Meeting the Urban Health Challenge:
Harlem Community Tour
Briefing Booklet

Prepared by

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with the guidance and assistance of:

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September 18, 1998
Acknowledgments

This packet was researched and written by staff and interns of the Hunter College Center for Occupational and Environmental Health (COEH), including Ta-Tanisha Pabarue, Ted Outwater and Daniel Kass. They wish to acknowledge the support and guidance of the following individuals for their assistance and selection of tour sites:

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Disclaimer

The opinions expressed in these booklets reflect a synthesis of many conversations and experiences with residents, organizations and agencies involved in public health and planning efforts in East, Central and West Harlem. They are the sole responsibility of Hunter College Center for Occupational and Environmental Health and do not necessarily express the beliefs or opinions of co-sponsoring organizations or community tour participants.
Meeting the Urban Health Challenge  
Harlem Community Tour

Introduction

This tour guide is intended to provide an overview of life in Harlem as it relates to the overlapping themes of public health, the physical and built environment, and planning. As the tour proceeds, we encourage you to particularly take note of the following concerns, issues and strengths that participating organizations draw attention to: the heavy concentration of municipal facilities, such as bus garages and sewage treatment facilities; housing density and quality; areas with high asthma rates; renewal efforts in Central and West Harlem; zoning and health links; and empowerment zone redevelopment and controversies related to its public health impacts.

Harlem is located within three community districts (CD); each with its own advisory Community Board. CD9 consists of West Harlem, Morningside Heights, Manhattanville, and Hamilton Heights. Its boundaries are 110th Street (Cathedral Parkway) on the south to 155th on the north, the Hudson River on the west. Three large linear parks - Morningside, St. Nicholas, and Jackie Robinson - make up its eastern boundary, dividing it from CD10. CD10, or Central Harlem, lies between Central Park on the south, the Harlem River on the north. Fifth Avenue and Marcus Garvey Park on the east side divide it from CD11. CD11, or East Harlem, is between 96th Street and 142nd Street, and FDR Drive. Created in 1967, CD11 includes El Barrio (Spanish Harlem), the East Harlem Triangle, and its own Little Italy. It also includes Randall’s and Ward’s Island.

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A Brief History of Harlem

Harlem is the name of the Manhattan neighborhood between 96th Street and Washington Heights. Founded by the Dutch in 1658 and originally called Nieuw Haarlem, Harlem remained a small, rural village until the mid-19th century. As the population of New York City grew after the Civil War, Harlem began to attract middle class families. This growth continued in the 1880s with the construction of three lines of elevated rail service. By 1904, when the Lenox Avenue subway was completed at 145th Street, Harlem experienced runaway real estate speculation. Overbuilt, overpriced, and under subscribed, the Harlem real estate market crashed in 1904-05. Rents dropped and foreclosures increased dramatically.

Taking advantage of the deflated market and the housing surplus, a Black businessman named Philip Payton and his Afro-American Realty Company, founded in 1904, played a major role in the development of Harlem as an African-American community. In the aftermath of the real estate collapse, Payton acquired five-year leases on White-owned properties, managed them, and rented them to African-Americans at 10 percent above the deflated market price. Thus, New York’s Black middle class -- long denied access to "better" neighborhoods -- began moving to Harlem.

Another dramatic increase in Harlem’s African-American population occurred when the construction of the Pennsylvania Train Station at West 34th Street (1906-1910) threw hundreds of Black families out of their homes in that district, known as the Tenderloin. The migration to Harlem continued during the 1920s as people came to New York in record numbers from the American South and the West Indies. During the "Harlem Renaissance" of the 1920s, Harlem became the urban cultural center of Black America. Certain sections of Harlem such as "Sugar Hill" thrived during this period, but as one observer wrote, "Harlem prices leave little for luxurious living. The main difference between those on Sugar Hill and those in the slums is the knowledge of where their next meal is coming from and, at night, a spaciousness which helps erase the memory of a Jim Crow day." (Osofsky, 1966).

With African-Americans restricted to living in just this community, a pattern of exploitation developed in which extremely high rents became linked to extremely poor maintenance and upkeep. The impoverishment of Harlem began soon after World War I, increased during the Great Depression, and has continued through the past 50 years as the community became one of the targets of failed urban renewal and urban poverty programs.

Since the beginning of the modern civil rights movement in the late 1940s, a central theme in the history of Harlem is that of local citizens and their organizations (local governing boards, non-profit organizations, churches, and businesses) attempting to gain control over the decisions that effect Harlem. The results have been mixed, and during this tour we will see examples of successful renewal and recalcitrant problems. Harlem is, however, much more than a neighborhood of problems in need of solutions. Its history has helped to make it a flexible community that survives. Harlem has always been a vibrant community that has provided leadership and inspiration to people of color throughout the world. As we look at examples of health and planning here, it is important to see Harlem as a community to learn from, a source of knowledge and practical experience.
Part I: People and Health

Some Facts About the Population:

The population of Harlem -- 317,005 people -- accounts for 21% of the population of Manhattan. Though New York City's population remained stable between 1990 and 1995, the population in Harlem increased by about 4% on the west side (CD9), and decreased by 4% in Central Harlem (CD10) and by 6% in East Harlem. The decline in population in Central and East had been attributed by their Community Boards to "a loss of housing units through abandonment, fire disasters, vacate orders, landlord harassment, secondary displacement and demolition."

<table>
<thead>
<tr>
<th>1990 Population</th>
<th>Black (non-Hisp.)</th>
<th>Hispanic</th>
<th>White (non-Hisp.)</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>CD9: 106,978</td>
<td>41,849 (39%)</td>
<td>38,666 (35%)</td>
<td>20,876 (20%)</td>
<td>5,587 (5%)</td>
</tr>
<tr>
<td>CD10: 99,519</td>
<td>87,149 (88%)</td>
<td>10,055 (10%)</td>
<td>1,511 (2%)</td>
<td>604 (&lt;1%)</td>
</tr>
<tr>
<td>CD11: 110,508</td>
<td>43,022 (39%)</td>
<td>57,386 (52%)</td>
<td>7,859 (7%)</td>
<td>2,241 (2%)</td>
</tr>
<tr>
<td>TOTAL: 317,005</td>
<td>172,020 (54%)</td>
<td>106,107 (33%)</td>
<td>30,246 (10%)</td>
<td>8,432 (3%)</td>
</tr>
</tbody>
</table>

Harlem residents tend to be both older and younger than the population of the city as a whole, exacerbating the impact of youth unemployment and increasing the need for housing and supportive services for the elderly. In Harlem, 29% of the population is 18 years of age or younger, compared to just 18% for Manhattan overall.

Income:

Relative to New York City as a whole, Harlem neighborhoods are economically disadvantaged. West Harlem is the more affluent of the three neighborhoods -- its median household income of $21,000 is only 70% of the median household income of New York City as a whole. In Central Harlem, median household income is just $13,203, and in East Harlem, it is $15,000, about half that of the City overall. About 40% of the population of Harlem received public assistance in 1995. Though public assistance rates are declining citywide since welfare reform, they are declining less among Blacks and Hispanics than among Whites.

Education:

Fewer people graduate from high school and college in Harlem than in New York City as a whole. About 81% of U.S. adults have graduated from high school, and about 24% have graduated from college. Though 68% of adults in New York City are high school graduates, and 23% are college graduates, only 55% of Harlem's adults have graduated high school, and only 15% have graduated college.

Employment Status/ Types of Employment:

In CD10 and CD11, of those 16 years of age and older and employed, 37% work in the professional and related services industry, 14% work in the health services, and 13% work in educational services. This varied slightly in CD9 where the professional and related services category has the highest percentage at 40.6%, educational services is 18.6% and health services is 10.6%.
All three districts are characterized by high unemployment rates, large numbers of workers outside the labor force, and a large percentage of working poor. Overall in New York City, unemployment dropped from 9.5% in 1997 to 7.6% in May 1998. The U.S. rate in May 1998 was 4.2%. Over 90,000 new jobs have been created in the New York area since May 1997. Most of this growth in employment has bypassed Harlem. For example, Community Board 9 states in its 1998 Statement of Needs that “Not a single company has utilized the economic incentives to move north of 96th Street ... [T]he growth industry in this community, as it is in the rest of the Harlem community, is centered on social service curative programs.”

A Note on Crime:

There has been a significant decrease in crime over the past few years; nonetheless, the Community Boards of each district continue to place increased law enforcement high on their list of community needs. Programs such as A Safe City, Safe Streets, Operation Clean Sweep, SNAG (Street Narcotics and Guns), and CPOP (Community Policy Program) were applauded for the results obtained but concerns were still expressed over the level of uniformed and administrative police in the communities.

Selected Health Facts:

Owing in part to heavy environmental burdens and their perceived potential impact on health, the people of Harlem have voiced grave concerns about their health status. An environmental benefits program funded through redirected fines against New York City for Clean Water Act violations from the North River Sewage Treatment Plant will soon fund several descriptive epidemiological studies that residents hope will better describe the health problems and needs of the community. Several large national grants have been awarded recently to Columbia University to address childhood diseases, including asthma, that may be related to environmental conditions. The information below highlights some of the health concerns voiced by the community in recent years.

Pre-Natal and Infant Care:

Since the health of newborns is strongly related to the health of mothers, low birth weight health statistics are among the best indicators of population health. Low birth weight (under 2,500 grams, or about 5 pounds, 5 ounces) is associated with poor prenatal care, poor nutrition preceding and during pregnancy, complications of pregnancy and compromised health of mothers. These underweight infants are at greater risk for mortality, developmental disability, respiratory ailments and prolonged hospitalization. About 9% of babies born in New York City in 1994 were “low birth weight.” For CD9, the low birth-weight percent was 10.7%, for CD10, it was 15.4% and for CD11 it was 12.3%. Infant mortality, or the incidence of death before the first birthday, was 7.2 per 1,000 live births in the U.S. For CD9, the infant mortality rate per 1,000 live births in 1994 was 9.3. In CD10, it was 15.4; and in CD11, infant mortality was 14.3 per 1,000 live births.

Asthma:

Asthma is a growing problem among urban children globally. New York City has one of the highest rates in the U.S. Little is known about the prevalence of asthma, as the State only gathers data on
asthma hospitalizations. About 11 of every 1,000 children under 14 were hospitalized in 1996 for asthma in New York City, more than twice the national average. East Harlem has the highest hospitalization rate for children in New York, at 30 per 1,000. Central Harlem has a hospitalization rate of just over 17 per 1,000, with the west side significantly lower.

Though there is little agreement on why the rates have risen so markedly, asthma is a product of both housing conditions and general environmental health and may reflect poor access to preventive and primary health care services. East Harlem is one of three communities selected in 1998 by the NYC Council for the development and demonstration of community-based prevention programs that seek to control indoor and outdoor triggers of childhood asthma.

Lead Poisoning:

Lead poisoning in New York City is principally a function of housing history and condition. Residential lead-based paint is ubiquitous, but more likely to be a source of exposure for children in formerly middle and upper-middle class housing where conditions have deteriorated. In Harlem, rates are highest in Central Harlem, about 3.6 cases per 1,000 children under 6 years of age in 1996, high for Manhattan and about 25% greater than for New York City as a whole. Lead poisoning is relatively rare in East Harlem, with only 1.3 cases per 1,000 children each year, suggesting that lead-based paint was less likely to be used in this area.
Part II: The Physical Environment

Harlem’s physical environment varies greatly. From the industrialized belt along the East River in CD11, through dense high-rise public housing projects, to the row houses of Central Harlem, and the hills on the west side along the Hudson, Harlem has a physical diversity that matches its human diversity. A few facts about the physical environment follow.

Housing:

There is a shortage of housing throughout Harlem, particularly affordable housing for seniors and families with children. Between 1980 and 1990, despite a 4% rise in population, there was no net gain in housing units. In the same period, CD10 lost more than 8,500 units, or 15% of its housing stock and CD11 lost more than 4,700 housing units, a 10% reduction. CD11 is dominated by high-rise public housing units, though all three districts contain a mixture of row houses, brownstones, tenements, and public housing units. There is also a problem with abandoned and vacant buildings, many City owned, throughout Harlem. In addition, there is a concern within the community, particularly in Central Harlem, over the placement of homeless shelters in stable historic blocks of brownstones. The high rates of asthma, particularly in East Harlem, may relate to its poor housing conditions.

Waterfront:

Manhattan is an island and the lack of waterfront access for recreational and commercial use are issues in all three districts. CD9 is bordered by the Hudson River, CD10’s northern boundary is the Harlem River, and CD11 is bordered by the East River. On the east side, key concerns include the extension of the Harlem Beach esplanade, improved public waterfront access now restricted by the FDR Drive and easier access to Ward’s and Randall’s Island. On the west side, the proposed project to rebuild the Harlem River piers, "Harlem on Hudson," continues to create controversy within the community; many residents are convinced that overall redevelopment efforts will be hurt if the project moves ahead.

Industrial and Commercial Areas:

In the past, both East and West Harlem were home to many manufacturing industries. In both areas though, industrial uses have declined over the years, with a resulting loss of jobs and economic activity. The future use of the abandoned Washburn Wire Factory site in CD11 has created controversy. Many citizens support a mixed commercial retail and recreational development, but the current proposal will maintain exclusive industrial use. In CD9, the North River Sewage Treatment facility, with its rooftop New York State park, is the major industrial site. In various locations throughout the community there are bus garages, garbage transfer stations, and similar public facilities.

The health care industry is the major employer in Harlem and includes Harlem Hospital, Mount Sinai, Lenox Hospital and Columbia-Presbyterian. Commercial development, stagnant in Harlem for years, has just begun to reemerge with two food emporiums opening. By and large, the area is
dominated by small stores and markets. There are also numerous tire and auto repair shops throughout the community, particularly in CD11.

A Note on Environmental Issues:

Noise, traffic and air pollutants continue to be the major environmental complaints. Environmental justice issues have been raised with respect to the siting of bus garages and other public facilities; the deliberate concentration in communities of color of such facilities violates state and federal regulations. Other issues include:

♦ long lines of idling garbage trucks waiting at the west side waste transfer station;
♦ new industrial uses at the Washburn site and a concern that public health impacts are will not be adequately considered;
♦ overflows at storm water catchment basins;
♦ problems associated with abandoned and vacant buildings and lots;
♦ street and sidewalk disrepair; and
♦ problems associated with small commercial and light industrial sites such as dry cleaning; establishments and auto repair shops.

There are a number of public parks throughout Harlem, the largest of which are Riverside Park to the west, Morningside Park in the center, and Ward’s and Randall’s Island to the East. All are described by the Community Boards as suffering from inadequate maintenance, staffing and security.

Sources:

Information in this document was primarily obtained from the following sources:

Community Boards 9, 10 and 11, Statements of District Needs, Fiscal Year 1999.
Socioeconomic Profiles, City of New York Department of City Planning, 1990.
East Harlem New Directions: A 197-A Plan for Manhattan Community District 11, 1996.
Comprehensive Manhattan Waterfront Plan, 1995, Office of the Manhattan Borough President.

Maps, unless otherwise noted, were produced with LandView III, U.S. Environmental Protection Agency. The software may be obtained via the internet at: http://www.census.gov/geo/www/tiger.
Part III: Maps

1. Community District Boundaries
2. West, Central and East Harlem, Manhattan NY
3. Percent Living Below Poverty in West, Central and East Harlem
4. East Harlem, 96th Street to 125th Street, Manhattan NY
5. East Harlem, 125th Street to 147th Street, Manhattan NY
6. West and Central Harlem, Manhattan NY
West, Central and East Harlem, Manhattan NY
Percent Living Below Poverty (1990 Census) in West, Central and East Harlem, Manhattan NY
East Harlem, 96th Street to 125th Street, Manhattan NY