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INSTITUTIONAL GROWTH IN A RESIDENTIAL AREA: A CASE STUDY OF HARTFORD HOSPITAL

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INSTITUTIONAL GROWTH
IN A
RESIDENTIAL AREA:
A CASE STUDY OF HARTFORD HOSPITAL
BY
DONALD JOSEPH SMYTH

A THESIS PROJECT SUBMITTED IN PARTIAL FULFILLMENT OF THE
REQUIREMENTS FOR THE DEGREE OF
MASTER OF COMMUNITY PLANNING

UNIVERSITY OF RHODE ISLAND

1979

MASTER OF COMMUNITY PLANNING THESIS PROJECT
OF
DONALD JOSEPH SMYTH

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UNIVERSITY OF RHODE ISLAND

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INTRODUCTION

Hartford Hospital is a major health institution situated approximately one mile from the downtown area. It is the second largest hospital in New England. The Hospital enjoys a solid reputation for providing medical care for thousands in the Greater Hartford Area.

The need to retain this status has required the Hospital to improve upon their facilities, add new equipment and provide other amenities that attract competent people to their staff. One of the amenities it provides is free parking to its employees.

As the Hospital grew, it became evident to administrators that more parking would have to be provided. A serious shortage in spaces has developed. To alleviate the situation, the Hospital purchased a number of housing structures and removed them, so that parking lots could be created.

Overall, this paper deals specifically with the issues of institutional expansion and displacement. Directly pertaining to these issues is the idea of resident involvement in the Hartford Hospital planning process. Hospital officials do not feel that neighborhood residents are qualified to help them plan.

Chapter one is a description of the problem, and how residents have become involved in the issues of displacement and the Hospital's expansion. Chapter two describes the physical, social and economic characteristics of the neighborhood. The third chapter defines what displacement is,

what types of displacement exist, and how it effects the individual. Chapter four is an outline of the attempts at controlling hospital expansion at the federal, state, and local levels. The final chapter contains the conclusions and recommendations of this report.

Map I: Location of Hartford Hospital and the Study Area

● Study Area

● Hartford Hospital

CHAPTER 1

STATEMENT OF THE PROBLEM

Hartford Hospital's expansion has been taking place for many years. Until recently, little attention has been drawn toward this issue. From 1950 to 1978, the Hospital acquired and demolished 37 housing structures which were once 2, 3 and 6 family dwellings. In January of this year, two buildings containing 21 units were razed. In the spring of 1978, through its wholly owned subsidiary, the Jefferson Street Medical Building, Inc., the Hospital sent out notices of eviction to the occupants of 94-98 Jefferson Street.¹

The occupants of the building's five apartments and three retail stores were forced to move. A few of the tenants upset at the news, vowed to fight the Hospital. Joe Bassetta owned a shoe store at 94 Jefferson and Mat Tallow lived on the second floor of 98 Jefferson. Both men were angered at the seemingly helpless position in which they were being placed by the Corporation. The question which entered their minds was how they were going to fight a large institution like the Hospital. The power and money of a multi-million dollar operation such as the Hospital, would be a formidable opponent to attack. Tallow decided that the only way to stop expansion would be to form a coalition of residents in the area that could voice opposition to the Hospital's policy of destroying the neighborhood. He succeeded in calling a meeting that was attended by about 20 residents who shared the same concern.

What eventually emerged was the establishment of the Jefferson-Seymour-Hudson-Retreat Neighbors, a block club that is part of Hartford Areas Rally Together (HART).²

Hartford Hospital acquired 98 Jefferson Street with the intention of demolishing it to create needed parking spaces for their employees. The Hospital employs approximately 4,000 people and has had a parking problem for a number of years. There is a three year waiting period for the 1,400 or so parking spaces that now exist.³

Also joining the campaign to save the building was the Hartford Architectural Conservancy (HAC). The Conservancy, a non-profit corporation in existence since 1973, has made a sizeable impact on the preservation and reuse of architecturally and historically significant structures. They were instrumental in saving 75 buildings from demolition in the Charter Oak-South Green area, part of which is contained in the study neighborhood. The City had been prepared to demolish all the buildings located along Congress Street, the buildings on the west side of Wethersfield Avenue between Wyllys Street and Morris Street, and along Morris Street itself. The Conservancy convinced the City of the usefulness in saving these housing structures. Widespread displacement was inevitable regardless of which alternative was followed, resulting in relocation of the inhabitants of 200 dwelling units. Federal relocation funds were provided for the residents.

HAC felt that saving 98 Jefferson was imperative.

They saw the proposed demolition as part of an incremental process that would eventually have negative side effects on the neighborhood. It was submitted that the building could be renovated for a cost of \$300,000. "Because renovation costs are so high, and because building codes require costly energy-saving installations, it would not be feasible to use the restored building for low-income housing or inexpensive rents for small businesses."⁴

Due to neighborhood pressure and the Conservancy's concern for historic preservation, the Hospital has agreed not to demolish 94-98 Jefferson and plans to rehabilitate the building. As the negotiations took place, the occupants were being forced to move.

Howard Henrikson, manager of all of Hartford Hospital's residential properties, proceeded with the eviction process.⁵ Matt Tallow and Joe Bascetta, who had vowed to stay, were forced to leave in August, after court ordered eviction notices were served. The following quote sums up Joe Bascetta's feelings:

"Pelican Footware has now relocated to Park Street, next to the old Lyric Theatre. Joe Bascetta is still bitter about his experience. "What do you say about people who wouldn't even help anybody relocate? They didn't even help the old man on the third floor who had lived there for 30 years. Me, I would have stayed if I could. I told them, you can renovate around me, and I'll renovate my place. I even told them they could raise my rent; I'd work out any possibility. But no, it was always like the men with the ball and chain were waiting around the corner. Now they're saving it... I wish they hadn't lied to us."⁶

One of the tenants, Lucien Florist, is not bitter

about the eviction. The Hospital offered the business a new location in a building they owned at 110 Jefferson Street. When the Hospital purchased the building they had evicted tenants in six apartments above the store so that Hospital employees could occupy them. The building is unoccupied to date. Hartford Hospital's policy is to occupy all of their residential property with their employees. This policy did not preclude the demolition of two Hospital owned buildings on 151-157 Retreat Avenue. The tenants, all Hospital employees, were given eviction notices in the summer of 1978. The buildings were razed to create 93 parking spots, "displacing the Hospital employees who, when they lived in the buildings' 21 units, could walk to work."⁷

The Seymour-Jefferson-Hudson-Retreat Neighbors have managed to bring their plight to the public. Local newspapers have carried articles on the Hospital's expansion. The issue has also been submitted as a resolution at the HART Community Congress that was attended by many City residents and officials.

On February 16th, 1979, a resolution was passed by the Hartford City Council. The resolution read as follows:

This is to certify that at a recessed meeting of the Court of Common Council, February 16, 1979, the following resolution was passed.

WHEREAS: Expansion of major institutions can have a major impact on adjacent neighborhoods; and

WHEREAS, Some institutions in Hartford such as hospitals and colleges have recently made physical development decisions of significant impact on neighborhood near these institutions; and

WHEREAS, Cities such as San Francisco and Boston

have adopted various procedures to insure that institutional expansion does not have negative impact, such as ordinances requiring institutional master plans governing expansion and zoning for new uses; now, therefore, be it

RESOLVED: The the City Manager and the Commission on the City Plan be requested to investigate the use and effectiveness of these and other tools as to their applicability to Hartford's neighborhoods and institutions.

The group generated more publicity on the issue by holding a press conference on February 17th, 1979, across the street from the Hospital. With reporters taking notes and cameras on, residents outlined the problems they faced with the Hospital. They carried signs and chanted "What's next to go, we want to know." The group marched to the main entrance of the Hospital, attaching a letter to the door, addressed to the president and other officers of the institution. The letter reflected the insecure feeling that residents were developing toward their neighborhood. They wanted control over future changes in the area.

In October of 1978, Paul Somoza, Planning Director for the Hospital, stated that there were no plans. To quote Mr. Somoza, "We have no plans for the neighborhood. It's not our neighborhood, and we shouldn't be planning for it."⁸ The letter on the door outlined what had happened since that statement.⁹

- 1) In January the Hospital demolished 151-157 Retreat Avenue. A loss of 21 housing units and \$8,000 in tax revenue.
- 2) On January 21, 1979, the Hospital purchased 11 Seymour Street and has told one of the six tenants they will be evicted by April 1st. The Hospital plans to demolish 11 Seymour St.

- 3) The Hospital has yet to tell the neighborhood if it plans to rehabilitate 98 Jefferson St. since it evicted its tenants
- 4) The Hospital already owns over \$30 million worth of "tax-exempt" property.
- 5) A model of the Hospital's future plans for the neighborhood reveals more parking lots for the neighborhood and the closing of Seymour Street.

The letter also contained a quote from the Hospital Bulletin dated June 1978. The letter says in part, "We are in the South End to stay...the survival, safety, and concern to us... whether the issue is parking, housing, or security we have a stake in the upgrading of our property and its neighborhood...We must keep lines of communication open with the public." The letter goes on to say that Mr. Somoza had misinformed residents about Hospital plans, refused support for increased public safety in the area, and that increased speculation in the area as a result of Hospital activities has led to residential insecurity.

The residents requested a meeting with the Officers and Board of Directors of Hartford Hospital to ask the following questions:

- 1) Will the Hospital reveal their plans for the neighborhood, including:
 - future land acquisition?
 - the model plan for the neighborhood?
 - the Jefferson St. Medical Building/Hartford Hospital relationship?
 - future parking lots?
- 2) Will the neighborhood have input into the planning process for the future of the neighborhood?
- 3) Will the Hospital give us a written guarantee that 98 Jefferson will be rehabilitated?
- 4) Will the Hospital reveal the future of 11 Seymour Street, and,
 - the future repairs and maintenance of

any occupied Hartford Hospital owned property.

-the future relocation of tenants displaced by Hartford Hospital?

- 5) Will the Hospital support other neighborhood issues such as housing, security, traffic safety, and owner-occupancy?

John Springer, President of Hartford Hospital agreed to meet in an open, public meeting at the Hospital. It was set for March 13th, 1979.

The meeting proved to be unproductive for the neighborhood residents. Residents of 11 Seymour complained bitterly about the poorly maintained structure they lived in. The building, a brick three story tenement, is surrounded by a huge parking garage and parking lots. Tenants pressed Springer and Somoza for answers on what was planned for the future of 11 Seymour. Hospital officials responded that the building would be maintained indefinitely. Residents were perturbed at what they felt was an inadequate response. It seemed probable that the building, which stands as an island in a vast parking lot (that was once a neighborhood) would eventually come down. The residents were uneasy over not knowing the Hospital's plans for the future. Springer denied the Hospital had any plans. In March of 1967, a study by Doxiadis Associates, Inc. was commissioned by Hartford Hospital, the Institute of Living, and Trinity College.¹⁰ Mr. Springer had mentioned this study at the meeting, but passed it off as outdated. The plan mentions the closing of Seymour Street and the re-alignment of Retreat Avenue in an unspecified way.

Complaints of uncertainty are not limited to just residents of the area. Mr K, who owns a sandwich shop across the street from the Hospital also expressed concern at the meeting. His business is located in a building owned by the Hospital. Mr K told Springer and Somoza that the Hospital is not holding to the conditions set in the lease. He said that he liked to keep a clean place but was hampered by the Hospital's neglect in maintaining the property.

At one point in the meeting, the Hospital expressed concern about the conditions and safety of the neighborhood. Paul Somoza stated that because Hartford Hospital is in competition with surrounding hospitals, it was important for them to maintain a safe and clean environment to attract patients and visitors. Mr. K responded by saying that if the Hospital was so concerned, why didn't they keep their property in proper condition. The Hospital, he felt, was the cause of the whole problem.

The next question raised was whether the Hospital would develop a five year plan. Residents were told that they would be informed when such a plan was developed. The residents wanted more. To quote Carol Murphy, a resident of the area, "We don't want to be informed, we want to work with the Hospital."¹¹ Mr. Springer mentioned that it had taken the Hospital two years to go through a formal planning structure for the rehabilitation of one of the Hospital's wings; if an informal process would take more time, then it wouldn't be worth it. He felt that best they

could do was to inform everyone of their objectives.

The Hospital, in conjunction with the Institute of Living and Trinity College are presently in the process of conducting a survey of their employees. The survey is to determine if employees would be willing to move into the area around the institutions. Mr. Somoza felt that employees living near the Hospital would help to alleviate some of the pressure for increased parking, as well as stabilize the neighborhood. The Hospital is hesitant about allowing neighborhood residents see the results. One resident pointed out that such a survey could cause increased speculation in the area, resulting in more neighborhood instability and displacement.

Mr. Springer would not make any commitments when asked for the Hospital's support for more police protection and traffic control. The Hospital's reluctance to work with residents on the issues mentioned has left the neighborhood angry. They have vowed to fight for more answers.

A case that closely parallels the Hartford Hospital expansion issue took place in Boston.¹² In 1964, real estate agents of Harvard Medical School began buying up property in a Roxbury neighborhood, to build a new hospital complex called the Affiliated Hospitals Center (HAC). The neighborhood they were investing in contained mostly two and three family dwellings, the majority of which were owner occupied. The community was made up of Irish Catholics, Germans, and a smaller amount of Black and Spanish-speaking families. "Many people had grown up in

the neighborhood and had set up households near their relatives and friends."¹³

Harvard began a policy of renting to students and young staff members instead of families. These new residents had no ties to the neighborhood. Harvard continued to purchase property in the area. They managed their property poorly and raised rents, forcing many families to move. Plans to build the Affiliated Hospital Center were announced in 1968, and by 1971 the School had decided to eliminate 182 apartments.

In 1969, the Roxbury Tenants of Harvard Association (RTH) was formed. Impetus for the formation of the Association came as a result of a student strike at Harvard over the School's policy of destroying housing. The RTH presented Harvard with a petition that stated the tenants' requested that the proposed hospital facility be located elsewhere. After much pressure and publicity, the University announced that they would build 1,100 units of new housing, part of which would serve to house those displaced by AHC. Tenants were not consulted about their needs.

After the housing plans were announced, the University formed several committees made up of tenants, students and health workers. The committees as it turned out, were ineffective in dealing with the hospital expansion issue or housing police. "Actual decision-making power stayed in the hands of the Harvard Corporation and high level administrators."¹⁴

In the meantime, the RTH, which had picked up momentum and now included most of the families in the neighborhood, was increasingly becoming frustrated in their attempts to deal with the university. As a result the association staged a "mill-in" at the Dean of the medical school's office, involving over 100 participants which included students and faculty supporters. The group asked the Dean to visit the neighborhood to see the housing deterioration. Further, the association utilized the media extensively to bring pressure on the university. "The Harvard Administration, headed by a new president, became convinced that the tenants' commitment and power base were strong enough that they had to be taken seriously."¹⁵

Since 1970, the Harvard Corporation has assigned one of its members and a staff person to work directly with the neighborhood people in negotiating agreements between the two groups. A decision by the hospital to roll back and freeze rents at their 1969 level was attained. In 1971, the Corporation promised in writing that no tenants would be evicted until suitable relocation housing was available and approved by the RTH. In 1975, an agreement was reached concerning the development of tenant controlled mixed income housing. RTH was made the legal co-developer, putting them in partial control of architectural plans, rental policies and maintenance. Ground breaking for the construction took place in October on 1975.

This chapter has served to outline the problems faced

by residents in the Hartford Hospital area. Foremost has been the displacement of residents and businesses in the neighborhood. Chapter II will provide a socioeconomic description of the neighborhood, and its relationship to the City and the metropolitan area.

Footnotes: Chapter 1

¹Pat Courtney, "Hospital Parking Pressures Neighborhood", Southside Neighborhood News (Oct. 18-Nov. 1, 1978) p. 2.

²H.A.R.T.(Hartford Areas Rally Together) is a grassroots community organization based in the Southend of Hartford. Established in 1975, H.A.R.T. has organized seven neighborhoods and one Hispanic group around community and self interest needs and issues.

³Nancy Pappas, "Hospital Parking Solution Out of Sight", The Hartford Courant (Oct. 29, 1978) p. 31.

⁴Courtney, p. 2.

⁵Ibid., p. 2.

⁶Ibid., p. 2.

⁷Pappas, p. 31

⁸Courtney, p. 3.

⁹Letter to the Hartford Hospital Board of Directors, Dated Feb. 17, 1979.

¹⁰Doxiadis Associates, Inc., The Trinity Community: Feasability Studies For Area Improvement, Prepared For Trinity College, The Hartford Hospital and the Institute of Living (Washington D.C., March 1967)

¹¹Interview with Carol Murphy, April 3, 1979.

¹²Howard Waitzkin and John A. Sharratt, "Controlling Medical Expansion", Society Magazine (Jan.-Feb. 1977)

¹³Ibid., p. 30.

¹⁴Ibid., p. 31.

¹⁵Ibid., p. 31.

POPULATION AND HOUSING CHARACTERISTICS
OF THE STUDY AREA:
THE SOUTH GREEN NEIGHBORHOOD

The number of residents in the City of Hartford, as is true in most Northeastern Cities, has declined since 1950. The population has dropped from 177,397 people in 1950 to 158,017 in 1970, representing a total change of 10.9%. The South Green neighborhood on which this study focuses, has also experienced population decline.* The relative percentage losses have been considerable when compared with the City as a whole. From 1950 to 1970 the neighborhood has lost 30.5% of its residents.

Population losses in this neighborhood and in the City can be attributed to two causes: 1) outmigration of the population has occurred in the area, or 2) the death rate has exceeded the birth rate. In this case, the losses in population can be explained by the outmigration of people from the neighborhood. Table 1 on the following page illustrates in which age groups the greatest population losses has occurred.

* study neighborhood, study area, and neighborhood are used interchangeably and refer to the South Green neighborhood.

Table 1: Age Characteristics

Age	<u>1950</u>		<u>1960</u>		<u>1970</u>	
	<u>City</u>	<u>Study Area</u>	<u>City</u>	<u>Study Area</u>	<u>City</u>	<u>Study Area</u>
under 5	9.1%	7.5%	10.4%	7.0%	9.2%	9.8%
5 to 9	6.9	4.6	7.8	5.1	8.8	7.3
10 to 14	5.3	4.4	6.9	4.9	8.0	6.0
15 to 19	5.8	6.2	6.6	7.3	8.6	10.5
20 to 24	8.1	9.6	7.4	10.0	10.8	15.6
25 to 34	18.0	19.2	13.5	13.0	13.7	14.4
35 to 44	15.1	15.0	13.2	12.9	9.8	8.0
45 to 54	10.4	11.0	10.6	11.1	9.6	9.0
65 & over	8.5	10.4	11.0	14.7	10.8	9.7

Source: U.S. Census for Hartford Connecticut, 1950, 1960 and 1970.

In 1960 a loss in all categories was reported, except for the 65 and over cohort which increased by 8.8%. The 1970 data shows an increase in the youth population resulting from in-migration. A considerable decline continued to take place in the population over 25 years of age.

Ethnic Distribution

Table 2 is used to illustrate the variety of ethnic groups that reside in the study neighborhood.

Table 2: Ethnic Distribution In The South Green Neighborhood

	<u>1960</u>	<u>1970</u>
Black	0.8%	2.6%
Puerto Rican	4.1	20.1
United Kingdom	3.3	0.6
Ireland	5.6	1.5
Norway	-	-
Sweden	0.9	-
Germany	1.7	0.8
Poland	10.1	5.6
Greek	-	0.3
Austria	0.5	0.6
Hungary	0.4	-
USSR	1.8	1.0
Italy	10.6	2.4
Canada	11.3	7.0
Mexico	0.1	-

Source: U.S. Census for Hartford, 1960 and 1970.

In 1960 it can be seen that these groups accounted for

50% of the population, with the other 50% classified as native to this country. (It must be noted that the Black and Puerto Rican populations are still counted as separate groups because of racial and language characteristics.) The distribution changes dramatically with a large influx of Puerto Rican immigrants arriving in the area by 1970. A clearer trend of this immigration can be seen by the use of Hartford School Board statistics. The School Board map on the following page shows that much of the study area is contained within the Kinsella School district. Table 3 illustrates the large migration of Hispanics into the area.

Table 3: Kinsella School Statistics, 1964 thru 1978.

<u>Year</u>	<u>Black</u>	<u>White</u>	<u>Hispanic</u>
1964	13.9%	53.2%	32.9%
1965	9.7	55.0	35.3
1966	7.0	51.1	41.2
1967	9.6	41.3	49.1
1968	11.7	37.9	50.3
1969	16.9	22.6	59.3
1970	24.3	16.5	59.1
1971	28.3	12.8	58.9
1972	28.2	11.1	60.6
1973	25.0	9.5	65.5
1974	24.5	7.6	67.9
1975	23.4	6.2	70.4
1976	22.6	6.0	71.4
1977	22.5	4.0	73.3
1978	20.8	4.9	74.3

Source: The Hartford Board of Education

21

Map II

- Kinsella District
- Study Area

MAP OF THE
SCHOOL DISTRICTS

CITY OF
HARTFORD

CONNECTICUT
SEPTEMBER 1977
SCALE 1"=1000

- ELEMENTARY DISTRICTS
- MIDDLE - HIGH SCHOOL DISTRICTS

Buckley

3
4
5
6
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12
13
14

Income

The study neighborhood has not kept pace with the rising incomes of the City and the Greater Hartford Region as a whole.

Table 4: Median Family Income

	<u>1960</u>	<u>1970</u>	<u>% Change</u>
Metropolitan	\$7,187	\$12,282	41.5%
Hartford	5,990	9,108	34.2
Study Area	5,462	6,750	19.0

Source: U.S. Census for Hartford Connecticut, 1960 and 1970.

In 1960 and 1970 we can see that both the City and the neighborhood have median incomes that are lower than the metropolitan area. The median income for the neighborhood was 26% lower than that of the City, reflecting a generally disadvantaged population.

In 1969, 24% of the families in the neighborhood were classified as having incomes below the poverty level, compared to 12.6% for the City and 4.9% for the metropolitan area.¹ Board of Education figures for 1978 show that approximately 75% of the students enrolled at Kinsella School were eligible for Aid to Families with Dependent Children (AFDC), meaning that they were qualified for or were receiving public aid.

Employment

It can be seen by Table 5 that the health services industry is the largest provider of jobs for the study area.

Table 5: Industry Employed

<u>Employed</u>	<u>Study Area</u>		<u>Hartford</u>		<u>Metro Area</u>
	<u>1960</u>	<u>1970</u>	<u>1960</u>	<u>1970</u>	<u>1970</u>
Construction	5.0%	4.3%	5.5%	7.4%	6.0%
Manufacturing	31.2	19.5	30.1	26.0	29.0
Comm. Util. & Sanitary	2.1	4.2	2.0	2.3	2.2
Wholesale	1.5	3.2	3.4	3.5	4.2
Retail	11.6	14.4	13.0	13.6	14.8
Finance, Insurance & Real Estate	-	7.3	-	13.6	12.4
Business & Repair	3.1	2.4	3.3	2.3	3.0
Personal Services	4.3	2.9	5.7	4.8	2.9
Health Services	15.8	23.0	4.6	6.6	5.5
Educational Services	2.1	2.8	3.6	5.3	7.6
Other Prof. Services	2.3	7.1	3.8	5.9	4.2
Public Admin.	2.4	4.7	5.0	4.8	4.5
Others	16.8	4.3	18.8	1.7	1.9

Source: U.S. Census for Hartford Connecticut, 1960 and 1970

Hartford Hospital and the Institute of Living account for

this large percentage. The manufacturing sector which employed 31.2% of the neighborhood work force in 1960, dropped to 19.5% in 1970. A decrease in the same sector can also be seen in the City-wide percentages, while an increase has taken place in the metropolitan area. These percentages coincide with the losses in manufacturing jobs that the City has been experiencing since 1950. Many factories have decided to move to the outlying areas where land acquisition and taxes are less costly.² There has been a regional trend for factories to relocate to the South and Southwestern parts of the country to take advantage of many things, among them cheaper labor costs and lower union activity.³

The highest percentage of workers are concentrated in the professional and technical, operatives, clerical and service occupations.

Table 6: Occupation 1970

<u>Occupation</u>	<u>Study Area</u>	<u>Hartford</u>	<u>Metro Area</u>
Professional/Technical	19.8%	12.6%	18.7%
Manager/Administrator	3.0	4.0	8.5
Sales Worker	5.7	5.5	7.7
Clerical	14.5	24.0	23.0
Craftsman/Foreman	9.4	12.5	13.6
Operatives (ex. Trans.)	15.2	16.9	11.7
Transportation Oper.	0.6	3.0	2.6
Laborer	5.3	4.9	3.0
Farmworker	2.7	0.4	0.7
Service Worker	23.6	14.6	9.6
Private Household	0.2	1.7	0.8

Source: U.S. Census for Hartford Connecticut, 1970

The following is a detailed analyses of the professional, technical and service occupations.

Table 7: Percentage Breakdown of the Professional, Technical & Kindred, and Service Occupations

<u>Percentage in Category</u>	<u>Professional, Technical & Kindred</u>
46.3%	-health workers
5.5%	-teachers (elementary and secondary)
	<u>Service Workers</u>
38.0	-cleaning, food service workers
1.9	-protective services
43.2	-personal, health service workers

Source: U.S. Census for Hartford Connecticut, 1970.

Health workers in the professional/technical category are highly trained individuals such as doctors, nurses, pharmacists, dieticians, laboratory technicians and physical therapists. This group makes up 46.3% of the professional/technical occupations in the study area.

Service workers make up 23.6% of all occupations, this being the predominate employment category in the area. The service category can be broken down into cleaning and food service workers, protective services, and personal and health service workers. Cleaning and food service workers include chambermaids, janitors, cooks, dishwashers, food counter workers and bartenders. This group makes up 38% of those employed as service workers. The personal and

health subcategory makes up 43.2% of the service workers in the study area. Personal and health service workers include barbers, elevator operators, health aides (except nursing) as well as nursing aides, orderlies and attendants.

In the case where jobs have shifted to areas surrounding the City, residents in the study area are at a disadvantage because the majority lack transportation. Table 8 illustrates this disparity.

Table 8: Means of Transportation to Work, 1970.

<u>Transportation Type</u>	<u>City</u>	<u>Study Area</u>
Private Auto		
-driver	46.2%	30.7%
-passenger	12.3	6.0
Bus	25.9	26.6
Train	-	-
Walked	13.3	34.8
Work at Home	1.2	0.8
Other	1.1	1.1

Source: U.S. Census for Hartford Connecticut, 1970.

Further, in 1970, 61.6% of all occupied housing units in the study area did not have access to an automobile, as opposed to 15.5% City-wide and 14.7% in the metropolitan area.⁴ This would indicate that residents in the neighborhood are limited in the distance they can travel to find work. In 1970, 59% of the workforce in the neighborhood held jobs in the City.⁵

Housing Units

The Bureau of Census defines housing units as all occupied units plus vacant units which are intended for tear-round use. Table 9 shows that from 1950 to 1960 there was an increase in the amount of housing units available in the neighborhood and the City, with the neighborhood increasing at a faster rate.

Table 9: Number of Dwelling Units.

	<u>1950</u>	<u>1960</u>	<u>%Change</u>	<u>1970</u>	<u>%Change</u>
Study Area	2,126	2,395	+11.2%	2,066	-13.7%
City	52,429	57,653	+ 9.0%	58,495	+14.4%

Source: U.S. Census for Hartford Connecticut, 1950, 1960 and 1970

However, by 1970 that growth trend had changed. The amount of housing units in the City had continued to increase (14.4%) while the number of units in the neighborhood dropped by 13.7%

A housing survey was taken to determine the number of housing units that exists in 1979. Housing units were determined by counting the number of mailboxes or door buzzers each structure had. The results, which are shown on the following page, indicate a considerable loss in housing units (16.2%). Presently there is a shortage of housing for low-income families and individuals in the City.⁶

Table 10: Number of Dwelling Units In 1979

	<u>1970</u>	<u>1979</u>	<u>%Change</u>
Study Area	2,066	1,732	-16.2%

Source: study area survey completed in Mar. 1979, and the U.S. Census for Hartford Connecticut, 1970.

Types of Housing Structures

It has been reported that 40% of the City's housing stock consists of buildings that contain more than six units.⁷ The study neighborhood, as can be seen by Table 11, has more than it's share of these multi-unit buildings.

Table 11: Units in Structure

	<u>1960</u>		<u>1970</u>	
<u>Number of Units/Struct.</u>	<u>City</u>	<u>Study Area</u>	<u>City</u>	<u>Study Area</u>
1	17.2%	9.2%	12.6%	0.8%
2	13.2	6.0	13.4	6.4
3 & 4	25.7	16.0	22.9	9.0
5 to 9	20.3	27.3	51.0	83.7
10 or more	23.6	41.5		

Source: U.S. Census for Hartford Connecticut, 1960 and 1970.

From 1960 to 1970, there was a decrease in the number of one, three and four unit housing structures in the study area. This change can be explained as a result of demolition and conversions. The Hospital itself has torn

down 22 housing structures between 1960 and 1970.⁸ Most of these buildings were two, three, or six family dwellings. Some of the buildings in the area have been converted to rooming houses creating crowded conditions. The conversion of housing units to offices used for health related activities has also occurred.

The greater amount of large apartment buildings in the study area explains the low percentage of owner occupancy.

Table 12: Percentage of Owner Occupied Dwellings

<u>Area</u>	<u>1950</u>	<u>1960</u>	<u>1970</u>
Hartford	22.0%	23.5%	20.3%
Study Area	7.6	5.7	3.6

Source: U.S. Census for Hartford Connecticut, 1950, 1960 and 1970.

Owner occupancy is usually quite important to neighborhood stability. An owner who is living in the building is more apt to keep it in reasonable repair and more likely to be concerned with the overall changes in the area.

Housing Conditions

The housing stock in the neighborhood is quite old. Statistics in 1970 show that 70% of the structures were built before 1939, as compared to 68% of the structures

for the City as a whole.⁹ Buildings as old as these need a considerable amount of attention, in terms of time and money, to be kept in proper repair.

A housing survey was undertaken to determine the condition of housing structures in the neighborhood. The survey methodology was identical to that used currently by the planning department of the City of Hartford on a neighborhood basis. Each structure was given a rating from A thru D. It is important to note that the survey was limited to exterior conditions only. No attempts were made to determine interior conditions. The following is an example of the survey that was conducted.

A Rating of:

Given to a Structure That:

A	-is in fine shape with no apparent need of repair.
B	-needs some minor repair or maintenance and could be brought back to an <u>A</u> standard quickly and relatively cheaply. The house needs some paint, the drain spout is broken, etc.
C	-the building is need of major repair i.e. the eaves are rotting, the porch is sagging, the roof needs replacing, the foundation is cracked, etc.
D	-the building is dilapidated and could pose a danger to inhabitants. A building in this state might have been severely damaged by fire and there is question as to whether it can be salvaged.

In order to illustrate the relative condition of the neighborhood, the letter grade (A,B,C,D) given each struc-

ture is assigned a numerical weight:

- A is assigned the number 1
- B is assigned the number 2
- C is assigned the number 3
- D is assigned the number 4

From these numbers a Composite Blight Index is computed, which is the average condition of housing structures in the neighborhood. Here is an example of how the index is computed:

We have 10 housing structures.

- 3 are rated A
- 2 are rated B
- 3 are rated C
- 2 are rated D

Now we assign numbers to each letter.

3	times	1(A)	is equal to	3
2	.	2(B)	=	4
3	.	3(C)	=	9
2	.	<u>4(D)</u>	=	<u>8</u>
Total = 10		Total = 24		

$$\frac{24}{10} = 2.4, \text{ which is the Composite Blight Index.}$$

The actual Composite Blight Index for the study area is 2.5. The Table on the following page is a comparison with other areas of the City.

Table 13: Composite Blight Index by Neighborhood.

<u>Area</u>	<u>Composite Blight Index</u>	(map of areas on next page)
Parkville	1.58	
Brookfield	1.54	
South West	1.28	
Blue Hills	1.35	
Barry Square	1.66	
Upper Albany	2.08	
Asylum Hill	1.68	
Park Street	1.8	
South Green (study area)	2.5	

Source: survey completed in Mar. 1979; other Indexes
from the Dept. of Community Planning & Develop-
ment, City of Hartford.

It can be seen in comparison with other neighborhoods in the City that the study area is in a seriously deteriorated condition.

Housing Units Lost

There has been a considerable amount of housing units lost in the study area. The historic building preservation project in the Congress Street area displaced lower and moderated income residents of 200 dwelling units.¹⁰ The area is currently being rehabilitated to provide housing for moderate and upper income groups. The growth of Hartford Hospital has led to the demolition of 37 housing struc-

Map III

NEIGHBORHOOD MAP

Study Area

tures since 1950.¹¹ A comparison done by the City in February of 1979 shows that between 1965 and 1977 Buckingham Street lost 112 residential units, and Seymour Street had lost 57 residential units.¹² The majority of these losses can be attributed to Hartford Hospital's expansion.

The neighborhood has gone through a number of changes, which include loss in housing units and neighborhood deterioration. The socio-economic characteristics have changed within the population over time, transcending from a stable middle class neighborhood to one that has high concentrations of low-income residents.

The neighborhood is marked by high population turnover in relation to the City as a whole.

Table 14: Year Moved Into Unit.

<u>Years</u>	<u>Hartford</u>	<u>Study Area</u>
1968 thru Mar. 1970	38.2%	47.2%
1965 thru 1967	21.1	22.6
1960 thru 1964	15.6	13.3
1950 thru 1959	12.8	8.4
1949 or earlier	12.3	8.5

Source: U.S. Census for Hartford Connecticut.

These figures show that 83% of the population had not lived in their particular dwelling unit for more than 10 years, and 70% for not more than 5 years. The relatively

high percentage (47.2) of those who had not lived there for more than two years indicates a highly transient population with probably a lesser amount of neighborhood identity.

Contract Monthly Rent

The contract monthly rent is the monthly rent price that landlord and tenant have agreed to, even if the furnishings, utilities or services are included.

Table 15: Median Contract Monthly Rent.

<u>Area</u>	<u>1950</u>	<u>1960</u>	<u>%Change</u>	<u>1970</u>	<u>%Change</u>
Hartford	\$38	\$67	+43%	\$109	+38.5%
Study Area	\$38	\$62	+39%	\$102	+39.2%

Source: U.S. Census for Hartford Connecticut.

Table 15 shows that rent costs in the neighborhood have not changed significantly with the remainder of the City. Given that the median income for the study area is lower (\$9,108 for the City and \$6,750 for the Neighborhood, 1970), residents are forced to devote a greater percentage of their income toward paying rent.¹³ This allows less money for other basic essentials such as food and clothing, not to mention health costs.

The City has been experiencing population loss from 1950 to 1970, resulting in a surplus of housing in the City. As can be seen in Table 16, there was a rise in the number of housing units that were for rent or sale.

Table 16: Housing Units For Rent Or Sale.

<u>Area</u>	<u>1950</u>	<u>1960</u>	<u>1970</u>
City	1.4%	4.1%	3.5%
Study Area	0.6%	5.9%	6.4%

Sources: U.S. Census for Hartford Connecticut, 1950, 1960 and 1970.

By looking at this table, we can see that the City's rate of excess housing appears to be declining. This is probably due to the amount of housing units that have been demolished throughout the City. A trend toward lower turnover in the housing stock can also indicate that the area is stabilizing.

The preceding data shows that residents around the Hartford Hospital area are at a relative disadvantage when compared to the remainder of the City. Officials have reported that there is a housing shortage for low-income families and individuals in the City. The Hospital's policy of demolishing existing housing structures for expansion is contributing to this shortage. Since the study area is made up of predominately low-income groups, it is imperative that the existing housing be saved and maintained for their use.

Many of the residents who are displaced are at a disadvantage because of their low incomes, the housing shortage for these groups in the City, and the lack of trans-

portation. Small businesses have been displaced by Hartford Hospital expansion. They operate on tight profit margins. Dislocation can have a disastrous effect on the viability of their operations. Chapter 3 describes what displacement is, the causes of displacement, and what it does to families, individuals and small businesses.

Footnotes: Chapter 2

¹U.S. Census Tracts for Hartford Connecticut, Table P-4, 1970.

²Larry Smith and Associates, Guide Report For Commercial And Industrial Renewal, Prepared for the City of Hartford, Commission on the City Plan (New York, N.Y., 1964) p. 12.

³Anthony Downs, "Urban Policy", in Setting National Priorities: The 1979 Budget, Joseph A. Pechman, editor. (Brookings Institute, Washington D.C., 1978) pp. 161-194.

⁴U.S. Census Tracts for Hartford Connecticut, Table H-2.

⁵Ibid., Table P-2.

⁶Interview with Edwin Williams, Housing Planner, Dept. of Community Planning and Development, Hartford Ct., April 1979.

⁷Lovett S. Gray, "Banks Snub Apartment Houses", The Hartford Courant (Mar. 25, 1979) p. 1.

⁸Engineering Department, City of Hartford, demolition records.

⁹Department of Community Planning and Development, City of Hartford: Housing Policy and Anti-Displacement Action Program (Mar. 1979) p. 14.

¹⁰Hartford Redevelopment Agency.

¹¹Engineering Department, City of Hartford, demolition records.

¹²Department of Community Planning and Development, Op. Cit., p. 6.

¹³U.S. Census Tracts for Hartford Connecticut, Table P-1, 1970.

CHAPTER 3

RESIDENTIAL AND BUSINESS DISPLACEMENT

Introduction

Displacement is a term used to describe the forced removal of resident and businesses from where they live, or where they gain their livelihood. Displacement can be attributed to four causes:¹

1. Urban renewal
2. In-migration of upper-income groups
3. Conversions, and
4. Deterioration and abandonment.

All of these types of displacement have occurred in the study area. The first part of this chapter will serve to explain what each of these forms of displacement are, how they have occurred, and their potential effects on individuals and families. The second section is a presentation of interviews with residents and owners of small businesses that have been displaced. And last, an interview with an individual businessman has been included who has fears that he may be displaced someday.

Displacement By Urban Renewal

Usually when people think of urban renewal they mention government sponsored projects. In the past 20 to 30 years, the City of Hartford has torn down thousands of housing units to make way for projects like Constitution Plaza (situated where an Italian neighborhood once was) and for school construction. From 1965 to 1978 a total of

2,246 housing units have been lost as a result of school construction alone.² The Charter Oak-South Green project, part of which is contained in the study area, has also resulted in housing loss.³ The Federal and State governments have caused displacement by highway construction. Interstate 84 cuts directly through the center of the City, while Interstate 91 parallels the City's eastern boundary.

Government are not the only ones who participate in urban renewal. Major institutions, such as hospitals and insurance companies, private developers and other non-governmental groups or individuals are sometimes responsible for losses in housing units and commercial structures. Hartford Hospital itself has been responsible for the loss of 37 housing structures as a result of expansion for parking lots and other uses.⁴ In 1972, 16 housing units were demolished for the construction of a private medical complex adjacent to Hartford Hospital.

Displacement By In-migration of Upper-income Groups

This type of displacement is occurring as upper-income groups move into the City, occupying housing structures that were once inhabited by low and moderate income groups. The costs incurred as a result of rehabilitation of these structures effectively raises the rents for apartments. This usually precludes low and moderate income groups from living there, causing their displacement. The renewed interest in city living by upper-income groups

is a result of increased energy costs, the desire to be closer to their place of work and the cultural, social and other amenities that the city has to offer. A good supply of affordable housing exists for the conversion to upper-income housing. This of course, has put increased demand on the rental market, driving prices up beyond what low and moderate income groups can afford, resulting in less housing for these groups.⁵

The previously mentioned "Congress Street" project displaced occupants of 200 low and moderate income housing units and will be replaced by moderate and upper-income dwellings. City incentives to attract upper-income people back to the City such as tax deferrals and abatements, and rehabilitation loan and grant programs may have further increased displacement.⁶

Displacement By Conversions

The City has been experiencing the conversions of residential units to non-residential units. Hartford Hospital, for example, serves to attract doctors and health related services to the neighborhood, who sometimes convert housing to other uses. This effectively displaces residents and diminishes the supply of housing available in the area and in the City. Another form of conversions is the demolishing of housing structures that contain two bedrooms or more and replacing them with one-bedroom units. This displaces families from areas

where this type of conversion takes place.

Displacement By Deterioration And Abandonment

The loss of housing stock through deterioration has been cited as the primary cause of displacement in the City.⁷ The causes of deterioration are numerous. Deterioration can occur where residents incomes are not sufficient to support the rents needed to properly maintain a housing structure. Banks in Hartford have put a freeze on mortgages to investor-owned apartment structures with five or more units.⁸ Since the majority of the housing in Hartford is old, and since only 12% of the housing units are owner occupied, the cycle of disinvestment continues.

Abandonment is what George Sternlieb calls "the end product of all the urban ills of our modern society."⁹ There are 23 vacant buildings in the study area, 17 of these are housing structures. Table 17 illustrates the extent that deterioration and abandonment has occurred in the City.

The abandonment of a building is usually a reflection of the economic realities of owning property. An owner might find it cheaper to abandon a building if the costs of repair, taxes and insurance exceed the revenue being generated.¹⁰ In the meantime, because the owner has given up on the property, the building deteriorates.

There may be racial questions associated with the abandonment process. "Residential abandonment in terms of

environment appears to increase in areas of high Black and Puerto Rican concentrations and thus becomes part of the dismal social and environmental conditions which are normally associated with these subpopulations."¹¹

Table 17: Privately Owned Vacant & Abandoned Structures
In Hartford

<u>Type of Structure</u>	<u># of Structures</u>	<u># of Units</u>
one family	19	19
two family	27	54
three family	32	93
apartments 1-6	53	273
apartments 7-10	7	57
apartments 11-20	18	259
apartments 21-100	6	190
rooming houses	1	
Total	162	945

Source: Hartford Department of Economic Development.

The City of Hartford which enforces code requirements on a complaint basis only, had displaced 33 households between 1976 and 1978, either because of fire damage or because the building was found to be unfit for human occupancy.¹² Neighborhoods that the City has found to be experiencing significant displacement show high mobility percentages in the elementary school populations that serve these areas.

Losses In Housing Units

Displacement has resulted in the reduction of housing units available to low and moderate income individuals and families throughout the City. There is a serious housing shortage for these groups. As of January 1, 1979, 4,754 households were on the waiting list for the Section 8 Housing Program.¹³ Public housing through the Hartford Housing Authority had a waiting list of 2,900 households in October of 1978. The households on both lists qualified for low-income housing.

Displacement And Its Effect On People

The issue of displacement goes beyond shifting low and moderate income households elsewhere, or the losses of affordable housing to these groups. Displacement can impose serious social, economic, psychological and physical changes that may have a negative effect on the wellbeing of affected families and individuals.

What are the costs and benefits that occur to the displaced? This section will outline some of the problems associated with displacement and the effects it can have on those who are forced to bear the resulting burden.

People living in a given neighborhood will, in many cases, establish relationships with other persons, businesses and places.¹⁴ These relationships might consist of having families or friends living nearby, knowing the local merchants, or just feeling comfortable with the surrounding neighbor-

hood as a whole. To quote Anthony Downs, "these relationships represent the cumulative result of a large investment of time and energy in personal activity."¹⁵

The disruption of these established relationships by displacement can place a greater hardship on the elderly and low income groups because of fixed incomes and limited mobility.¹⁶ As was shown previously, a large percentage of the Hartford Hospital area residents do not own automobiles. Displacement that serves to isolate these households from established relationships in their former neighborhood can leave negative social and emotional consequences.

One study of the effects of forced relocation in a working class community in the West End Neighborhood of Boston has shown how strong, close-knit relationships can become.¹⁷ It was found that many of the residents who were dislocated attempted to reestablish or maintain continuity with the past. Rarely were their attempts successful.

The Costs And Benefits Of Finding Another Place To Live

The process of searching for a new house or apartment can require a considerable amount of time and money. An individual could be forced to take time off from work to look for an apartment or business location because of time constraints imposed by an eviction notice.

Attempting to find suitable living quarters at rents

that were paid prior to displacement, has for the most part, been impossible. Ten follow-up studies of relocated persons in the United States and Canada all report that rent increased substantially.¹⁸ Since there is a housing shortage in Hartford, comparable rents are difficult to locate. Most of the displaced people interviewed for this study were forced to pay higher rents. In one case, the rent had almost doubled.¹⁹

The ability to charge a given price for rent is a function of supply and demand in the housing market. To quote one Hartford City Planner, "In any given neighborhood, if the situation is occurring where pressure is being placed on the housing stock from demands across the economic board, then, unless there are certain kinds of controls or strategies that exist to counteract it, the group with the most money who is demanding the same kind of housing is going to win."²⁰ This means, of course, that low-income groups in Hartford are forced to pay a larger percentage of their income toward housing that they had paid previously. This can be severe for the elderly and others who are living on fixed incomes.

Some relocation studies have found that people will try and relocate near their old neighborhood.²¹ For example, fifty-five percent of the families from a Baltimore urban renewal project relocated within one-half mile of their previous homes.²² One exception was found in Boston's West End where those displaced were spread out all over

the Boston metropolitan area.²² The author suggests a number of reasons for these results. First of all, the population was almost entirely white, meaning that they probably were not subject to exclusionary pressure, and two, the family incomes were relatively higher allowing access to a larger market. In this study, of the seven people contacted who had been displaced, six relocated within one mile from their previous location. The other, a small businessman, had to go farther to find a suitable location for his store.

The degree to which displacement is harmful to an individual will vary depending on what the person experiences in the process. The ability to adapt to changes resulting from displacement, in terms of social and psychological impacts, appears to be correlated with how the individual or family has prepared for the change.²⁴ Sudden uprooting brought about by forced relocation has been shown to produce symptoms of grief in individuals; grief being the emotional consequences of change in relation to the previously discussed close-knit networks, common in working class neighborhoods.²⁵ "While a majority of the working-class community may experience the sudden and drastic disruption of forced relocation as a crisis, it is likely to have quite different consequences for different individuals depending on their psychological, social and cultural readiness for meeting the challenge."²⁶ In fact, less than one third of the sample population in the West

End study were satisfied and happy with the changes they experienced. Relocation then, can be seen as disrupting an established way of life for a great many people. These unwelcomed demands on residents within a given community have negative consequences that in some cases go beyond the person's ability to cope.

The hardships associated with displacement can be seen in the following case illustrations. Three of these individuals were displaced by Hartford Hospital. The last interview is with a luncheonette owner who has a business located in a building owned by the Hospital.

Case Illustrations

This section will describe the events that led to the displacing of three people: Joe Bascetta, a shoe store owner; Matthew Tallow, a student who had lived at 98 Jefferson; and, Julius Schmidt, owner of Hartford Optical Company.²⁷

Each individual has a different way of expressing the discomfort and inconvenience they experienced as a result of displacement. The same basic questions were asked of each, so that a pattern could be developed. The purpose behind this section is to give the reader a better understanding of the serious consequences of displacement and how it effects individuals. Hopefully, recommendations will be developed, sensitizing decision-makers to the overall impact of their actions.

Joe Bascetta, Owner Of Pelican Footwear

When Joe was first informed that the Hospital owned the building his store was in, he decided to contact his new landlord. The first person he met was Howard Henrikson, caretaker of all of Hartford Hospital's properties. Joe was told that there would be nothing to worry about, things would remiain the same as before. When he met Mr. Henrikson for the second time, he was told not to make any long range plans, which Joe was told meant no longer than six months.

The building was purchased by the Hospital on Feb-

ruary 1, 1978 and tenants received notices of eviction in April of 1978.

Joe was served several eviction notices from the Sheriff's office because he could not leave within the specified period. He told Mr. Henrikson that he had nowhere else to go. "I was looking like crazy, I was checking. I called all of the real estate people. Nothing would turn up."

Mr Henrikson had one suggestion for a new location, a place not far from where Pelican Footwear was located. "It was a store that I could of had originally and I wouldn't take it for nothing. It's set back in, and besides, there was a tenant in there. I've known about that place for five years, it's not a good spot. Nobody ever made it in there. This was a relocation plan? One place." The Hospital never offered Joe any money for relocation.

Within a couple of days after the Hospital acquired the building, Pelican Footwear window was smashed. Two days later the window was broken again. "I went up there and said, 'Look Mr. Henrikson, you told me everything was the same as it was before. And I assume you have insurance on it, like the last landlord, because whenever my windows got broken he replaced them you know."

"Well Joe, I'm sorry but we can't do anything about it. Now all of a sudden he's lying to me. He's telling me I'm going to have the same service, but he's not going to give it to me."

After much bickering, the Hospital relented and said they would do the repair, but that Joe would have to get the estimates. He was incensed at this. He had no merchandise in the store, the showcases were in shambles, and now he would have to track down prices for the Hospital. The lowest estimate he could find was for \$120; Mr. Henrikson offered him \$100.

There was another tenant above Joe's store who was receiving no cooperation from the Hospital as well. The tenant, Tony Dedristini, was not given any money to defray his relocation costs. Tony's age and physical condition compounded his problem. Joe talked to Mr. Henrikson about it. "Okay Mr. Henrikson, Tony's not going to give you any problem. The guy can't bend over to tie his shoe. He has to take sponge baths because he can't get in or out of the bathtub. I said, Just if you can do it, he has a stove up there, a refrigerator, a couple of big heavy items. You can make it in two trips, it's only a few blocks away. You have alot of workmen, I said, maybe you can help him throwit in the truck, maybe one trip, maybe two. I'll move him in."

"Henrikson replied, 'Well Joe normally I would help him, but it's vacation time' and this and that. During that week there, I remember watching an office that was vacant and the workmen would be painting that place forever. I'd be standing out front not doing anything, watching them, and they would be watching me. And he says they have no help."

Joe wanted time, not money. The move to Park Street did not end his troubles. His business is running in the red. "At this point, I got to be \$13,000 in the hole, maybe \$14,000. When I was on Jefferson Street, I didn't have any bills like that. Because of the move, I had to get my show-cases, I had to get this, I mean I was supposed to do things, take out loans. Okay, business is better, but I'm worse off here than I was there, because I'm now way in the holewhatever comes in goes immediately out." Rent is higher at the new location and the place is larger. "It's hard to calculate what I lost you know, because I'm five years over that building over there. I've had people from Springfield, Waterbury, New Haven. It's an odd little store and I had a following. The word got out that I was closed and had gone out of business. I keep hearing stories all the time. I don't want to believe them when I hear them."

Julius Schmidt, Owner Of Hartford Optical Company

While listening to Mr. Schmidt, one can detect a sense of anger in his voice. A well spoken man, he talks freely of his encounters with urban renewal. Hartford Optical, which was started by his father 40 years ago, has been forced to relocate five times due to demolition. It seems now that Hartford Hospital's displacing of his store is the straw that broke the camel's back.

The eviction process went the same for Mr. Schmidt as it had for Joe Bascetta. Hartford Hospital did not offer

any assistance in terms of time and money. The new location hasn't proven successful, though it is within a mile of the former site. In fact, Mr. Schmidt admits to doing only half the business he did previous to his move. "Up there I was the only place that could be seen as a store. There are other opticians there, but they're inside behind a window, whereas I had a store and could be seen. Plus the fact that I was closer to the doctors that once in awhile had an idea that they would send a patient, you know? Coming down here has just taken some of that away."

The rent in his new place is about the same as the old store, but there is less space. Mr. Schmidt found his new location by walking around the neighborhood and talking with the merchants. He learned of a used clothing store that was run on a part-time basis. The owner was in his seventies and ready to retire. As Julius Schmidt told of his exchange with the previous owner, one could sense the relief he felt in finding a new location through the tone in his voice and his mannerisms. As he explained: "These people are moving out, you can have that half (of the building). I said, 'Gee that's great, terrific, how much do you want?' He told me and I said, 'Great', you know and I grabbed it. Anything in a storm, you know what I mean? Because there was no place else around that was just as good. And I figure that eventually I could expand into this other place which would be terrific. I'd even make an animated sign with eye-glasses going across the front of it. I wanted to hitch a metal gate with a gold pair of glasses on top of it, you

know. All different things that I had in my mind to do."

He spent about ten days fixing up the new location. The cost of hiring someone to do the work was prohibitive, so he was forced to do the work himself. "I fixed this place up temporarily, with the idea that I was going to expand next door to where I am right now. But since I moved down here and seen what the location is like, I've made up my mind to close my doors. So I'll be out of business four months from now. August 1st I close. I've had all of it I want."

He's very bitter toward the Hospital now that he's learned that the building will be saved. Before, Schmidt was willing to accept the Hospital's intentions because he felt it was a necessary evil. He always felt that someday Hartford Hospital would want to expand and he was somewhat prepared mentally for it. "Now that the place is up almost a year, I would really like to go back and sue them and say 'hey look, you didn't have to get me out of here, you should have known this before this', you know. Because it hurt my business, I had to quickly find a place to go."

"Here's a whole year gone by and I'm doing about half of what I did up there. Just the fact that your not in the phone book at your new address, people are going there and looking for you and all this kind of stuff. No, I don't really know what the rules should be behind it. I only know that the laws are made so that their lawyers can step all over you and everything else. And there's almost no recourse when they do it, you have no lease. They tell you

'we're going to tear it down', you got to get out. They give you 30 or 60 days and you have to be out and that's it. The big problem starts with how do I go hire a lawyer to fight this."

Mr. Schmidt had gone through the process before when he had a store downtown. One lawyer advised him against fighting because the expense involved in bringing suit would be too costly. With the staff and resources of the Hospital, the case would have been kept in court for years.

"This is the way it goes. Their the bigshots, you're the peons. We didn't get any place. I've batted my head against the wall with things like this and when it's all done with, they will beat your ears in, they will beat your ears in."

Matthew Tallow, Tenant Of 98 Jefferson Street

Matt received a phone call from his old landlord informing him that 98 Jefferson had been sold to Hartford Hospital. He was given Mr. Henrikson's phone number. When Matt called, Henrikson told him that the Jefferson Street Medical Building, Inc. had bought the building, and that the tenants should be advised to start thinking in terms of moving. At this point, no decision had been made as to whether the building would be demolished. The Jefferson Street Medical Building Corporation is the corporate arm of Hartford Hospital.

Up to the time that the Hospital owned the building, Matt had been living there for a year and a half. He was not given any money for relocation, though he had tried in court to receive assistance. This was during his eviction proceedings.

"I asked the judge if Jefferson Medical would pay for moving my piano. That's when the judge grew incredibly angry and said that I wasn't trying to move in good faith. That was like a dam burst when I asked for money. After that they gave me seven days to move out." That was regardless of whether he had a place to go or not.

"I was just astounded that the system had so flagrantly violated my rights." Matt was interested in staying in the neighborhood. He liked the area. After some searching, Matt was able to locate a place, around the corner from where he lived at 98 Jefferson. The rent at the new location was higher. At 98 Jefferson, he paid ninety dollars per month for four rooms with no heat included. At the new location he pays one hundred and thirty dollars for two rooms with heat.

Matt is concerned about the neighborhood and how it's being affected by Hospital policies. "It's not only that they may pick up this building or that building, you know? It's even bigger than that. Just their presence there and the fact that no one knows what they're going to do causes speculation, and causes landlords to not put money into their properties, just to wait because they think it will happen any day. I think that's the main problem. If we

could get some means of assuring that there are certain areas that they will never go to, then possibly some of that effect will be reduced."

Matt feels that Jefferson Street Medical Corporation should not be involved in caring for the housing units Hartford Hospital owns. Rather a professional management company should be retained so that tenants will know where to turn to for help when they need it. He feels that Jefferson Medical is just too big to provide the type of communication necessary to maintain the Hospital's properties.

"Jefferson Medical has a tendency to harass and to disregard the tenants. I can't see the need for them to do it." Matt would also like to see the housing units being rehabilitated at the corner of Seymour and Jefferson Streets made available to everyone, and not just Hospital employees.

The next interview provide the reader with an example of how the fear of displacement has affected an individual businessman in the Hartford Hospital area.

Interview With Mr. K of Mr. K's Luncheonette, 104 Jefferson St.

Mr K operates a luncheonette on Jefferson Street in a building owned by Hartford Hospital. Mr. K has increasingly become involved with residents in the area to get the Hospital to cooperate with the neighborhood. He's so concerned about the future of his business and the neighborhood that he allowed a press conference to be held in his res-

taurant. The conference was used to inform the general public of the neighborhoods fight to stop Hartford Hospital expansion.

He has been at his present location for two years. This leaves Mr. K with eight years to go on a ten year lease. Mr. K's first run-in with the hospital was about parking. The Hospital informed him that he could not park in front of his business anymore. They said that they intended to do some landscaping and planting in front of his business. He had no problem with the idea as long as they provided him with a place to park. They said they would not.

As customers watched and listened, Mr. Henrikson told Mr. K that if he didn't move his car it would be towed. Incensed at the way he was being treated by his landlord, Mr. K wrote a letter to Hartford Mayor George Athanson requesting that something be done.

To quote Mr. K, "You know what it is, it's another way of raising your rent, you know. If you don't park it there, then you have to go in the garage and pay them another 30, 40 or 50 dollars, which I think I'm paying too much (rent for the restaurant) anyhow right here now." The Hospital operates a parking garage across the street from Mr. K's business. The garage is located in an area that once was housing.

The Hospital was angry when they heard that Mr. K had contacted the City. A Hospital employee came into the restaurant and told Mr. K that he couldn't park his car in front of his business. In Mr. K's words, "The next day he

comes in and says 'you can't park your car there, it's a fire hazard' and everything. Well, I said, I'm going to park the car there as long as I'm paying rent here. I said, look, I'm paying alot of rent here, I'm not being treated like I was paying rent, like he was doing me a favor. 'Well I don't give a god damn', he says, 'we don't want this god damn building, we're going to keep it because you have a long lease. The minute your lease is gone',he says, 'we are going to tear it down'. He says, 'we have time, we're going to wait till you get out then we're going to tear it down'.....that's what he told me." After being pressured from the City, Mr. Henrikson told Mr. K that parking would be provided.

According to Mr. K, cooperation from the Hospital is non-existent. When they bought the building, tenants were told roof repairs would be made. The roofers did come, installing scaffolding in front of Mr. K's business, making it difficult for customers to enter the restaurant. They threw debris down from the top, risking injury to customers and pedestrians below.

Mr. K notified officials at the Hospital about the situation. "I waited and waited and nothing happened. "I called City Hall and said 'this is a hazard'... they came and put a stop to it."

In October of 1978, the Hospital started repairs on the building's furnace. It was 27 degrees outside, according to Mr. k, and there was not heat in the restaurant. He informed the Hospital about the problem. "Hey, there is no

heat and it's cold out. 'Well', he says, just sarcastic like that, 'they say it's going to warm up.' Well that doesn't do me any good. I have a business to run. Do you have a heating unit? If you don't have one, I'm going to buy one and charge you. In the afternoon they brought a heater. It's silly things like that, you know, that makes you feel that you are not welcome in this place."

Mr.K is worried about his future here. He doesn't know what the Hospital's next move will be. They have said that there are no plans. To quote Mr. K, "I have here \$5,000, \$10,000 or \$20,000 here. I know what I'm going to do. One hundred and sixty million dollars and you don't have any plans? You don't know? How in the hell are they growing? You don't have any plans, you don't grow!"

Hospital officials have said that his building will not be torn down, but have refused to put anything in writing. "How in the heck for all these years have they been getting away with these things, tearing down buildings there (pointing to the site where housing once was), taxes don't go to City Hall. What they did, they turned around and raised my taxes and someone else's taxes. How the heck could you close your eyes for so many years? You don't have to be a genius, we told City Hall, if they tear down 10 or 20 buildings that there are no taxes for you. Who's paying those taxes? I come here, I hardly make a living. All of a sudden I get taxed so much...I don't send...a pink slip comes in."

Displacement In The Study Area

The problems faced by individuals in the case illustrations represents some of the effects that take place as a result of displacement. They were all forced to pay higher rents at their new locations. This is in agreement with most studies on displacement, that relocation usually means paying more rent than in the previous location.²⁸

The second common factor among those interviewed, was that they tried to relocate in the area from which they were displaced. This was also found to be the case in a relocation study of 41 major U.S. Cities.²⁹ Joe Bascetta and Julius Schmidt wished to remain in the area because they earned their livelihood there. Matt Tallow liked his neighborhood. He was fortunate to find a location near his old apartment. The rent is higher and there is less room.

Operating a small business is a delicate task that depends on low profit margins to compete, and a healthy cash flow to keep the business well stocked with goods. Dislocation for these businessmen meant losses in customers and working capital. It also involves moving expenses, which include renovating the new location. These expenses can be overwhelming, as was the case with Joe Bascetta and Julius Schmidt.

Dislocation is expensive and time consuming. In all cases, the Hospital did not offer tenants relocation funds, or provide worker or transportation that would have facilitated the moving process. The Hospital was not concerned with what would happen to the tenants as a consequence of their

actions.

The next chapter discusses hospital planning and control as it takes place at the federal, state and local levels of government. This chapter is important because it defines the various attempts that have been made to regulate hospital expansion and shows the framework within which decisions for Hartford Hospital must occur.

Footnotes: Chapter 3

¹Department of Community Planning and Development, City of Hartford: Housing Policy and Anti-Displacement Action Program (Mar. 1979)

²Ibid., p. 4.

³~~Hartford~~ Redevelopment Agency.

⁴Engineering Department, City of Hartford, demolition records.

⁵Department of Community Planning and Development, Op. Cit., p. 8.

⁶Ibid., p. 10.

⁷Ibid., p. 13.

⁸Stephanie Sevvick, "Deterioration Seen Displacing Poor" The Hartford Courant, (April 1, 1979) p. 39.

⁹George Sternlieb and Robert W. Burchell, Residential Abandonment: The Tenement Landlord Revisited (Center for Urban Policy Research, Rutgers University, New Brunswick, N.J., 1973) p. xii.

¹⁰Ibid., p. xviii.

¹¹Ibid., p. xvii.

¹²Department of Community Planning and Development, Op. Cit., p. 17.

¹³Ibid., p. 16.

¹⁴Anthony Downs, Urban Problems and Prospects, Chapter 8, "Losses Imposed on Urban Households by Uncompensated Highway and Renewal Costs" (Markham Publishing Co., Chicago, 1971) p. 192.

¹⁵Ibid., p. 194.

¹⁶Herbert Gans, People and Plans: Essays on Urban Problems and Solutions (Basic Books Inc., New York, 1968) p. 217.

¹⁷Marc Fried, "Functions of the Working Class Community on Modern Urban Society: ~~Imp~~lications for Forced Relocation", The American Institute of Planners Journal (Vol. 33, No. 2

¹⁸Chester Hartman, "The Politics of Housing: Displaced Persons", Society Magazine (July/Aug., 1972) p. 61.

¹⁹Interview with Joe Bascetta, Owner of Pelican Footwear, April 1979.

²⁰Interview with Edwin Williams, Department of Community Planning and Development, Hartford, April 1979.

²¹Hartman, Op. Cit. p. 60.

²²Chester Hartman, "The Housing of Relocated Families" in Urban Renewal: The Record and the Controversy, James Q. Wilson, editor (M.I.T. Press, Cambridge 1966) p. 298.

²³Ibid., p. 298.

²⁴Marc Fried, Op. Cit. p. 90.

²⁵Ibid., p. 93.

²⁶Ibid., p. 93.

²⁷Interviews were conducted in April of 1979.

²⁸Chester Hartman, Society Magazine, Op. Cit. p. 61.

²⁹Chester Hartman, Urban Renewal: The Record and the Controversy, Op. Cit. p. 298.

CHAPTER 4
HOSPITAL PLANNING
AT THE
FEDERAL, STATE AND LOCAL LEVEL

I. Hospital Planning at the Federal Level

A. The Hospital Survey and Construction Act of 1946

During the Depression and World War II, few hospitals were being built throughout the United States. At that time, many of the existing facilities were fast becoming obsolete and there tended to be shortages of beds between states, as well as shortages in rural areas within individual states.¹ To identify and meet some of these shortcomings, the U.S. Congress implemented the Hospital Survey and Construction Act of 1946, which came to be known as the Hill-Burton Program. The major objectives of the program were to: gather an inventory of existing health facilities, to determine if there was a need for more hospitals, and to develop a program to insure that the necessary facilities and services were developed. The Act called for the construction of both public and non-profit hospitals. The program was set up as federal-state partnership, with the federal government providing grants to the states for surveying health care needs and then allotting money for construction of facilities. The state plans were subject to federal approval.

There has been some disagreement in defining what is meant by adequate health care. Between 1946 and 1965 standards were set according to a ration of beds to the population.² This was criticized by some because the need for hospitalization

could vary from region to region, even though population was the same size within each separate service area. This could have resulted in overcrowding in some hospitals, while other facilities would be underutilized. In 1965, a new formula was developed to overcome this deficiency. Three factors were used: 1) five year population projections, 2) current utilization rates, which was the number of bed days used by the population, and 3) an occupancy factor, which was the average percentage of beds maintained for patient care that were filled.³

Priorities for providing hospital beds in rural areas were high, with the hopes that new facilities would attract more physicians to these rural areas. This priority was challenged by urban hospitals and organized health groups. A 1970 amendment to the Act shifted the priority toward poorer areas where funds for modernization of existing facilities would go first.⁴ The amendment not only allotted aid to urban areas, it also marked a move from new construction to utilization of existing facilities. States were given a considerable amount of power to implement their plans because of Hill-Burton construction and renovation grants.⁵ States could attach certain requirements to hospital requests before they would consider their application for funding. One federal regulation required that hospitals who received grants provide anywhere from 3 to 5% free care.

On July 1970, Congress authorized guarantees with interest subsidies for loans arranged by private, non-pro-

fit health facilities.⁶ This amendment made \$500 million available per year for three years in loans and loan guarantees.

B. The National Health Planning and Resources Development Act of 1974

As health care costs were skyrocketing, Congress became concerned with the performance and efficiency of the health care system.⁷ The massive infusion of federal dollars through the Hill-Burton Program, Medicare and Medicaid led to inflation of health care costs. The National Health Planning and Resources Development Act of 1974 was an attempt to approach health planning in a rational and comprehensive manner.⁸ Congress found that the lack of uniformly effective methods of delivering health care, maldistribution of health care facilities and manpower, and the increasing cost of health care, led to an overlapping of health service facilities and inflation. The 1974 Act called for more coordination or consolidation of institutional health services, and for sharing of support services among health service institutions. The Act also provides for the establishment of Health Systems Agencies. These agencies operate on a regional basis to coordinate health related activities. Generally, the HSA serves an area of over 500,000 people and not more than 3 million people. Governors of each state may request an exception to this rule, with final approval decided by the Secretary of Health,

Education and Welfare. There are presently 5 HSA's in Connecticut with approximately 200 distributed throughout the United States.⁹

The HSA's purpose is to collect and analyze health data, determine the health of residents and their needs, as well as determine the status of the health care delivery system within their boundaries. This is done in terms of services offered, manpower needs and facilities requirements. These HSA's are funded by the federal government.

In an effort to meet the health care needs of all those concerned, Congress has included within the Act a multi-level participation process for forming health care policy. Within the Health Systems Agency is a governing body of no less than 10 and no more than 30 members, who are responsible for the establishment of a health systems plan and an annual implementation plan.^{10,11} A majority but not more than 60% of the body must be consumers and not providers of health care, representing the economic, social, linguistic, and racial population of the area. The remainder of the members are providers of health services i.e., doctors, dentists, hospital administrators, health care insurers, and other allied health providers. All members of the governing body must reside within the health care service area.

The 1974 Act also includes a provision for the designation of a state health planning and development agency. One of the duties of the state health planning agency is to prepare a preliminary state health plan, made up of a

group of health service plans. Any plan that is completed is subject to approval or disapproval by the Statewide Coordination Council.¹² Another important function of the state agency is to administer a Certificate of Need Program (CON). The purpose of the CON is to provide for review and determination of need for any proposed new service, facility, or organization.

Another function of the 1974 Act that was included in the text of the legislation but as of yet has not been implemented, is the "appropriateness review" clause.¹³ This clause provides for the periodic review (not less than every five years) of all institutional health services being offered in the state by the HSA and the state health planning agencies. Its purpose would be to determine the appropriateness of existing services. All findings would then be released to the public.

II. Health Planning and Control in the State of Connecticut

The State health planning process is an extension of of the National Health Planning and Resources Development Act of 1974. In the State of Connecticut, the Health Systems Agency (HSA) is the basic building block in the health planning process.¹⁴ The five HSA's in this State can only make recommendations and do not have any decision making power. The only entity empowered to make decisions is the Commission on Hospitals and Health Care as designated by the Connecticut Legislature.¹⁵

The Commission consists of seventeen persons who are appointed. Twelve of these members are appointed by the Governor, as follows: a hospital administrator, from a list of those submitted by the Connecticut Hospital Association; a nursing home administrator, from a list of names submitted by the Connecticut nursing home industry; a licensed physician engaged in a non-hospital, clinically based practice, from a list submitted by the Connecticut State Medical Society; a registered nurse; one person active in a hospital service corporation; and seven public members in which urban and rural geographical considerations must be taken into account. One public member is appointed by the President Pro Tempore of the Senate, and another by the Speaker of the House of Representatives. The Commissioners of the Mental Health, Insurance, and Health Services are also included on the Commission. The public members cannot be affiliated with the health industry in any way. Commission members serve for a period of five years. The Governor appoints a chairperson and vice chairperson of the Commission from among the public members.

The Commission's general duties are to review the health care delivery system in the State, recommend improvements in the delivery system. They are also required to report to the Governor and Legislature once a year. Their objectives are to promote efficiency, prevent duplication of services and facilities, lower health costs and generally improve health care throughout the state.

The Commission is also empowered to regulate rates or charges of any health care facility or institution that has requested an increase. They are required to hold a public hearing if the commission has judged an increase to be excessive.

The following four approval/disapproval powers invested in the Commission on Hospitals and Health Care are extremely important within the context of this paper because they effect the ability of a health facility to expand.

Section 19-731. Approval process for the introduction of additional functions or services; increases in staffing.

If a hospital plans to introduce additional services and functions, or increase staff higher than by a percentage set by the Commission, it must submit to the Commission a request to do so. The purpose of the review process is to determine whether the request for extra staff or additions in service of functions is justified. The Commission can grant or deny such a request within 90 days of submission. Approval is automatic if the Commission fails to act within 90 days.

Another important function that the Commission has is the ability to approve or disapprove capital expenditures of health care facilities. There are two types of requests: those that involve capital expenditures of one hundred thousand dollars or more (Section 19-73m), and those capital expenditures that are in excess of fifty thousand dol-

lars but less than one hundred thousand dollars Section 19-73n). Each one will be dealt with separately.

Section 19-73m. Requests for approval of capital expenditures of one hundred thousand dollars or more.

Any hospital expenditure that amounts to one hundred thousand dollars or more, including rental of equipment or facilities, must go through a review by the Commission. Hartford Hospital would have to submit all data, information and plans, ninety days before they intend to initiate the expenditure. The Commission is then required to give formal notice of a public hearing on the matter.

Request for approval by the hospital must also be sent to the Health Systems Agency who will review the proposal and make recommendations to the Commission.¹⁶ The Commission has the power to either approve, modify, or deny the request. The Commission looks to see if the request will effect the operating costs of the hospital and whether there is a regional need for such a capital program.

One example of the Commission's authority involves a hospital affiliated with Yale Medical School. The hospital had applied through the Certificate of Need process (CON) for permission to begin major renovations. The Commission, after reviewing the plans and determining the need, ruled that the hospital would have to cut back on the number of beds. As a result, Yale is now suing the Commission.¹⁷

Section 19-73n. Request relative to lesser capital expenditures.

Any capital expenditure by a health facility that is in excess of fifty thousand dollars, but less than one-hundred thousand dollars, which includes leasing of equipment or facilities, is required to file for a CON, thirty, days prior to the initiation date of the expenditure. If reasonable, they will hold a public hearing, giving at least seven days notice. If after the hearing, the Commission decides that the need has not been justified, they will delay the project for six months at which time the report may be resubmitted for reconsideration. If the Commission fails to act within thirty days of resubmission, it shall be deemed approved. The Health Systems Agencies usually wave their right to review requests under \$100,000.

Section 19-73t. Taking of land to enlarge hospitals.

A non-profit hospital, licensed by the State, that provides services to the public, and wishes to expand but cannot get title to land and buildings required for their expansion, can apply to superior court to invoke eminent domain procedures, provided the Commission has approved such a request. If the Commission has approved such a request, the court will appoint a committee of three disinterested persons who will report to the judge findings pertinent to the taking of the land. If the court committee rules in favor of the taking and the judge accepts such a report, eminent domain proceedings can take place.

As is required by law under eminent domain proceedings, those affected by such a taking must be justly compensated.

III. Hospital Planning Controls in the City of Hartford

The neighborhood has been applying pressure of officials in Hartford to respond to the issues involving Hartford Hospital's expansion. As a result, City planning staff have been assigned to work with neighborhood residents and business people to develop a liason between the neighborhood, hospital officials and the City.

Presently, the land surrounding the Hospital is zoned for commercial/residential use. This zoning does not offer any control over the Hospital's expansion. The City has been looking toward an ordinance in San Francisco that requires hospitals and other institutions to develop a master plan. The San Francisco ordinance comes under that city's conditional use code (section 303), which was amended to establish requirements for institutional master plans. (Section 304.5)

Section 303 Conditional Uses (San Francisco)

An application for a conditional use by an institution is needed to begin the approval process. After a hearing is held, the city planning commission may approve the application providing it satisfies the following critieria: 1) the proposed use is necessary or desirable for, and compatible with the neighborhood or the community,

2) that the use as proposed will not be detrimental to the health, safety, convenience, and general welfare of persons residing or working in the vicinity. This requirement may include considerations of traffic, noise, parking, and accessibility, and 3) that the use will not adversely affect the city's master plan.

Any decision by the city planning commission can be appealed to the Board of Supervisors. The city planning commission, or the Board of Supervisors, on appeal, can prescribe additional conditions if they feel that it is necessary to meet the objectives of the conditional use code.

Section 304.5 Institutional Master Plan (San Francisco)

The purpose of the Institutional Master Plan is to:

1) provide notice to the planning commission, community, neighborhood, organizations, and others as to the plans of the institution, so that those informed are given an opportunity for early and meaningful involvement in such plans, 2) enable the institution to modify it's plans in response to public hearings, prior to the institution's completing more detailed plans, and 3) provide the city planning commission, community, neighborhood organizations and others with information that may help guide their decisions with regard to use of and investment in land, and to prevent duplication by other institutions.

After an institution adopts a master plan it is

required under the ordinance to file a report with the city planning department every two years, describing the current status of that plan. It's also required that the plan be available to the general public.

The format and content of the master plan has to include a description of what the institution does, its history of growth, physical changes in the neighborhood as a result of its growth, the services it provides, its service population and a list of the properties that the institution owns throughout the city. The Master plan has to also include land use patterns, parking, traffic patterns and physical locations of buildings.

The development plans must reflect a future period of ten years, along with physical changes that will be needed to achieve the plans. In addition, the plan has to conform to the city's master plan, as well as contain analyses of the following: its effect on the neighborhood in terms of affecting dwelling units; on relocation of residential, commercial and industrial tenants; and, impacts on traffic, circulation and parking. They also must provide alternatives which might avoid or lessen impacts on the surrounding neighborhood.

A public hearing is required for any proposed revision to the established master plan. There is also a requirement that the plan be submitted by the city planning department to the San Francisco Comprehensive Health Planning Council, which follows guidelines set within Public Law 93-641, which

is the National Health Planning and Resources Development Act of 1974. The city planning department will not authorize any building permit until the institutional master plan has been filed.

As this chapter shows, attempts to control hospital expansion has occurred at all levels of government. These controls are only as effective as the letter and intent of the law are followed. It appears that many of the regulatory mechanisms are tied directly into the political process, in that the Governor and legislative leaders in the State appoint hospital Commission members. At the local level, the Zoning or Planning board may also base decisions on political considerations. Regardless of all of these circumstances, the hospital master plan is a useful concept when implemented because it allows the public to anticipate and monitor hospital expansion.

Footnotes: Chapter 4

¹Judith R. Lave and Lester B. Lave, The Hospital Construction Act: An Evaluation of the Hill-Burton Program, 1948-1973 (American Enterprise Institute for Public Policy Research, Washington D.C., 1974) p. 3.

²Ibid., p. 9.

³Ibid., p. 9.

⁴Ibid., p. 10.

⁵Ibid., p. 23.

⁶American Hospital Association, Major Federal Aid Programs for Hospitals (American Hospital Assoc., Chicago, 1970) p. 2.

⁷Eli Ginzberg, The Limits of Health Reform (Basic Books, Inc., New York, 1977) p. 42.

⁸93rd Congress, 2nd Session, House of Representatives, Conference Report No. 93-1640; National Health Planning and Resources Development Act of 1974 (Dec. 19, 1974)

⁹Interview with Don Ingalls, Health Planning Staff, State of Connecticut, April, 1979.

¹⁰Public Law 93-641, Section 1512, Part 3, of the U.S. Statutes.

¹¹They may exceed 30 members if they establish another unit called the "executive committee". Also, the annual implementation plan (AIP) is the process used to achieve the goals of the health systems plan.

¹²In Connecticut it is known as the Commission on Hospitals and Health Care.

¹³Don Ingalls, Op. Cit.

¹⁴Ibid.,

¹⁵General Statutes of Connecticut, Title 19, Section 19-73a.

¹⁶Don Ingalls, Op. Cit.

¹⁷Ibid.

CHAPTER 5

CONCLUSIONS AND RECOMMENDATIONS

Hartford Hospital continues to implement policies that force residents from their homes, adding to Hartford's already severe housing shortage. Government officials in Washington are attempting to end wasteful spending by the Country's health institutions. In fact, the Carter Administration is making hospital costs one of its prime targets in the fight to hold down inflation.¹ The government is concerned because American taxpayers are paying fifty-five percent of costs incurred in U.S. hospitals, through public insurance programs, Medicare and Medicaid. With these tax dollars, plus private health insurance, like Blue Cross, Americans cover ninety percent of their hospitalization costs.² Since hospitals are operating on a somewhat guaranteed supply of money, there are no incentives to cut back unneeded service delivery. The National Health Planning and Resources Development Act of 1974, designed to hold back hospital construction and unnecessary duplication of equipment and services, is failing.³

The Hill-Burton Act which was passed to encourage more hospital beds has gone beyond its goal; there is now an excess amount of hospital beds in this country.⁴ There is a decline in the number of patients entering hospitals in the Hartford region, and when they do enter they usually do not stay as long.⁵ Maintaining unused hospital beds is an expensive proposition. For this reason, hospital administrators are trying to market their

hospitals to attract doctors. Doctors bring in patients. In a market where demand for health services is declining due to more efficient medicine, the need to lure qualified and respected staff is imperative. Hospitals provide incentives. Mr. Somoza has mentioned that free parking is one of the amenities that Hartford Hospital is using to attract staff.⁶ This policy has had obvious negative effects on housing in the area, as well as producing undesirable types of land-use for the neighborhood and the City.

Though Hartford Hospital and other medical institutions in the Hartford area are competing for patients, they have recognized the need to converge and avoid costly duplication. A consortium of nine health institutions was developed so that more cooperation could be achieved. The consortium is composed of Hartford Hospital, St. Francis Hospital, Mount Sinai Hospital, New Britain Hospital, Manchester Hospital, the University of Connecticut Health Center, the Newington Children's Hospital, the Institute of Living, and the Veteran's Hospital in Newington.⁷

The Executive Director of the Consortium has recently resigned because member institutions are not willing to develop increased interdependence with each other, such as shared administrative services and joint land development. To quote John M. Danielson, the resigning Executive Director of the Consortium, "We've reached a plateau. The consortium is unique in that we have developed exclusively medical cooperation, like an integrated nervous system instead of a muscle system or a whole body." Mr. Danielson also added,

"I've taken this group in Hartford about as far as I can. Detroit is 10 years ahead in that the hospitals are actually merging and the corporate and political leadership is fully committed to integration."⁸

Recommendation #1

The "appropriateness review" clause of the 1974 Health Act has not been implemented. It is imperative that hospitals undergo a review process to determine whether existing services are still needed. It is recommended that the State take it upon itself to develop controls of its own that will enable hospital growth to be regulated. This could be achieved by adapting an appropriateness review clause to the existing legislation. It is also recommended that Section 19-73n, "requests relative to lesser capital expenditures" which is contained in the Connecticut Statutes, Title 19, Chapter 334 be strictly enforced. This section pertains to expenditures between fifty thousand dollars and one hundred thousand dollars. Presently the Health Systems Agencies waive their option to require a Certificate of Need statement. The most damaging part of Hartford Hospital's expansion has been the incremental but devastating process of buying up one or two dwellings at a time.

This process has had a substantial impact on the surrounding neighborhood. The Health System Agencies create plans which are then combined to formulate a State health plan. It is important to realize that the sum of their

plans can have a sizeable impact on the entire planning process.

To many of the residents attending, the March 15th meeting between Hartford Hospital officials and the neighborhood was a failure. First of all, the press was not allowed in on the discussion; secondly, no commitments were made by Hospital officials with regards to neighborhood involvement in the planning process. The only promises made to the residents were: 1) to notify them in advance of any physical changes that were planned for residential property owned or acquired by the Hospital, and 2) that they agreed to participate in a neighborhood liaison committee at the neighborhood's suggestion.

The residents, having taken an active role in saving their neighborhood, do not want to be informed of any impending plans, rather they want to be involved in the planning process. As a result of neighborhood pressure, City Officials have been working to smooth differences between residents and the Hospital.

Councilwoman Mildred S. Torres, chairwoman of the Education, Public Safety and Zoning Committee met on April 2, 1979, with members of the Jefferson-Hudson-Seymour-Retreat Neighbors, and Paul Somoza, Director of Planning for the Hospital. The residents expressed their concern for the future of the neighborhood. They felt that because the Hospital has exerted such a great influence on their neighborhood's development, residents in the area

should be involved in the planning process. Councilwoman Torres suggested to Mr. Somoza that he put his promise that the Hospital has no future plans for expansion in writing. Mr. Somoza felt it was not necessary.

In a letter sent on April 5th by Councilmember Torres, to the Mayor and other Councilmembers, it was noted that the neighborhood liaison group would not have any input into the planning process. They would only be allowed to review prepared plans presented to them by the Hospital.

The Hartford planning staff has been assigned to the problem and are looking at ways to control or modify Hartford Hospital's expansion. One example is San Francisco's institutional master plan ordinance. Jon Coleman, Hartford's Director of Community Planning and Development has stated that he has a good faith understanding with the Hospital that no more demolition or expansion will take place until the liaison committee is established.⁹ At a meeting with Hospital officials, Coleman had asked that they plan future development on land that is already vacant. It was suggested that the existing parking lots could be used for additional buildings, and that parking could be located under office space. City planners are concerned with the Hospital's policy of demolishing residential structures for the creation of parking lots. These actions have negatively impacted the City's already depleted tax base. According to 1977 assessor records, Hartford Hospital owns \$30,869,840 worth of tax exempt property.¹⁰ This results in a \$2,806,068 loss in taxable property income to the City.

Recommendation #2

The City of Hartford is slowly losing taxable land because of expansion of non-profit institutions. Approximately sixty percent of Hartford's land area is non-taxable. The slow, but steady expansion of Hartford Hospital creates a significant and permanent tax loss. This expansion, added to the seemingly minute expansion of other non-profit institutions has a sizeable impact on the City's tax base. This expansion affects the City's ability to deliver services, requiring more taxes on the surrounding properties.

It is recommended that all major non-profit institutions be required to submit master plans, similar to that used in San Francisco. Through careful examination, a workable solution could be reached that would not prove to be burdensome to smaller non-profit institutions such as churches. A plan of this nature would put the City in a better position to monitor growth of non-profit institutions throughout the City. Presently, no effective methods exist to accomplish this task.

The next step in negotiations with the Hospital will be through the neighborhood liaison committee. Residents in the area want to plan with the Hospital while Hartford Hospital officials want residents to participate after plans have been developed.

Can we call this true citizen participation? To answer this question, we must define what is meant by citi-

zen participation. One author has defined citizen participation to be, "the redistribution of power that enables the have-nots, presently excluded from the political and economic process, to be deliberately included in the future. It is the strategy by which the have-nots join in determining how information is shared, goals and policies are set, tax resources are allocated, programs are operated, and benefits like contracts and patronage are parceled out."¹¹

Certainly by this definition, the Hudson-Jefferson-Seymour-Retreat Neighbors are not involved in an ideal citizen participation mechanism. A one-way flow of information from Hospital officials to residents, does not provide for a feedback mechanism in order to alter the planning function. Rather, this system of participation relies on reacting to already conceived plans, making it much more difficult to halt possibly harmful proposals.

In order for the planning process to work effectively and democratically, values at all levels have to be considered otherwise conflict is produced. Mr. Somoza has said that the needs of the Hospital and the needs of the residents are not consistent, and therefore conflict is inevitable.¹² He also said that there are many aspects of planning that the community does not understand. Viewpoints like that have given planning a bad name. If the community does not understand, it is because they have never been given a chance to understand.

Recommendation #3

Varying viewpoints, while encompassing a greater body of knowledge, provide us with alternative understanding of values that exist at the different levels of society. Professional planners are vulnerable to incomplete planning because their values, both professional and personal. Real citizen participation, not just tokenism, may provide a solution to planners' value judgements. Legitimization of the planning process can only be achieved if the planner keeps in mind that he/she is planning for everyone. Planning that reaches and works for everyone involved will have an easier time in gaining legitimacy. In this light, it is recommended that citizens in the neighborhood be allowed to help in formulating the plans of the Hospital, so that residents can provide the decision-makers with workable solutions.

Footnotes: Chapter 5

¹"Inside Our Hospitals", U.S. News and World Report (Mar. 5, 1979) p. 33.

²Interview with Bill Waters, Director of Health Planning, State of Rhode Island.

³"Inside Our Hospitals", Op. Cit., p. 34.

⁴Ibid., p. 34.

⁵Interview with Don Ingalls, Health Planning Staff, State of Connecticut.

⁶Interview with Paul Somoza, Director of Planning for Hartford Hospital, April, 1979.

⁷David H. Rhineland, "Director Resigns At Consortium" The Hartford Courant (April 9, 1979) p. 3.

⁸Ibid., p. 3.

⁹Memorandum from Councilperson Meldred S. Torres. Contained in the appendix.

¹⁰Fact sheet obtained from the block club.

¹¹Sherry R. Arnstein, "A Ladder of Citizen Participation", The American Institute of Planners Journal (July 1969) p. 21.

¹²Interview with Paul Somoza.

Appendix A

A Chronology of Communications and Letters Pertaining To This Study

HARTFORD
ARCHITECTURE
CONSERVANCY

October 24, 1978

Mr. Allan Medoff
City Manager's Office
550 Main Street
Hartford, Connecticut 06103

Dear Mr. Medoff:

With regard to the demolition permits on 151 and 155-157 Retreat Avenue, the Conservancy appreciates the opportunity to comment. These apartment buildings, constructed in 1911 and 1910 respectively, were designed by Hartford architect Burton A. Sellev. Number 151 has been rated "better" and 155-7 "good" on our Historic Building Survey's evaluation, which use a scale of good-better-best-outstanding. While clearly not landmark buildings, they are fine examples of early apartment house design, built in the Neoclassical mode of the day. They appear to be in excellent condition and could provide badly needed housing. Their loss would seriously impact a neighborhood already weakened by demolition.

We have discussed these demolitions at length with Hartford Hospital's administration, and have not been able to convince them to date to keep the structures. Local community organizations have also expressed concern about the demolitions. In view of the widespread concern over these demolitions, in view of the sound condition of the buildings, and in view of the lack of any long-range parking or development plan on the part of the hospital, we urge you not to waive the full 90-day public notice period.

We would further urge that the Manager recommend to Council a resolution calling upon the hospital to reconsider its demolition plans and to seek alternative solutions to its parking problems. We believe that such a recommendation would carry considerable weight and would place the city squarely on record against needless demolition of sound housing. Our own careful review of the area indicates that there are a number of alternative solutions.

Yours sincerely,

Toni Gold
Executive Director

INTERDEPARTMENTAL MEMORANDUM

TO: Jon Colman, Director, Community Development and Planning DATE November 1, 1978
FROM: Allan Medoff, Special Assistant to the City Manager
SUBJECT: 151 and 155-157 Retreat Avenue

COPY TO: Mr. Sulik
Mr. McSheffery
Ms. Gold, HAC

As we discussed, the City Manager would like you to contact Hartford Hospital and request them to reconsider their plans to construct parking lots in place of the existing buildings situated at 151 and 155-157 Retreat Avenue.

These buildings appear to be in sound condition and could provide badly needed housing, according to HAC which has looked into this matter at our request.

The attached correspondence restates the position of the hospital, HAC, as well as the position of the city to this point.

If it would be helpful, Mr. Sulik is willing to meet with hospital representatives and HAC to strengthen your request.

As the hospital has applied to the city for a waiver of the 90-day waiting period prior to demolition, a timely response is important.

AM:mlp
Attachment

INTERDEPARTMENTAL MEMORANDUM

TO: Jonathan C. Colman
 FROM: Edwin P. Williams *EW*
 SUBJECT: HOUSING AND PARKING LOTS

DATE: January 16, 1979

COPY TO: D. Kimbrough
 M. Gottlieb

DeWayne and I are very distressed about present actions of Hartford Hospital in tearing down two fine apartment buildings on Retreat Avenue in order to construct a parking lot. This parallels similar actions taken by St. Francis Hospital over the past few years.

There are several issues involved here, including the expansion of hospitals, the spread of tax-exempt property and parking policy.

I would like to know what alternatives, if any, have been considered by the City in the past to prevent these kinds of actions from happening.

Possible actions that come to mind, *which we may want to consider taking* include:

- placing controls on the purchase and use of land by tax-exempt organizations.
- placing controls on the expansion of hospitals.
- coordinated health planning among hospitals to minimize duplication of services and consolidate growth plans.
- greater City input in the growth plans of hospitals and other tax-exempt organizations.

If you look at MDL maps over time, the spread of green land area (public, tax-exempt) is incredible and frightening. If this continues unabated, Hartford's tax base will continue to erode and the loss of good housing will increase.

EPW/cd

FOR THE PAST SIX MONTHS, WE THE SEYMOUR-JEFFERSON-HUDSON-RETREAT NEIGHBORS HAVE BEEN MEETING WITH MR. PAUL SOMOZA, PRESENTLY THE PLANNING DIRECTOR FOR HARTFORD HOSPITAL. IN THAT TIME WE HAVE BEEN TOTALLY CONFUSED BY HIS VAGUE ANSWERS, MIS-INFORMATION AND NON-SUPPORT OF OUR PROBLEMS AND NEEDS. AT THIS POINT HE HAS REFUSED TO MEET WITH US, AND HAS REFUSED TO SET UP A MEETING WITH THE BOARD OF DIRECTORS OF HARTFORD HOSPITAL.

"We have no future plans for the neighborhood. Its not our neighborhood, and we shouldn't be planning for it."

(Paul Somoza, Planning Director Hartford Hospital, Oct. 1978)
Southside Neighborhood News

YET:

-In January the hospital demolished 151-155-157 Retreat Ave., a loss of 21 units of housing and a los of over \$8,000 in taxes. The Hospital owns over \$30 million worth of tax exempt property.

-On January 21, 1979, the Hospital purchased 11 Seymour St. and has told one of the six tenants they will all be evicted by April 1. The Hospital has stopped all maintenance on the building. They plan to demolish 11 Seymour St.

-The Hospital has yet to tell the neighborhood if it plans to rehabilitate or demolish 98 Jefferson St. since they evicted its tenants.

-A model of the Hospital's future plans for the neighborhood reveals more parking lots and the closing of Seymour St.

WE WANT THE HOSPITAL'S PLANS FOR THE NEIGHBORHOOD OUT IN THE OPEN. THE SEYMOUR-JEFFERSON-HUDSON-RETREAT NEIGHBORS WANT TO BE INVOLVED IN THE PLANNING PROCESS FOR OUR NEIGHBORHCOO. WE ARE SENDING AN OPEN LETTER TO THE BOARD OF DIRECTORS OF HARTFORD HOSPITAL TO REQUEST AN OPEN MEETING TO DISCUSS THESE CONCERNS.

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Court of Common Council

CITY OF HARTFORD

550 MAIN STREET
HARTFORD, CONNECTICUT 06103

Councilmen

Nicholas R. Carbone
William A. DiBella
Sidney L. Gardner
Robert F. Ludgin
Raymond Monteiro
Richard Suisman
Margaret V. Tedone
Olga W. Thompson
Mildred S. Torres

February 16, 1979

RECEIVED CITY OF HARTFORD COMMUNITY DEVELOPMENT & PLANNING	
FEB 21 1979	
ROUTING	
FILE	<i>[Signature]</i>
FOR ACTION	<i>[Signature]</i>
FOR INFORMATION	<i>[Signature]</i>
FROM	<i>[Signature]</i>

Clerk
Robert J. Gallivan

*Individual typed
by 3/3/79*

This is to certify that at a recessed meeting of the Court of Common Council, February 16, 1979, the following RESOLUTION was passed.

WHEREAS, Expansion of major institutions can have a major impact on adjacent neighborhoods; and

WHEREAS, Some institutions in Hartford such as hospitals and colleges have recently made physical development decisions of significant impact on neighborhoods near these institutions; and

WHEREAS, Cities such as San Francisco and Boston have adopted various procedures to insure that institutional expansion does not have negative impact, such as ordinances requiring institutional master plans governing expansion and zoning for new uses; now, therefore, be it

RESOLVED, That the City Manager and the Commission on the City Plan be requested to investigate the use and effectiveness of these and other tools as to their applicability to Hartford's neighborhoods and institutions.

Attest:

Robert J. Gallivan
Robert J. Gallivan,
City Clerk.

Copies to: City Manager, City Plan Commission, and Director of Public Works

Court of Common Council

CITY OF HARTFORD

550 MAIN STREET

HARTFORD, CONNECTICUT 06103

Councilmen

Nicholas R. Carbone
William A. DiBella
Sidney L. Gardner
Robert F. Ludgin
Raymond Monteiro
Richard Suisman
Margaret V. Tedone
Olga W. Thompson
Mildred S. Torres

April 3, 1979

Clerk
Robert J. Gallivan

Honorable Mayor George A. Athanson and
Court of Common Council
Hartford, Connecticut 06103

Dear Mayor and Councilmembers:

Attached is a letter dated March 23, 1979 from John K. Springer, President and Executive Director, Hartford Hospital, addressed to Mr. Jon Jennings, 180 Seymour Street, Hartford, regarding Hartford Hospitals' plans for future growth.

As you will note, President Springer has designated Mr. Paul Somoza, the Hospital's Director of Planning as their liaison to the area neighborhood committee, on which the hospital has agreed to participate. He further states that Hartford Hospital will give advance notice to the neighborhood liaison committee, of any major physical changes the hospital may undertake involving residential property they presently own or may acquire.

The attached is for your information and referral to the Education, Public Safety and Zoning Community for appropriate follow-up.

Respectfully submitted,

Nicholas R. Carbone
Deputy Mayor

NRC;cf
Enc.

RECEIVED

MAR 29 1979

CITY COUNCIL OFFICE

96
→ Comm to Council
12/8+PS12
**Hartford
Hospital**

JOHN K. SPRINGER
PRESIDENT AND EXECUTIVE DIRECTOR

March 23, 1979

Mr. Jon Jennings
180 Seymour Street
Hartford, Connecticut 06105

Dear Mr. Jennings:

We have received your March 22, 1979 letter to the Executive Committee of Hartford Hospital's Board of Directors. It stresses the neighborhood's desire to be apprised of the hospital's plans, both present and future.

During our March 13 meeting, I made two commitments to the neighbors, namely, an agreement to notify you in advance of any major physical changes involving residential property we may own or acquire, and our agreement to participate in a neighborhood liaison committee.

Given these agreements, we do not believe any substantial purpose would be served by yet another meeting. I am appointing Mr. Paul Somoza, our Director of Planning, to represent the hospital on the liaison committee. He will keep me, and through me, the Executive Committee of the Board, apprised of your discussions and concerns.

Sincerely,

John K. Springer
John K. Springer

JKS:klm

cc: Mr. Joseph D. Sargent
City Council ✓
Mr. Jon Coleman, City Planning Dept.
Mr. Paul P. Somoza

Court of Common Council

CITY OF HARTFORD

550 MAIN STREET

HARTFORD, CONNECTICUT 06103

April 5, 1979

Councilmen

Clerk
Robert J. Gallivan

Nicholas R. Carbone
William A. DiBella
Sidney L. Gardner
Robert F. Ludgin
Raymond Monteiro
Richard Suisman
Margaret V. Tedone
Olga W. Thompson
Mildred S. Torres

Honorable Mayor and
Court of Common Council
Hartford, Connecticut

Dear Mayor and Councilmembers:

Your Education Public Safety and Zoning Committee held a meeting on Monday, April 2, 1979 to discuss a communication from Deputy Mayor Carbone de residents concerns over Hartford Hospital's influence on the neighborhood.

In the communication submitted to Council the residents of the neighborhood stated that in the past they feel that their livelihood and future has been totally influenced by the existence of the hospital. This feeling, coupled with recent developments, has put them in such a position where they not only want to know what the hospital plans, but they also insist that they should become part of the planning process.

The members of the Block club stated that the hospital has given them very little support in their efforts to preserve the neighborhood. The group stated that the hospital has continuously refused to support their effort to obtain better police protection, traffic control, and street lighting for the neighborhood. The residents are also concerned about the hospital acquisition and demolition of surrounding residential property.

The members of the Block club stated that they recently held a meeting with several representatives from the hospital in order to discuss their concerns. They stated that the meeting was not a very successful one. The hospital refused to make any firm commitments to the group and also the hospital will not reveal their future plans for expansion. Paul Somoza from Hartford hospital stated that at the present time the hospital has no immediate plans for expansion. He stated that the Block club members were told this at the meeting, but still refuse to accept it as the truth. Your committee chairwoman suggested that perhaps if the hospital put this in writing the residents might be more willing to accept it. Mr. Somoza stated that he feels it is not necessary to put it in writing.

Honorable Mayor and
Court of Common Council
Page Two

One positive outcome of the meeting was that the hospital agreed to meet with a liaison group from the neighborhood to discuss any future plans for expansion. The liaison group has not been formed as yet but they expect it should be formed in about 2 weeks. It should be noted that the liaison group will not have direct input into the planning process but instead the hospital will present completed plans to the group for review.

Jon Colman stated that primary problem that the hospital and residents has is one of credibility and cooperation. He stated that it is very difficult for the residents to trust the hospital because of the actions that the hospital has taken in the past. He stated that it is imperative that the hospital representative and residents work together to resolve their differences. In addition he stated that city staff would be willing to work with the residents to put together a viable liaison group. Mr. Colman also stated that he has a good faith understanding with the hospital that no demolition or further acquisition of properties will take place in the interim before the liaison is formed.

Your Education, Public Safety and Zoning Committee will meet again in 4 weeks after the liaison group is formed to discuss this item further.

Your Committee Chairwoman submits this as an interim report and requests that it be received and placed on file.

Respectfully Submitted
Education, Public Safety &
Zoning Committee
Mildred Torres, Chairwoman

MT:1

Appendix B

Table of Tax-Exempt Property Owned by the Hospital

1977 CURRENT TAX LIST
REAL ESTATE--TAXABLE

HARTFORD HOSPITAL

<u>ADDRESS</u>	<u>VALUATION</u>	<u>TAX DUE</u>
482-488 Hudson St.	\$2,380	\$216.32
94-96 Jefferson St.	34,900	3,172.40
143-145 Jefferson St.	24,480	2,225.20
149 Retreat Ave.	7,390	671.72
151 Retreat Ave.	48,640	4,421.36
155-157 Retreat Ave.	46,690	4,244.12
46 Seymour St.	10,420	947.16
9 Seymour St.	10,140	921.72
21 Seymour St.	39,680	3,606.88
32-36 Seymour St.	21,290	1,935.24
268-270 Washington St.	5,890	535.40
282-284 Washington St.	45,390	4,125.92
11 Seymour St.	-----	-----
42 Seymour St.	-----	-----
	\$297,290	\$27,023.44

1977 CURRENT TAX LIST
TAX EXEMPT PROPERTY

HARTFORD HOSPITAL

<u>ADDRESS</u>	<u>ASSESSED VALUE</u>	<u>TAXABLE VALUE</u>	(NOTE: This is the tax amount, if the property was not exempt)
560 Hudson St.	\$3,747,170	\$340,617.75	
143-145 Jefferson St.	49,710	4,518.63	
155-157 Retreat Ave.	25,960	2,359.76	
80 Seymour St.	25,155,120	2,286,600.40	
31 Seymour St.	1,558,810	141,695.82	
256 Washington St.	42,250	3,840.52	
258 Washington St.	10,540	958.09	
260 Washington St.	31,000	2,817.90	
268-270 Washington St.	67,720	6,155.74	
282-284 Washington St.	181,560	16,503.80	
TOTAL	\$ 30,869,840	\$2,806,068.41	

JEFFERSON ST. MEDICAL BUILDING INC.
REAL ESTATE--TAXABLE

<u>ADDRESS</u>	<u>VALUATION</u>
75-95 Jefferson St.	2,884,030
127 Jefferson St.	707,680
100-98 Jefferson St.	-----
	\$3,591,710

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