HEALTH AS AN INDICATION OF HOUSING NEEDS IN BIRMINGHAM, ALABAMA

AND

RECOMMENDATIONS FOR SLUM CLEARANCE, REDEVELOPMENT AND PUBLIC HOUSING

submitted to

Commission of the City of Birmingham
Planning Board, City of Birmingham
Housing Authority of the Birmingham District

.. by ..

Jefferson County Board of Health

GEO. A. DENISON, M.D.
Health Officer

April 12, 1950

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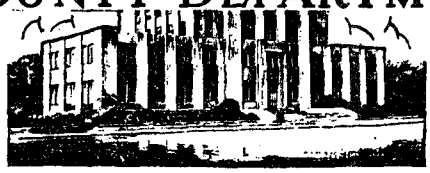
JEFFERSON COUNTY DEPARTMENT OF HEALTH

1912 Eighth Avenue, South

P. O. Box 2591

BIRMINGHAM, ALABAMA



April 12, 1950

Commission of the City of Birmingham
Planning Board, City of Birmingham
Housing Authority of the Birmingham District

Gentlemen:

There is submitted, herewith, for your consideration (1) a basic study on "Health as an Indication of Housing Needs in Birmingham, Alabama", together with (2) Recommendations for Slum Clearance and Redevelopment and for Public Housing.

We realize that the several agencies receiving this report have different interests in the two distinctly separate programs of (1) slum clearance and redevelopment, and (2) public housing; nevertheless, the basic study is pertinent to both, and, for that reason, the same material is submitted to all concerned.

"Health as an Indication of Housing Needs" is a ten year study correlating housing conditions, as established by the 1940 census, with important mortality figures for the period 1940-1949, inclusive. All data are related to census tracts. Maps and supporting data point up those census tracts in which both housing and health conditions are the most deplorable.

The Health Department is at your disposal for any assistance we can render in helping you develop a "Master Plan for Birmingham."

Respectfully submitted,

Geo. A. Denison
Health Officer

GAD/wps

Municipalities in Area

Bessemer	Fairfield	Leeds	Pleasant Grove
Birmingham	Fultondale	Lipscomb	Tarrant
Brighton	Graysville	Mountain Brook	Trafford
Brookside	Homewood	Mulga	Trussville
Cardiff	Irondale	North Johns	Warrior

CONTENTS

HEALTH AS AN INDICATION OF HOUSING NEEDS IN BIRMINGHAM, ALABAMA

No study has ever been made of the exact relation of housing per se to illness. It would, in fact, be almost impossible to separate the housing factor from closely related health factors such as income, nutrition, education, medical care and recreation.

However, it is known that certain minimum housing essentials are desirable, often essential, for health: as pure water supply, sanitary sewage disposal, heat, light, ventilation, screening, adjacent play space and sunshine for children. Psychological needs, such as adequate privacy for the individual, provision of opportunities for normal family life, esthetic and social satisfactions are also important health considerations. Health is far more than mere absence of actual disease, and health conceived as the mental, physical and emotional processes at their highest efficiency is possible only under satisfactory housing conditions.

Studies conducted in recent years have shown that people who live in good housing are, in the main, healthier than those who live in substandard dwellings. For certain diseases, notably the enteric infections and tuberculosis, morbidity and mortality rates for those who live in sound, sanitary structures are significantly lower than for families and individuals living in substandard housing. Sharp differences in respiratory disease rates have been demonstrated as being related to the degree of room crowding.

Britten /1 has shown that the common communicable diseases of childhood occur more frequently and at an earlier age in crowded households than in uncrowded ones; that the "secondary" attack rate for tuberculosis is about 200 percent greater for relief families in overcrowded households than for all income groups living with less than one person per room, and that as the rental or value of the house goes down, the rate of home accidents goes up.

On the basis of National Health Survey findings, the percentage of persons disabled for a week or longer was higher in households with more than one and a half persons per room than in homes with one or less persons per room. The pneumonia case rate for crowded households (more than one and one-half persons per room) was 68 percent higher than for homes with one person or less per room.

Other statistical studies of the relationship of housing to health might be cited, but a search of the literature reveals nothing that demonstrates the precise effect of bad or good housing on the occupants. There are several reasons why it has not been possible to relate health specifically to housing. Substandard housing is never the only factor working to the detriment of health. Attention has repeatedly been drawn to the fact that the slum is but a symptom of low economic status. Wherever poor housing exists, there also is to be found poverty and its attendant ills - crowding, illiteracy, poor nutrition, and delinquency.

/1 Britten, R.H.: New light on the relation of housing to health. Am.J.Pub. Health, 32:193 (February, 1942)

It may be stated that to whatever extent excess illness and death rates are or are not due to inadequate housing, all studies agree that such excessive rates are typical of the populations with low standards of living in general, and least able to bear the burdens of diseases or to do anything about them. This is of community concern because in such areas perpetual reservoirs of infection are harbored, and epidemics incubated, endangering the entire community.

In a social breakdown study of 10,010 families who had for one reason or another come to the attention of some official agency in Birmingham during the year 1944, the majority were from areas where health and housing standards are low. In this study, four economic levels were differentiated - the population residing in census tracts with median rentals of under $10 a month constituting Area I; those ranging from $10 to 19.99, comprising Area II; $20 to 29.99, Area III; and $30. and over, Area IV. In the two areas of lowest rent (under $20. per month) were found 82% of the unemployability, 86% of the illegitimacy, 78% of the juvenile delinquency, and 72% of the adult crime.

Other local studies have shown that these deteriorated areas contribute an excessive number of relief cases to Birmingham, and that "the City spends on them three times the amount received from them". Yet these more obvious costs represent but a fraction of the costs of undeveloped human wealth.

DISEASE AND DEATH RATES, THEREFORE, ARE RELIABLE INDICES OF SUB-STANDARD CONDITIONS FAR BROADER THAN HOUSING ALONE. COMMUNITY ASSISTANCE IN CORRECTING THESE CONDITIONS SHOULD UNDOUBTEDLY PROVE LESS EXPENSIVE THAN THE CONDITIONS THEMSELVES.

Housing and Health In Birmingham

In an effort to study the local situation, health and housing data have been tabulated for each of the fifty-two census tracts comprising the City of Birmingham.

Census tracts are small areas, having an average population of 5,000, into which the City has been subdivided for statistical and administrative purposes. The tracts are permanently established so that comparisons may be made from year to year and from census to census.

The study has been based upon infant mortality, stillbirth and tuberculosis death rates. These selections were made because infant mortality rates are widely considered "the best index of civilization"; and the tuberculosis death rate notoriously reflects the standard of living. These events on a small area basis involve small frequencies with sharp variations from year to year. For statistical stability, therefore, all vital statistics rates as used in this report are averages for the ten year period, 1940-1949.

Population and housing statistics, including average monthly rental, repair needs, crowding, private bath and private flush toilet facilities, and tenant occupation are as of the 1940 Census.

The study has been made separately for whites and negroes, as the well-known racial differentials would otherwise make comparisons impossible. In each case, the study has been confined to tracts where the respective racial populations form a significant percentage of the total tract population.

Problem areas have been determined as having: (1) infant mortality rates above the city average, and (2) rates above the city average in one or more of three other selected factors - stillbirth rates, tuberculosis death rates, and percent of housing units needing major repair.

White Problem Areas

The study of white population (Table 1) thus designates eight Census Tracts (Nos. 8, 11, 12, 17, 24, 25, 27 and 34) as problem areas. These tracts represent white populations varying from 1,395 in tract 25 to 6,279 in tract 8; with corresponding occupied dwelling units 347 and 1,589.

The statistical picture of the white problem areas is more consistent than was to be expected when measured by this complex correlation of factors. All the tracts involved have infant mortality rates and stillbirth rates higher than the city average. The tuberculosis death rates, with two exceptions are higher than the city average. It should be remembered that the city average itself is much above the low rates prevailing in most tracts.

The housing situation, in turn, correlates with the poor health situation with almost equal consistency. With two exceptions the percent of housing units needing major repair is above the city average. Except for two tracts, monthly rentals are below the city average. The degree of crowding, without exception, is above the city average - in one case five times the city average. Percent of homes with no private bath is above city average for each of these tracts. Percent of homes with no private flush toilet with a single exception is above the city average, and the percent of tenant-occupied homes, with three exceptions, is above city average.

Recommendations

White Tracts. Of the eight white census tracts under consideration, because of the wide variation in rates, we find some difficulty in selecting particular areas in greatest need from the standpoint of health and housing.

However, after analyzing all the factors involved, it is recommended that census tracts 11, and 17 and 24 combined be given special consideration for slum clearance with rehousing of displaced persons in new developments in these or other census tracts.

Census Tract 27, while having high mortality rates, has not been included due to the location of a white housing project in this area since the 1940 housing statistics were compiled.

It will be observed from the following table, that each of these tracts has excessive infant mortality, stillbirth and tuberculosis rates in comparison with the average for the entire City; the number of dwelling units needing major repair is 88 percent in excess of the city average in tract 11, and 43 percent higher in tracts 17 and 24 combined. The number of homes with 1.51 or more persons per room (commonly used as an index of overcrowding) is 22 percent above

City average in tract 11 and 167 percent higher than average in tracts 17 and 24 combined. Significantly high percentages in excess of City Average will also be noted for homes without private bath in both of these tracts.

	PERCENTAGE EXCESS OF CITY AVERAGE	
	Tract 11	Tracts 17 and 24
Infant Mortality Rate	32.1 percent	55.6 percent
Stillbirth Rate	14.0 "	80.9 "
Tuberculosis Death Rate	174.4 "	1.3 "
Percent of Dwellings Needing Major Repair	88.2 "	43.3 "
Average Monthly Rental	43.8* "	44.1* "
Percent of Homes with 1.51 or More Persons Per Room	22.2 "	166.6 "
Percent of Homes with no Private Bath	39.2 "	72.2 "
Percent of Homes with no Private Flush Toilet	10.3* "	61.6 "
Percent of Homes Tenant Occupied	9.5* "	27.6 "

* Less than City Average

The economic status of the residents of these tracts is low as measured by average monthly rental, which in tract 11 was 44 percent below City Average, and 44 percent under City Average in tracts 17 and 24 combined.

TABLE I

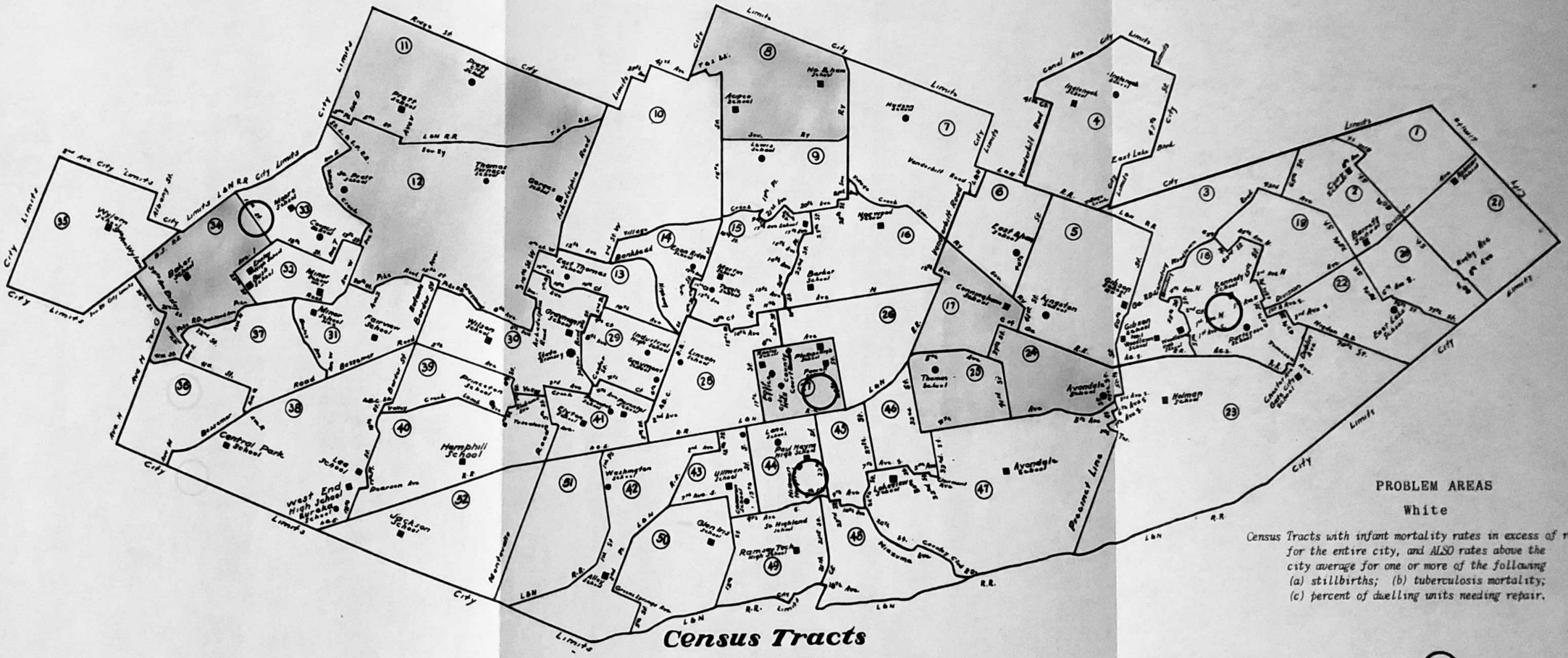
POPULATION, HOUSING AND VITAL STATISTICS FOR SPECIFIED CENSUS TRACTS *

Birmingham, Alabama

White

	Census Tracts							
	The City	8	11	12	17 & 24	25	27	34
1. White Population (1940 Census)	158,622	6,279	2,402	3,495	3,667	1,395	3,333	5,618
2. Percent of Total Tract Population	59.3	82.6	46.0	53.0	42.9	53.0	82.4	92.1
3. Infant Mortality Rate	33.3	42.8	44.0	38.5	51.8	34.6	48.5	40.4
4. Stillbirth Rate	21.5	25.3	24.3	25.1	38.9	31.1	27.4	23.0
5. Tuberculosis Death Rate	22.3	21.9	61.2	10.5	22.6	26.3	88.2	22.9
6. Occupied Dwelling Units	42,321	1,589	620	892	900	347	621	1,445
7. Percent of Homes Needing Major Repair	20.3	26.8	38.2	24.1	29.1	10.2	27.3	15.9
8. Average Monthly Rental	19.16	16.04	10.77	13.27	10.70	9.31	20.06	20.40
9. Percent of Homes with 1.51 or More Persons Per Room	6.3	10.8	7.7	7.0	16.8	19.3	32.2	6.4
10. Percent of Homes with No Private Bath	23.7	33.2	33.0	29.9	40.8	28.6	70.0	26.2
11. Percent of Homes with No Private Flush Toilet	20.3	30.2	18.2	23.0	32.8	22.9	67.3	22.0
12. Percent of Homes Tenant Occupied	60.1	59.9	54.4	63.7	76.7	84.7	96.0	59.5

* *Rates for infant mortality, stillbirth and tuberculosis mortality are averages for the ten years, 1940—1949. Housing and population data are from the Federal Census of 1940.*



Census Tracts

City of Birmingham, Alabama

March 1, 1940

Negro Problem Areas

The Negro study (Table 2) designates thirteen census tracts as having higher than City Average infant mortality and excessive rates in at least one other of the categories under consideration. These tracts are 11, 13, 24 and 25 combined 26, 28, 32, 42, 43 and 44 combined, 45, 46 and 51. These areas represent Negro populations varying from 2,134 in tract 51 to 9,961 in tract 28; with corresponding occupied housing units 540 and 2,605. The statistical health picture is not so consistent as in the case of whites.

The infant mortality rate in these tracts is above the City Average. With five exceptions, the stillbirth rate is higher in all tracts. In six out of the thirteen tracts the tuberculosis death rates are below the City Average. This latter circumstance is due, at least in part, to the almost universally high average tuberculosis death rate among negroes. (It will be noted that all death rates average higher for negroes than for whites.)

It is hardly necessary to search for blighted housing areas among the Negro population. An inspection of Table 2 will show that Negro homes needing major repair range from 25 percent in tract 51 to 62 percent in tracts 43 and 44 combined; (2) that the percentage of homes with no private bath varies from 59 percent in tract 51 to 96 percent in tract 46; (3) that homes with no private flush toilet vary from 16 percent in tract 51 to 86 percent in tracts 46, and (4) the percentage of tenant-occupied dwelling units is lowest (53%) in tract 51 and highest (99.7%) in tract 46.

Negro Tracts. Practically every section of the city which is heavily populated by the Negro race might be considered as blighted areas on the basis of the criteria used in this study for substandard housing.

Some of the areas, however, are particularly bad, and it is recommended that tracts 28, 32 and 43-44 combined be given preference in the establishment of new housing for the negro population with clearance of slums in these tracts; new developments for rehousing displaced persons need not necessarily be placed in the same tracts.

Tract 28 has over 9,500 negroes living within its boundaries, tract 32 has a negro population of nearly 6,000 and tracts 43-44 combined has a negro population of 8,857. The percentages of negro population to total tract population are 88.7 in tract 28; 80.1 in tract 32; and 81.7 in tracts 43-44.

As shown by the following table, tract 28 has rates in excess of the city average for all categories under consideration. The same is true of tract 32, with the exception of the stillbirth rate, and in tracts 43-44 with the exception of the tuberculosis death rate.

All of these tracts are almost wholly tenant occupied, the percentage of home owners being only two percent in tracts 28 and in 43-44 combined, and slightly over ten percent in tract 32.

PERCENTAGE EXCESS OF CITY AVERAGE

	Tract 28	Tract 32	Tract 43-44
Infant Mortality Rate	2.9 Percent	28.3 Percent	14.3 percent
Stillbirth Rate	11.1 "	3.5* "	14.6 "
Tuberculosis Death Rate	4.3 "	18.3 "	0.5* "
Percent of Dwellings Needing Major Repair	3.1 "	24.2 "	49.5 "
Average Monthly Rental	7.7 "	10.0 "	13.3 "
Percent of Homes with 1.51 or More Persons Per Room	0.8 "	16.3 "	11.7 "
Percent of Homes with no private Bath	3.3 "	11.5 "	7.8 "
Percent of Homes with no Private Flush Toilet	18.9 "	34.1 "	40.2 "
Percent of Homes Tenant Occupied	15.4 "	5.8 "	15.2 "

*Less than City Average

These tracts have abnormally high tuberculosis death rates - 118.8 and 134.7 per 100,000 population in tracts 28 and 32, respectively. In tracts 43-44, the tuberculosis death rate (113.3) while slightly below City Average is excessively high in relation to the white tuberculosis rate of 26.6 for the entire City.

Eighty-seven percent of dwelling units in tract 28, 94 percent in tract 32 and 91 percent in tracts 43-44 have no private bath.

Over half the dwelling units (51.4 percent) in tract 32, 42.7 percent in tract 28 and 61.9 percent in tract 43-44 need major repair.

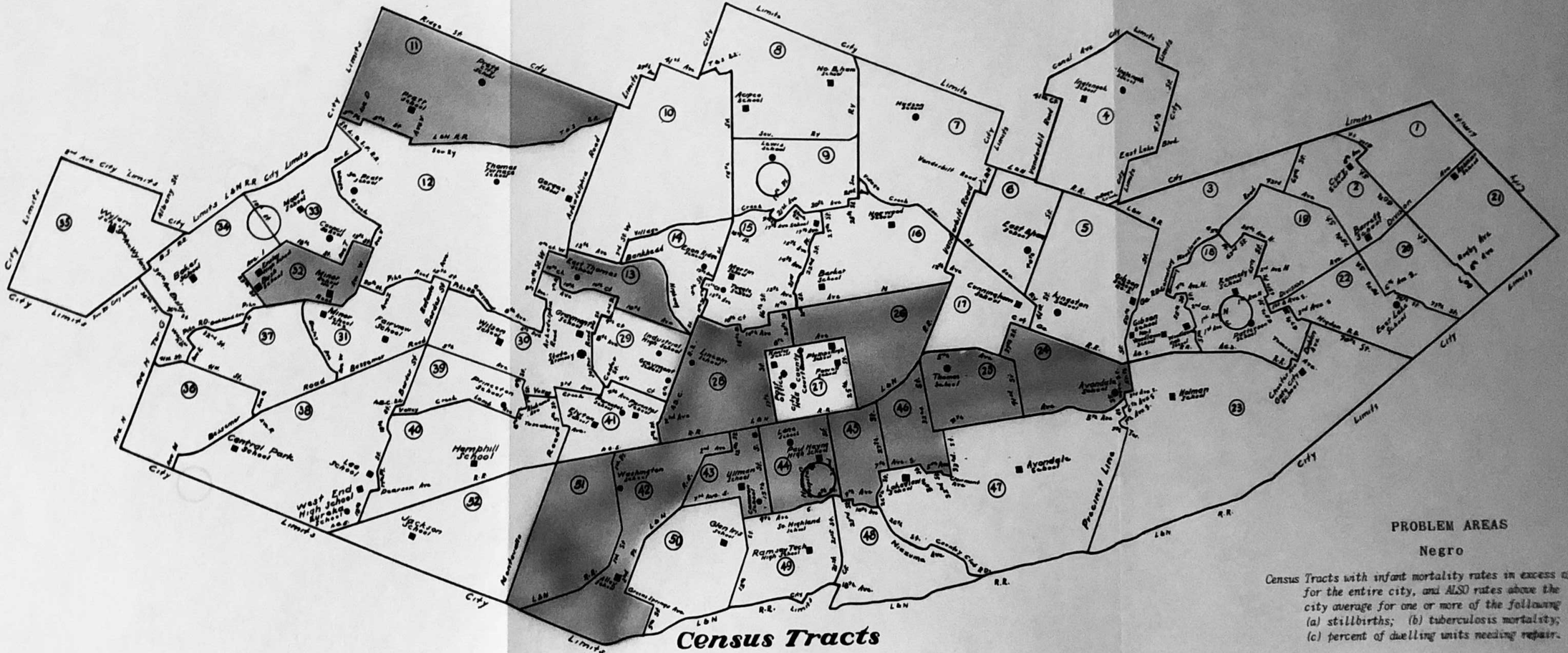

Census Tracts
City of Birmingham, Alabama
PROBLEM AREAS
Negro
Census Tracts with infant mortality rates in excess of rates for the entire city, and ALSO rates above the city average for one or more of the following (a) stillbirths; (b) tuberculosis mortality; (c) percent of dwelling units needing repair.
HEALTH CENTERS
March 1, 1940

TABLE II

POPULATION, HOUSING AND VITAL STATISTICS FOR SPECIFIED CENSUS TRACTS *

Birmingham, Alabama

Negro

	Census Tracts											
	The City	11	13	24 & 25	26	28	32	42	43 & 44	45	46	51
1. Colored Population (1940 Census)	108,961	2,820	2,045	5,204	4,577	9,961	5,939	4,674	8,857	5,197	2,843	2,134
2. Percent of Total Tract Population	40.7	54.0	82.6	61.9	84.4	88.7	80.1	95.2	81.7	92.8	94.2	86.2
3. Infant Mortality Rate	59.4	62.3	62.2	62.2	60.9	61.1	76.2	65.1	67.9	79.4	68.9	66.5
4. Stillbirth Rate	48.6	63.3	52.2	62.2	45.5	54.0	46.9	47.6	55.7	47.9	52.3	43.5
5. Tuberculosis Death Rate	113.9	140.1	80.8	102.4	108.5	118.8	134.7	86.6	113.3	139.5	100.3	124.9
6. Occupied Dwelling Units	29,477	735	457	1,453	1,290	2,605	1,619	1,057	2,428	1,567	820	540
7. Percent of Homes Needing Major Repair	41.4	41.5	33.6	39.1	47.3	42.7	51.4	26.9	61.9	57.3	39.5	25.0
8. Average Monthly Rental	8.66	7.02	10.17	7.46	8.25	9.33	9.53	9.43	8.95	8.60	9.18	10.39
9. Percent of Homes with 1.51 or More Persons Per Room	24.0	23.4	20.1	26.4	26.5	24.2	27.9	24.0	26.8	26.5	25.3	15.6
10. Percent of Homes with No Private Bath	84.2	94.8	65.0	93.5	88.0	87.0	93.9	76.6	90.8	95.3	95.7	59.0
11. Percent of Homes with No Private Flush Toilet	55.5	66.9	42.4	65.0	72.5	65.9	74.4	24.2	77.8	68.3	86.2	15.8
12. Percent of Homes Tenant Occupied	84.9	63.8	56.0	90.6	99.6	98.0	89.9	70.2	97.8	99.7	99.6	52.8

* *Rates for infant mortality, stillbirth and tuberculosis mortality are averages for the ten years, 1940—1949. Housing and population data are from the Federal Census of 1940.*

Changes During the Period of Study

During the past two and a half years the Health Department has worked persistently to enforce health regulations pertaining to housing. The program has been pushed as rapidly as sources of material and labor would permit.

Work has been directed systematically from census tract to census tract and, so far, has been confined to the area within one mile of the City Hall.

More than 1,200 Negro dwelling units have been condemned and vacated. Within census tracts 28, 43 and 44, three hundred fifty-five (355) houses have been demolished (the majority of them duplex units), representing six hundred twenty (620) dwelling units and the displacement of approximately one thousand seven hundred eighty-five (1,785) people.

Within this same period there has been very little building of new dwellings for Negroes to alleviate an increasing and acute shortage. Therefore, it is recommended that the first Negro housing project of five hundred (500) units, or more, be constructed on open ground to replace the already demolished units in the fringe area of downtown Birmingham. This project should be located in the southwestern section of the city, probably within the area bounded by the L. & N. Railroad on the East and South, the A. G. S. Railroad on the North, and Montevallo Road on the West.

There are still areas within Tract 44 (in which the Medical Center is located) where houses should be demolished because of structural deficiencies.

RECOMMENDATIONS

Insofar as health is concerned it makes no difference whether the worst slum areas in the city are cleared and (1) the land used for parks, relocation of public schools, developed for business, industry or housing by private enterprise, or (2) the land used for immediate construction of public housing.

FROM THE STANDPOINT OF PUBLIC HEALTH IT IS IMPORTANT ONLY THAT THE WORST SLUM AREAS BE ELIMINATED. In each instance we recommend that replacement with standard housing be made in the same OR OTHER census tract. Detail of replacement, relocation or clearance and redevelopment involve problems more directly related to agencies other than the Health Department, principally the Board of Education, Park Board, Library Board and City Engineer. Obviously, the Planning Board should serve with full authority as coordinator.

With one exception (tract 28) we recommend that public housing (under Title III) not be replaced in the "fringe area" of downtown Birmingham. The fringe area includes census tracts 28, 26, 46, 45, and 44. All except tract 46 immediately adjoin tract 27, which includes the downtown loop area.

The picture of health and housing in the fringe area is extremely bad. In many places there is major development of business and industry on the streets and avenues but there is a cluttering of many obsolete Negro dwellings on alleys.

The fringe area must eventually be cleared of all slums and most standard dwellings to provide expansion for business and industry. This program can be greatly accelerated by slum clearance and redevelopment by private enterprise as provided for in Title I of the Federal Housing Act of 1949. We have specifically recommended slum clearance and redevelopment (Title I) in census tracts 44 and 28. However, there is no question but that the same program should be applied to the entire fringe area as far as finances permit. New housing developments for whites are found further and further removed from downtown Birmingham. <u>New housing developments for Negroes (whether by private enterprise or by government) must follow the same pattern.</u>

Specifically we recommend that for the thirteen Negro problem areas (see map):

1. First consideration be given to the current acute housing shortage on the Southside (page 9) and other areas by construction of the first Negro project of 500 units on open ground to replace, at least in part, the 1,200 units demolished within the past two and a half years. This project could well be located in the southwestern section of the city within the area bounded by the L. & N. Railroad on the South and East, the A. G. S. Railroad on the North and Montevallo Road on the West.

2. Slum clearance in tract 32 (Tuxedo) and immediate construction of two 500-unit Negro projects in the same or adjacent tracts (under Title III).

There are 1,619 occupied dwellings in this tract and 51.4 per cent are in need of major repair. Two projects are suggested in order to give relief to the adjacent area in tract 33, which is merely a continuation of Tuxedo, and to give relief to slum areas in tract 11 (Pratt City). As a matter of fact these developments could well serve to replace substandard Negro housing located anywhere in the city.

3. Slum clearance in tract 28 and immediate construction of one 500-unit Negro project (under Title III).

This is a large area having a Negro population of 9,961 housed in 2,605 dwelling units of which 42.7 percent need major repair. However, much of the tract lies on the "fringe" of the downtown business area and should be redeveloped for other use; therefore, our recommendation number 4.

4. Slum clearance in tract 28 with redevelopment (under Title I) by private enterprise for business and industry.

5. Slum clearance and redevelopment (under Title I), for other than dwelling use, in census tracts 43 and 44, especially in tract 44 in areas immediately adjacent to the Medical Center on the South and West. Many of the houses in both tracts should be demolished because of structural deficiencies.

We recommend for the eight white problem areas (see map):

6. Slum clearance in tracts 17 and 24 (combined), with rehousing of displaced persons in one 500-unit white project in this or other tract (under Title III).

7. Slum clearance in tract 11 (Pratt City) with rehousing of displaced persons in one 500-unit white project in this or other census tracts (under Title III).

WE WISH TO REITERATE THAT, FROM THE STANDPOINT OF PUBLIC HEALTH, IT IS IMPORTANT ONLY THAT THE WORST SLUM AREAS BE ELIMINATED. LOCATION OF REPLACEMENT UNITS INVOLVE FACTORS UNRELATED TO HEALTH.

Medical Center Development under Title I, Housing Act of 1949

Reference has been made in Recommendation number 5 to slum clearance and redevelopment for areas immediately to the South and West of the Medical Center.

Plans for expansion, as presented herein, are recommended by the Jefferson County Board of Health for the consideration of the Planning Board. They are in no sense original and have been discussed with Mr. James F. Sulzby, Jr., Chairman of the Planning Board, Mr. George Byrum, Chairman of the Zoning Board, Mr. Hill Ferguson, Member of the Board of Equalization, Dr. Roy R. Kracke, Dean of the Medical College of Alabama, Col. Harold Harper, Executive Director, Birmingham Housing Authority, and Mr. Guy M. Tate, Director of the Bureau of Sanitation for the Health Department.

The map (following page) shows (1) the Medical Center as presently constituted, (2) areas recommended for immediate acquisition, (3) areas recommended for early acquisition.

Developments already established are shown in black outline. Anticipated developments which have definite possibilities of fruition are shown in outline. Placement of the latter on the map is intended to indicate the amount of space that may be required. We make no recommendations for specific locations, though the arrangement appears logical.

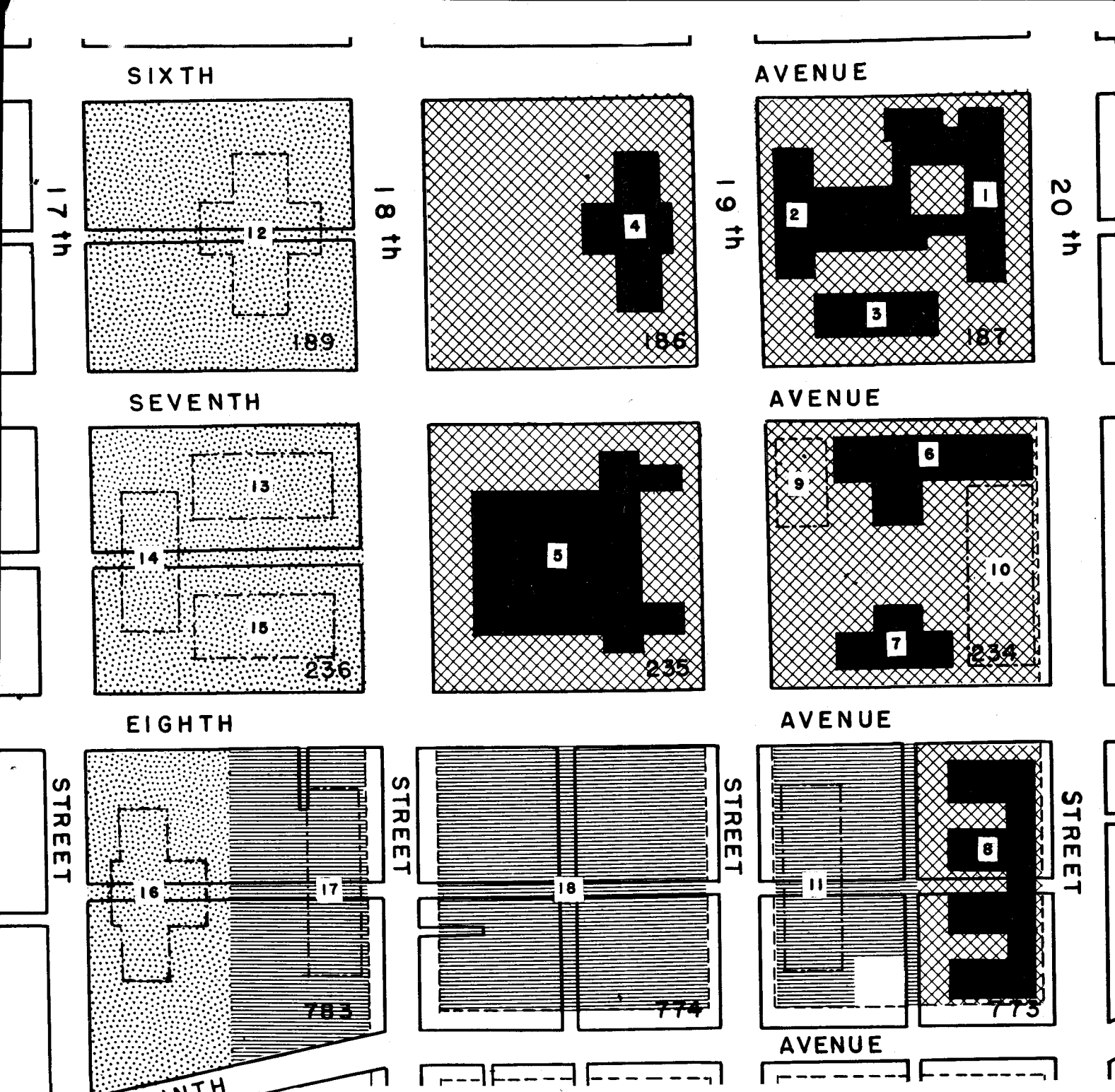
In redeveloping 18th and 19th Streets between 8th and 9th Avenues, South, provision should be made to widen streets to meet both traffic needs and to provide angle parking. Curbs for the entire periphery of block 774 should be set back far enough to provide angle parking.

It is recommended that:

1. The 4½ additional blocks (see map) be zoned and publicly declared as sites for future Medical Center expansion.

> Such a declaration on the part of the Planning Board would serve to warn property holders in the area that their property is subject to purchase by condemnation proceedings for Medical Center use. If this is not done, the area may be so developed with the erection of substantial buildings as to make its ultimate purchase expensive and impractical. In such case the Medical Center would cease to grow.
>
> Further justification for this action lies not only in pride of developing a Medical Center of outstanding service to the people of Alabama but of bringing to Birmingham institutions that will materially add to our growth and development. As an example, the Veterans Hospital alone with a payroll of approximately 1,000 employees will be "big business".

2. The City of Birmingham acquire the additional 4½ blocks, or as much of it as is possible under a slum clearance and redevelopment program (Title I) for resale to appropriate private, volunteer and government institutions in development of the Medical Center.



PRESENT AND PROPOSED MEDICAL CENTER

BIRMINGHAM, ALA.

PROPERTY NOW OWNED

PROPERTY FOR IMMEDIATE ACQUISITION

PROPERTY FOR EARLY ACQUISITION

EXISTING BUILDINGS *PROPOSED BUILDINGS* 179 *LEGAL BLOCK NUMBERS*

1. HILLMAN HOSPITAL
2. JEFFERSON HOSPITAL
3. NURSE'S HOME
4. CRIPPLED CHILDREN'S CLINIC
5. VETERAN'S HOSPITAL
6. MEDICAL & DENTAL COLLEGE
7. PUBLIC HEALTH BUILDING
8. MEDICAL STUDENT'S APT'S
9. LIBRARY
10. ADULT EDUCATION
11. NURSE'S HOME
12. CHILDREN'S HOSPITAL
13. VETERANS ADMINISTRATION AND AUXILIARY
14. VETERANS ADMINISTRATION AND AUXILIARY
15. VETERANS ADMINISTRATION AND AUXILIARY
16. PSYCHIATRIC HOSPITAL
17. T.B. SANATORIUM
18. CONVALESCENT AREA OR PARK

Cooperative Planning

It is our understanding that the Planning Board for the City of Birmingham is authorized by the City Commission to develop a "Master Plan" for Birmingham. In doing so the Planning Board would act as a clearing house for all interested, agencies participating in planning, and would, in the end, formulate those plans to be submitted to the Federal Agency as provided in Title I of the Housing Act of 1949. This same Act (Title I) provides that execution of the master plan, in so far as it pertains to slum clearance and redevelopment shall be by the Birmingham Housing Authority.

Under Title III the Birmingham Housing Authority, working with the City Commission, plans and executes public housing programs. Each agency has a different center of interest but the responsibilities of each are so interlocked that close coordination and cooperation in planning is of the first importance.

The Board of Health wishes for these two agencies the full working assistance and cooperation of the many groups who can and should assist in evolving the best possible "Master Plan".