Fire Risks', *Glasgow Herald*, 18/11/1974, p. 10; 'Towering Inferno – Could it Happen in Glasgow?', *Glasgow Herald*, 10/04/1975, p. 7; 'Red Road Tenants Demand Safety Probe and Fire Drill' *Glasgow Herald*, 14/09/1978, p. 3; '60 Families Evacuated in Blaze', *Glasgow Herald*, 18/12/1978, p. 3; 'New Fire Safety Rules for Tenants', *Glasgow Herald*, 18/01/1978, p. 3.
[553] 'High Risk', *Glasgow Herald*, 01/10/1974, p. 14; 'Balustrades in High Flats Could be Death Traps', *Glasgow Herald*, 12/12/1977, p. 1.
[554] 'Price of Vandalism', *Glasgow Herald*, 27/09/1978, p. 6; 'Flat Vandals Put Families at Risk', *Glasgow Herald*, 06/06/1979, p. 3.
[555] 'Flats Risk' *Glasgow Herald*, 24/01/1975, p. 1.
[556] 'Nightmare Existence for the People Vandals Cannot Leave in Peace', *Glasgow Herald*, 26/09/1978, p. 7.
[557] 'Bid to Put Students into Red Road Flats', *Glasgow Herald*, 31/08/1977, p. 1; 'Report on New Role for Red Road Flats', *Glasgow Herald*, 12/09/1977, p. 3.

attributed to the demolition of substandard high-rise tower blocks, including some housing schemes that had not even been finished![558] The graph below illustrates the growth of high-rise tower blocks over the years leading up to the middle 1970s, when they began a slow decline in percentage of total housing stock:


Multi-storey dwellings as a percentage of all Corporation house stock
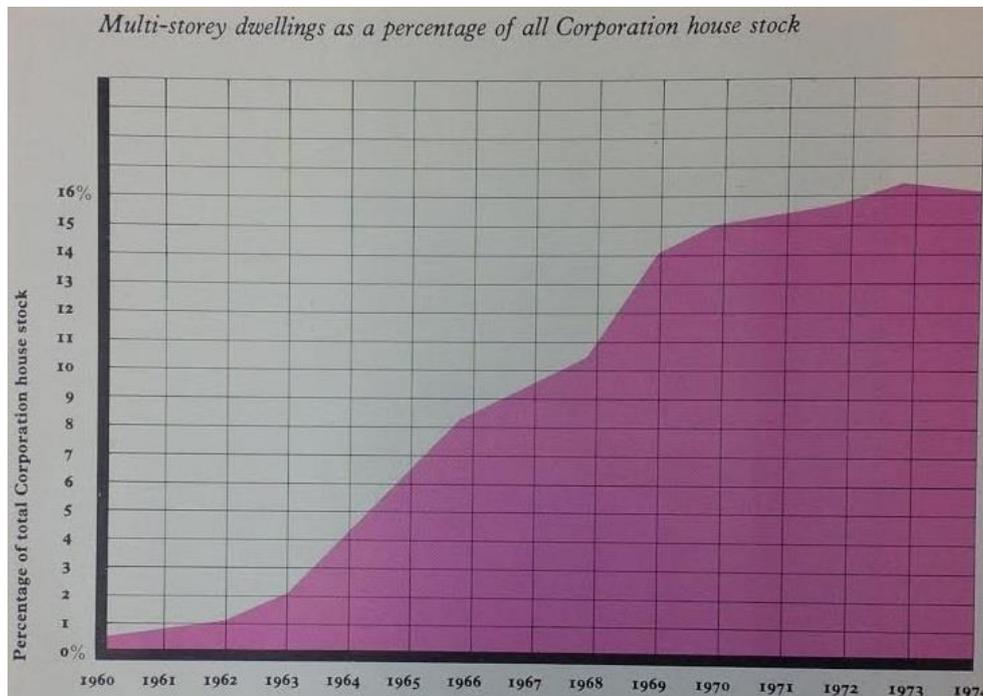
Glasgow Corporation Housing Committee, 'Multi-Storey Dwellings as a Percentage of All Corporation House Stock', Farewell to the Single End, p. 60.

Additionally, during the tower blocks' zenith in the early 1970s, the height of individual blocks grew higher and higher. By 1974, while nearly a third of tower blocks in Glasgow were ten storeys or under, over two thirds of blocks were sixteen storeys or higher.[559] A look at the table below illustrates the composition of storey height in Glaswegian social housing schemes:

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[558] Anne Power, 'Marginal Housing Estates in Europe', *European Integration and Housing Policy* (London: Routledge, 2005), p. 222; Andrew Gibb and Duncan MacLennan, 'Glasgow: From Mean City to Miles Better', *Housing Markets and Housing Institutions: An International Comparison (*Berlin: Springer, 1991), pp. 296-298.
[559] Glasgow Corporation Housing Committee, 'Storey Heights by Percentage as at December 1974', *Farewell to the Single End* (Glasgow, 1975), p. 60.
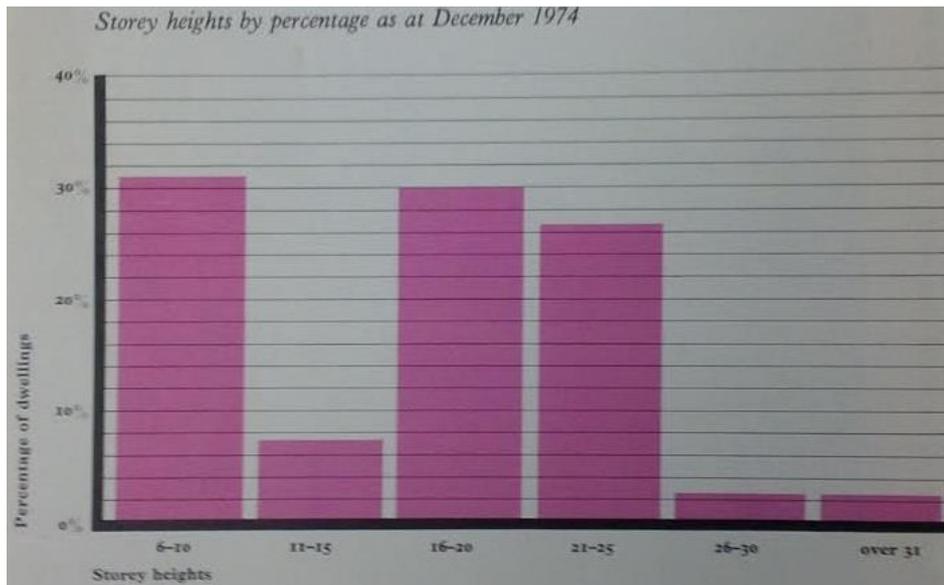
Glasgow Corporation Housing Committee, 'Storey Heights by Percentage as at December 1974',

Farewell to the Single End, p. 60.

The prevalence and prolific spread of high-rise social housing schemes in Glasgow did not spare the city's tower blocks from academic and professional criticism, however. Just as high-rises fell out of favour with journalists and the general public, academics recorded tenants' dissatisfaction with high-rise living and the generally poor environment of social housing communities. In a review of housing sociologist Norman Dennis's seminal work *People and Planning*, a journalist articulated the growing professional sentiment on urban planners and their developments:

> Planners are the metropolitan scapegoats of our time; in the process of renewing our cities they have been accused of generating 'planning blight' through their insensitivity. Complexes of multi-storey blocks containing families with young children are cited as indices of their ignorance of the elements of family living; and contiguous housing and urban motorways are pointed out as making a mockery of 'planning' as such.[560]

Clearly, as this inflammatory preface underscored, urban planning efforts and high-rise social housing schemes had become categorically unpopular. Indeed, an article on the problems of high-rise social housing in Australia noted that Glasgow's Council had been forced to reconcile with the 'tremendous and insoluble problems created

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[560] Sean Damer, 'Why Planners Should Not be Left Alone', *Glasgow Herald*, 23/07/1970, p. 8.

by trying to put welfare housing customers into 20-storey blocks' and that 'these buildings, which were claimed 20 and 10 years ago to be the answer to public housing are being torn down to make way for low and medium-rise housing.'[561] Even the peripheral schemes, which had been lauded as a great compromise at their inception (given their location outside the city centre but within city boundaries) had begun to wane in popularity. A 1971 article, commenting on the rapid pace of housing construction of the period, commented that 'Many of the inhabitants of peripheral housing estates, and not a few of the car-owning critics of the scheme, would prefer to live in more central areas if sufficient houses with full amenities were available there.'[562] The Scottish government was not deaf to this criticism. The cancellation of the much heralded Stonehouse new town development was a direct response to a growing populist sentiment: working-class Glaswegians did not want to be pushed out of their own city.[563] Regardless, a great many Glaswegians had made their homes in high-rise social housing schemes, and though many tenants were unhappy with their accommodation, the District Council simply did not have the financial resources to rehouse every prospective tenant into a lower rise scheme. There was, however, a movement to revitalize some of Glasgow's old tenement buildings to a habitable standard. This movement, a collaboration between public and private authorities gained traction in the 1970s. A review of both the public and private approaches to housing issues should illuminate the trajectory of social housing in the city during the decade.

The idea that direct municipal construction of subsidized housing for working class families was not the sole solution to the housing crisis was not unique to Glasgow. In the early 1950s, municipal authorities in Baltimore decided to implement the second 'Baltimore Plan', a public initiative to improve slum housing in concentrated areas of the city. The Plan, though only implemented for a few years,

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[561] 'High-Rise Flats are Down but Not Out', *The Age* 22/10/1979, p. 20.

[562] 'Call for New Look at Public Sector', *Glasgow Herald*, /22/01/1971, p. 10.

[563] To understand the Stonehouse development's fall from public grace see the following: 'Sixth New Town', *Glasgow Herald*, 21/12/1970, p. 6; 'Glasgow's Revival Could be Hindered by New Towns', *Glasgow Herald*, 21/09/1974, p. 21; 'Let Glasgow Belong to the People', *Glasgow Herald*, 20/04/1976, p. 6; 'East End Rebirth', *Glasgow Herald*, 24/05/1976, p. 6; 'After Stonehouse', *Glasgow Herald*, 25/05/1976, p. 6.

refurbished about a dozen acres in East Baltimore to a habitable standard. BURHA attempted to revive the Plan with its Harlem Park Renewal Area in 1958, but this effort was not a tremendous success.[564] In Scotland, early rumblings on the efficacy of social housing policy and urban planning were apparent. Since the mid-1960s, the Scottish Office had been concerned about the effects of Glasgow's population decantation and the impact of this policy on the city's urban core.[565] Ultimately, the Scottish Office mustered enough political capital to implement a dramatic experiment that had the potential to drastically alter Glaswegian housing policy. The Scottish Office, in concert with the newly established District Council and Strathclyde Regional Council, the Scottish Special Housing Association (SSHA), and the Scottish Development Agency (SDA) (with the later cooperation of the Housing Corporation and the Greater Glasgow Health Board), sought to initiate a programme aimed at revitalizing an area of the city plagued by slum conditions and population flight. Proposed in 1974, the Glasgow Eastern Area Renewal (GEAR) project sought to eradicate slum conditions in one of the city's most blighted areas in the hopes of creating a stable working-class environment. The project was no small measure. The area selected for regeneration covered 4,000 acres (1,600 hectares) and constituted nearly 8% of the city's total area.[566] The area was considered the heart of the East End of Glasgow, and though the city had long hosted industrial activity the area had begun to deteriorate into physical and social decay. This decline in industrial activity and economic vitality was in part due to the area's rapid growth in the late nineteenth century. The area was completely dependent on economic activity in support of Glasgow's shipbuilding and engineering industries; once these economic foundations evaporated due to global competition, the area began its irrevocable

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[564] 'Work Slated to Begin Soon in Harlem Park Renewal Area', *Baltimore Afro-American*, 14/01/1958, p. 1; 'Too Early to Cheer', *Baltimore Afro-American*, 18/08/1962, p. 3; 'Harlem Inner Block Parks Program Slow', *Baltimore Afro-American*, 13/05/1964, p. 7.

[565] Roger Leclerc and Donald Draffan, 'The Glasgow Eastern Area Renewal Project', *The Town Planning Review*, Vol. 55, No. 3 (Jul., 1984): 336.

[566] 'Public-Investment Planning: The Glasgow Eastern Area Renewal Project', *Remaking Planning: The Politics of Urban Change* (London: Routledge, 1996), 2nd ed., eds Tim Brindley, Yvonne Rydin, and Gerry Stoker, p. 97.

decline.[567] The image below presents the area within Glasgow and its constituent developments:
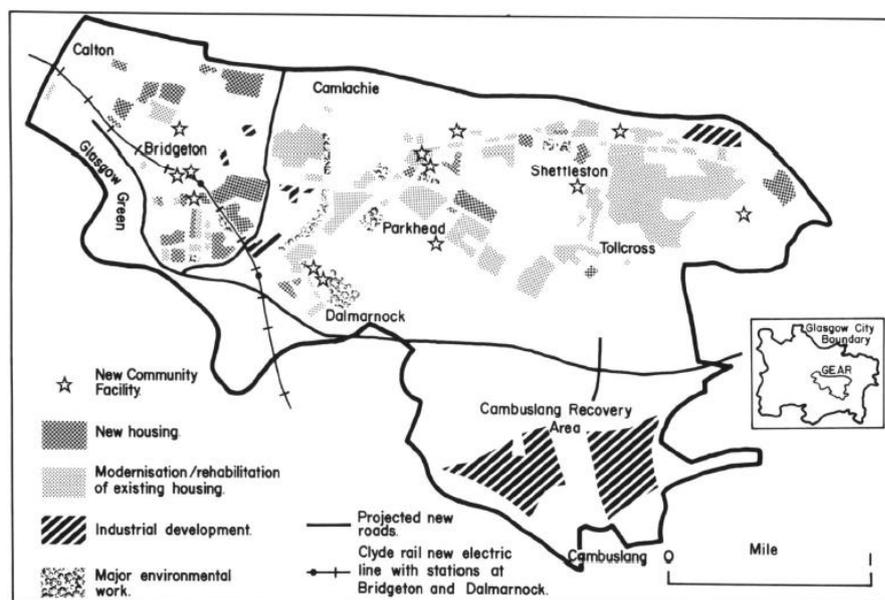
A location of the GEAR area and constituent projects, M Barke and D Sim, 'Getting into Gear – Urban Renewal in the East End of Glasgow', Geography, Vol. 66, No. 4 (November, 1981): 317.

Although elements of the GEAR project were devoted to economic redevelopment, the primary purpose of the plan was to improve slum housing. Indeed, the civil servants and local councillors who had instigated the calls for GEAR were convinced that the CDA strategy and the prevalence of high-rise social housing tower blocks was actually *harming* urban development, and contributing to the population flight experienced by all Scottish cities.[568] The GEAR project, however, aimed to change this pattern of urban development in favour of tenant rehabilitation. Since the 1930s, when the Department of Health for Scotland (DHS) issued a report on the social housing developments of continental Europe, Scottish housers had known of the Scottish cultural preference for medium-level tenements over terraced housing. Indeed, it was this preference for tenement life that may have convinced later planners that Scots would naturally acclimate to high-rise living.

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[567] David Rich, 'The Glasgow Eastern Area Renewal Scheme', *Geographical Review*, Vol. 71, No.2 (Apr., 1981): 214.
[568] Urlan Wannop, 'The Glasgow Eastern Area Renewal Project: A Perspective on the Management of Urban Regeneration', *The Town Planning Review*, Vol. 61, No. 4 (Oct., 1990): 457.

As has already been discussed, Scots did not overwhelmingly enjoy tower block accommodation; they posed many challenges that tenement life did not. Regardless, the GEAR project aimed to renovate traditional tenement buildings to a healthy and aesthetic standard for working-class residents. At its core, GEAR sought to improve neighbourhood stability through the improvement of the local housing stock. The image below is representative of a GEAR restoration of an interwar social housing tenement:

Photo: Wannop, 'The Glasgow Eastern Area Renewal Project', The Town Planning Review, Vol. 61, No. 4 (Oct., 1990): 457.

Yet while the project was ambitious, there were early signs that GEAR proponents had promised more progress than it could deliver. The programme was funded until 1987, when funding was halted ungraciously due in part to opposition towards the programme by Tory government. This opposition was not wholly unjustified, however. Throughout the late 1970s and the 1980s, social deprivation and unemployment worsened in the GEAR area, although in fairness this was true throughout all of Britain. The SDA, one of the more principal organizations involved with managing GEAR, commissioned two reports to determine the efficacy of the programme in achieving its goals. One review was published during the middle of the project in 1982, and another published at the end of the project in 1987. The first report, known as the Deloitte report, was conducted by academics from the University of Glasgow and University of Strathclyde, and sought to evaluate whether

the GEAR programme had achieved any of its goals.[569] Put simply, the academic

reviewers felt that the project fell short in achieving many of its objectives. However,

this negative evaluation rested partly on what the report authors felt was the

grandiose aims of the GEAR experiment. For instance, the authors found that GEAR

did not result in improved employment conditions or a decrease in crime and

vandalism. The Deloitte study contended that GEAR did improve housing conditions

significantly, and this was obviously beneficial to area residents. Regardless,

economic and social deprivation worsened during the GEAR experiment and thus the

Deloitte study did not endorse GEAR as successful. The second report, known as the

Pieda study, was conducted by economists, and largely echoed the findings of the

Deloitte study. The Pieda study offered a much rosier evaluation of the efficacy of

GEAR, however. [570]While the study concurred with the former study on the

lacklustre impact of GEAR economic stimulus aspects, the study argued that

environmental health in the GEAR area was greatly improved, and that furthermore

private house construction increased dramatically and the levels of amenity in

individual flats improved as well. The study also noted that relative to similar urban

regeneration programmes in London and Merseyside, GEAR was a comparative

success despite the obstacles posed by economic recession. Thus, while the GEAR

project seemed to have failed in restoring the East End of Glasgow to economic

sustainability, the project did manage to improve the local housing stock and expand

housing options for working-class neighbourhood residents. For this reason alone,

GEAR can be viewed as successful municipal effort in housing improvement, even if

the majority of housing units refurbished were of private housing stock.

The number of Glaswegians who lived in social housing continued to increase

until the early 1980s. Indeed, while the GEAR project had shown that social housing

was not the sole tool capable of expanding housing options or improving

environmental conditions, the private housing improvement movement started in

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[569] Deloitte, Haskins, and Sells and Roger Tym and Partners, *GEAR Review: Businesses Development and Employment Strategy Final Report for the Scottish Development Agency* (HMSO: Edinburgh, 1982).
[570] Pieda, *GEAR Project Evaluation: Final Report* (HMSO: Edinburgh, 1982).

the late 1960s. In 1967 the urban planning academic Barry Cullingworth authored a report titled *Scotland's Older Houses* which, in addition to advocating for a demarcation between high priority tenant and general tenant allocation policy, argued for increased slum clearance coupled with intense inner-city housing development.[571] The report, which subsequently became known as the Cullingworth Report, posited that Glasgow's large, imposing (if austere) tenement blocks were perfectly adequate for urban habitation, and that most dilapidated tenements needed little structural repairs; only the interiors of flats needed to be refurbished. The report had a profound and lasting impact on Scottish housing legislation and policy. The 1969 Housing (Scotland) Act provided grants for local authorities across Scotland to induce slum clearance and refurbish salvageable tenements.[572] More specifically, the Act introduced the concept of Housing Treatment Areas (HTAs), areas that were targeted for both slum clearance and the restoration of viable tenement buildings. Yet the HTAs themselves were not without criticism, indeed many Glaswegians found them counterproductive towards neighbourhood regeneration. Specifically, the HTAs awarded powers of compulsory purchase to local authorities; if property owners failed to restore their units to the liking of the local council, property could be repossessed.[573] Perhaps most famously, the residents of Old Swan and Oatlands, the two slum districts in Glasgow's south side, successfully resisted compulsory purchase orders for the purpose of slum clearance and rehousing into social housing. While Old Swan and Oatlands were poor neighbourhoods, long-time residents were hesitant about leaving their communities.[574] Although some Scottish housers viewed the HTAs in 1969 as potentially progressive, they fell short of even modest expectations. Indeed, by 1974 only a 140 HTAs had been declared across Scotland, representing only 8,000 housing units.[575] Regardless, the HTA experiment spawned a new force in urban planning in Glasgow that shaped housing improvement effort in the 1970s: the community based housing associations (CBHAs). These voluntary organizations, founded by

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[571] Scottish Housing Advisory Committee, *Scotland's Older Houses: Report* (Edinburgh: HMSO, 1967).
[572] Scottish Trade Unions Congress, *Annual Report, 1971* (Edinburgh: 1971), p. 335.
[573] John Benson, *The Housing Rehabilitation Handbook* (London: Architectural Press, 1980), p.94.
[574] 'A New Start: 1974-1984', *Miles Better, Miles to Go* (Glasgow Corporation, 1984).
[575] Glendinning, *The Conservation Movement*, p. 337.

Scottish housers disaffected by municipal social housing policy, sought not only to stop population decantation to peripheral schemes and new towns, but to promote the rehabilitation of Glasgow's ubiquitous tenements. These were completely non-governmental organizations; in truth much of the attraction of CBHAs was derived from the perception that they were truly neighbourhood movements. Their organized activities of the CBHAs during the 1970s precipitated wider resistance to slum clearance and rehousing into tower blocks, and promoted ideas of urban core regeneration.

The very first CBHA grew out of the graduate thesis of a University of Strathclyde architecture student. In 1972, Raymond Young was awarded a grant to establish a university research centre named the 'Tenement Improvement Centre' that was designed to offer free housing advice to working-class Glaswegians.[576] Later, the Centre became independent of the university and reorganized itself as a community advice organization. After receiving additional grant and philanthropic aid and was renamed ASSIST.[577] With its first office located in Govan, Young helped develop the concept of the Community Based Housing Organisation. Young and his partner Jim Johnson, his former university advisor, imagined HAs as aid organizations to help would-be tenement improvement advocates navigate through the complex legal, regulatory, and logistical aspects of tenement restoration. A year later, ASSIST formed the Central Govan Housing Association as the very first CBHA. The association's first task was to refurbish 212 tenement housing units on Taransay Street facing to the Clyde, in an area later designated as the Taransay Street Treatment Area.[578] The CBHA was so successful in helping locals restore the tenements to a habitable condition that ASSIST started CBHAS in neighbouring Govanhill, Linthouse, Partick, Rutherglen, Yorkhill, and Reidvale in the following years. By 1982, there were over thirty CBHAS in Glasgow – and that year it was estimated that approximately 19,500 housing units were owned by CBHAs across

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[576] Glendinning, *Rebuilding Scotland*, p. 40.
[577] Graham Towers, *Building Democracy* (London: Routledge, 2003), pp. 106-107.
[578] Leslie Forsyth, Marcia Pereira, and Leanne Townsend, 'Case Studies of Organisations and Community-Based Practices', *Architecture, Participation, and Society* (New York: Routledge, 2010), eds Paul Jenkins and Leslie Forsyth, p. 104.

Scotland and let at fair-rent rates. [579] While these CBHAs were centred in different neighbourhoods (although the CBHA 'Glasgow Jewish' focused on solely rehabilitating Jewish occupied flats!), they were all dedicated to the same goal of revitalizing the city's iconic tenements to a habitable condition. They were remarkably successful. Glasgow's CBHAs sought to retain the local population as much as possible in any tenement building or area they rehabilitated. The physical structures of selected tenements were reinforced and cleaned. Most interior restoration consisted of practically gutting the inside of tenements and building new, larger flats with modern kitchens and bathrooms. Electrical rewiring was also considered especially important, as the wiring standards of the 1930s and 1940s were by the 1970s considered categorically haphazard.[580] Each year, new neighbourhood oriented CBHAs sprung up and devoted time, energy, expertise, and finances towards the rehabilitation of the city's tenement buildings. It was a massive, organic movement to retain Glasgow's population and dense urban character. But not only did CBHAs prove extremely popular, they were especially effective at achieving their goals. While private organizations undertook 7 % of all tenement rehabilitations in 1971, by 1979 they undertook 81 %.[581] Thus, the decade of the 1970s represented a paradigm shift for urban planning and housing policy in Glasgow. While slum clearance and government construction had characterized housing policy in decades past, the remainder of the twentieth century seemed to belong to those who wished to preserve and refurbish the city's tenements. By the dawn of the 1980s, Scottish housers were no longer concerned with how many new housing units they could provide, but rather how many dilapidated properties they could redevelop into suitable working-class housing environments.

Although Glasgow in the 1970s was defined by the success of the municipal GEAR programme and the myriad of private citizen CBHA initiatives during the

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[579] Reidvale Housing Association, *Reidvale Housing Association: The First 25 Years* (Glasgow: 2001); 'Housing Associations: Sales', HC Deb 25/10/1982, Vol 29 cc 273-5W.

[580] Jim Johnson, 'Sustainability in Scottish Cities: Two Case Studies in Local Management', *The Compact City: A Sustainable Urban Form?* (London: Taylor & Francis, 1996), eds Mike Jenks, Elizabeth Burton, and Katie Williams, p. 278; *The Architects' Journal* Vol 188, (Sep-Oct., 1988): 70-75, esp. 74.

[581] Glendinning, *The Conservation Movement*, p. 337.

1970s, in Baltimore the political climate was quite different. As the city of Baltimore

had already experimented with a private/public partnership in housing rehabilitation

(its second incarnation of the 'Baltimore Plan' in the 1950s), the mood for private

housing rehabilitation by the 1970s had soured somewhat. Indeed, in the minds of

Black Baltimoreans, the terminology of 'housing associations' likely conjured up

memories of the 'neighbourhood organizations', or local groups dedicated to the

preservation of racial segregation. Furthermore, many poor and working-class Black

Baltimoreans occupied housing units that were beyond preservation and restoration;

social housing was both new and more amenable than existing housing for Black

tenants. Social housing retained its allure at the dawn of the 1970s among primarily

because it offered Black tenants a reprieve not only from slum conditions but the

confines of racialized housing legislation and practices. While social housing

construction in Glasgow was at its highest in the 1960s, in Baltimore the greatest

number of units were built in the 1970s. This period of increased construction did

not mean that Baltimore's social housing projects were any more inhabitable; indeed

those who could fled the projects for better housing options in more suburban

Northwest Baltimore, which transitioned from a Jewish area to a Black area in the

1970s. Regardless, the decade in Baltimore was not defined by community

organizations but rather by the continued construction of social housing. What

challenged housing authorities in Baltimore was not meeting demand for more units

(though in Baltimore, demand always outstripped supply), but rather meeting the

needs of changing tenant demographics.

Changes in Baltimore and the Attempt at Urban Renewal, 1970-1980:

In Baltimore, the decade of the 1970s represented the apex of social

housing's dominance in the provision of working-class housing. The housing form

was no longer a novelty, and while urban planners and housers had lost some of

their enthusiasm for social housing, its advocates had pushed successfully for the

construction of more projects throughout the city. By January, 1970, a total of

10,616 units of social housing had been built in Baltimore since 1940. This did not

mean there were not lulls in social housing construction: there were no projects built

in Baltimore during 1947-1952 and none built during 1963-1969. There were thus eleven years between 1940 and 1980 when no social housing units were built in Baltimore.[582] Such a lull never occurred in Glasgow. Furthermore, while 5,421 social housing units had opened during 1940s, only 4,259 units were opened during 1950-1969 period.[583] Whether this signified a lessened enthusiasm for social housing or just procedural hurdles is debatable. During the 1970s, however, construction of social housing increased and remained steady. Despite a previously undulating construction pace, by October of 1980, the total of social housing units built since 1940 reached 17,349 units. Thus, with 6,733 additional units being built during the decade, the 1970s was the most prolific period of social housing construction in Baltimore.[584] Regardless, even by 1970, social housing had impacted the city's housing landscape. Baltimore was then a city of 905,759 persons, split almost evenly between Blacks and Whites. Some 10,819 families – or 38,536 people – lived in social housing, representing 4% of the city population. Not surprisingly, the trend of increased Black occupancy in social housing continued unabated. While more slightly more Whites than Blacks lived in the city in 1970, that same year Whites constituted only 16.2% of social housing tenants, while Blacks constituted 83.8% of tenants. The map below illustrates the geographic distribution and racial composition of social housing projects in 1970:

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[582] DHCD, *Residential Displacement: Activity Analysis, 1951-1971* (Baltimore: May, 1971), p. 5.
[583] Cassandra Gottlieb, 'The Effect of Site Selection Policies and Practices on the Success and Failure of the Federal Public Housing Program: The Case of Baltimore' (Master's Thesis: Johns Hopkins University, 1975), p. 43.
[584] DHCD, *Subsidized Rental Housing Rental Housing: Baltimore City, 1940-1985* (Baltimore: 1986), p. 4.

Project % Negro, 1970
Family Projects
● 90% - 100%
1   Latrobe
2   McCulloh
4   Poe
5   Douglass
6   Gilmor
10 Somerset
11 Cherry Hill
12 Cherry Hill Ext. 1
13 Westport Ext.
15 Lafayette Cts.
16 Flag House Cts.
17 Cherry Hill Ext. 2
18 Murphy
19 Lexington Terr.
20 Fairfield
22 Westport
29 Mt. Winans
34 Oswego Mall

○ 50% - 89.9%
3   Perkins

○ 10% - 49.9%
9   O'Donnell Hts.
14 Claremont

● 0% - 9.9%
21 Brooklyn

Project Type
○ Family, Opened 1940 - 1964
○ Family, Opened 1965 - 1970
□ Elderly, Opened 1970
○ Scattered Site, Opened 1967-1974

Census Tract % Negro, 1970
90% - 100%
50% - 89.9%
10% - 49.9%
0% - 9.9%
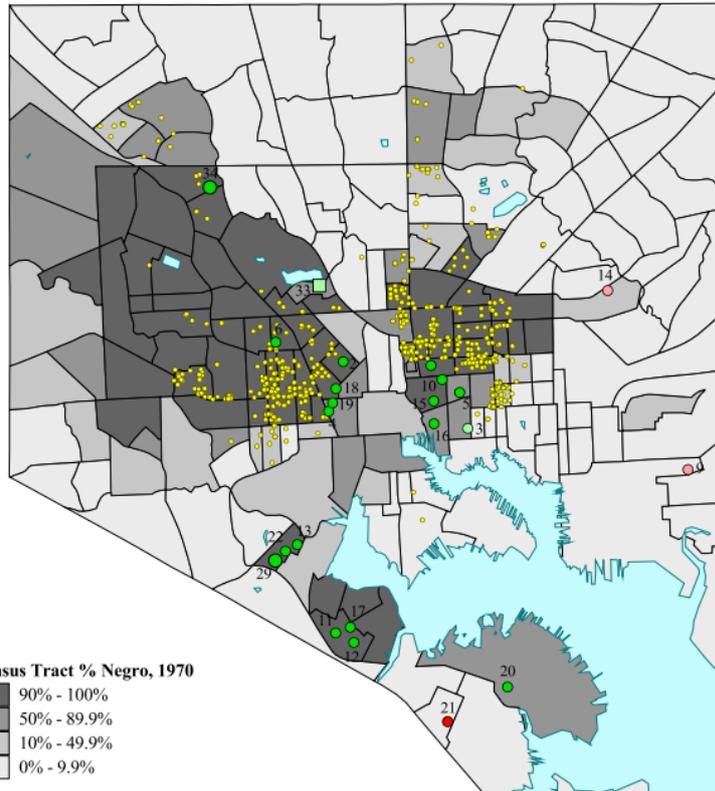
"Public Housing and Areas of Minority Concentration, 1970", Map Courtesy: Applied Population Laboratory, University of Wisconsin- Madison.

The complexion of social housing tenancy had changed considerably in the years leading up to 1970; social housing tenants were no longer average Baltimoreans, as American housers had originally envisioned. While the average Baltimorean family income was around $7,000, the average social housing family income was $2,881. Nearly 60% of tenants received welfare aid. The types of families that lived in social housing had changed as well, as children and the elderly had become more represented among tenant families. While two thirds of tenants were under the age of 21, single persons over the age of 62 and elderly families occupied a fifth of total social housing units. Additionally, less than half of all families with small children had both parents present. [585] Daniel Patrick Moynihan had warned of the social implications of the collapse of the Black family in 1965; considering the increased proportion of lone-parented Black families in social housing in the city, the

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[585] HABC, *Baltimore Public Housing* (1970), pp. 2.

consequences of this demographic composition were dire.[586] Though this change was mostly independent of social housing policy, city housing authorities were quick to adapt to the evolving needs of prospective tenants. Just as in Glasgow, tenants with special needs began to constitute a larger percentage of the total social housing population. The increase in elderly tenants in Baltimorean social housing was not incidental: it was a conscious effort by the DHCD to meet the demands of a growing demographic group. In the years 1971-1973, the city added 1,459 social housing units, through two extensions to existing projects and two new projects.[587] Additionally, more than 2,400 units were under construction in 1973 alone.[588] More than half of all the units built in these years were for elderly residency. Lakeview Tower, a fifteen storey high-rise built solely for elderly occupation, was the first project to open during the decade (January, 1970). Lakeview, though not the first project built for elderly residence, was a harbinger for social housing trends; all subsequent high-rise projects would be built exclusively for elderly residence. Furthermore, Lakeview was a 'turnkey' project, which housing authorities were eager to pursue. Under this system of development, a private developer purchased the land, constructed the project (to agreed upon specifications, which in Lakeview's case, included building a gerontology oriented clinic in the project), and sold the project to the DHCD. Located next to scenic Druid Hill Park in the Northwest quadrant of the city, Lakeview represented the DHCD's new policy direction: housing projects that targeted needs-specific groups. Future elderly projects, such as Bel Park Tower and Govans Manor, were built in a similar manner to Lakeview: high-rise tower blocks, privately constructed but municipally operated, and located in more suburban, peripheral areas of the city. Some twenty years after the fact, Baltimore was mirroring Glasgow's original social housing policy of placing tower blocks on the urban periphery. What differentiated Baltimorean social housing policy from in the 1970s was that Baltimorean housing authorities sanctioned a massive increase in

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[586] Daniel Patrick Moynihan, *The Case for National Action: The Negro Family* (Washington, DC: GPO, 1965), pp. 8-14; Hylan Lewis, 'The Changing Negro Family', *The Nation's Children* (New Brunswick, NJ: Transaction Press, 1987), pp. 116-119.

[587] DHCD, *Subsidized Rental Housing Rental Housing: Baltimore City, 1940-1985*, p. 4.

[588] DHCD, *Annual Report for 1973* (Baltimore: 1973), p.8.

total available units with the full knowledge that a greater number of tenants would be special demographic groups.

EGGS FOR BREAKFAST—William Edmonds, Lakeview's first tenant, prepares a meal. He built cabinet for his pots.
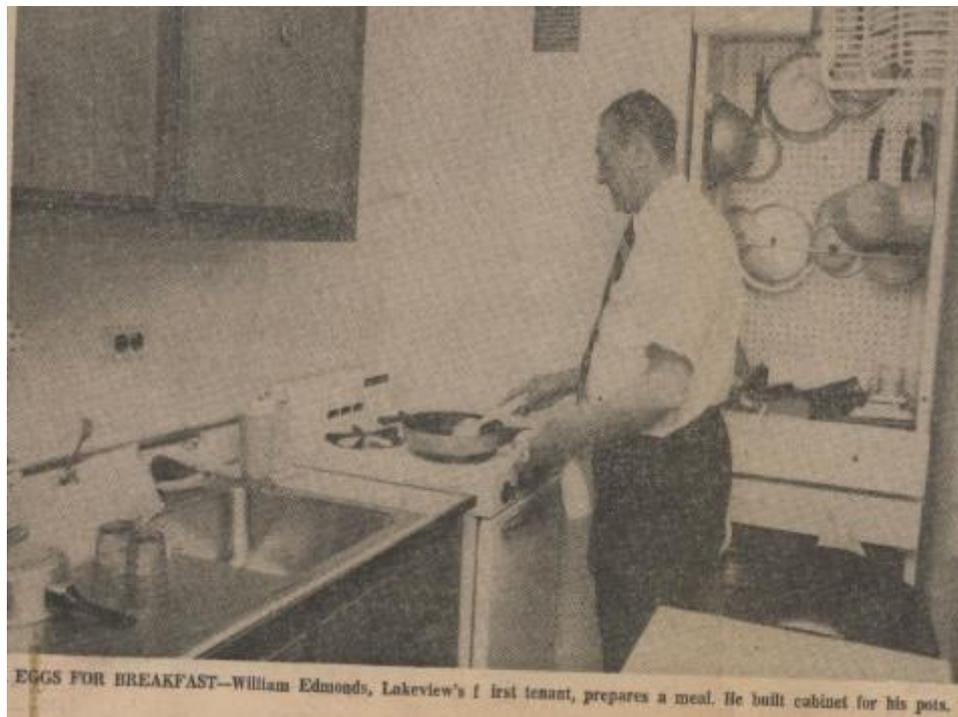
An older White tenant in newly built Lakeview Tower, 'There's an Air of Gracious Living at Sparkling Lakeview Tower', Baltimore Sun, 10/02/1971, p. C 1.

Indeed, the disproportionate focus on elderly residents was somewhat in response to a legitimate need for elderly housing, though there were ulterior explanations for the increased construction. The Department of Housing and Urban Development (HUD), a cabinet level department established in 1965, issued a moratorium on social housing construction on 5 January, 1973.[589] Although housing projects in the planning stage were allowed to be constructed, HUD set new desegregation guidelines for social housing projects. Social housing projects were now required to be built outside of inner-city cores, as concentrating projects inside dense areas was now seen as contributing to residential segregation. Whites still constituted 53% of Baltimore's population in 1973, but increasingly lived in the city's outer districts. New federal guidelines on the dispersal of social housing

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[589] Charles Orlebeke, 'The Evolution of Low-Income Housing Policy, 1949 to 1999', *The Affordable Housing Reader* (New York: Taylor & Francis, 2013), eds J Rosie Tighe and Elizabeth Mueller, pp. 244-245.

developments, however, proved difficult to enforce. Considering that many Whites had fled their old neighbourhoods to escape proximity to Blacks, municipal housing authorities often faced opposition in suggesting locations for new projects.[590] Housing projects specifically for elderly occupation, however, faced much less opposition. Even though many projects intended for the elderly were high-rises, and thus viewed as eye-sores with the potential to reduce property values, outer-city neighbourhood dwellers understood that the prospective elderly tenant pool were unlikely to cause disharmony.[591] Unfortunately for single parented families and families with many children, projects designed for them faced much stiffer procedural and popular resistance. While several housing projects designed specifically for elderly occupation were completed with little impediment, projects designated for large and poor families faced much stiffer hurdles. It was not that municipal housing authorities resisted such tenants, but rather that there was fierce neighbourhood resistance to the construction of such projects. Providing housing for an increasing amount of higher-tenants while maintaining social harmony became the objective of city housing authorities.

Despite the general inadequate supply of social housing units for large families, advocates for large families existed early on. In a BURHA monograph published in 1965, housing researchers noted the particular needs of large families. 'While some households with six persons or more might require only three bedrooms, others – depending on the distribution by sex and age – would require four.' By 1965, of the city's 275, 597 households, 35, 255 households, or 12.8% of all households, were composed of six persons or more. Of these large households, 16,574 were renter families, and as the reported noted, these families were disproportionately Black. 'Among the 16,574 large families… non-whites numbering 11,573, more than double the 5,001 whites.'[592] In one paragraph, BURHA had

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[590] League of Women Voters of Baltimore, 'Where Will Everyone Live?' 10/02/1970, p. 6; Sally Merrill, *Evaluation of the Performance Funding System: Technical Components, Decision Rules, and Administration* (London: ABT Associates, 1980), p. 28.
[591] Gottlieb, 'The Effect of Site Selection Policies', p. 46.
[592] BURHA, *Housing Needs of Elderly, Large, and Lower-Middle-Income Households* (Baltimore: 1965), p. 31.

highlighted the bleak prospects faced by large Black families, and the problems housing authorities faced in rehousing them. Yet it was not just municipal authorities that recognized the problem, however, housers of all kinds advocated for large families. As early as 1960, Frances Morton, the Baltimore social worker who had become a prominent figure in the CPHA, argued that high-rise towers were particularly unsuited to receive large families. 'Most public housing tenants have large families; and, despite many valiant efforts (e.g. totlots in the sky) to make elevator-apartment living and large families with small children compatible, it is not an outstanding success.'[593] It may have been that concern for the housing welfare of children was rooted in maternal instinct. In 1970, the League of Women Voters of Baltimore published a brief wherein they discussed housing issues that large families faced. In a section titled 'Weaknesses of Public Housing', the League noted that while social housing's original mission had changed, the units themselves had not conformed to the needs of the growing number of large families:

> Originally, public housing was to be a way-station for rising young families. Over the last ten years the projects increasingly have become a collection of large, poor, broken families and older persons requiring a decent home on a long-term basis….[however] Large families do not have adequate facilities; most of the older apartments have two bedrooms or less.[594]

Luckily for larger families, the plea for housing units designed for their tenancy was heard. Baltimore's housing authorities focused more of their attention on large families in the 1970s. This did not mean there were not hurdles in doing so - while the city municipal government was keen to expand social housing and aid large families, federal financial support for Public Housing Authorities (PHAs) throughout the country waned throughout the 1970s. The federal government had a chequered history when it came to financial assistance for social housing. For much of the 1950s and 1960s there were construction cost ceilings placed on social housing projects, making it difficult to build flats with more than four bedrooms.[595] As more large and

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[593] Frances Morton, 'Letter to Norman P. Mason', *Views on Public Housing: Symposium of Letters* (Washington, DC: GPO, 1960), p. 111.
[594] League of Women Voters of Baltimore, 'Where Will Everyone Live?' 10/02/1970, pp. 6-7.
[595] William Grigsby and Louis Rosenburg, *Urban Housing Policy* (New York: APS Publishers, 1975), p.77.

economically distressed families began to enter social housing, project maintenance costs soared. Consequently, rental fees were increasingly insufficient to cover costs. In 1950, the median social housing tenant family income was over 60% of the American median income, but by 1975 it had plummeted to 30% of the national median.[596] This problem was not viewed as a serious threat by municipal housing authorities before 1973. For although municipal bonds were used to pay for social housing projects initially, by the 1960s the federal government came to subsidize the budgets of municipal housing authorities. Under the guidance of the Kennedy administration, Congress passed the Housing Act of 1961 to subsidize maintenance costs for elderly projects. Additionally, the Fair Housing Act of 1964 expanded available subsidies to include social housing tenants who had been displaced by urban renewal. The last major piece of federal housing legislation was the Housing Act of 1968, which authorized federal subsidies to cover the costs of housing very low-income families and large families.[597] With federal backing, it may have seemed an easy chore for Baltimore's municipal government: spend the money and build the housing projects. As has been discussed, however, this proved easier said than done. As PHAs throughout the country were encouraged to cater to especially distressed groups, however, operating costs, and their concomitant federal subsidies, skyrocketed. By 1973, subsidies to PHAs had bloated so precipitously that the Nixon administration placed a moratorium on federal subsidy commitments to new housing projects.[598] Indeed, at the time Nixon described social housing projects as 'monstrous, depressing places – run down, overcrowded, crime-ridden, falling apart' and further commented that 'the residents of these projects are often strangers to one another – with little sense of belonging. And because so many poor people are heavily concentrated in these projects, they often feel cut off from the mainstream

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[596] HUD, *Alternative Operating Subsidy Systems for the Public Housing Program* (Washington, DC, 1982), p. 49.

[597] James Banks, 'The Social Implication of Urban Renewal', *American Journal of Public Health* (Jan., 1963), Vol. 53, No. 1: 71-76; Patricia Striech and Louise Clark, *Multi-Family Federal Rental Housing Assistance Programs in Canada and the United States: A Comparative Study* (Canada Mortgage and Housing Corporation: 1979), p.7.

[598] Charles Lamb, *Housing Segregation in Suburban America since 1960: Presidential and Judicial Politics* (Cambridge University Press, 2005), pp. 157-158.

of American life.'[599] Regardless of his policies' negative impact on social housing viability, Nixon's sentiments on the physical and social environment of housing projects were echoed by contemporaries.[600]

While President Ford lifted the ban towards the end of 1974, for the much of the 1970s the federal government was less supportive of municipal social housing programs than it had been in previous decades.[601] While this inconvenienced social housing development in Baltimore, it by no means halted construction of new housing projects. As noted earlier, 6,733 social housing units were built in Baltimore during the 1970s – with an especial focus on providing housing for the elderly and large families. While Baltimore's social housing policy had changed dramatically during the 1970s to meet a changing applicant needs, 70s era housing policies did not have a chance to mature before being dismantled.

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[599] Richard Nixon, 'Excerpts from President's Message on Housing', *Second Annual Report of the Experimental Housing Allowance Program* (Washington, DC: GPO, 1974), pp. 51-52.

[600] In particular, housing economists Muth and Heilbrun were especially critical of the efficacy of social housing projects in the United States in the 1970s. See: Richard Muth, *Public Housing: An Economic Evaluation* (Washington, DC: American Enterprise Institute, 1973); James Heilbrun, *Urban Economics and Public Policy* (New York: St. Martin's Press, 1974).

[601] While the Carter Administration (1977-1981) was enthusiastic about housing and urban policy, they took a conciliatory approach in dealing with the demands of social housing advocates and private development interests, and accomplished few housing goals. See: Charles Orlebeke, 'The Evolution of Low-Income Housing Policy, 1949 to 1999', *Housing Policy Debate* Vol. 11, No. 2, (2000): 504.

The city's housing authorities, primarily the DHCD, had the difficult task of locating housing projects in areas that were both beneficial for tenants and inoffensive to privately housed Baltimoreans. The heated local political debate in Baltimore and other American cities on the placement of social housing spawned a now infamous acronym to describe the contentious attitude white urban residents had towards housing projects: NIMBY (Not In My Back Yard).[602] Furthermore, the type of intended housing project influenced location. As mentioned, the DHCD found that neighbourhood locals were not as resistant to housing projects for the elderly. Given that in the early 1970s the DHCD was primarily concerned with expanding social housing options for the elderly (with, as of 1973, five projects for elderly habitation, four more under construction, and six planning stages), this proved advantageous. When these units were completed, Baltimore had a total of 3,700 social housing units for elderly occupation.[603] Yet demand still outstripped supply. That same year, there were 9, 232 eligible applicants for social housing while the turnover rate was approximately 120 housing units a month becoming available.[604]

The 1980s, however, proved the beginning of the inexorable decline for the city's social housing, with more housing demolished than constructed during the decade. Further federal legislation on social housing mandated that personal rents never exceed 25% of tenant income. While the federal government was obliged to subsidize municipal PHAs throughout the country, Baltimore's municipal government charged that HUD had shirked its financial responsibilities. Regardless, thanks to both federal directive and municipal initiative, the total number of social housing units in Baltimore increased during the 1970s. Just as with Glasgow, social housing declined in professional favour and popular report throughout the 1980s. In the early 1990s, literally every single high-rise housing project in Baltimore was

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[602] James Hogan, *Scattered-Site Housing: Characteristics and Consequences* (Washington, DC: GPO, 1996), p. 168.
[603] DCHD, *Annual Report* (Baltimore: 1973), p. 14.
[604] Ibid., p. 16.

demolished due to the negative associations of high-rise life. Both Glaswegians and Baltimoreans would eventually come to the same conclusion - that social housing developments were not always the most optimal way to house the poor. Due to the several factors that prevented Baltimore's Black community from accessing the same housing options as White residents, however, social housing remained popular with low-income Blacks as an alternative to slum dwellings.

Conclusion:

The years 1960-1980 were difficult for social housing proponents in both Glasgow and Baltimore. Existing housing developments in both cities began to show wear and tear, new social problems were becoming apparent in housing communities, and perhaps most damningly, middle class tenants (and it Baltimore's case, White tenants) were becoming disillusioned with social housing life and leaving for greener pastures. While it can be argued that social housing developments weathered these critical years quite well (especially as demand for housing units always outstripped supply), the downside of the schemes/projects were exposed and the difficulties of social housing daily life surfaced. While it was true that applicants continued to outnumber available housing units in both cities, this was partially due to the aggressive and haphazard slum clearance policies in both cities in the years leading up to the mid 1960s. Furthermore, though the high-rise tower block received some early heralding in the early to mid 1960s, both urban planners and tenants realised quite quickly that these buildings were unsuitable environments in which to raise families or to rehouse the elderly. Private/public housing rehabilitation programmes were somewhat successful and provided alternative housing options for working-class persons in both cities, however, the scope of these programmes never rivalled the amount of housing units social housing provided. In both cities, social housing construction continued throughout the decades, indeed in Baltimore the 1970s were the most prodigious in terms of unit construction. Regardless, the sheer number of units provided was only one aspect of the impact of social housing. Whether social housing provided a categorically better housing alternative for working-class persons to live healthy lives was a more complicated

question. Just as Wilner and Ferguson had investigated the health consequences of

social housing tenancy in the 1950s, academics and public health professionals

sought to answer whether social housing was truly providing a healthier alternative

to slum housing. Those who analyzed the impact of social housing on health in the

years 1960-1980 discovered, however, that the myriad of changes that the housing

form underwent in these years affected tenants' ability to live healthy lives.

Chapter 7: The Health Impacts of Social Housing, 1965-1980

In both Scotland and the United States, the mid 1960s produced a growing

awareness of the crisis of urban life: Scottish and American cities were failing to

provide healthy environments for their working-class residents. It was not that

academics, public health professionals, or even politicians were unaware of Glasgow

and Baltimore's deteriorated neighbourhoods before the 1960s. Housers had long

protested slum conditions, and postulated that the slums themselves might be a

cause, rather than just a symptom, of the public health problems associated with

social deprivation. Beginning in the 1930s, they advocated for social housing as a

solution to poor environmental health conditions. With the advent of social housing

developments in both cities in the 1940s, the housers could claim success. By the

1960s, social housing was well established in both Glasgow and Baltimore, and the

housing form garnered mostly positive reviews.[605] Furthermore, both British and

American policy makers now accepted social housing as a basic component of

twentieth-century urban geography.[606] Both central governments continued to pass

legislation to further enable social housing. In 1964, Britain passed a Housing Act

that established the nation-wide Housing Corporation (responsible in Scotland to the

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[605] The *Herald* seemed convinced of the Hutchesontown development's success even before the developments were built, See: 'Glasgow's Future Housing', *Glasgow Herald*, 13/10/1961, p. 5. In Baltimore, even conservative columnist James J. Kilpatrick felt that the city had produced a higher quality social housing than comparable cities, See: James J. Kilpatrick, 'Baltimore Makes the Right Decisions', *The Free Lance-Star*, 06/05/1974, p. 5. However, the *Afro* reported that BURHA was criticized for emphasizing quantity over quality in social housing, See: 'The Fight Goes on for Better Housing', *Baltimore Afro-American*, 11/05/1966, p. A-9.

[606] Michael Ball *et al*, *Housing and Social Change in Europe and the USA* (London: Routledge, 1988), p. 51; *Building the Nation: Americans Write About Their Architecture, Their Cities, and Their Landscape* (Philadelphia: University of Pennsylvania Press, 2003), eds Steven Conn and Max Page, p. 190.

Secretary of State) to shore up the nascent housing associations (such as the SSHA) to promote affordable housing. In the United States, the Johnson administration pushed successfully for the passage of the Fair Housing Act in 1968 to end segregation practices in housing.[607] Both Scottish and American governmental authorities, then, were aware of urban housing problems and sought to solve these problems. Their benevolent intentions, however, did not result in efficacious solutions to these problems. The troubling realization of the late 1960s was that social housing had failed to alleviate urban blight, particularly in the United States.[608] Municipal authorities' new scepticism was bolstered by a continued deterioration in the urban housing stock (despite the advances of urban renewal programs such as the Baltimore Plan, GEAR, and the CBHAs), continued flight from the centre cities, and evidence of declining health among urban populations.[609] What many came to realize after the mid 1960s, then, was that social housing was not a panacea for housing woes or associated public health problems. Academics from a variety of backgrounds continued to investigate aspects of social housing that were deleterious to tenant health, and composed studies that reminded municipal governments that the simple provision of lodging was not enough to improve the public health. It was their findings on the health impact of social housing tenancy that precipitated much of the elevated criticism of social housing of the 1970s and 1980s.

Thus, while municipal planners and public health professionals cheered the advent of social housing in the 1940s into the early 1960s, by the late 1960s and 1970s housing and health experts had become more sceptical of the benefits of rehousing slum dwellers. Although in regards to the provision of amenities, social housing units surpassed their slum counterparts (individual bathrooms, central heating, ventilation), critics by this point had become disenchanted with the supposed transformative aspects of social housing. While social housing

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[607] Ambrose, *Urban Process and Power*, pp. 132-133; Charles Lamb, *Housing Segregation*, pp. 53-54.
[608] Lawrence Vale, *Reclaiming Public Housing*, pp. 415-417; John Short, 'Robert Moses Versus Jane Jacobs', *Alabaster Cities: Urban U.S. Since 1950* (Syracuse, NY: Syracuse University Press, 2006), pp. 36-48.
[609] Brian Lund, *Understanding Housing Policy* (Bristol: The Policy Press, 2011), p. 180; Alvin Rabushka and William Weissert, *Caseworkers or Police?: How Tenants See Public Housing* (Los Angeles: Hoover Institution Press, 1977), pp. 23-28.

developments survived the 1960s and 1970s, their relatively untarnished reputations did not. Perhaps most damningly, the belief in the ameliorative impact of social housing on public health did not survive unscathed. After the mid 1960s, there was an explosion of published research on the connection between housing and tenant health, many of these studies focusing particularly on social housing. The broad mood during the period pointed to growing circumspection among academics of the power of social housing tenancy to improve health. The most charitable interpretation of the published research of the period could be construed as such: while academics acknowledged social housing's superiority in the provision of modern conveniences, they were convinced that social housing probably only had a palliative impact on tenant health. A review of the general discussion during this period on the power of social housing architecture, and the purported public health dividends from living in social housing, is necessary to understand the specific impact of social housing on tenant health in Glasgow and Baltimore during these years.

The Decline of Architectural Determinism:

The more localized research on the public health impact of social housing in Glasgow and Baltimore was shaped by a broader, more philosophical debate. The issue that galvanized such strong opinions in housers at the time was whether architectural form could change human behaviour. While the earliest proponents of social housing were staunch enthusiasts of this concept, after the mid 1960s architects, planners, and municipal officials had become disillusioned with the concept of 'architectural determinism'. This term referred to the concept that building design could alter the human condition (e.g. rehoused slum dwellers would act like model tenants). This was a marked change in temperament, even amongst erstwhile supporters of the principle of architectural determinism. Planners and architects, who were once viewed as philanthropic visionaries, were now viewed as myopic and arrogant; more and more their high-rise developments were viewed as emblems of the grandiose machinations of elite intellectuals, rather than charitable

icons of subsidized housing for society's downtrodden.[610] Despite the published

research on the public health benefits of rehousing (nuanced though their

conclusions were) dating from the 1930s, housing and health authorities had

become sceptical of the extent of the benefits of rehousing. In 1972 (ten years after

Wilner's study and one year after Jephcott's study), Yale epidemiologist Stanislav

Kasl, conducted a review of 178 studies that looked at the connection between

housing and health. This review was included in HUD's tome of housing opinion

Housing in the Seventies, which aimed to delineate federal housing policy of the

period and provide a forum for contemporary academic viewpoints on housing. In

his review of other academic studies, Kasl commented:

> The link between the parameters of housing and indices of physical health has not been well
> supported by the reviewed evidence, at least not in any direct sense …The association
> between housing and mental health (excluding housing satisfaction) is supported only by the
> weakest, most ambiguous studies … the best designed studies do not demonstrate any
> mental health benefits, and it now appears that some of our most cherished hopes- such as
> raising educational and occupational aspirations by moving people out of slums- never will
> be realized.[611]

Thus, while early enthusiasm for social housing among academics was unbridled, by

the early 1970s public health professionals were coming to appreciate that the

problems of poverty might not be solved through slum clearance and rehousing

alone. As noted in the previous chapter, the detrimental effects of slum clearance

and the limitations of social housing had been raised before the 1970s; in the 1950s

and 1960s, the 'Baltimore Plan' selected pilot areas of some of the city's worst slums

and enforced housing code violations relentlessly, hoping to coerce slumlords to

maintain their dwellings. Beginning in 1974, the Glasgow East Area Renewal (GEAR)

programme sought to refurbish existing housing stock in an eastern area of Glasgow

under a broader urban renewal effort. The city's privately organized Community

Based Housing Associations (CBHAs) were even more successful in providing an

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[610] Editorial, *The Architects' Journal* Vol. 160, (London: 1974): 1413.
[611] Stanislav Kasl, 'Effects of Housing on Mental and Physical Health,' *Housing in the Seventies,
Working Papers* (Washington, DC: GPO, 1974), Vol. 1, p. 296.

alternative option to social housing for working class Glaswegians. Both of these programmes were reactions to the growing awareness of the deleterious effects of 'slash-and-burn' slum clearance.[612] After all, if slum housing was just a symptom of poverty, then rehousing slum dwellers into social housing could only aim to alleviate a symptom of poverty temporarily. Housing academics, like public health professionals, began to understand the limits of rehousing. The sociologist Edwin Mills echoed this sentiment in his commentary on the determinist position:

> Some writers attribute many social evils to underinvestment in housing. For example, it is often claimed that underinvestment in slum housing breeds crime, alienation, drug abuse, and other ills. Undoubtedly, the important causes of these problems are poverty, racial conflict, etc…[613]

By the early 1970s, then, many American housing academics viewed the connection between housing and health as tenuous at best. In their opinion, rehousing slum tenants likely would not better their condition, and it certainly would not produce any long term health benefits. Yet it was not that the idea that there were underlying social causes that explained health and quality of life differences among socio-economically disadvantaged groups that was the new revelation. Rather, the important concession of housing academics during the period was that rehousing slum dwellers into social housing might not always produce better health outcomes.[614] Even the broad popularity of the Wilner study, which reported slight but observable benefits to rehousing, failed to convince housing academics of social housing's potency. Economist Richard Muth, in review of the study, wrote that 'in matters relating to health and personal adjustment, however, differences [between slum dwellers and the rehoused group] were small and did not systematically favour public housing tenants.' After this somewhat conciliatory statement, Muth escalated his commentary and wondered if 'current disenchantment with federal housing

[612] Martin Millspaugh and Gurney Breckenfeld, *The Human Side of Urban Renewal* (New York: Ives Washburn, 1960), pp. 1-64; Davis McEntire, *Residence and Race: Final and Comprehensive Report to the Commission on Race and Housing* (Los Angeles: University of California Press, 1960), pp. 333-343; Tim Brindley, *Remaking Planning: The Politics of Urban Change* (London: Routledge, 1996), pp. 97-98.
[613] Edwin Mills 'Housing Policy as a Means to Achieve National Growth Policy', *Housing in the Seventies, Working Papers* (Washington, DC: GPO, 1974), Vol. 2, p. 209.
[614] Pacione, *Urban Geography*, p. 232-235.

programs reflects partly, at least, that better housing does not magically transform the lives of slum dwellers.'[615] Given the notorious riots and social deprivation of the United States' most infamous housing projects (Cabrini-Green in Chicago, Pruitt-Igoe in St. Louis, Marcy Projects in Brooklyn, etc.) during the 1970s, Muth's declaration seems legitimate. Furthermore, given the tenacity of the criticism of the determinist position in *Housing in the Seventies*, it seems fair to assert that by the early 1970s academics had become sceptical that the original objective of social housing, i.e. to improve the health of slum dwellers, was achievable through rehousing. The tacit implication of this assertion was that investing in social housing was at best an inefficient solution for housing and health problems and at worst, a wasteful expenditure of money and planning effort.

There were of course lingering supporters of the determinist position, and by extension, residual advocates for social housing. Although there were public health success stories to bolster this position, retaining a pro social housing stance in the 1970s was not without its difficulties. In the wake of the 1967 urban riots, the findings of the Kerner Commission, and the general deterioration of housing projects in American cities, the Nixon administration placed a moratorium on new social housing construction in 1973. Newly ousted HUD secretary George Romney privately opposed the moratorium, but was compelled to endorse it, stating that American social housing had become 'a statutory and administrative monstrosity that could not possibly yield effective results even with the wisest and most professional management system'.[616] Romney's successor, James T. Lynn, was happy to defend the moratorium, even though several court cases struck down the moratorium and Congress asked for further proof that social housing was ineffective. Furthermore, a Democratically controlled Congress funded a critical review of *Housing in the Seventies* reported that though the official by-line of the HUD report was that social housing expansion should be discontinued, the hard data present in the report

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[615] Richard Muth, 'The Rationale for Government Intervention in Housing', *Housing in the Seventies, Working Papers* (Washington, DC: GPO, 1974), Vol. 2, p. 194.
[616] Quoted in Louis Fisher, 'Impoundment of Funds: Uses and Abuses', *Buffalo Law Review*, Vol. 23, (1973): 183-184.

showed that 'public housing tenants on average occupy significantly better housing than they would in the absence of the program.'[617] Perhaps because of further research and analysis (or perhaps because of the Watergate scandal), the moratorium on new social housing was lifted in 1974. This repeal was a victory, but only a small one. Defenders of social housing felt the tide of public and professional opinion was against them. In his historical report on the rise and fall of support for social housing, Nathaniel Keith argued in *Politics and the Housing Crisis since 1930* that since 1930 opponents of social housing had no hard proof that the housing form was ineffective, but rather their fierce opposition was based in their conviction of the 'undeserving poor,' and that furthermore that 'the alignment of political forces, not the availability of material and financial resources…has primarily determined the rate of progress over the past 40 years, or lack of progress, in housing in the United States.'[618] The idea that the opponents of social housing were stronger than advocates of social housing resonated with many academics. Political scientist Leonard Freedman argued that the opponents of social housing were monied interests, such as real estate boards, home construction companies, and mortgage lenders. Freedman claimed that not only did these interests find allies in Congress, they spread spurious rumours to tarnish the reputation of social housing among the general public, e.g. that social housing was a New Deal conspiracy to catalyze racial integration.[619] Drawing on this idea of oppositional forces, Lawrence Friedman emphasized the contrapositive point – that the social housing provided in the United States failed to meet the explicit promise of the 1949 Housing Act (to provide a 'decent home' for every American) simply because the beneficiaries of social housing were politically impotent.[620] The early enthusiasm for and success of social housing in the 1940s, Friedman explained, was a unique product of the Great Depression: though the American middle class had lost their economic power, they had not lost

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[617] Henry Schecter, *Critique of 'Housing in the Seventies'* (Washington, DC: GPO, 1974), p. 8.

[618] Nathaniel Keith, *Politics and the Housing Crisis since 1930* (New York: Universe Books, 1973), p. 12.

[619] Leonard Freedman, *Public Housing: The Politics of Poverty* (New York: Holt, Rinehart, and Winston, 1969), p. 163.

[620] Lawrence Friedman, *Government and Slum Housing: A Century of Frustration* (Chicago: Rand McNally, 1968).

their political power.[621] Thus, while the majority of American academics had decided (with federal endorsement) that social housing was a doomed experiment, there remained a strong contingent of pro-social housing academics in the late 1960s and 1970s.

Though the pendulum had begun to swing inexorably towards housing restoration and away from the expansion of social housing, those who advocated for social housing defended the housing form as a necessary tool for equal enfranchisement. While it was difficult to argue that there were not better housing options for (White) slum dwellers in the suburbs, access to fair housing proved exceedingly difficult for poor, urban Blacks. Even by the 1970s, the United States remained hyper-segregated by race and income, and poor Blacks were compelled to live in inadequate slum housing. According to pro-housing academics, however, the proper utilization of social housing could improve their welfare. Research had previously shown (Wilner) that rehousing slum dwellers improved tenant health, and while many academics disputed the intensity of the improvements, there was little evidence yet to suggest that social housing *worsened* tenant health. To bolster their advocacy, pro-housing academics pointed to the public health research of the period as evidence of social housing's effectiveness. The only complication was that, much like housing academics, public health academics were also debating the impact of social housing.

Changing Epidemiological Viewpoints:

Most of the public health research on housing published in the 1960s and 1970s focused on the impact of housing form on community health and broader social indicators. This approach to public health research was not without precedent. While the architectural determinist position had waxed and waned in popularity among housing academics for decades, by the early 1970s some public health professionals had grown sceptical of the determinist position as well. This sentiment

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[621] Lawrence Friedman, 'Government and Slum Housing: Some General Considerations', *Law and Contemporary Problems* Vol. 32, No. 187, (Spring/Summer 1967): 361.

contrasted sharply to the mood of the early 1960s; indeed a number of public health studies pointed to a positive health impact of rehousing.[622] Furthermore, Daniel Wilner's monumental longitudinal study of rehoused Baltimorean slum dwellers remained especially relevant in the housing and health debate. This study remained the 'holy grail' of housing and health studies; so much so that most essays critical of rehousing efforts felt compelled to address the Wilner study specifically. The Jephcott study, published in 1971, would occupy a similar place in Scottish public health literature. Much like Wilner, Pearl Jephcott discovered that rehousing slum dwellers into high-rise social housing in Glasgow generally resulted in happier tenants, though there were some less salubrious aspects of high-rise living. *Homes in High Flats* (utilizing data from 1966-1969) noted that while most Glaswegian families reported overall satisfaction with their flats, there were physical and social aspects of high-rise social housing that were deleterious to health and perceived quality of life. This was particularly true of certain tenant subgroups, namely the elderly and families with children. Although Jephcott's study was published in 1971, American researcher Oscar Newman achieved more fame with his research on the pitfalls of high-rise living in the 1970s. In 1972, Oscar Newman reported in his seminal work *Defensible Space* that high-rise tower blocks were fertile environments for crime and anti-social behaviour to a greater degree than low-rise developments. Newman published his research on high-rise social housing in New York at a time when the city was near bankruptcy, providing fodder for social housing critics who thought rehousing slum dwellers into contrived concentrations of poverty would only exacerbate social deprivation. In his research, Newman explained that the solution to the problems of high-rise living were to correct environmental problems as immediately as they occur, anticipating Wilson and Kelling's 'broken windows theory' published ten years later.[623] Newman's criticism of high-rise living, then, was far more severe than Jephcott's, who endorsed Glasgow's high-rise social housing

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[622] A E Martin, 'Environment, Housing, and Health', *Urban Studies* Vol. 4, (1967): 1-21; Program Area Committee on Housing and Health, Basic Health Principles of Housing and its Environment', *American Journal of Public Health* Vol. 59, (1969): 841-853; E W Gilbertson and E W Mood, 'Housing, the Residential Environment, and Health: A Re-Evaluation', *American Journal of Public Health*, Vol. 54 (1964): 2009-2013.

[623] Ted Kitchen and Richard Schneider, *Planning for Crime Prevention: A Transatlantic Perspective* (New York: Routledge, 2004), pp. 92-93.

estates for the majority of tenants while warning of the detrimental impact of high-rise life on certain tenant subgroups. While there were growing concerns about the public health impact of social housing, broadly, public health academics were keen to argue in favour of the merits of social housing.

In addition to public health research that focused on broader metrics, researchers published a large number of reports on the impact of social housing on epidemiological data. Concerning infectious disease, tuberculosis reduction in relation to urban housing garnered considerable research attention in both Glasgow and Baltimore. In Baltimore, Matthew Tayback, the city's Deputy Commissioner of Health and a contributor to the Wilner study, sought to reduce tuberculosis through ambulatory care services directed at the city's poorly housed. Tayback, along with noted tuberculosis researcher Alan Moodie found that although social housing did not halt the spread of tuberculosis, the environment better facilitated public health outreach programmes. Similarly, the anti-tuberculosis radiography screening programmes in Glasgow enjoyed their best results in social housing developments throughout the city, particularly in the peripheral schemes. This did not mean Glasgow's peripheral schemes did not escape public health criticism; Maclure and Stewart's longitudinal research found that children raised in the city's peripheral schemes were far more likely to be admitted into hospital with an infectious condition.[624] Regardless, while many studies argued that systemic poverty could not be cured through rehousing families; mostly social housing detractors acknowledged at the very least that social housing alleviated many health problems for poor families. In the years leading up to 1980, while public opinion and housing academics' opinion of social housing would wane generally, public health academics in the late 1960s and 1970s tended to err on defence of rehousing slum dwellers. According to most public health researchers, social housing seemed to impact health positively, if only moderately. While the public health research on social housing could not stem the movement against housing restoration and urban renewal

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[624] Alison Maclure and Gordon Stewart, 'Admission of Children to Hospitals in Glasgow: Relation to Unemployment and other Deprivation Variables', *The Lancet*, Vol. 2, 8404(September 22nd, 1984): 682-685.

programmes, it did much to invigorate discourse on the urban health, and stands as a retort to claims that social housing caused more harm than good.

The Jephcott Study and Glasgow's High-Rise Tower Blocks:

When Pearl Jephcott left the London School of Economics for the University of Glasgow in 1965, she was already an accomplished social researcher. After graduating with a university degree in social work she spent the 1940s organizing girls clubs and women's' organizations and produced scholarly work independently. She then moved to the University of Nottingham as a researcher and then to LSE under noted academic Richard Titmuss, where she produced research on juvenile delinquency and racial tensions in London. Although Jephcott left the LSE, by the time she arrived in Glasgow she had already published five books, followed by a sixth at Glasgow in 1967.[625] Beginning in 1968, however, Jephcott embarked on her most ambitious study yet: to determine the quality of life of tenants in Glasgow's high-rise social housing developments. Her study *Homes in High Flats* (1971), written with the help of fellow lecturer Hilary Robinson, is of such importance as it was produced at a critical juncture in the trajectory of Glaswegian social housing. Research for the study was conducted during the 1960s, just as social housing schemes began to be dominated by higher-risk groups: the elderly, single mother families, and the poor and disadvantaged. While Jephcott had much to report on the physical aspects of high-rise social housing, such as unchecked vandalism and broken lifts, she also emphasized that tenant demographics explained much of the successes and failures of Glaswegian developments. This did not make her a stalwart opponent of the architectural determinist position, however. Jephcott felt that some tenant subgroups could handle the deficiencies of social housing life, e.g. the lack of community facilities, and still benefit from social housing's more salubrious qualities,

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[625] Pearl Jephcott, *Time of One's Own: Leisure and young people* (Edinburgh: Oliver & Boyd, 1967); Pearl Jephcott, *A Troubled Area. Notes on Notting Hill* (London: Faber & Faber, 1967); Pearl Jephcott, Nancy Sear, and John Smith *Married Women Working* (London: Routledge, 1962); Pearl Jephcott, *Some Young People* (London: Allen & Unwin, 1954); and Pearl Jephcott, *Girls Growing Up* (London: Faber & Faber, 1942).

e.g. spacious flats, spectacular views, and suburban locations. Put simply, Jephcott found that the social housing model could produce successful and sustainable communities – as long as housing professionals achieved the right balance of tenants. As Jephcott discovered, however, the goal of social housing sustainability might have already passed by the early 1970s, as the more advantaged tenant subgroups had already left social housing for greener pastures and the more susceptible tenant subgroups came to dominate Glasgow's estates.

British sociologist Pearl Jephcott, Reproduced from the Encyclopaedia of Informal Education [www.infed.org]

The parameters of Jephcott's study were simple enough to compress into a single study but expansive enough to cover several different indicators in several housing estates. The study focused solely on social housing estates dominated by 'multi-storey' buildings, which Jephcott defined as buildings with at least 6 floors and at least one lift. Most of the estates selected included some low-rise development (mostly maisonettes), but none of the estates were composed primarily of low-rises. The study did not include a comparative control investigation of low-rise social housing flats because there were no developments composed primarily of low-rise flats of a similar population size; when the study began in 1965 nearly all new

construction in Glasgow was over six storeys.[626] Selected maisonettes and low-rise flats were built in some estates mostly out of a token tribute to housing variety, but the trend in social housing construction was clear – 'up'.[627] Ultimately, five estates (Wyndford, Royston, Albion, Castlemilk, and Red Road) were selected, with a 5% population sample of the estates taken for study responses. While some of these estates were brand new, the precipitous growth of high-rise flats had begun in the previous decade. In 1957, just over a fifth of social housing units were in blocks of five stories or higher; by 1959 a fifth of units were in blocks of ten stories or higher.[628] This trend continued despite early indications that flats in multi-storey buildings were not only more expensive to construct, but more costly to maintain than traditional maisonettes or terraced houses.[629] Thus it was a topical choice for Jephcott to focus exclusively on high-rise social housing. Stylistically, Jephcott chose to focus more on issues related to the 'quality of life' aspects of living in high-rises rather than issues related to physicality or more abstract socio-cultural implications. In Jephcott's words, the terms of the study were:

> Fairly open except that the work was to concentrate on social issues, ignoring as far as proved workable those aspects of housing connected with densities, costs, architectural design, and aesthetics… this study would concern itself more with practical matters relating to the day-to-day life of the multi-storey population than with the longer distance social implications.[630]

Jephcott's aim, then, was to produce a tenant focused study, rather than policy implications focused study. More explicitly, she enumerated the following questions for the study to attempt to answer:

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[626] Pearl Jephcott, *Homes in High Flats: Some of the Human Problems Involved in Multi-Storey Housing* (Edinburgh: Oliver & Boyd, 1971), pp. 32-33.

[627] Douglas Robertson and Regina Serpa, 'Social Housing in Scotland', *Social Housing in Europe* (Hoboken, NJ: Wiley, 2014), pp. 43-58.

[628] Patrick Dunleavy, *The Politics of Mass Housing in Britain, 1945-1975: A Study of Comparative Power and Professional Influence in the Welfare State* (Oxford: Clarendon Press, 1981), pp. 41, 90; for the full report that Dunleavy draws his statistics from, see: *Annual Report of the Ministry of Housing and Local Government* (London: HMSO, 1958).

[629] Hilda Jennings, *Societies in the Making* (London: Routledge, 1962), p. 193.

[630] Jephcott, *High Flats*, p. 4.

A) The kind of environment, in terms of facilities and services, that high flats need.

B) The suitability of different types of households for life in a multi-storey.

C) The problems relating to children.

D) Any trained staff that high flats as an unfamiliar type of housing may require.

E) The special functions and problems of tenants associations.

In addition to these preconceived lines of inquiry, the two junior research staff hired by the study went to live in four of the five estates for over six weeks.[631] Jephcott's study, then, approached a humanistic question (i.e. Do people benefit from tenancy in high-rise social housing?) with social scientific precision. Although Jephcott herself noted the study was 'not an exercise in academic sociology' due to the inconsistencies in methodology and practice, the project was still ambitious and of earnest intention. The responses to the study's investigation varied on age, gender, family size, and the quality of tenants' former home before rehousing. One quotation, however, that Jephcott selected to introduce her chapter on tenant views of their new flats, points to the broad consensus of those surveyed: 'I love my home.'[632]

Jephcott felt that to highlight the structural and amenity improvements of high-rise flats over the traditional tenements whence most tenant families came was not unfair. The flats in the five estates were all well appointed even by middle class Scottish standards in the mid-1960s, with private toilets and bathrooms, large area windows, and electric heaters; all new luxuries for working class families. On this point she wrote that '[The flats'] brightness, airiness and modernity were a fantastic contrast to the gaunt and gloomy places so many had lived in previously. To have a bathroom outweighed even the dream kitchen or the under-floor heating.'[633] This description of new tenants' early euphoria is in line with Jephcott's pronouncement that on the whole, tenants in the mid to late 1960s felt that social housing flats were an improvement over slum housing. Furthermore, although twenty-first century urban planners extol dense centre city development and neighbourhoods with

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[631] Ibid., p. 28.
[632] Ibid., p. 48.
[633] Ibid., p. 50.

'walkability', study participants welcomed the better air quality and light exposure of the flats' more suburban locations. Jephcott, however, was less convinced of the benefits of the peripheral locations of the estates studied; although those surveyed reported that they felt healthier for breathing in the 'country' air and having their children play in the sunlight, Jephcott remained sceptical. Commenting on these beliefs, Jephcott wrote:

> That health should benefit from the cleaner atmosphere [is of] considerable uncertainty as to how far the air really is purer. Evidence about the possible effects of height above ground in relation to air pollution from smoke, sulphur dioxide, etc. suggests that in periods of high wind almost any variation is possible.[634]

Jephcott did note that a government study published ten years prior did seem to corroborate these anecdotal views, noting that according to one study air pollutant levels decreased with each increased storey.[635] Regardless of academic opinion, however, new tenants to high-rises relished their new accommodation. The fresh ergonomic design and convenient features of social housing induced awe in new tenants, and likely lessened the pain of losing one's community ties. Of course, as has already been discussed, these flats eventually devolved into disrepair and dysfunction; some estate blocks (Hutchesontown –D) only lasted about ten years before demolition.[636] Early indications of this deterioration were, of course, perceived by social scientists, and this was the animating force behind Jephcott's study.[637] Her research efforts showed that even during the research period tenants were concerned by certain aspects of high-rise social housing life.

Nearly all study participants, including families with young children, responded positively about the amenities provided or the 'mod cons' (modern conveniences) in their new flats. There is not much to write about this general

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[634] Ibid.

[635] Warren Spring Laboratory, *The Investigation of Atmospheric Pollution, 1958-1966* (London: HMSO, 1967), pp. 51-52.

[636] Michael Middleton, *Cities in Transition: The Regeneration of Britain's Inner Cities* (London: Michael Joseph, 1991), pp. 101-108.

[637] M Zald and R Ash, 'Social Movement Organizations: Growth, Decay and Change' *Social Forces*, Vol. 44, No. 3: 327-341; W Hole and J Attenburrow, *Houses and People* (London: HMSO, 1966).

satisfaction only that tenants tended to appreciate the spaciousness of their new flats and the provision of modern appliances. In contrast, there was near universal condemnation of the isolation of the estates and their lack of community facilities. Jephcott reported that study participants were particularly distraught by the lack of reliable transportation options, so much so that this single issue often determined whether a tenant found their new flat satisfactory or not.[638] Bus lines were established to service the estates, but the bus lines did not increase in frequency to match the growing populations of the estates. There were similar complaints about the provision of shopping facilities. While all social housing estates were meant to have necessary shops on site, in general the shopping facilities were not built until all the towers of an estate had been completed. Jephcott noted that two of the estates studied (which were comprised of 700 and 500 flats respectively) lacked shops for over five years and that there were no signs of any planned openings.[639] Similarly, tenants (especially families with young children) complained of the conspicuous absence of social areas which had been touted as one of the advantages of social housing life. Many estates offered no playgrounds for young children, no sports facilities for adolescents, and no community reception rooms for social clubs for adults. The external corridors of the high-rises, which Hutchesontown architect Basil Spence had hoped would become 'gardens in the sky', were a poor substitute for the lively streets of Glasgow's central neighbourhoods, where gossip spread quickly and local matrons kept eyes on local children collectively. While research on balcony corridors in Swedish high-rises showed that tenants found some positive aspects to this design (absence of cooking smells, access to fresh air, more room for outside temporary storage), the drawbacks to this design feature (amplified noise, lack of privacy) led the research authors to condemn the practice, even though most tenants surveyed in the Swedish study approved of the balconies.[640] That Scottish tenants took such umbrage at the discrepancies in communal space showed, according to Jephcott, that 'they recognised one of the justifications of urban life,

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[638] Jephcott, *High Flats*, p.60.

[639] Ibid.

[640] Lillemor Anderson *et al*, 'Convenience versus privacy', *Building Research and Practice* (Jan/Feb, 1973), Vol. 1, No. 1: 30-31.

viz. that it meets a deep-seated human need for gregariousness.'[641] While sociability was important to tenant health, however, the more immediate factor was access to medical facilities. Yet with the exception of the Albion estate in Ibrox, there were no general practitioner surgeries or dental clinics within a half-mile of the estates.[642]

APPENDIX D

Facilities within ½ mile radius of estate

Shopping Food	Albion/ Ibrox	Castle- milk	Red Road	Other Shops	Albion/ Ibrox	Castle- milk	Red Road
	Number of Facilities				Number of Facilities		
Co-operative	7	1	2	Confectioner,			
Supermarket	–	2	1	Newsagent,			
Grocers & Provision				Tobacconists	22	4	4
Dealers	15	2	2	Dispensing			
Butchers	9	5	3	Chemists	6	3	1
Bread/Bakers	7	5	1	*Service Trades*			
Fishmongers,				Hairdressers	7	3	–
Poulterers	–	1	–	Cleaners/Altera-			
Greengrocers,				tions	4	2	–
Fruiterers	5	1	1	Laundry/Laun-			
Licensed Grocers	2	–	1	drette	5	–	–

A list of selected facilities and their proximity to three estates. The Albion estate, located in centre-city neighbourhood Ibrox, is noticeably closer to several amenities. Homes in High Flats (Appendix D), p. 157.

Despite the real and significant deficiencies of high-rise social housing life, Jephcott found that study participants tended to under-report problems with the estates, rather than embellish their criticism. This is similar to responses to the Anderson study. For instance, very few tenants complained of disrepair, vandalism, or even graffiti, despite the evidence of these problems being readily apparent to casual observers. Evidence of physical deterioration of the estates included: 'breaking railings down (for weapons?), tearing out telephone equipment, wrenching the handles off fire safety doors, breaking into the meters of drying cupboards and even smashing the lights on the estate's Christmas tree.'[643] Thus, while tenants had reservations about reporting issues that affected quality of life, the defects of high-

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[641] Jephcott, p. 61.
[642] Ibid., p. 68.
[643] Ibid., p. 62.

rise life were obvious to Jephcott and her study team. Ultimately, however, Jephcott had to accept that the majority of tenants approved of their new residences and reported being happy and healthy. Her investigation of high-rise social housing did reveal that it was unsuitable for certain tenant subgroups, however, and her findings on these groups form the crux of the study.

Table 2

The five selected estates, July 1968

	Wyndford	Royston	Albion	Castlemilk	Red Road*
Distance from city centre	3 miles NW	1 mile N	3 miles SW	4½ miles S	2 miles NE
Terrain	Sloping	Sloping	Level	Steep slope	Sloping
Size (acres)	33.3	8.5	2.8	15.2	21.6
Density (p.p.a.)	152	181	320	119	212
Estimated population when estate completed	5,000	1,500	1,000	1,800	4,700
Date first m/s block occupied	1963	1961	1966	1964	1966
Blocks and dwellings					
Multi-storey Blocks	16	3	3	5	3
Dwellings	1,000	351	285	570	552
Low rise ,,	748	102	–	–	–
Total ,,	1,748	453	285	570	552
Blocks/Access					
Central	15	3	3	5	2
Linear	1	–	–	–	–
Other	–	–	–	–	1
Dwellings/storey height					
6–10 storeys	270	–	–	–	–
11–20 storeys	280	351	285	570	–
21–30 storeys	450	–	–	–	312
31 storeys	–	–	–	–	240
Dwellings/number of apartments					
1 apartment	155		57	95	–
2 apartment	112	117		95	208
3 apartment	733	234	114	380	104
4 apartment			114		240

Population/age (as in main sample)

Age	Total sample %	Wyndford %	Royston %	Albion %	Castlemilk %	Red Road* %
0–4	7	4	0	8	15	10
5–9	7	5	5	5	16	21
10–14	6	3	10	13	4	8
15–64	70	68	68	64	56	55
65+	11	20	17	10	8	5

* Figures relate to that part of estate occupied at July 1968.

Design aspects and demographics of the estates studied. Homes in High Flats, p. 29.

Proponents of high-rise living surmised that older tenants would fit perfectly into these communities. After all, the flats were nominally ergonomic, and conveniences such as central heating were supposed to be of especial benefit to weaker and frailer tenants. Older persons, dubbed 'pensioners' in the study, were very much represented in the estates' population; in July 1968 11% of the population

were aged over 65 (the same percentage as Glasgow's general population), and 14% of the flats occupied were occupied solely by pensioners. Even more tellingly than these percentages, Jephcott admitted that 94% of surveyed older tenants reported 'overall satisfaction' with their high-rise flats.[644] What Jephcott came to find, however, was that older tenants raised several individual concerns about their ability to conduct normal lives in high-rise buildings. These concerns, and observations made by the study team, led to the conclusion that high-rise buildings were unsuitable for older tenants, and potentially deleterious to their health. Many of these obstacles that older tenants faced were not obstacles for the general tenant population, and thus often unexpected. Perhaps the most surprising obstacle among elderly tenants was a fear of using the lift, as many new tenants had never used a lift before. This tepid attitude to altered surroundings resulted in isolated tenants – one elderly woman had rarely left her flat in the past two years because of this trepidation. Yet a solitary life had its difficulties as well. Older tenants struggled with high electricity bills (whereas previously most tenants had used coal for heating and cooking), high gas bills, and other associated expenses that came with living in a modern flat. Furthermore, older tenants were unable to enjoy some of these modern conveniences and design aspects of high-rise social housing flats. High windows, located sometimes five feet off the floor (presumably to make room for furniture), resulted in immobile elderly tenants unable to enjoy the spectacular views of their homes. Scenic views were arguably one of the few aspects of high-rise living of which tenants universally approved. The scenic views of the high-rise estates (if even viewable at all), did not counteract the isolation that older tenants experienced, particularly if the tenants were single. Indeed, much of the features of high-rise living, while nominally meant to improve quality of life, contributed to these feelings of isolation. In Jephcott's words 'Good physical provision is no guarantee against the loneliness that may lead to an existence that is "dead, dumpish, and sour."'[645] In order to counter the loneliness that dominated older tenant life, Jephcott argued that high-rise estates employ certain tenants to check-in on older tenants and keep them company. While some tenants were already

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[644] Ibid., p. 70.
[645] Ibid., p. 79.

engaged in this activity, Jephcott speculated that if the position were a paid one, estate tenants could be cultivated into amateur social workers. In her mind, this would undoubtedly be an asset to high-rise social housing life. Such a repertoire of estate-based social workers would invariably have also helped another subgroup of tenants that Jephcott felt was unsuited for high-rise life: families with children. The tenants themselves reported the universal sentiment that the high-rise flats were 'nae use for the bairns'.[646]

An older tenant of the Wyndford estate who cannot peer out of her window due to mobility issues.

Homes in High Flats, p. 105.

The idea that the contrived environment of high-rise tower blocks were unsuitable for, or at the very least, undesirable for children preceded Jephcott's study. Several academics had noted that the provision for adequate play facilities was slim-to-none at many planned high-rise estates, and that this would likely be detrimental to the mental health of tenant children.[647] Familiar with the existing literature, Jephcott herself wondered what the autobiographies of children who were raised in high-rise flats would contain, concluding that they would likely not contain positive reflections. While it was true that Jephcott found some positive

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[646] Ibid., p. 80.

[647] Lord Steven Taylor and Sidney Chave, *Mental Health and Environment* (London: Longmans, 1964); A Sutton and D Richmond, *Walk-up or High-rise: Residents' views on Public Housing* (Sydney: Housing Commission of New South Wales, 1975); Stephen Hua and Kuo Yeh, *Public Housing in Singapore: A Multidisciplinary Study* (Singapore University Press, 1975), pp. 180.

aspects in high-rise estates for children (much as she offered concessions on life for older tenants), her broader contention was that high-rise life did not provide a suitable environment for raising children. Most importantly, there was a temporal aspect to this unsuitability. While the constraints placed on older tenants could be rectified, allowing life to resume improved, the damage inflicted on children's health could be irreparable. The lack of adequate facilities for children coupled with children's inherent delicate health needs led Jephcott to conclude that families with children were particularly ill-accommodated in high-rise social housing.

Table 6

Glasgow population in relation to age. Census 1966. Multi-storey population in relation to age. Main sample, July 1968

Age	City of Glasgow 1966 %	Main sample 1968 %
0–4	10	7
5–9	9	7
10–14	8	6
15–19	8	7
20–34	19	20
35–49	18	20
50–64	17	23
65+	10	11

The age distribution of Glasgow's population and the estate population. Jephcott, Homes in High Flats, p. 46.

Much as with elderly tenants, it was not so much the physical aspects of the high-rise buildings but the impact of estate design on social interaction that led Jephcott and her research staff to view high-rises as unsuitable for children. The primary concern was that as flats were located so far away (read: high) from the estate grounds, tenant children of all ages found it difficult to spend time in communal areas. In particular, whereas the lower-rise tenements of Glasgow were located on busy city streets that acted as social arteries for tenants of all ages, the estate grounds were neither convenient nor entertaining. Similarly, this distance between the home and the communal had the potential to exacerbate social tension: while tenement children could escape bullies by running quickly up the nearest close under the watchful eye of a matron, high-rise children had no such

recourse. In a more illustrative description of this phenomenon, Jephcott described the plight of such children 'He runs into shelter from a squall, to fetch a toy, to go to the toilet, to wheedle 2p when he hears the chimes of the ice cream van – all of which means that he is fairly often in touch with his grown-ups.'[648] But the benefit of proximate adults was not just in their tacit protection; research published on family dynamics in social housing estates argued that children learned adult behaviours by osmosis. Furthermore, as the estates had little in the provision of activity facilities for children, idleness bred misbehaviour. Just as in Baltimore's housing projects, children 'rode' the lifts, played with rubbish, and broke estate property. While this behaviour was similar to juvenile delinquency in American projects, it was in stark contrast to the social housing high-rise estates of other European countries:

> The continental countries seem to have mastered [recreational areas for children]. Stockholm, for example, has hundreds of sandpits, mostly quite small but dotted all over the city. Its parks department require in the direct vicinity of the entrance to the dwelling 13 square metres of free area for play for every municipal flat containing children.[649]

None of the estates selected had provided any facilities anything like those provided by Stockholm. This deficiency resulted in heavily home-based children. The study research staff that encountered children of all ages in the estates found them unusually quiet and reserved, and unwilling to interrupt adult conversation. Jephcott found that the unusual degree of isolation experienced by tenant children would likely result in adult difficulties, mainly with casual social interaction. As children were restricted in their casual contact with other community children, Jephcott theorized that high-rise children might grow up to be socially anxious. While it was true that adult tenants valued the privacy afforded by their flats (though paradoxically, were also discouraged by the difficulty in making new friends), Jephcott felt that 'living nose to tail with so many potential acquaintances perhaps makes anyone who does not easily make social contacts feel that there is something odd about him or, more likely, herself.'[650] Jephcott, then, was positioning herself as

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[648] Jephcott, *Homes in High Flats*, p. 87.
[649] Ibid., p. 95.
[650] Ibid., p. 107.

a pessimistic architectural determinist: the high-rise tower block seemed to dictate tenant behaviour, but not for their benefit. Given her reservations on the liveability of social housing, it is not surprising that Jephcott had so many recommendations for Glasgow's housing authorities on how to better manage the tenant experience.

Jephcott was not an unrealistic idealist. She was aware that both Westminster and the Corporation had spent very much money on constructing the city's high-rise tower blocks, and they were going to be lived in for quite some time. By May, 1969, not long after when most of the data for the study was collected, nearly 50,000 Glaswegians lived in high-rises. They lived in 15,500 flats in 163 blocks, at densities often as high as 150 persons per acre.[651] Regardless, Jephcott surmised that many of these tower blocks would last 60 years (in many cases, this was an overestimate), and thus it was appropriate to offer suggestions to the Corporation on how to improve high-rise life. Most of her recommendations attempt to assuage the difficulties of living at elevated heights. She was especially concerned with the adequate provision of lifts; Jephcott urged that lifts be 'suited to the size and demographic character of the block' and that 'detailed records should be kept at every block of the times and length of breakdown and normal length of waiting time' to ensure that stereotypes about unreliable lifts did not pervade high-rise communities.[652] On this note of tenant inclusion, Jephcott also urged the encouragement of voluntary tenant associations (much like those that were prominent in Baltimore's housing projects), and argued that they be given powers over aesthetic and facilities issues.[653] In terms of recommendations on tenant selection, Jephcott reiterated her position that families with small children should not be allocated flats in high-rise tower blocks, even though this family type often needed rehousing the most. Similarly, Jephcott urged the dispersal of older tenants so as to prevent the formation of what are now termed naturally-aging communities.[654] Yet while Jephcott understood the importance of improving the

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[651] Ibid., p. 132.
[652] Ibid., p. 135.
[653] Ibid., p. 138.
[654] Ibid., p. 140.

liveability of existing high-rises, her investigations had only bolstered her hypothesis: that the tower block was an inefficient and ultimately detrimental housing form. Her summation of the high-rise:

> Dismissing for the moment the social implications of high flats, there is no clear case on other grounds in favour of them as a form of local authority housing. On the contrary, there are solid arguments against them, particularly because of their excessive cost. As regards social issues, they display few features which might outweigh their disadvantages in other fields and distinct from one that is more or less all right… Thus the conclusion cannot be avoided that local authorities should discontinue this form of housing except for a limited range of carefully selected tenants or in cases of extreme pressure.

Almost without exception, Jephcott was opposed to high-rise social housing, despite mostly positive tenant responses. Like many critics, Jephcott echoed the sentiment that the key to successful social housing communities that facilitated healthy living was lower rise developments located centrally in the city. While Jephcott may have illustrated the ways in which high-rise housing was unsuitable for many types of tenants, it was not always the case that lower rise social housing developments escaped the same social and public health problems. Indeed, Baltimorean tenant agitators noted the city's housing project's own problems with high-rise housing projects throughout the 1960s and 1970s, despite the city's overall preference for low-rise developments. One provocateur in particular, Shirley Wise, dedicated her career to improving the quality-of-life of the city's high-rise tower block population. A review of Wise's testimonies on the perils of high-rise life should illuminate the similar problems that social housing developments in both Glasgow and Baltimore experienced during their years of maturation.

The Decline of the High-Rise Housing Projects of Baltimore:

Just as Pearl Jephcott had discovered in her investigations in Glasgow, tenants in high-rise tower blocks in Baltimore experienced many unexpected difficulties in their newfound homes. While the HABC built mostly lower-rise social housing projects in the 1940s and 1950s, like other American cities the city's housing

authority experimented with high-rises in the 1960s and 1970s. As many historians have commented, these high-rise tower blocks began to look like municipal prisons.[655] Yet the tenants of these developments were not totally without recourse; Baltimorean social housing tenants seemed to be more frank in venting their frustrations than their Glaswegian counterparts. It was these social housing tenant agitators that brought national attention to Baltimoreans difficulties with the high-rise experience, and their voicing of concerns helped shape municipal (and indeed national) housing policy. Lillian Jones, a resident of Lakeview Towers, in 1970 became the first tenant to sit on the Housing Authority Commission (HAC) and later became the first chairperson of the Residency Advisory Board (RAB). Jones was a kind of tenant representative, charged generally with interacting with municipal housing managers.[656] The woman who succeeded Jones after her untimely death less than a year after her appointment, Shirley Wise, was perhaps the most notable tenant agitator to draw attention to the difficulties of social housing life in Baltimore. A former slum dweller, Wise moved into Lafayette Courts with her disabled mother in 1954, the year of racial integration in the city's social housing. She later became active in Baltimore municipal housing politics and highlighted the many pit-falls of social housing life for the general public. Her commentary, while generally supportive of social housing programmes in the United States, offered an honest and insider perspective on the difficulties faced by housing project tenants over the twentieth century. Indeed, in a congressional testimony in 1981, Wise recounted the various social transformations that had occurred throughout her lifetime in Baltimore's housing projects:

> My first impression of as a resident of Poe Home was to finally have a home that was safe, sound, and sanitary. Because of my family's composition, we were soon transferred to a new development that was opening, a family-type high rise… a great many transformations took place, not only for me but also significant to the entire project community. In the early years… we included families that sociologists would call stable, in addition to families headed

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[655] Sam Davis, *The Architecture of Affordable Housing* (Los Angeles: University of California Press, 1995), pp. 16-18; *The Oxford Encyclopaedia of American Social History* (Oxford University Press, 2012), ed. Lynn Dumenil, pp. 169-170; *The Making of Urban America* (Lanham, MD: Rowman & Littlefield, 1997), ed. Ryamond Mohl, pp. 22-225.
[656] HABC, 'Baltimore Housing Timeline', http://www.baltimorehousing.org/75th_timeline.

by single female parents. I sincerely do not think that the housing project of those days could have foreseen the problems that were to become a reality in the 1960s and 1970s in high-rise housing.[657]

Her introduction to social housing, then, while idyllic, turned sour as the demographics of Baltimore's housing projects changed. This of course did not mean that Wise or her mother were complacent about the changes in social housing policy. While tenant councils had existed in Baltimore since the mid 1960s, they remained under management control until the early 1970s. It was at this point that Wise joined the tenant council to focus on improving tenant / housing authority relations. In October, 1970, she was elected to the RAB – the organization first headed by Lillian Jones and designed by tenants to voice popular grievances.[658] With the ascension of Wise to the leadership, the RAB changed direction dramatically. From the outset, Wise disrupted the traditional order of tenant/municipal relations; while there had been tenant participation in social housing before, seldom had tenants had such a voracious leader.[659] Even Wise herself maintained that tenant-inspired change required considerable gumption, before her time as tenant leader Wise would 'Let somebody else take care of that. I was one of those people. Like I say, social commitments, that's me. Anything that was really rocking the boat, I wasn't into it until I found out I had the legal right to do that.'[660] With the benefit of this fiery attitude, Wise helped transform RAB and individual housing projects' tenant councils into effective organizations. Despite her efforts, Wise contended that 'there are no easy solutions or "quick fixes". Public housing, the sheltering of the poor, disabled, the old, will always be grinding work'. For Wise, this sentiment was especially germane to her criticism of what she considered was Baltimorean social housing's greatest flaw: the high-rise tower block. While most of the city's social

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[657] 'HUD's Support of Local Public Housing Authorities', *Hearings Before a Subcommittee on Government Operations House of Representatives* (Washington, DC: GPO, 1981), p.29.
[658] Rhonda Williams, '"Something's Wrong Down Here": Poor Black Women and Urban Struggles for Democracy', *African American Urban History Since WWII* (University of Chicago Press, 2009), p. 332.
[659] Rhonda Williams, 'Black Women, Urban Politics, and Engendering Black Power', *Black Power Movement: Rethinking the Civil Rights-Black Power Era* (London: Routledge, 2006), ed. Peniel Johnson, pp. 88-89.
[660] *Public Housing Myths: Perception, Reality, and Social Policy* (Ithaca, NY: Cornell University Press, 2015), eds Nicholas Bloom, Fritz Umbach, and Lawrence Vale.

housing was low-rise, Wise (herself a resident of high-rise Lafayette Courts) believed that much of the social deprivation of the city's projects was due to the inherent mistake of housing vulnerable families in high-rise social housing developments.

Wise did not disguise her contempt for the high-rise tower block in the slightest. In her opinion 'housing families in high-rise projects was a disastrous course that we in public housing hope will never be repeated'.[661] It was not so much that high-rises were categorically uninhabitable; many wealthy Americans chose to live in luxury high-rise buildings. The difference was that the vulnerable and low-income families placed in Baltimore's high-rise housing projects did not have the same advantages as wealthy tenants nor even the ability to enrich their lives outside of their homes. While wealthy tenants of luxury buildings could afford health club memberships, spas, and restaurant meals, social housing families were more-or-less trapped by their surroundings. For Wise, the high-rise lifestyle only compounded the difficulties faced by low-income tenants, and argued that 'When those apartments are stacked on top of each other in towers 10 or 20 stories high, the rudimentary, daily tasks of living become more difficult, stressful, and dangerous, if not impossible.'[662] Fortunately, according to Wise, the solutions to the problems posed by high-rise living were relatively easy to enact. Firstly, Wise felt that despite the waxing popularity of higher density urban development (as of 1981), the HABC needed to halt construction of new high-rise housing projects. This advice turned out to be especially prescient, as no new high-rise projects were built in Baltimore after 1981 and during the early 1990s all of Baltimore's existing high-rise housing projects for family occupation were either demolished or repurposed for elderly occupation.[663] Secondly, Wise argued that the problems of social deprivation could be mitigated through the omnipresence of social services, echoing Oscar Newman's arguments in *Defensible Space*. Indeed, Wise herself noted that the presence of

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[661] 'HUD's Support of Local Public Housing Authorities', *Hearings Before a Subcommittee on Government Operations House of Representatives* (Washington, DC: GPO, 1981), p. 31.
[662] Ibid.
[663] Marc Levine, 'A Third-World City in the First World: Social Exclusion, Racial Inequality, and Sustainable Development in Baltimore, Maryland', The Social Sustainability of Cities: Diversity in the Management of Change (University of Toronto Press, 2000), eds Mario Polese and Richard Stren, p. 145.

social services for children, the disabled, and the elderly contributed towards the 'stability and relative success' of the city's housing projects.[664] Yet Wise believed that the most important step towards improving high-rise life in housing projects was for tenants to take control of their own housing projects by setting strict social standards and by becoming intolerant of poor social behaviour. For Wise, this was only possible through tenant organization:

> [To] get depraved pushers off our stairways and our corners, and we cannot let our daughters have multiple teenage pregnancies. We have to raise our sons to protect us and honor us so that we do not become victims. We have to fight waste and vandalism. We have to fight the plantation-boss mentality in management. There is only one way to do these things, to make housing projects become communities, and that is to build popular representative and effective tenant organizations.[665]

Luckily for Baltimorean social housing tenants, the RAB continued to advocate for the improvement of environmental conditions in the city's housing projects and sought to include tenants in decision processes. Yet while many of these suggestions seem easier said than done, Wise dedicated her life to advocating for social housing improvement. Wise spent the entirety of her adult life in Baltimore social housing projects, including 25 years in high-rise Lafayette Courts, and eventually rose to become the Eastern Vice-Chairperson of the National Tenants Organization. Her intention was to improve living conditions for the tens of thousands of Baltimorean families who lived in the city's housing projects. Interestingly, she was a fierce critic of the Section-8 housing voucher programme, though the impetus for the creation of the Section-8 vouchers was partially to rehouse families trapped in high-rise tower blocks into private housing or 'scattered site' housing projects.[666] But in many ways, Wise was very successful in drawing attention to the inefficiency of high-rise social housing developments. There was scant development of high-rise housing projects in any American city during the 1980s; any high-rise projects built were exclusively for elderly occupation. Indeed, the eleven towers that composed Lafayette Courts,

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[664] 'HUD's Support', p. 32.
[665] Ibid.
[666]'Public Housing and Section 8 Programs:' *Hearings before the Subcommittee on Housing and Community Development* (Washington, DC: GPO, 1990), pp. 68-69.

were either demolished or converted into elderly housing in 1995.[667] By the mid 1990s, Henry Cisneros, HUD director during the Clinton administration, stunned even his most conservative critics by calling for all American high-rise social housing projects to be demolished in an official HUD report.[668] Through her work with the RAB and HAC, then, Shirley Wise not only helped to improve living conditions for thousands of high-rise social housing dwellers, but also managed to convince varying levels of housing authorities of the inefficiency of high-rise tower blocks as social housing developments. Although not a public health professional, Wise's efforts to combat the anti-social behaviour present in the city's tower blocks point to the difficulties in maintaining a healthy, happy housing environment for the city's most deprived residents. This difficulty included preventing the spread of tuberculosis infection in social housing. Both Glasgow and Baltimore continued to experience difficulties with controlling tuberculosis in their municipalities; even in Glasgow after the success of the Mass Miniature Radiography (MMR) campaign the city hosted a larger than expected tubercular population. In both cities, the aspect of social housing tenancy played a large role in the evaluation of tubercular patient recovery time. A review of the strategies utilized in combating tuberculosis in both cities and the role of social housing tenancy on tuberculosis recovery is useful in understanding the impact of social housing on tenant health in the 1960s and 1970s.

Tuberculosis and Housing in Baltimore:

Tuberculosis had long been known as a 'social disease', and the relationship between the spread of the disease and poor housing had been documented by earlier public health professionals. Even Huntington Williams, the city's health commissioner for over three decades until 1962, was convinced that the Black population's higher incidence could be attributed almost fully to slum conditions and

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[667] 'Lafayette Courts Gets Early Holiday Gift', *Baltimore Afro-American*, 11/12/1993, p. A10; 'In Reversal, Only Poor Will Live in Baltimore's New Public Housing', *The Item*, 22/07/1996, p. 5A.
[668] HUD, *Moving Up to the American Dream: From Public Housing to Private Ownership* (Washington, DC: GPO, 1996), pp. 3-4.

overcrowding.[669] During the post-War period in the United States, the relationship between poor housing and tuberculosis became even more apparent. For while effective tuberculosis drugs had been developed (including thioacetazone, capreomycin, and clofazimine, which were all introduced during the 1960s), tuberculosis incidence was growing in Baltimore. Despite increased funding from the USPHS, Baltimore witnessed almost a ten percent jump in positive tubercular specimens from 1964 to 1965.[670] Furthermore, the death rate for tuberculosis cases in the city rose from 10.4 per 100,000 persons to 11.5 in the same period, with Blacks dying at a higher rate than Whites.[671] City public health professionals could no longer pretend that tuberculosis was a nineteenth-century disease; it was very much a real problem and a conspicuous reminder of Baltimore's declining fortunes. Matthew Tayback, then deputy commissioner of health under Commissioner Robert Farber, offered a stern admission in the annual health report for 1965:

> During the year it became increasingly clear that social and economic reforms in the lives of the many indigent and medically indigent families in the City was the urgent need to bring meaningful improvements in such problem areas as tuberculosis control, venereal disease control, high infant mortality levels, and inadequate care of the medically indigent, particularly of the elderly.[672]

It seemed clear that Baltimorean health professionals were deeply concerned about the impact of tuberculosis on the city population, and were aware that control of the disease depended upon socio-economic conditions, i.e. poor housing. The situation was perceived as so dire that that same year the BCHD created the position of Administrative Health Officer for Tuberculosis Control to help quell the spread of tuberculosis cases. The person they chose to fill this role would spend the next decade working to lessen the extent of tuberculosis prevalence, and was uniquely qualified for the position. The BCHD chose Allan Moodie, a public health oriented

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[669] 'Tuberculosis Data Put City among Worst; Death Rate Here Highest of Ten Largest U.S. Municipalities; Dr. Williams Lays Blame to Badly Housed Negro Population' *BS*, November 1938, Vertical File, 'Tuberculosis-Baltimore', Enoch Pratt Free Library, Baltimore, MD.
[670] BCHD, *Annual Report* (Baltimore, MD: 1965), p.26.
[671] Ibid., p.12.
[672] Ibid., p. 19.

physician with the British Overseas Medical Service who had tackled the tuberculosis outbreak in Hong Kong, to come to Baltimore to devise a tuberculosis control programme and restructure treatment efforts. While not a housing professional, Moodie like Tayback and Farber recognized the social determinants of tuberculosis were just as important for control as actual drug therapy; patients could not be expected to recuperate fully if they inhabited slums or exhibited itinerant behaviours. Moodie would spend the next several years working to develop the United States' most aggressive tuberculosis control and prevention programme, based mostly on out-patient ambulatory treatment. Coincidentally, Moodie was a native Glaswegian and a graduate of the University of Glasgow medical school.[673] Although he spent the mid fifties to the early sixties combating tuberculosis in Hong Kong, and not in his native city, Moodie was certainly aware of Glasgow's ambulatory chest X-ray programme in the late 1950s.[674] This doubtless informed his understanding of tuberculosis treatment, and surely Moodie sought to imitate the success of his home city's efforts in his new home in Baltimore. With both inspiration and experience, Moodie set upon establishing the growing efforts of ambulatory, home-based tuberculosis care in Baltimore.

The reason the BCHD choose Moodie for the position was that they believe he was particularly qualified considering a perceived similarity between the cities of Hong Kong and Baltimore, and their respective tubercular patients. While the comparison might seem odd to a contemporary audience, in the 1960s both cities were viewed through the European-centric mindset as exotic, non-white localities that exhibited non-standard patient behaviour. Both cities had a 'tropical' climate and were dominated by racial groups that were perceived to have a natural

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[673] 'Dr. Allan Moodie, Noted for TB work', *The Evening-Independent*, 30/07/1985, p.7.
[674] For information on Britain's anti-tubercular efforts, see Milton Lewis, 'Tuberculosis Control in Britain', *The People's Health: Public Health in Australia, 1950 to the Present* (Westport, CT: Greenwood Publishing, 2003), pp. 30-32; for information on Glasgow tuberculosis medical historiography, see *Poor Health: Social Inequality Before and After the Black Report* (London: Frank Cass, 2003), eds Virginia Berridge and Stuart Blume; for a detailed descriptive account of Glasgow's X-ray campaign, see Ian Levitt, 'TB, Glasgow and the Mass Radiography Campaign in the Nineteen Fifties: A Democratic Health Service in Action', *Scottish Health History: International Contexts, Contemporary Perspectives (Colloquium)*, University of Glasgow, 2003.

susceptibility to tuberculosis.[675] Furthermore, neither Hong Kong nor Baltimore had enough hospital space to treat the thousands of tuberculosis cases, and in any case according to Tayback, Farber, and others the social and economic determinants of tuberculosis were far more important for treatment than the mere provision of drugs and hospital space. When Moodie was in Hong Kong, only 800 hospital bed spaces were made available to tuberculosis patients (in a city of three million people, more than three times as populous as Baltimore at the time), and even then the spaces were made available only for difficult or recurring cases. Hong Kong's first tuberculosis clinic opened in 1947, and Moodie estimated that by 1950 there was only one hospital bed for every 25 to 30 tuberculosis cases.[676] Furthermore, even though Moodie knew of Glasgow's ambulatory radiography campaign in 1957, he was probably more influenced by the published results of fellow British Overseas Medical Service physicians, most notably tuberculosis research conducted by the Madras Chemotherapy Centre and the East Africa Tuberculosis Investigation Centre.[677] While the Madras study (funded by both British and Indian centres along with the WHO) did not find much disparity in results between tubercular patients treated in hospital and those treated at home (indeed, patients treated in a TB sanatorium produced slightly better results), out-patient treatment was nearly as effective at a significant cost reduction.[678] Similarly, research conducted in East Africa suggested found that home-based oral drug regimens had a curative rate of 80% - again indicating a better cost/result ratio.[679] Thus, out of both necessity and an

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[675] Julia Cummiskey, 'Drugs, Race and Tuberculosis Control in Baltimore, 1950-1978', *Journal of the Social History of Medicine* Vol. 27, No. 4 (Spring, 2015): 739; See: Margaret Jones, Health Policy in Britain's Model Colony: Ceylon, 1900-1948 (New Delhi: Orient Longman, 2004), pp. 130-131; Mark Harrison and Michael Worboys, 'A Disease of Civilisation: Tuberculosis in Britain, Africa, and India, 1900-1939', *Migrants, Minorities and Health, eds Laura Marks and Michael Worboys* (London: Routledge, 1997), pp. 93-124.

[676] Allan Moodie, 'Mass Ambulatory Chemotherapy in Treatment of Tuberculosis in a Predominantly Urban Community', *American Review of Respiratory Disease*, Vol. 95, No. 3 (1967):385.

[677] Wallace Fox, 'Recent Advances in the Chemotherapy of Tuberculosis', *Advances in Chemotherapy* (New York: Academic Press, 1965), Vol. 2, eds Abraham Goldin, F Hawking, and Robert Schnitzer, pp. 197-261.

[678] Helen Valier, 'At Home in the Colonies: The WHO-MRC Trials at the Madras Chemotherapy Centre in the 1950s and 1960s', *Tuberculosis Then and Now: Perspectives on the History of an Infectious Disease* (Montreal: McGill-Queen's University Press, 2010), eds Flurin Condrau and Michael Worboys, pp. 219-229.

[679] Pierce W Kent, 'Tuberculosis Control – Counting the Cost', *The Chemotherapy of Tuberculosis in Developing Countries*, *Tubercle*, Vol. 49 (March [Supplement], 1968): 6-9.

acute understanding of the nature of tuberculosis, Moodie cultivated a highly patient-centred domiciliary approach to treatment. Moodie developed a nine month programme of ambulatory treatment for tubercular patients, involving a 24 week monitoring period of almost daily supervised medication administration at Hong Kong's TB clinic, followed by a 12 week unsupervised (but documented) period of home treatment. The programme was a resounding success, though Moodie attributed the success to hired public health aides. The aides were mostly young university educated men, without any explicit medical training, and who were responsible primarily for tracking the patients' whereabouts and ensuring drug therapy adherence. Later, in his published research on his work on Baltimore, Moodie attributed the success to the same strategy – employing local public health aides (though a great many in Baltimore were women and often only high school graduates) to monitor the progress of indigent tubercular patients. What Moodie discovered in Baltimore, however, was that the city's social housing developments provided not only useful respite for poor slum dwellers, but facilitated better health monitoring of tubercular patients and potentially provided a more conducive environment for recuperation.

In line with the BCHD, Moodie recognized the direct impact slum housing had on tuberculosis. In an article Moodie characterized tuberculosis as 'a disease of the very poor, the slum dweller, the migrant worker, the alcoholic' and reiterated that the difficulty in tuberculosis treatment was not the efficacy of prevailing drugs but managing patient behaviour.[680] Although Moodie spent much of his career in Hong Kong, his description of the disease in an American context had been preceded by other public health professionals; Jones Jr. *et al* longitudinal study of tubercular homeless men concluded that a 'high rate of incidence of tuberculosis occurs in a transient, very mobile population group' and that in general they lived 'under conditions that are likely to foster infection of others in the same group.'[681] The trick to helping tuberculosis patients, then, was to ensure that patients followed

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[680] Ibid., p. 384.
[681] Herbert Jones Jr. et al, 'Incidence of Tuberculosis Among Homeless Men, *Journal of the American Medical Association*, Vol. 155, (31/07/1954): 1222-1223.

treatment. Explaining his public health philosophy to the *Baltimore Sun*, Moodie assured middle class Baltimoreans that 'TB is an eminently curable disease. If you can get the drugs into the patient, you can cure the disease. The problem with many alcoholics, loners, and the uneducated is in finding the patient.'[682] Luckily for Moodie, he did not have look for prospective patients himself – he had the backing of the BCHD, funding from the USPHS, and the authority to hire public health workers to monitor high-risk tubercular persons. While Moodie and his staff were compelled to provide care for destitute patients, they came to find that certain patients were easier to care for than others. Not surprisingly, Moodie and his staff came to find that Baltimore's social housing developments served a dual purpose: as social housing projects offered a higher concentration of tubercular patients than average city neighbourhoods, they were an environment for public health workers to find tubercular patients. Furthermore, the projects were an environment better suited for monitoring said patients, and were thus more conducive for recuperation. In the five years leading up to 1970, Moodie would endeavour to expand the role of public health aides in Baltimore to cultivate a programme of domiciliary tuberculosis care. The results of this programme should be examined to understand the impact of social housing on tuberculosis recuperation.

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[682] Frank Bogardus, 'Recalcitrant TB Patients Traced', *Baltimore Sun*, 09/12/1965.
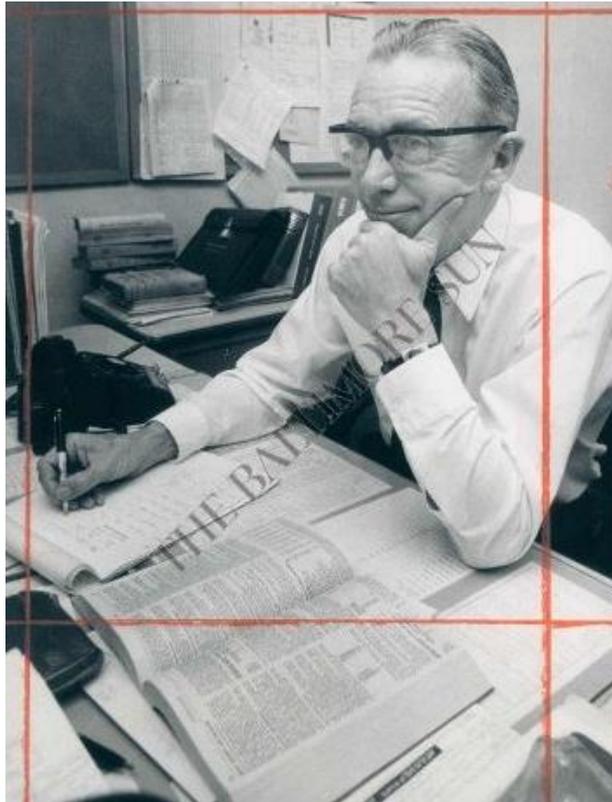
Glaswegian Physician Allan S. Moodie, Director of the Bureau of Communicable Diseases of the Baltimore City Health Department, Circa 1970, Photo Courtesy: Baltimore Sun.

In 1963, the USPHS published a report entitled 'The Future of Tuberculosis Control', wherein the Surgeon General's task force on tuberculosis found that federal money was needed to better combat tuberculosis. Specifically, one of the report's explicit recommendations in halting the spread of the disease was that:

> Recruitment and training of able persons for assignment to the States to work in tuberculosis control. Such a cadre of trained personnel should reach a total of 100 within 3 years. In the control of this long-term disease, in which many people must receive periodic service in some cases for a lifetime, useful and dynamic records are a necessity. The task force is of the opinion that a central service using automatic data processing techniques would be invaluable in tuberculosis control, both to local areas and to the national effort, and it recommends that the Public Health Service continue to work towards establishing such a service.[683]

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[683] United States Public Health Service, *The Future of Tuberculosis Control: A Report of the Surgeon General of the Public Health Service by a Task Force on Tuberculosis Control* (Washington, DC: GPO, 1963), PHS Publication No. 1119, p. 19.

For Moodie, the recruitment of public health aides was imperative to the success of any tuberculosis control programme as he considered the disease a chronic condition; even with adequate treatment the healing process could take months. Furthermore, the report noted that 'new findings are … essential to rapid progress and believes continuation of Public Health Service tuberculosis studies and the addition of studies of the epidemiology of tuberculosis in cities in the United States'.[684] Moodie's work in Baltimore (and the money to fund his efforts), stemmed from this report and the sincerity of the USPHS's tuberculosis efforts. In 1964, a year after this report, Baltimore City received these extra funds, and the effect was noticeable immediately. Moodie established a paramedical group separate from the general staff of the city's five chest clinics, known as the 'investigative staff'. The staff officers would be under the authority of the tuberculosis control programme but supervised daily by their respective individual chest clinics.[685] The tuberculosis staff was divided into three components: nurses, who were to provide medical supervision and administer treatment; clerks, who were to record results and statistical information, and the investigative staff, who were primarily field agents designed to ensure patients followed their treatment.[686] While the field agents might have seemed the least crucial to the success of the programme, the exact opposite was true; public health aides were needed to keep track of tuberculosis patients precisely because they were so hard to find. While two university educated men were hired immediately, to deal with more irascible male patients, most of the public health aides were inner city women without degrees. They were viewed as having intuitive knowledge of their communities, and were considered beneficial for the programme's image.[687] Although some of the first hired aides were sent off to field work, later the aides received 8 weeks of training in public health and social work through Baltimore city hospitals. Women who received this training became fully capable of general social work, and the programme was seen as a skill training

[684] Ibid., p.20.
[685] Allan Moodie and George Rogers, 'Baltimore Uses Inner City Aides in a Tuberculosis Control Program', *American Journal of Public Health* Vol. 85, No. 11 (November, 1970): 955.
[686] Ibid., pp. 955-956.
[687] Ibid., pp. 956-957.

scheme. Considering the limited budget of the tuberculosis programme, their contribution was essential.


The principal function of the health aide is contacting the patient at home

A public health aide interviews a TB patient's close contact, Moodie and Rogers, 'Baltimore Uses Inner City Aides', p. 956.

As the investigative staff grew, and the staff members gained experience, their responsibilities increased. Moodie found that health aides who made between 1.3 and 1.5 home visits to tubercular patients seemed to induce patient compliance and clinic attendance, and that within two weeks more than 75 % of delinquent patients would be back on track. Most significantly, just as studies in British colonial cities had found, the cost/result ratio favoured public health aides over nurses. Put more simply, Moodie reported that 'visit for visit, the health aide has proved to be at least as efficient in this kind of work as the nurse, and at half the price.'[688] The graph below illustrates just how much responsibility the newly trained public health aides took on from traditional nursing staff as the years progressed and they gained competence:

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[688] Ibid., p. 960.

Annual visits to tuberculous patients and their contacts by public health nurses, public health representatives, and health aides, 1965–69
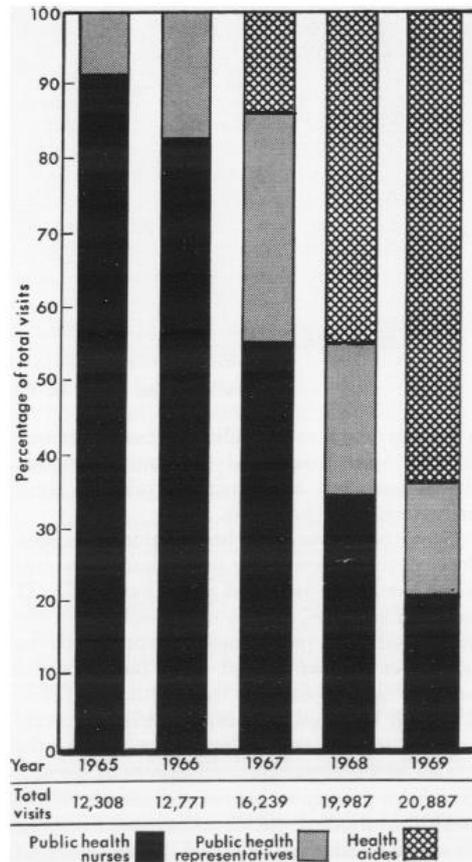
Moodie and Rogers, 'Baltimore Uses Inner City Aides', p. 958.

By the end of 1969, public health aides were conducting nearly two-thirds of all field visits to tuberculosis patients. The success of Moodie's program in Baltimore was undeniable. While 40% of tubercular patients released from hospital in 1965 were listed as unlocatable, by 1969 only 5% of tubercular patients were considered unlocatable. Furthermore, evidence suggested that the general population trusted the public health aides more than the nurses associated with the tuberculosis programme. Between December 1965 and September 1968, the percentage rate of identified patients attending chest clinics for drug therapy, X-rays, and checkups, fell from 83.8% to 59%. During this period, nurses were responsible for inducing patients to attend chest clinics; once this responsibility shifted to public health aides in September 1968, regular attendance shot up to 89% within six months.[689] This data

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[689] Ibid., p. 961.

signified that not only were the public health aides cheaper managers of tubercular patients, but also more efficacious managers. Moodie's method of employing health aides into the field to administer care for domiciled patients, then, seemed to be effective. Yet his early research did not specifically compare the results of hospital based tuberculosis treatment and domiciliary care, as studies in Madras and Nairobi had. In order to identify slum housing as being unconducive to recuperation, along with facilitating infectious disease spread, Moodie would have to focus his research efforts on the impact of housing on tuberculosis patients. Although Moodie did not ever implicate social housing specifically in his research, his later research pointed to slum housing conditions and concomitant overcrowding as a *primary* determinant of differences in recuperation speeds. His research on the detrimental effects tubercular patients experienced while living in inner city slum housing provided a public health counterargument to critics of architectural determinism, that the built environment very well could alter human condition.

Moodie was not the first public health professional in Baltimore to warn of the connection between slum housing and tuberculosis. Since the publication of Wilner's research in the early 1960s, public health professionals and biostatisticians had viewed social housing populations and slum housing populations as an interesting pair of test and control groups.[690] Even before Wilner, tuberculosis treatment centred on social housing; the BCHD in cooperation with the Maryland Tuberculosis Association (a non-governmental organization) conducted their first X-ray screening at the Cherry Hill Homes in Southwest Baltimore in 1946.[691] In Glasgow, 37 mobile radiography units operating out of vans visited social housing schemes throughout the city in a five week blitz in 1957 to screen for tuberculosis, offering lottery prizes to compel attendance.[692] Furthermore, two years after Moodie's arrival in Baltimore, commissioner of health Robert Farber noted on

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[690] Martin Hoffman, *Child Development and Social Policy* (University of Chicago Press, 1975), Vol. 5, p. 85; Michael Jones, *Housing and Poverty in Australia* (Melbourne University Press, 1972), p. 8.
[691] 'Chest X-Ray Survey Conducted at Cherry Hill' *Baltimore Afro-American*, 05/11/1946, p. 10.
[692] *Glasgow Observed* (Edinburgh: John Donaldson, 1987), eds Simon Berry and Hamish Whyte, p. 239.

Baltimore Health News television syndicate that poor housing along with diet was the most immediate preventable catalyst for tuberculosis spread:

> It's also a matter of nutrition and housing. It's in the low economic areas that people are crowded together… people living as many as five or six in one bedroom; their diet is not adequate, therefore their resistance to tuberculosis is lowered. I've said earlier that the Negroes, for instance, have a high TB death and case rate compared to the Whites. Well, this does not mean that the Negro is more susceptible to tuberculosis. It just simply means that the Negro is living under poorer conditions than Whites and therefore is more at risk to tuberculosis.[693]

Farber's statement sheds light on Moodie's approach to tuberculosis control in a number of ways. Blacks were always disproportionately likely to be tubercular in Baltimore, and by the late 1960s constituted the majority of tuberculosis cases in the city when they had not (quite) become the majority population. Of course, Blacks were also always more disproportionately likely to inhabit over-crowded, slum housing, thus exacerbating (and potentially incubating) any tuberculosis cases. However, by this point in time Blacks were also the clear majority of social housing tenants, and while the perceived quality-of-life of housing project tenants had come under question during this time, few would argue that life in Baltimore's social housing projects was as injurious to health as occupying a flop house or sleeping rough. While Blacks were more likely to suffer from tuberculosis, social housing at least provided respite from over-crowding, the housing determinant of health that the city's commissioner of health viewed as most aggravating tuberculosis recuperation. Not surprisingly, Moodie found crowding in Baltimore's slums as an important indicator of the success of his out-patient tuberculosis treatment.

Whether or not a patient resided in social housing impacted the success of tuberculosis treatment in two ways. Firstly, if a tuberculosis patient was a social housing tenant, the patient was much more likely to have adequate private space, and probably their own bedroom. This was not merely a minor comfort. Through his

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[693] BCHD, 'Television Report on Tuberculosis in Baltimore City, Baltimore Health News, Vol. 40 (1963): 115; originally quoted in Cummiskey, 'Drugs, Race, and Tuberculosis Control', p. 737.

research, Moodie found a direct correlation with higher transmission of tuberculosis in crowded, slum dwellings. In 1974, Moodie published a longitudinal study of the contagiousness of tuberculosis patients recuperating in inner city slum dwellings, comparing tuberculosis infectivity before and after the initiation of drug therapy. Moodie initially sought to track the tuberculosis status of 156 household contacts of home-bound tuberculosis patients, i.e. persons who shared a residence with said patients.[694] In order to assess the study contacts' infectivity, Moodie subjected contacts to tuberculin testing, testing contacts as soon as the index patient was identified as tubercular, then at intervals of 2,4,6,20, and 52 weeks.[695] Of the 70 patients that remained tracked in the study (81 tested originally as non-tubercular, 11 contacts disappeared, likely due to slum families' proclivity for itinerancy), sixteen persons, or 23% of all contacts, developed tuberculosis before the index patient started drug therapy.[696] The table below illustrates the number of contacts who became reactors and their time of conversion:

TABLE 3
NUMBER OF INITIALLY TUBERCULIN-NONREACTIVE CONTACTS WHO CONVERTED TO TUBERCULIN REACTORS

	No.		%
No. of initially tuberculin-nonreactive household contacts studied	70		
No. whose test converted to reactive			
Infected before treatment of index case (converted at 2 or 4 weeks)	11		16
Probably infected before treatment of index case (converted at 20 weeks)	5	16	23
Source of infection uncertain (converted at 20 weeks)	2	18	

'Table 3: Number of Initially Tuberculin-Nonreactive Contacts who Converted to Tuberculin Reactors',
American Review of Respiratory Disease, (1974), Vol. 110, p. 811.

While Moodie did find that once a patient had started therapy the patient became dramatically less contagious (thus nullifying the injurious impact of contact proximity to patients), the study pointed to a clear message about the connection between

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[694] Allan Moodie and Richard Riley, 'Infectivity of Patients with Pulmonary Tuberculosis in Inner City Homes', *American Review of Respiratory Disease*, Vol. 110, No. 6 (1974): 810.
[695] Ibid.
[696] Ibid.

housing and health. Even with the pharmaceutical advancements of the twentieth century, overcrowded poor housing facilitated the spread of disease: if patients did not follow their drug therapy fastidiously (which was more common than not without public health aide supervision), then patients living in crowded slum housing were more likely to infect their close contacts than adequately housed patients. Furthermore, while the study did not include a control social housing group, the study amounted to a tacit endorsement of the public health benefits of social housing. Not only were social housing units more spacious than slum dwellings, but as public health aides could locate social housing tubercular patients with greater ease (due to their decreased likelihood for itinerancy), their drug therapy was more efficacious. True, slum dwelling patients who followed their drug regimens religiously arrested their contagiousness, but as this behaviour was so difficult to enforce, living in overcrowded slum housing could be viewed as risky behaviour, or at least a significantly deleterious determinant to health. In condemnation of slum conditions, Moodie concluded in his longitudinal study that:

> The evidence that untreated tuberculosis patients are highly infectious in the inner city home is strong, because approximately 20 per cent of 70 initially nonreactive household contacts were infected during the 1 or 2 months before treatment of patient was begun. The absence of late conversions in contacts of patients treated at home is consistent with a rapid loss of infectivity after initiation of chemotherapy.[697]

Following Moodie's research, and thanks to his expansion of the role of public health aides, tuberculosis incidence rate continued to decline in Baltimore throughout the 1970s. The city even managed to record the sharpest decline in tuberculosis rates, and deaths from the disease dropped precipitously. This did not mean Moodie's efforts and the continued expansion of social housing quelled tuberculosis in the city entirely. Indeed, despite progress in the intervening years, Baltimore had the one of the highest tuberculosis incidence rate of American cities

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[697] Moodie and Riley, 'Infectivity', p. 812.

as late as 1980, second only to San Francisco.[698] What the decline did signify, however, was a rebuttal of social housing critics: nineteenth-century diseases still existed in American cities, and these diseases flourished in slum housing. Baltimore's social housing projects may have not been luxurious, but they did seem to stem the spread of infectious disease, specifically tuberculosis, better than overcrowded slum housing. With Moodie's research on the negative impact of slum housing on health, medical academics and public health professionals now had ammunition against social housing detractors. Yet while Moodie's Baltimorean experiment drew heavily on Glasgow's prior tuberculosis control programmes, his research outcomes did not match the results of transatlantic research. For in Glasgow, public health research seemed to suggest that social housing residents were more susceptible, not less, to tuberculosis and other infections. While these studies confirmed much of the suspicions of social housing critics of the era, they were none-the-less provocative: Wilner and Jephcott had both argued that while social housing developments were not perfect, they were an improvement on slum life. A review of the public health literature on the impact of Glaswegian social housing on tuberculosis and other health metrics should help explain the deterioration of public and academic opinion of social housing in Scotland in the years leading up to 1980.

Tuberculosis and Housing in Glasgow:

In the late 1960s and 1970s, public health professionals in Glasgow came to many of the same realizations as had their transatlantic counterparts. The importance of the research produced during the period, however, was far less dramatic than in Baltimore. For by this point, the impact of tuberculosis on Glasgow's population had diminished significantly. Although tuberculosis was once a serious scourge in Glasgow, health professionals had tackled successfully the disease in the late 1950s and early 1960s. Specifically, the 1957 mass X-Ray campaign in

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[698] San Francisco's marginally higher incidence rate can be attributed to the growth of immune-suppressed HIV positive residents in the late 1970s and early 1980s, See: 'TB Still Haunts Big Cities', *Daytona Beach Sunday News-Journal*, 20/03/1980, p. 4A.

Glasgow, which sought to screen ordinary Glaswegians for the disease in their homes and workplaces, mitigated the impact of tuberculosis near the general population. While there were 8,135 reported cases of pulmonary tuberculosis in Scotland in 1950, by 1975 there were only 1,200 reported cases.[699] Yet despite this significant decline, tuberculosis among at-risk groups remained a vexing problem for health professionals. Specifically, the indigent and itinerant, who opted for temporary housing (hostels, night shelters, and Scotland's infamous 'model lodging-houses') were especially unable to recuperate from tuberculosis.[700] While the lifestyle choices of these groups certainly did not contribute to good health, their housing did not exactly facilitate a healthy lifestyle. Additionally, as the city's demographics changed, new health problems arose. While Glasgow had long been a mono-racial city, by the 1970s immigrant groups, most notably South Asians, had established communities in the city. For a variety of reasons, health professionals noticed early on that these communities were more susceptible to certain diseases, including rickets and tuberculosis.[701] Thus, while tuberculosis was no longer a massive problem for ordinary Glaswegians by the 1960s and 1970s, it remained a problem among certain subgroups. Whether these subgroups were itinerant, indigent, immigrants, or White Glaswegians unlucky enough still to reside in slums, the two factors that united these groups was susceptibility to tuberculosis and poor housing. While public and housing professional opinion of social housing had already begun to wane by the late 1960s, public health professionals found that slums and temporary housing contributed to poor health, and that social housing retained the potential to offer its tenants respite from infectious disease and substandard environmental conditions.

Although this chapter focuses on the public health trends in the years leading up to 1980, the mass radiography campaign conducted over a five week period between March and April of 1957 is too large to ignore. The success of the campaign

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[699] W O Thomson, W C Young, and A T Campbell, 'Five Incidents Involving Pulmonary Tuberculosis in the Motherwell/Lanark District of the Lanarkshire Health Board', *Edinburgh Health Bulletin* Vol. 36, No. 2, (March, 1978): 57.

[700] *Tuberculosis: Prevention and Control* (London: Chest and Heart Association, 1962), p. 120; See: 'Department of Health for Scotland', HC Deb 22/06/1932, Vol. 267, cc 1109-201.

[701] 'Florid and Subclinical Rickets among Immigrant Children in Glasgow', *The Lancet* Vol. 307, No. 7970 (29/05/1976): 1141-1145.

was all the more astounding considering the prevalence of tuberculosis in the city. In 1957 the city's tuberculosis incidence rate was Western Europe's highest at 160 per 100,000 people, and concomitantly, the city's death rate was the highest at 25 per 100,000 people.[702] Ten years after the end of WWII, this was considered a medical embarrassment, and prompted Secretary of State for Scotland James Stuart in 1956 to announce a two year radiography campaign to eradicate tuberculosis starting next year.[703] Stuart and the Corporation managed to secure every single ambulatory MMR vans from throughout Britain (37 in total), hoping that each van could screen approximately 2,000 people a week for tuberculosis.[704]Although Stuart and his successor John MacLay recognized the need for a wide and intense campaign tuberculosis, neither of them could have predicted the programme's success. In the duration of the programme, 714,915 persons were screened for tuberculosis, or 76% of Glasgow's total population. The programme found 2,755 active cases of tuberculosis and a further 5,379 cases of potentially active tubercular status.[705] The table below illustrates just how prevalent tuberculosis was in the city relative to the mass radiography campaigns in comparable cities:

Location	Number examined	Duration of survey (weeks)	Number of units engaged	Examinations per unit/week	Number of new active cases	Active cases per unit/week	Case rate per 1,000 examined
Glasgow 1957	714,915	5	37	3,763	2,565	13·5	3·6
Liverpool, 1959	454,286	4	31	3,664	1,045	8·4	2·3
Luton, 1958	47,421	14	1-12 weeks 3-3 weeks	2,258	65	3·1	1·4
Stepney, 1960	17,823	4	4	1,114	41	2·6	2·3

Four Community M.M.R. Surveys, 'Review of Mass Radiography Services: A Report by the Joint Tubercle Council', Tubercle (1964), Vol. 45: 263.

The campaign's success was attributed to three factors: the ambulatory nature of the screening, community mobilization, and heavy advertising. In terms of

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[702] Roberta Bivens, 'Immigration, Ethnicity and 'Public' Health Policy in Postcolonial Britain', *Migration, Health and Ethnicity in the World* (London: Palgrave Macmillan, 2013), eds Catherine Cox and Hilary Marland, pp. 129.

[703] 'Health in Scotland', HC Debate 17/05/1956, Vol. 556, cc 1061-1069.

[704] Helen Bynum, *Spitting Blood: The History of Tuberculosis* (Oxford University Press, 2012), p. 212; HG Calwell, 'Abstract', *Glasgow's X-Ray Campaign Against Tuberculosis, 11th March – 12th April, 1957* (Corporation of Glasgow, 1957), eds Kenneth Cowan *et al*, pp. i, 6,7.

[705] 'Glasgow's M.M.R. Campaign', *The Lancet*, Vol. 272, No. 7054 (8/11/1958): 1004.

advertising, the municipal authorities saturated Glasgow with notifications. The MOH for Glasgow sent a letter to every household asking for persons over 14 to attend, lottery prizes were offered to encourage attendance (including a new car and colour television sets), and posters were placed in thousands of pubs, shops, and post offices. Overall, out of a budget of £114,269, the DHS spent £17,000 on advertising, which the *Lancet* argued was 'an expenditure which was obviously justified'.[706]
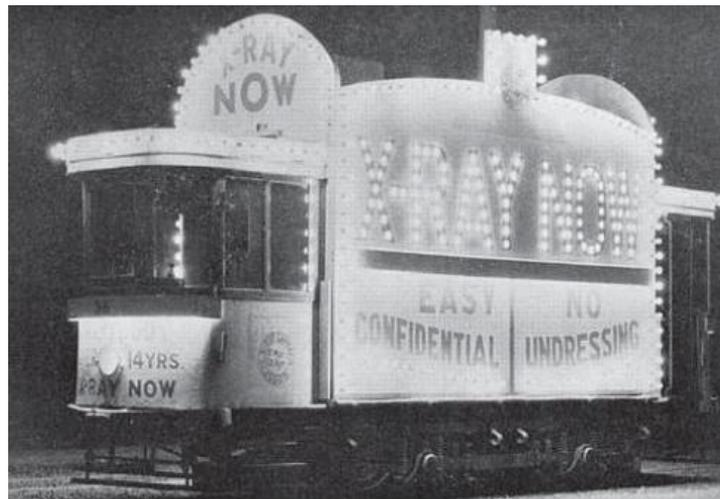
An illuminated ambulatory X-Ray tram-car positioned as an advertisement, operated by Glasgow Corporation, circa 1957, photo courtesy: Wellcome Library.

While the campaign was a broad effort, health professionals noted its particular impact in attracting certain groups for screening. Most notably, older men participated enthusiastically in the programme, despite their usual intransigence to comply with public health campaigns. Consider the photograph presented below – on the last day of the radiography campaign, George's Square was filled with working class middle aged and older men, queuing for X-Ray screening. Even though nearly a quarter of Glaswegians did not participate in the campaign, evidence suggests they were not necessarily riskier patients from a public health perspective; 6756 contacts X-Rayed after the campaign produced only 17 positive tuberculosis cases, an incidence rate less than the initially five week campaign (0.25% vs.

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[706] Ibid.

0.38%).[707] Yet while the radiography campaign was undoubtedly a marked success, it did not totally eradicate tuberculosis. Indeed, while thousands of people were notified of their tuberculosis status, and the number of tuberculosis cases declined precipitously after the campaign, the prevalence of tuberculosis in certain subgroups of people (i.e. those who lived in poor housing) remained stubbornly intact. In order to nullify tuberculosis as a threat in these populations, a more targeted approach to tuberculosis detection and treatment was necessary. This would involve greater involvement of public health professionals and newly trained field aides, just as in Baltimore.

Queuing for X-Ray screening on final day of programme, George's Square, Glasgow, photo courtesy: Mitchell Library, ref. 930.99.142

As established above detecting tuberculosis in patients was only the beginning of treatment; once solitary public health professionals had to cultivate a plan towards wellness. A clean home environment for recuperation was seen as essential, and social housing seemed to provide this. Since the beginning of Glasgow's rehousing efforts, the city had sought to pay particular attention to tubercular families. As slums were considered injurious to tuberculosis recuperation (as studies in Baltimore by Wells-Riley and Moodie would confirm), a certain amount

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[707] Ibid.

of social housing constructed was allocated to families with tubercular members.[708] Although there were concerns that concentrating tuberculosis families in social housing schemes could exacerbate the problem in certain communities, reports from the MOH for Glasgow confirmed that public health professionals recognized the benefit of a clean, spacious, amenable flat for tuberculosis recuperation. Indeed, tuberculosis status was an important component of rehousing efforts in the 1940s and 1950s, and allowed families who inhabited relatively stable housing to receive social housing offers quicker than other applicants.[709] Perhaps because of these tuberculosis rehousing efforts (or perhaps in spite of them), the radiography campaign focused heavily on social housing tenants, and visited each of the city's peripheral housing schemes. The image below points to the momentousness of the vans' arrival in these areas:

'Queue at 11 P.M. at Mobile Unit in Drumchapel', photo courtesy: Mitchell Library

Yet by 1963 the number of families being rehoused due to tuberculosis status had dropped to double digits. Ironically, it was likely that the dramatic success of the

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[708] Anne Davis, 'A Historical Perspective on Tuberculosis and its Control', *Tuberculosis: A Comprehensive International Approach* (New York: Marcel Dekker, 2000), p. 12; R Riley and W Wells *et al*, 'Air Hygiene in Tuberculosis: Quantitative Studies of Infectivity and Control in a Pilot Ward', *American Review of Tuberculosis*, Vol. 75 (1957): 420-430; Moodie and Rogers, 'Baltimore Uses Inner City Aides'.
[709] 'Housing', HC Debate 30/11/1948, Vol. 458, cc 1797-1798; 'Housing', HC Debate, 13/03/1950, Vol. 473, cc 804-808.

radiography campaign contributed to the decline in importance of tuberculosis status as a factor in rehousing.[710] The chart below illustrates the decline of the annual numbers of families rehoused under this scheme in the years leading up to 1971:

Table 6: Glasgow Tubercular Families Rehoused, 1934-1971

Year:	Number of Families Recommended to be Rehoused:	Number of Families Actually Rehoused:
1934-1935	3,764	1,484
1946-1955	5,459	4,372
1956-1960	1,822	1,822
1961	189	180
1962	113	119
1963	65	78
1964	63	69
1965	44	32
1966	53	34
1967	30	42
1968	36	25
1969	27	14
1970	26	17
1971	18	8

Data from: Medical Officer of Health for Glasgow, Annual Report 1964, p. 287; Medical Officer of Health for Glasgow, Annual Report 1971, p. 229.

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[710] 'Mobile X-Ray Units', HC Debate 08/11/1961, Vol. 648, cc 964-965; 'Housing, Glasgow', HC Debate 12/04/1965, Vol. 710, cc 1120-1130.

The decline in rehousing tubercular families did not reflect a shortage of social housing, but rather a significant decrease in the prevalence of tuberculosis. The number of tuberculosis cases in Glasgow's general population had fallen from over 1,500 in 1958 (a year after the radiography campaign) to less than 500 cases in 1971.[711] This explains how, by 1971, only a single digit number of families qualified for social housing due to their tuberculosis status; tuberculosis was not viewed as affecting the general population and therefore did not require special attention. Furthermore, the tuberculosis cases that did surface tended to be detections of patients with healed tuberculosis foci in their lungs. These cases mostly required little or no intervention. Put simply, by the 1970s medical professionals did not view tuberculosis as a serious problem in Glasgow.

Yet despite cavalier attitudes about the success of the radiography campaign in Glasgow, and the real decline in incidence, tuberculosis had not been totally eradicated in the city by the 1970s. Indeed, tuberculosis incidence in Scotland was the highest in Western Europe, and West of Scotland medical professionals offered a stern warning about complacency:

> While the decline of pulmonary tuberculosis is both welcome and gratifying, there is, nevertheless, a danger that it may be regarded in the same light as diphtheria; that is to say, as a disease whose occurrence is both rare and unexpected. This is not the case in Scotland and is certainly not so as far as Lanarkshire is concerned. Here tuberculosis still exists, must never be taken for granted, and must constantly be considered as a community hazard.[712]

The problem of tuberculosis in Glasgow had dissipated, not disappeared. Furthermore, some communities in the city were especially impacted by the disease. There were particular subgroups of people who were still highly susceptible to tuberculosis, most notably the elderly, mental institution patients, prisoners, and the indigent and itinerant. Of these groups, the latter's susceptibility to tuberculosis was most conditioned by their housing. While the lifestyles of what were then known as

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[711] MOHG, *Annual Report* (1964), p. 233; MOHG, *Annual Report* (1971), p. 204.
[712] W O Thomson *et al*, 'Five Incidents', p. 57.

'vagrants' (i.e. engagement in risky behaviour) most certainly contributed to increased likelihood of tuberculosis contraction, their proclivity to reside in substandard housing only exacerbated the severity of the disease and furthered the spread to other patients. Indeed, Edinburgh MP Robin Cook contended that:

> This group of people contains a high incidence of social and medical problems. Study after study has shown that this group contains a higher incidence of alcoholism, drug abuse, personality disorders, epilepsy and tuberculosis than any comparable social group. Notoriously Camberwell (a district in South London) hostel contains more mentally ill people than do most state mental hospitals.[713]

Yet while the plight of the indigent had long been known to public health professionals, in the late 1950s and early 1960s public health professionals were more concerned with combating the tuberculosis epidemic on mass (re: general population) scale. This attitude, however, would have to evolve as public health professionals grappled with the fact that tuberculosis was becoming a less common disease. Indeed, at a conference on tuberculosis eradication in New Zealand, a physician argued that 'the large-scale expensive surveys as conducted in Edinburgh and Glasgow… are no longer justified in view of the decreasing incidence of the disease'.[714] Clearly, tuberculosis treatment in the late 1960s and 1970s would be more focused on specific groups who, despite the successes of mass radiography, remained vulnerable. As investigations would show, the most vulnerable population group for tuberculosis contraction were the indigent. These persons tended to congregate in temporary housing- model lodging-houses, night shelters, and hostels. Public health research into the health of the indigent would find that their substandard housing was a significant contributor to their proclivity towards tuberculosis contraction and slow recuperation paces, and that social housing accommodation would have better protected this population from exposure to tuberculosis and better enabled the healing process.

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[713] 'Adjournment (Whitsuntide)', HC Debate 23/05/1974, Vol. 874, cc 655-656.
[714] C H King, 'Tuberculosis in Auckland', *Chest Physicians' Conference*, 08/04/1964; originally quoted in Deborah Dunsford, 'Seeking the Prize of Eradication: A Social History of Tuberculosis in New Zealand from World War Two to the 1970s' (PhD Diss., University of Auckland, 2008), p. 145.

The early focus on the general population did not mean that medical professionals were unaware that tuberculosis impacted some population groups more severely than others. Indeed, several medical and public professionals investigated the problem of tuberculosis in 'vagrant' populations before the 1970s. In the 1950s, the MOH for Glasgow Stuart Laidlaw (1946-1955) was interested in the impact of indigent housing on health, in particular tuberculosis. In one of his studies, Laidlaw found that tuberculosis was the fourth most common cause of death of tenants of Glasgow's infamous 'model lodging-houses'. Furthermore, once tenants were diagnosed with tuberculosis, their average length of survival afterwards was three years. On those who were diagnosed, Laidlaw wrote that 'Neither of these had previously sought medical advice, and it was not until they were unable to rise from their bunks that their superintendent became aware that they were ill'.[715] Laidlaw thus concluded that because occupants of model lodging-houses were at best disregarded and at worst viewed with disdain, their housing choice contributed to a delayed diagnosis. Considering this lack of concern for tenants, it is surprising that tubercular patients survived for as long as they did. The lifestyle choices of occupants did not contribute to good health, to be fair, and their increased likelihood of late diagnosis and treatment was certainly due partially to their own intransigence. After 1957, J.E. Geddes invited over 860 tenants of Glasgow's lodging-houses for radiography screening. Only 193 (22%) could be encouraged to submit to an X-Ray; 67 of whom were referred to chest clinics. 56 occupants attended, and 22 were found to have tuberculosis.[716] This was a stark illustration of the increased cases of tuberculosis in lodging-houses; while the 1957 campaign produced a positive rate of nearly 4%, Geddes' efforts produced an 11% positive rate of those screened. Furthermore, a higher concentration of tuberculosis cases in lodging-houses seemed to have collateral damage beyond the other occupants; research in Belfast in the 1960s found that tuberculosis cases in areas in the immediate vicinity

[715] Stuart Laidlaw, *Glasgow Common Lodging-Houses and the People Living in Them* (Corporation of Glasgow, 1955), p.127.
[716] JE Geddes, 'Tuberculosis Today', *Public Health*, No. 74 (December, 1959): 96.

of lodging-houses were higher than the city average prevalence.[717] The problem of tuberculosis in 'vagrant' populations interested medical professionals so much that it provoked a report of the Joint Tuberculosis Council in 1965 on the prevalence of the disease in lodging houses. While the report focused on English cities outside London, they discovered an important aspect of treating tuberculosis in indigent populations. Standard chemotherapy produced little results due to resistant tuberculosis foci present in these populations – and patients could not recuperate fully in the crowded, insanitary conditions of the lodging-houses. The report recommended that occupants of these institutions be rehoused into more amenable accommodation, which could only mean social housing, given the report's near blanket condemnation of temporary housing. Glasgow's lodging-houses fared no better; ten years after the Joint Tuberculosis Council's report, occupants were still at far greater risk for tuberculosis. A look at data published by the Greater Glasgow Health Board (GGHB) of active tuberculosis in Glasgow's model lodging-houses in the 1970s illustrates the extent of the problem:

Table 7: Tuberculosis in Glasgow Model Lodging-Houses, 1976-1980

Year:	Number of Screenings	Number of Active TB Cases	Percentage of TB Cases
1976	787	6	7.62
1977	792	14	17.68
1978	1,298	27	20.80
1979	2,434	33	13.56
1980	1,855	18	9.70
...	...	...	...
Yearly Avg.:	1433.2	19.6	13.87

Data taken from Greater Glasgow Health Board, Annual Report: Mass Radiography Service, (1976), p. 19; (1977), p. 15; (1978), p. 15; (1979), p. 12; (1980), p. 13.

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[717] Peter Elwood, 'Tuberculosis in a Common-Lodging House', *British Journal of Preventative Social Medicine* Vol. 15, No. 2 (1961): 89-92.

Although the active tuberculosis cases declined after the spike in cases from 1977-1978 by 1980, the table above illustrates just how precarious it was to live in indigent housing. Many argued that society's indigent and itinerant persons (alcoholics, drug addicts, homeless, etc.) would live healthier lives in social housing; that lodging-houses and similar forms of accommodation only facilitated poor behaviour and could 'adversely affect their return to society'.[718] Yet much like social housing, indigent housing had its detractors and its supporters. Oldham MP Michael Meacher castigated the impact of slum clearance schemes on lodging-houses, maintaining that 'the growing crisis among homeless single people is perhaps the most telling indictment of the indifference and unconcern bred by affluence in a market system', and further added that by failing to find suitable housing for those displaced by closing lodging houses the State had 'withdrawn from its social responsibilities.'[719] In Scotland, Edinburgh MP Robin Cook, who by his own account had 800 constituents living in lodging-houses, found the incessant condemnation of lodging-houses and the like was counterproductive. In particular, Cook argued that it was unnecessarily punitive to arrest and detain lodging-house occupants with vagrancy; one his constituents had been arrested for vagrancy despite having resided in the same lodging-house for ten years.[720] Similarly, and although there at least appeared to be a correlation between model-lodging houses and tuberculosis, Laidlaw viewed them as a social necessity. In his PhD thesis on model-lodging occupants in Glasgow, Laidlaw wrote that 'it has been shown that in large centres of population the common lodging-house is a necessity. It is here that the flotsam and jetsam of society drift together.'[721] Clearly, lodging-houses had a purpose – but public health professionals wondered if there were better methods of housing itinerant tubercular patients.

[718] 'Problems of Low-Income Groups', HL Debate 07/12/1971, Vol. 326, cc 729-732; 'Supplementary Benefits (Claims)', HC Debate 25/05/1979, Vol. 967, cc 321w-322w.
[719] 'Homeless Single Persons', HC Debate 02/05/1973, Vol. 851, cc 1045-1947.
[720] 'District Courts (Scotland) Bill [Lords.]', HC Debate 05/02/1975, Vol. 885, cc 1504-1507.
[721] Stuart Laidlaw, *Glasgow Common Lodging-Houses and the People Living in Them* (Corporation of Glasgow, 1956), p. 28.

In the late 1970s and early 1980s, Glasgow physician K.R. Patel sought to determine the impact of indigent housing on the health of occupants through a prospective survey. Patel, who was a physician with the Department of Respiratory Medicine at the Western Infirmary, wondered if occupants of Glasgow's model lodging-houses, hostels, and night shelters could be encouraged to submit to chest X-Rays or to comply with outpatient drug therapy. Earlier research in Glasgow and other British cities had shown that residents of these housing types were more likely to have tuberculosis, and Moodie's research in Baltimore had shown that overcrowded housing conditions coupled with chemotherapy non-compliance resulted in less successful recuperation. RG Priest found that tenancy in Edinburgh lodging-houses contributed to alcoholism, which in turn exacerbated mental illness.[722] Furthermore, Patel *et al* had also discovered that pulmonary tuberculosis incidence in Glasgow and neighbouring Lanarkshire was among the highest in Britain, and that environmental conditions including housing, contributed to this high incidence.[723] There was little question, then, that Glasgow's indigent population seemed to be particularly susceptible to tuberculosis contraction. Whether the inhabitants of indigent housing were likely to submit to treatment, however, was less predictable. Patel, who was familiar with the medical literature on the treatment of 'vagrants', was not optimistic. Commenting on the limitations of traditional treatment when applied to indigent populations, Patel wrote that 'outpatient chemotherapy of vagrants… is generally unsuccessful as these people are unable to cope with appointment systems usually operated at hospital outpatient clinics and antipathy towards them from hospital staff and other patients.'[724] Thus, much like Baltimore's indigent and overcrowded tuberculosis patients, efficacious treatment seemed out of reach without significant intervention. While lodging-houses offered concentrations of tubercular cases, they did not yield exemplary patients. The data

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[722] R G Priest, 'The Homeless Person and the Psychiatric Services: an Edinburgh Survey', *British Journal of Psychiatry*, Vol. 128 (Feb., 1976): 128-136.

[723] W Thomson, AT Campbell, KR Patel, 'Two Community Surveys for Pulmonary Tuberculosis in Lanarkshire', Scottish Home and Health Department, *Health Bulletin*, Vol. 37, No. 6 (No., 1979): 267-271.

[724] K R Patel, 'Pulmonary Tuberculosis in Residents of Lodging Houses, Night Shelters and Common Hostels in Glasgow: A 5 Year Prospective Study', *British Journal of Diseases of the Chest* Vol. 79 (1985): 60.

produced in Patel's early research confirmed the difficulty in treating the indigent. In the control portion of his experiment, the study population was mostly unresponsive to medical intervention. In six monthly radiography surveys of indigent housing between 1975 and 1977, the response rate for each survey never topped 15% of the study population.[725] These housing forms not only did not provide an environment conducive to recovery, they frustratingly reinforced intransigent habits among occupants. Thus, Patel theorized that providing incentives could increase radiography and chemotherapy compliance. A more compliant indigent population would, hopefully, result in a reduction in mortality and arrest the spread of tuberculosis among this population.

Throughout the duration of the study (1978-1982), an ambulatory radiography van, little changed from the 1957 campaign, visited twenty two lodging-houses. In total, the establishments provided beds for about 3,000 single men, many of whom were alcoholics, drug addicts, and/or homeless. Many of these hostels were already known to be in much worse condition than the low standards permitted; indeed the director of the city's Environmental Health Department wrote the GGHB that 'the new hostels are outwith the scope of the Legislation for Common Lodging Houses and are run by Housing Management Department'.[726] Public health workers, many from Glasgow's Environmental Health Department, visited the establishments in the autumn and the winter. The inducements were offered only during the winter visits. The inducements took the form of vouchers, which could be exchanged for either food or cigarettes. Originally, Patel had sought to offer 50 pence as incentive.[727] Patel later concluded that monetary incentives might be misappropriated, and switched to vouchers. Put simply, the vouchers worked: once the vouchers were introduced, occupant compliance in radiography examinations

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[725] Ibid.

[726] James Jackson, 'Letter from J Jackson to T S Wilson', 19/12/1978, Mitchell Library, Greater Glasgow Health Board Records, Box: HB56/TB/GEN. While Jackson did not name specifically the legislative acts to which he referred, at the date of the letter common lodging houses were governed by the Housing Acts of 1957, 1961, 1964, and 1969, in addition to the Public Health Act of 1936. See: 'Common Lodging Houses', HC Debate 01/07/1980, Vol. 987, c 501W.

[727] K R Patel, 'Letter from K R Patel to J Jackson,'04/01/1979; K R Patel, 'Letter from K R Patel to T S Wilson,' 05/01/1979, Mitchell Library, Greater Glasgow Health Board Records, Box: HB56/TB/GEN.

increased. While the autumn sessions saw little change in radiography compliance compared with the 1975-1977 period, the winter sessions response rate increased 47%.[728] The graph below illustrates the change in compliance over the years after the introduction of incentives:
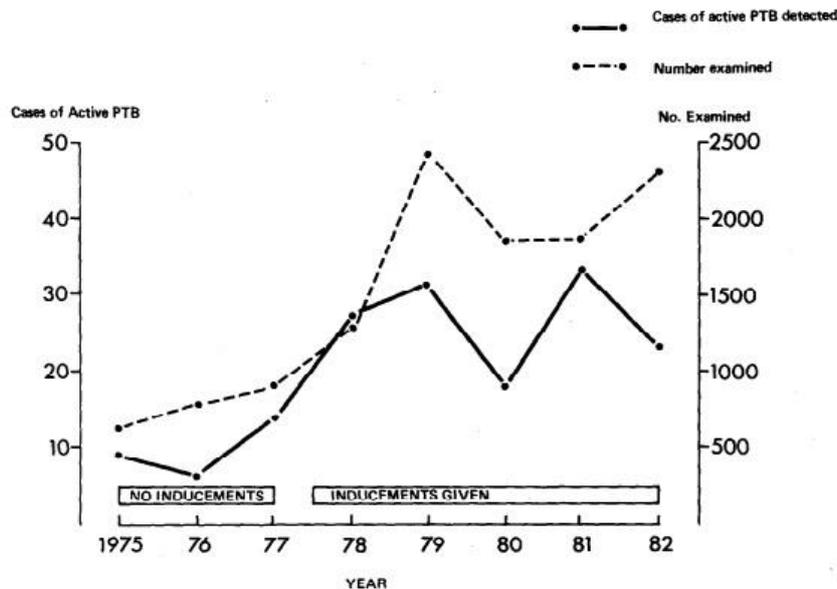

Fig. 1. Number of hostel residents radiographed and the cases of active pulmonary tuberculosis detected before and after the voucher scheme

K R Patel, 'Pulmonary Tuberculosis in Residents of Lodging Houses, Night Shelters and Common Hostels in Glasgow: A 5 Year Prospective Study', British Journal of Diseases of the Chest (1985), Vol. 79: 62.

The most striking aspect of the graph may not be the representation of active tuberculosis cases found, but rather just how many occupants opted for screening; the novelty of incentives produced a dramatic response from occupants. These incentives could not have come at a more opportune time, given the extent of tuberculosis in Glaswegian indigent housing. Patel compared the prevalence rate of tuberculosis of indigent housing occupants with other groups deemed susceptible to the disease. Occupants had between 45 and 160 times the prevalence rate of school teachers and industrial workers, who invariably lived in more permanent, suitable accommodation. Glasgow's prisoners, who were subjected to overcrowded and

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[728] Ibid., p. 61.

insanitary conditions, were 15 times less likely to suffer from tuberculosis.[729] But perhaps most alarmingly, indigent housing occupants were six times as likely to have tuberculosis as persons referred by their physicians to chest clinics for radiography. This suggests that persons who lived in lodging-houses, shelters, or hostels were more apt to be tubercular than ordinary Glaswegians whose doctors felt they exhibited symptoms! The conspicuous prevalence of tuberculosis in the lodging-house occupant population pointed not just to deficiencies in behaviour, but deficiencies in the housing form; earlier research in London had shown that even when lodging-house occupants followed chemotherapy prescriptions, they were far less likely to overcome infection than better housed patients.[730] The table below highlights the dramatic difference in prevalence rate between lodging-house occupants and other high risk groups:

Table I. Incidence of active PTB detected by routine radiographic examinations in different groups (1978–1982)

Groups	No. radiographed	Cases of active PTB	Rate per 1000
Teachers	56 137	5	0.09
NHS staff	15 376	3	0.20
Heavy industry	25 187	8	0.32
HM prisons	15 710	15	0.95
GP referrals	55 658	135	2.42
Lodging houses	9132	133	14.56

K R Patel, 'Pulmonary Tuberculosis in Residents of Lodging Houses, Night Shelters and Common Hostels in Glasgow: A 5 Year Prospective Study', British Journal of Diseases of the Chest (1985), Vol. 79: 64.

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[729] Until the mid 1990s, Scottish prisons were renowned for 'double bunking' their prisoners and their continued practice of 'slopping out', or having prisoners defecate in chamber pots and empty their waste in communal sluices. See: *Christian Justice and Public Policy* (Cambridge University Press, 1997), ed. Duncan Forrester, pp. 63-66.
[730] K Marsh, 'Tuberculosis Among the Residents of Hostels and Lodging Houses in London', *The Lancet* (1957), No. 1: 1136-1138.

There was never ever any contention that indigent Glaswegians, due in part to their risky behaviours, were more likely to contract tuberculosis. Whether or not occupants would take advantage of tuberculosis treatment initiatives did, however, spark inquiry. Furthermore, Patel's research pointed to the conclusion that indigent housing had a negative impact on occupant health. This conclusion rebuts Laidlaw's contention that model lodging-houses and similar dwellings were beneficial for occupants. The argument for lodging-houses, hostels, night shelters, and similar accommodation was simple: residing here is better than sleeping rough. Patel's survey pointed to a contrary conclusion – that overall, lodging-houses and the like were detrimental to occupant health. True, indigent housing provided occupants with roofs over their heads. But not only did it not offer any solace from tuberculosis, it seemed to exacerbate conditions that led to tuberculosis contraction and cultivated habits that inhibited seeking treatment. The lodging-house environment, which instilled in its occupants a lodging-house mentality, did not seem to foster responsible health decisions. Only food voucher incentives compelled occupants to submit to radiography screenings. While the incentive programme was successful in compelling screening attendance (and indeed successful in reducing tuberculosis mortality rates in a high-risk group), the survey also highlighted a public health failure: a deficiency in housing society's most vulnerable persons. Lodging-houses, hostels, and night shelter were not adequate long term housing options; they weren't even healthy short term housing options. There were reports that lodging-house occupants were deliberately becoming homeless in order to 'jump queue' on rehousing lists.[731] If these housing forms were as injurious to health as to engender tuberculosis incidence rates 15 times that of Scottish prisoners, perhaps such seemingly reckless abandonment was less deleterious than one might imagine. Regardless, public health professionals were aware of the decrepit state of lodging-housing – and sought to rectify the problem. Indeed, Patel's study caught the attention of Gordon Brown, the assistant secretary of the Greater Glasgow Health

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[731] J D O Morris, Scottish Development Department, *Housing and Social Work – A Joint Approach (Morris Committee)* (Edinburgh: HMSO, 1975), p. 75.

Board.[732] In a letter to Patel, Brown wrote that the Working Party on Tuberculosis of the GGHB was impressed with his research but sought to encourage the regular screening of health workers who worked with tubercular lodging house occupants.[733] Patel responded in a letter that his suggestions were quite prescient, and had already been adopted by the Scottish Home and Health Department.[734] Thus, Patel's study helped further illuminate the connection between housing and health, and strengthened the public health case for social housing. Due to a general shortage of social housing units in Glasgow, there were persons who were compelled to live in crowded, insanitary, short-term housing units. As Patel's study showed, simply living in a lodging-house had the potential to be injurious to occupant health. While it was true that the lodging-houses concentrated certain types of persons who were more likely to contract tuberculosis, and thus provided an environment to offer radiography screening, lodging-houses were not suitable for patient recuperation. Just as Moodie had shown before the Patel study, sanitary and secure accommodation was necessary for illness recovery. Mostly, Glasgow's housing and medical professionals had heeded this notion; by 1980 there were more social housing units proportionally than any other first world city. Yet Patel had shown that even by 1980, some Glaswegians were still struggling to overcome tuberculosis insanitary environments. While tuberculosis continued to decline in incidence in later decades (although spikes in the 1980s were attributed to growing minority communities), a point had been shown: adequate housing could improve resident health.

Conclusion:

The political climate of the 1960s and 1970s preceded the academic and professional investigations into social housing's viability as a healthy housing

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[732] Not to be confused with Gordon Brown, the future Prime Minister, who was then a Member of Parliament representing Dunfermline East.

[733] Gordon Brown, 'Letter from Gordon Brown to K R Patel,' 20/09/1985, Mitchell Library, Greater Glasgow Health Board Records, Box: HB56/TB/GEN.

[734] K R Patel, 'Letter from K R Patel to Gordon Brown,' 25/09/1985, Mitchell Library, Greater Glasgow Health Board Records, Box: HB56/TB/GEN.

alternative for Glasgow and Baltimore's slum dwellers. As discussed in the previous chapter, the political opinion of social housing as both an efficient and beneficial tool of housing largesse had begun to wane; housing rehabilitation programmes were favoured more than new social housing developments as the social problems associated with housing schemes and projects became more known. Housing authorities on both sides of the Atlantic were becoming increasingly suspicious of the transformative powers of social housing. The academic investigators of social housing during this period were driven by the same questions: did social housing, now a more mature housing form, provide any recognizable health benefits to tenants over that of slum housing? Both Glaswegian and Baltimorean investigators came to a similar conclusion: while social housing seemed to provide a reasonably healthy environment for slum dwelling families, high-rise tower blocks were an especially inappropriate choice for social housing communities. In Glasgow, Jephcott had shown that while many tenants expressed positive evaluations of their new homes, certain subgroups such as the elderly and families with small children reported difficulty in adjusting to their new high-rise family environments. Likewise, across the Atlantic, tenant activist and provocateur Shirley Wise testified before the United States Congress multiple times relaying her experiences with housing vulnerable families in high-rise tower blocks. In her opinion, while social housing was by definition a difficult venture, the use of high-rises only made the mission of protecting vulnerable families more difficult. Yet while high-rise tower blocks did not retain many advocates during the 1960s and 1970s, social housing's impact on tuberculosis recovery time did feature in public health literature. Glasgow trained physician Allan Moodie advocated social housing for tubercular patients, as a steady residence shortened recovery times to full health. In Glasgow, Patel investigated the deleterious impact lodging-house tenancy had on tuberculosis contraction and identification. Although tuberculosis prevalence had been dramatically reduced by the late 1970s, the disease was still a scourge among certain subgroups of vulnerable persons in Glasgow – the very types of persons that would have benefited from social housing tenancy. Patel argued that adequate housing not only would have mitigated the intensity of tuberculosis infection in tenants, but like Moodie found that a steady residence was of great help to public health professionals in

administering radiography screening (in conjunction with other incentives). Thus, housing and health authorities in the 1960s and 1970s seemed to be much in agreement with their predecessors in the 1940s and 1950s: social housing provided an environment for low-income families to pursue healthy and happy lives, but these communities were not without their structural and social flaws. Similarly, and although architectural determinism waned in popularity during these years, housing professionals and public health professionals seemed convinced of the efficacy of social housing. While the strict condemnation of social housing altogether was a recurring theme during the 1980s, in the years leading up to 1980 social housing remained an endorsed tool in the provision of healthy alternatives to slum housing, despite its tarnished reputation.

Chapter 8: Did Social Housing Achieve its Goal in Glasgow and Baltimore?

This dissertation has sought to evaluate the relationship between social housing and health in Glasgow and Baltimore during the 1930-1980 period. The thesis of this study has been that social housing tenancy had an impact on public health, and that specifically, those who moved from slum housing into social housing saw an improvement in their health. Yet while this thesis might not seem particularly audacious, the evidence presented in this study suggests that it may have been too ambitious. Through a review of the intellectual and political discussion surrounding the development of social housing in both cities, and a concomitant review of public health literature (particularly longitudinal studies) pertinent to the correlation between housing and health, the aim of this investigation was to show that there was tangible, concrete data to support the conclusion that social housing improved health outcomes and contributed to a better general public health. In simple terms, however, the evidence did not support this conclusion. While social housing in Glasgow and Baltimore managed to provide some respite from slum conditions, it did not dramatically improve either individual tenant health outcomes or greatly improve the general public health. At best, the implementation of social housing in both Glasgow and Baltimore can described as having small, positive effect on the public health. This is not to suggest that social housing was not a worth-while

endeavour; indeed social housing provided suitable accommodation for tens of thousands of families who were compelled to live in slum conditions. Rather, this dissertation must accept that the evidence examined cannot support the claim that social housing dramatically improved tenant health outcomes or provided an environment that allowed lower-income persons escape poor health.

The idea that housing form could positively influence public health was from the outset a controversial contention. Commentators on both housing and health debated whether the slums were the product of poor tenant behaviour or an unfortunate symptom of working-class poverty. In the eighteenth century, commentators of public health issues were sceptical that slum housing conditions were a cause of slum tenants' health woes, instead endorsing the idea that slum dwellers intrinsic poor behaviours led to the decrepit environmental conditions of the slums.[735] In the nineteenth century, reformers like Charles Booth and Jacob Riis helped change the general public's perceptions of slum dwellers, but still the concept of social housing eluded social reformers. By the early twentieth century, the architectural determinist position (i.e. that housing form could influence health and behaviour) influenced many housing and public health professionals; it is at this point that social housing first coalesced into a viable idea. The 'housers', as they were known, were successful on both sides of the Atlantic in pushing subsidized municipally owned and controlled housing for low-income persons. Yet by the 1980s, the once grand experiment had begun its inexorable decline. Very quickly, public, professional, and governmental enthusiasm for social housing declined. With the arrival of Margaret Thatcher as Prime Minister in 1979 and Ronald Reagan as President in 1981, the writing was on the wall; both British and American voters had endorsed conservative governments that were sceptical of the positive impact of social housing. With the Thatcher government's policy of 'right-to-buy' and the Reagan administration's general slashing of social welfare funds, social housing had reached its nadir. Indeed, Reagan viewed social housing with such suspicion that he found it inherently unsustainable:

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[735] Heather Beatty, *Nervous Disease in Late Eighteenth-Century Britain: The Reality of a Fashionable Disorder* (London: Routledge, 2015).

People do not develop a sense of pride in their neighborhoods when the lawns are mowed for them by public housing employees; the garbage is taken out by a public housing employee; and everything else is done for them. Despite all the efforts and fine management of many local authorities, they cannot overcome the fundamental weakness of most public housing: namely it fails to give a man a chance to own his own home.[736]

Yet while social housing in Britain and the United States never regained its once heralded stature, the housing form nevertheless had a profound impact on the urban fabric of British and American cities. Indeed, any historian of British or American urban history must have an understanding of the impact of social housing on the development of the city in each society.[737] Yet the issue of whether social housing had a positive or negative impact on tenant health overall remains a contentious idea. Indeed, the more influential contemporary commentators on the environmental determinants of health, i.e. Dahlgren and Whitehead and Sir Douglas Black, have been divided on the issue. In the former's now famous rainbow model of the external determinants of health, 'living and working conditions' is one of the most outer concentric layers of personal health – the implication being that while housing quality contributed to individual health it was by no measure the most important indicator of health. Regardless, they recognized that better quality housing conditions could have a profound influence on health, particularly among those who were already vulnerable.[738] The Black Report, however, was far more critical of the role of social housing in improving tenant health. While Sir Black endorsed the further funding of social housing, he found through his research using data from the 1970s that inequalities in morbidity and mortality rates had increased in the lower class, and that those that inhabited social housing had suffered a decline

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[736] Amos Kiewe and Davis Houck, *A Shining City on a Hill: Ronald Reagan's Economic Rhetoric, 1951-1989* (New York: Praeger Publishers, 1991), p. 45.

[737] Lawrence Vale, 'Housing, Public', *The Oxford Encyclopaedia of American Social History* (Oxford University Press, 2012) pp. 500-502; Towers, *Shelter is Not Enough*, pp. 2-7.

[738] Margaret Whitehad and Goran Dahlgren, 'Concepts and Principles for Tackling Social Inequalities in Health: Levelling up Part 1', *Studies on Social and Economic Determinants of Population Health, No. 2* (WHO, 2007), pp. 6, 8, 11.

in their standard of health.[739] Indeed, in his report Black had estimated that if the same mortality rates that applied to what he termed 'Class I' persons (the professional class) applied to 'Class IV and V' persons (lower skilled and unskilled workers and their families), who were more likely to live in social housing, there would have been 74,000 fewer deaths during the 1970-1972 period.[740] Following this line of inquiry, the Acheson Report, which focused on the years following 1980 and was published in 1998, concurred with the findings of the Black Report and found that the primary determinants of health were external, socioeconomic factors and that current government efforts to combat public health problems (mainly healthcare services, but also the provision of social housing) were inadequate. Of the 39 recommendations the Acheson Report made to improve the health of lower income persons, only three related to health services.[741]

Social housing, then, had certainly not proved itself a panacea to public health woes, even after forty years in Britain.[742] Yet, while social housing schemes often seemed far from paradisiacal, they were designed to provide a healthy and affordable housing alternative to the slums for British and American working class families. The provision of accommodation that would facilitate a healthy life for former slum dwellers was, along with affordability, the prime motivation for the creation of social housing developments in both Glasgow and Baltimore. As this dissertation has shown, however, the vision of creating an oasis of healthy living for urban slum dwellers proved more difficult to achieve than at first conceived.

As discussed in the first chapter, the cities of Glasgow and Baltimore both suffered from similar problems. Both cities were industrial port cities grappling with the prospect of economic decline. Both cities were hotbeds of civil unrest; in Glasgow, primarily labour unrest, in Baltimore, primarily racial unrest. Both cities had

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[739] Barritt, *Humanity in Healthcare*, p. 36; Mark Exworthy and Adam Oliver, 'Evidence and Health Inequalities: the Black, Acheson, and Marmot Reports', *Shaping Health Policy: Case Study Methods and Analysis* (Bristol: The Policy Press, 2012) eds Mark Exworthy *et al*, pp. 293-295
[740] Ibid.
[741] Mark Walsh, *Introduction to Sociology for Health Carers* (Cheltenham: Nelson Thornes, 2004), p.61; Exworthy and Oliver, 'Evidence and Health Inequalities', p. 296.
[742] While the Black Report was published in 1980, the data collected focused on the early 1970s.

long struggled with problems with slum housing, albeit in different housing forms. Crucial to the narrative of this dissertation, both cities struggled with unhealthy populations relative to their more affluent neighbours. As discussed in the second chapter, the similarities between Glasgow and Baltimore prompted very similar political movements: 'housers' argued that state and municipal intervention into the housing market could provide a suitable housing alternative to slum dwellers. On both sides of the Atlantic, these housers were successful in their endeavour; by the end of the Second World War social housing developments had been established in both cities. While at first these new housing communities were heralded by both the general public and professionals as dramatic improvements over slum dwellings, unexpected problems disrupted the social harmony envisioned for these new neighbourhoods. In Glasgow, many of the new social housing schemes built consisted of high-rise flats – which as profiled by Pearl Jephcott were hardly urban paradises for most families. Additionally, much of Glasgow's schemes were built on the periphery of the city, far away from the amenities and job opportunities of the city centre. Furthermore, neither planners nor willing tenants realized the devastating impact of breaking up old neighbourhoods and severing community connections between residents. In Baltimore, the social tumult caused by the *Brown v. Board* decision in 1954, which ended racial segregation in the city's nascent housing projects, resulted in White flight and an ideological abandonment of the social housing ideal. Once social housing in Baltimore became associated popularly as 'Black housing', the housing projects lost appeal to both White and Black prospective tenants. Given the 'challenge' of housing low-income people adequately, to borrow housing activist Shirley Wise's terminology, it is perhaps not surprising that social housing fell short of its lofty goals. It was not that tens of thousands of Glaswegian and Baltimorean families were better accommodated in slum housing. Indeed, few voices contested the structural superiority of social housing buildings or the relatively generous equipping of individual housing units over slum housing units. The critical position of this dissertation is not that social housing provided worse accommodation than the slums, or even that social housing policy was executed inefficiently. Rather, this dissertation mostly concurs with the findings of the Black Report, and argues that social housing in Glasgow and Baltimore did not

deliver what its proponents promised: an environment wherein working-class families could live free from the health and social consequences of poverty. At best, social housing in Glasgow and Baltimore provided working-class families with accommodation that slightly better facilitated the pursuit of a healthy life. Ultimately, social housing could not deliver on its promises because it promised too much; the problems of industrial decline, structural poverty, and institutionalized racism were societal problems too grand and complex to be alleviated by the provision of adequate housing. For the most part, there was little evidence that social housing *exacerbated* poor health (with the notable primary exception of M'wan), rather social housing cannot claim that it reduced the consequences of poverty greatly nor greatly improved health outcomes for slum-dwelling tenants. What social housing *did* achieve was the provision of spacious accommodation equipped with the appliances that pointed to an increasing standard of living in the post-war period. Significantly, social housing in Glasgow and Baltimore managed to provide this to families at *affordable* rental rates. Tenancy in social housing did not guarantee an escape from poverty, but it did provide a more decent living experience for those trapped in the cycle of poverty. My dissertation has sought to illuminate this aspect of the social housing experience in both cities, through an examination of a wide variety of primary and secondary sources that documented social housing in both cities.

In particular, the public health research published on the impact of social housing tenancy on health supports this conclusion. In Baltimore, Daniel Wilner's comparative longitudinal analysis of rehoused slum dwellers and continued slum dwellers showed little improvement in the rehoused group, with the notable exception of rehoused children who did better in terms of school advancement. In Glasgow, Thomas Ferguson's cross-sectional examinations of slum dwellers and recently rehoused families showed that generally, there were only small health benefits to rehousing, with the significant exception of improved infant mortality in the rehoused group. Indeed, aside from his conclusions on the impact of housing on infant mortality Ferguson's research suggested that weekly income was a more accurate indicator of family health than housing tenancy. Thus, as the years

progressed, public health researchers only managed to reveal modest health benefits to rehousing. Social housing occupancy seemed to affect resident health in more unanticipated ways. In the late 1960s and early 1970s, Glasgow trained physician Allan Moodie's research found that Baltimorean tuberculosis patients recovered more quickly when they had secure tenancy, tacitly suggesting that tubercular social housing tenants would recover more quickly if only because of the security of tenancy associated with social housing meant that public health workers could locate and aid their patients with greater ease. Physician K R Patel concurred with Moodie's tacit endorsement of social housing as tool of public health, but only because the occupants of Glasgow's lodging-houses were so susceptible to the contraction of tuberculosis and suffered longer recuperation periods. Put simply, social housing developments seemed to provide a healthier alternative to the slums, but this was a low bar to beat. Even social oriented commentators grew less enthusiastic about social housing. Pearl Jephcott's study on the impact of high-rise tower block life on more vulnerable tenants recorded general tenant satisfaction with their flats, but also pointed to unexpected difficulties for many tenants. According to Oakley, while Jephcott nominally approves of social housing tenancy as an overall improvement over slum conditions, when reading *Homes in High Flats* it is easy to detect a not-so-subtle judgement of Scotland's high-rise social housing schemes as overall insufficient.[743] In the words of architectural historian Jonathan Hughes:

'[Jephcott] put the whole official bureaucracy (including architects and planners) on trial, and found them to be wanting –creating buildings and environments out of tune with public need or sentiment – imposing their designs without proper consultation, and then failing to maintain them adequately'.[744]

Indeed, these feelings of malaise that Jephcott's study participants reported may have informed Thatcher's strong criticism of the benefits of social housing and her administration's efforts to privatize council housing throughout Britain. Baltimore

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[743] Ann Oakley, *Father and Daughter: Patriarchy, Gender, and Social Science* (Bristol: Policy Press, 2014), p. 120.

[744] Jonathan Hughes, 'After Non-Plan: Retrenchment and Reassertion', *Non-Plan: Essays on Freedom, Participation, and Change in Modern Architecture and Urbanism* (New York: Routledge, 2000), p. 168.

tenant activist Shirley Wise, who had spent her early years in rural slum housing, found conditions little improved in the city's housing projects. Wise thought high-rise projects were a particularly unsuitable housing form for more vulnerable tenants, such as the elderly and large families. Wise's testimony before the federal government and city-wide activism led to the demolition or repurposing of literally every high-rise housing project in Baltimore by the early 1990s. Thus, while social housing sustained a quick and meteoritic rise in both Glasgow and Baltimore, it also suffered an equally quick decline in public and professional opinion.

If social housing residency improved tenant health during the latter years of the second half of the twentieth century, by the 1980s Glaswegians and Baltimoreans were not impressed enough to sustain social housing to the level they once had. The massive social housing developments that municipal authorities in both cities once praised are now viewed as undesirable. Many of Baltimore's largest social housing projects have been demolished. In Glasgow, and despite the fact that there are many, many more high-rise schemes than there ever were in Baltimore, the most notorious schemes have been demolished and other schemes are being redeveloped. In the twenty first century, social housing looks appreciably different in both Glasgow and Baltimore. In Scotland, new housing developments must allocate some percentage of the development to subsidized low-income housing. In Maryland and throughout the United States, the growth of private housing vouchers since the 1980s through the expansion of Section 8 of the Wagner-Steagall Act has helped de-concentrate Black urban poverty. While social housing still does not provide the harmonious accommodation for working-class families as the first housers had promised, inroads have been made. Both Scottish and American social housing developments continue to provide respite from the larger socioeconomic forces that have oppressed working class persons in both Glasgow and Baltimore for decades and prevented families from achieving upward social and economic mobility.

Indeed, one of the most charitable explanations regarding the failure of social housing to greatly improve tenant health would be that in order to accomplish this

task, social housing tenancy in Glasgow and Baltimore would have to have helped elevate its tenants out of poverty. This, however, is a herculean task. Social housing developments in both cities failed to provide this socioeconomic ladder to its tenants – but that can be attributed to the greater social and environmental determinants of health that have pressured lower income Scots and Americans for decades. Dahlgren and Whitehead's famous rainbow model was not only illuminating because of its delineations of all the varied determinants of health, but also because it highlighted just how strongly health is determined by external factors.[745] While the recommendations of the Black Report were reinforced by the analysis of the Acheson report nearly 20 years later, the Black Report was not uncritical of the potential health benefits of social housing. While Pearl Jephcott expressed reservations about the benefits of social housing but ultimately accepted that Glasgow's schemes were more beneficial than unbeneficial, the Black Report argued that in some regards those who inhabited social housing were worse than low income persons in private accommodation. Subsequent research supported this claim. Blackman's research into Belfast's Divis Flats showed that 16% of tenant children were admitted into hospital (a much higher percentage than the surrounding area), Smith's survey of three council estates in England showed that respiratory illnesses were more common, and Kogevinas discovered that not only were social housing tenants more likely to develop cancer – but were less likely to survive cancer than homeowners.[746] Time and again, medical evidence disproved the notion that social housing was categorically healthier housing. While it is true that both the Black Report and the Acheson Report argued for an increase in the provision of social housing, their message was not only that more social housing units were needed, but that social housing developments needed to provide an environment that facilitated healthy living. Many social housing tenants in Glasgow and Baltimore were not fortunate enough to enjoy life in such communities. As many

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[745] Dennis Raphael, 'Social Determinants of Health: An Overview of Key Issues and Themes', *Social Determinants of Health: Canadian Perspectives* (Toronto: Canadian Scholars' Press, 2009), p. 6.
[746] T Blackman *et al*, 'Housing and Health in West Belfast: A Case Study of the Divis Flats and the Twinbrook Estate', *Journal of Social Policy*, Vol 18, No. 1 (1987): 1-26; S Smith, 'Housing and Health: a Review and Research Agenda', University of Glasgow Housing Research Centre, 1989, p. 22; M Kogevinas, *Longitudinal Study: Socio-Demnographic Differences in Cancer Survival, 1971-1983* (London: HMSO, 1989).

Glaswegian tenants who voluntarily left social housing accommodation contended, starting the first community based housing associations (CBHAs) in the 1970s did not alleviate all of their problems. The City of Glasgow was often not a generous or compassionate landlord; tenement life was hard all around.[747]

Regardless, the impact of social housing on the public health in Glasgow and Baltimore has been evident. It is true that social housing as both a political and public health experiment failed to meet its lofty expectations. Very high goals were set for social housing developments in both cities, however, and thus social housing should not be viewed as an absolute failure in either social or public health terms. In Glasgow, housing schemes were tasked with providing a new, stable housing environment for an impoverished and unhealthy population of working-class families during a period of dramatic deindustrialization and changing social expectations. In Baltimore, housing projects quickly assumed the task of providing stable communities for a population of Black families who were marginalized politically, socially, and economically. As of the early twenty first century, the 'Glasgow Effect', referenced in the first chapter continues to define the health of the city's most economically marginalized and racial discrepancies in both health and wealth. Similar socioeconomic conditions continue to dampen the public health of Baltimore. Social housing, it must be conceded, was not an entirely successful experiment. Yet social housing was not a categorical failure either; in Glasgow the massive schemes removed hundreds of thousands of persons from the city's infamous dilapidated slums and in Baltimore thousands of Black families were allocated well-equipped housing units that would normally have been prohibitively expensive or otherwise unobtainable. Furthermore, had social housing developments never been built in either Glasgow or Baltimore, the problems of overcrowding, poor public health, and class/racial division that plagued both cities throughout the twentieth century would almost certainly been more severe; it is doubtful that CBHAs alone could have improved the entirety of Glasgow's slum housing and Black Baltimoreans would have to wait until after the 1980s before it was feasible to move *en masse* to suburban

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[747] Raymond Young, *Annie's Loo: The Govan Origins of Scotland's Community Based Housing Associations* (Glasgow: Argyll Publishing, 2013).

Baltimore County. It is almost certainly true that the availability of social housing units in Glasgow and Baltimore not only improved the public health but assuaged social tension and civil unrest. As Glasgow's industrial action in the 1980s and Baltimore's racial riots in the 1960s and 1970s shows, both cities were susceptible to these disruptions. While the advent of social housing did not eliminate the social problems that beset these cities' populations, they alleviated the detrimental effects of the social conditions of both cities. It is true that the cities of Glasgow and Baltimore are still characterized as relatively unhealthy places. The advent of social housing in the twentieth century, however, mitigated the impact of both deindustrialization and environmental conditions deleterious to health for hundreds of thousands of working-class Glaswegians and Baltimoreans. On these grounds alone, the social housing experiment should be viewed as a moderate success.

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