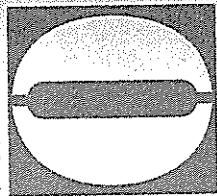


PROLOGUE

The Urban Inferno



In Wednesday morning, 12 July 1995, the *Chicago Sun-Times* reported that a heat wave was heading for the city. An article proclaiming "Heat Wave on the Way—And It Can Be a Killer" ran on page 3 of the news section instead of on the weather page. Forecasters were predicting that the temperature would reach the mid-nineties that afternoon and stay near one hundred degrees Fahrenheit for the next two days. The humidity and ozone levels also would be high, making the air feel tropical, as if Chicago were in Fiji or Guam. The heat index, which measures the temperature that a typical person would feel, could top 120 degrees.

On Thursday the temperature hit 106 degrees and the heat index climbed to 126. Brick houses and apartment buildings baked like ovens, and indoor thermometers in high-rises topped 120 degrees even when windows were open. Thousands of cars broke down in the streets. Several roads buckled. City workers watered bridges spanning the Chicago River to prevent them from locking when their plates expanded (fig. 1). Train rails detached from their moorings and commuters endured long delays.

In the newspapers and on television, meteorologists recommended that Chicago residents use air conditioners, drink plenty of water each day, and relax: "Stake out your turf at the nearest beach, pool, or air-conditioned store. Slow down. . . . Think cool thoughts." Appliance stores throughout the city sold out their air conditioners and home pools. "This is the kind of weather we pray for," remarked one spokesman for a regional supplier. Nearly one hundred thousand people crowded into a small downtown beach (fig. 2). Others took boat trips onto Lake Michigan, only to return when passengers became dehydrated and ill. Hundreds of children riding in school buses developed heat exhaustion when they got stuck in mid-day traffic. Adults carried

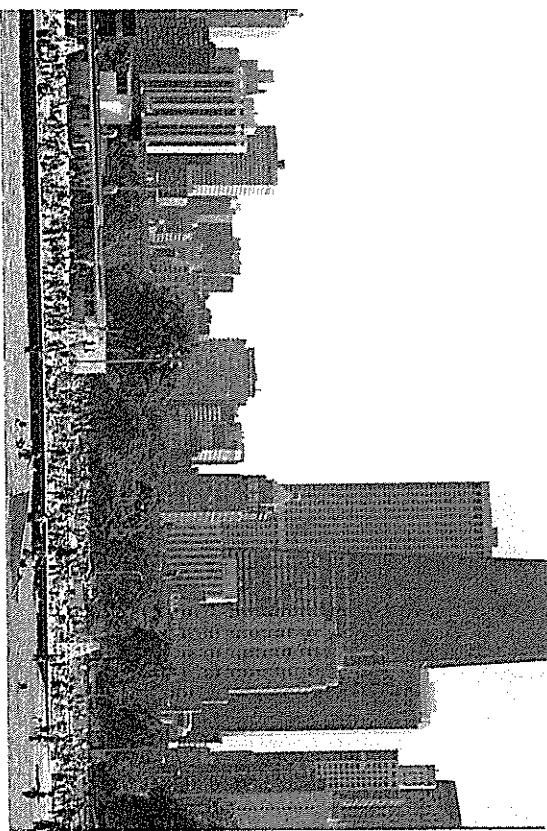


Figure 1. City workers hose down the Kinzie Street Bridge to prevent it from locking. Source: *Chicago Sun-Times*; photographer: John White. Reprinted with special permission from the Chicago Sun-Times, Inc. © 2002.

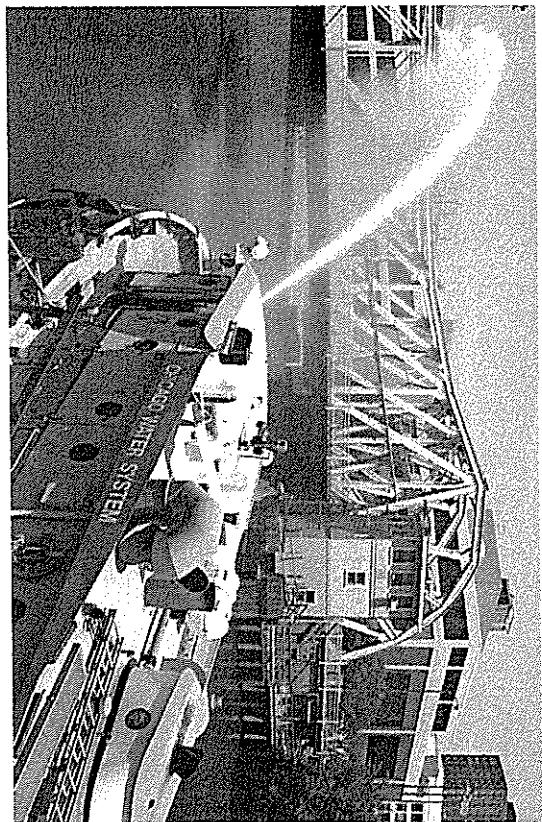


Figure 2. Tens of thousands swarm to the North Avenue Beach, seeking relief from the heat. Source: *Chicago Sun-Times*; photographer: Andre Chung. Reprinted with special permission from the Chicago Sun-Times, Inc. © 2002.

many of the children out of the vehicles, firefighters hosed them down, and paramedics provided emergency assistance (figs. 3, 4). Those with the worst illnesses were hospitalized.

The city soon experienced scattered power outages as a result of unprecedented electrical use. As lights, air conditioners, radios, and television sets were rendered useless, news, weather updates, and health advice were hard to get. Elevators stopped, making it necessary for members of the Police and Fire Departments to carry elderly high-rise residents down from the stifling heat of their apartments. Many people with no power or simply no air-conditioning packed bags and stayed with family or friends. On Friday three power transformers failed at the Northwest Substation of Commonwealth Edison, the city's primary electric delivery services company, causing forty-nine thousand customers to lose power—some for as long as two days.

In neighborhoods with few air-conditioned public spaces, young residents opened fire hydrants and showered themselves in the spray to keep cool. At one point more than three thousand hydrants spouted freely, contributing to an expenditure of almost two billion gallons of water, double Chicago's consumption on a typical summer day. Water pressure



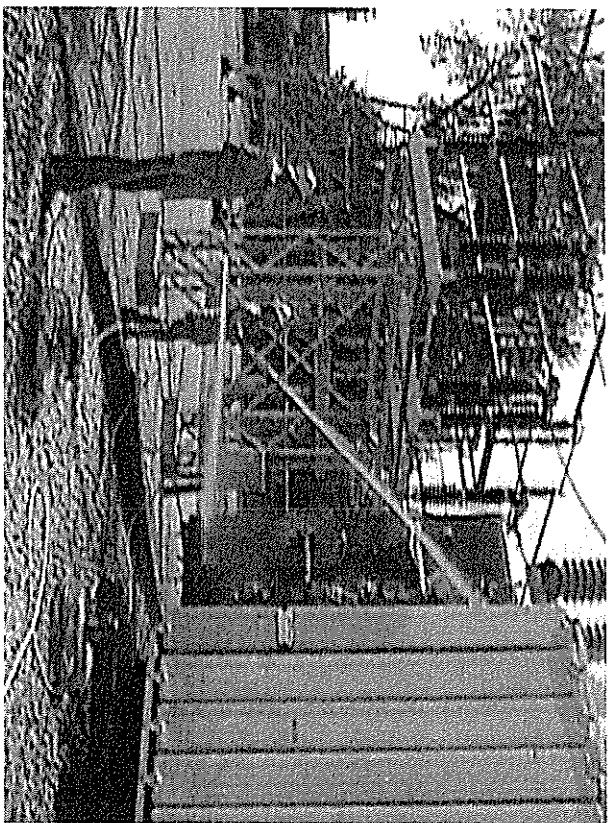


Figure 4. Children receive emergency care for dehydration. Source: ABC7. Courtesy of WLS-TV.



Figure 6. "Water Wars": City workers attempt to seal one of the three thousand hydrants illegally opened during the heat wave. Source: ABC7. Courtesy of WLS-TV.



Figure 5. Commonwealth Edison crew sprays power generators to prevent overheating. Source: ABC7. Courtesy of WLS-TV.

fell. Neighborhoods where several hydrants were open lost all pressure for hours; malfunctioning pumps left buildings without water for days. Police announced that anyone found tampering with hydrants would be arrested and fined, and the city dispatched one hundred field crews to seal these emergency water sources (fig. 6). In some places people saw the crews coming and threw bricks and rocks to keep them away. Some shot at the trucks, and four workers received minor injuries.

On Friday, 14 July, the heat index exceeded one hundred degrees for the third consecutive day, and temperatures remained high at night. Because the body's defenses can take only about forty-eight hours of uninterrupted exposure to such heat before they break down, city residents were becoming ill. Many more people than usual grew sick enough to be hospitalized: between 13 and 19 July ambulance services received several thousand transport requests above the norm. In thirty-nine hundred cases, no vehicles were available, so the city sent fire trucks to handle the calls. Although the average response time for Chicago's emergency health services had been less than seven minutes that year, now the paramedics were often delayed. Some residents who phoned for ambulances were told that they would have to wait

because the vehicles were all booked. Fifty-five emergency callers were left unattended for thirty minutes or longer; some endured a two-hour wait. In a few cases of heat stress the victims waited so long for medical attention that they died.

Hospitals and other health-care providers also had trouble meeting the demand for their services. The number of people admitted to emergency rooms and inpatient units began to rise on Wednesday and continued to increase through the weekend. Some emergency rooms ran out of beds and their staffs could not handle more work. More than twenty hospitals, most on the South and Southeast Sides of the city, went on bypass status, closing the doors of their emergency facilities and refusing to accept new admissions. There was no reliable way for citizens or paramedics to learn which emergency rooms were still open, so ambulances and private cars continued to arrive at the hospital ports. Often their passengers required urgent treatment, but facilities on bypass could not tell drivers where such care was available. Some hospitals reported that patients had traveled more than ten miles before finding a facility that could treat them. Medical workers grew anxious. What would happen to the diverted cases? Where could they go?

Many heat victims were not discovered or taken to hospitals until it was too late for doctors to help. On Friday, for example, Margaret Ortiz, the owner of a small day-care service that she operated from her home, took a group of ten small children to an air-conditioned movie theater in her Ford Bronco. After the movie ended, Ortiz took the children back to the center and brought them indoors. Everyone was exhausted and the toddlers napped. An hour and a half passed before Ortiz went to her Bronco on her way to picking up more children. When she reached her vehicle, she discovered that two boys had been left inside. Ortiz carried the children indoors and called 911. The boys were already dead, though, and when the paramedics arrived, they determined that the body temperatures were 107 and 108 degrees. Chicago newspapers and television news programs featured stories of the children's deaths prominently in their heat wave coverage. The Cook County Medical Examiner scheduled autopsies on the children for the next morning, but there was little question about the cause of death.

As the day wore on, more Chicagoans succumbed to the heat. By comparison, on Wednesday, 12 July, and Thursday 13 July, 74 and 82 people, respectively, lost their lives, figures that are only slightly above the July norm of about 72 deaths per day. When the effects of the continuous heat began to accumulate, however, the death toll increased substantially (figs. 7, 8). On Friday, 14 July, 188 Chicago resi-

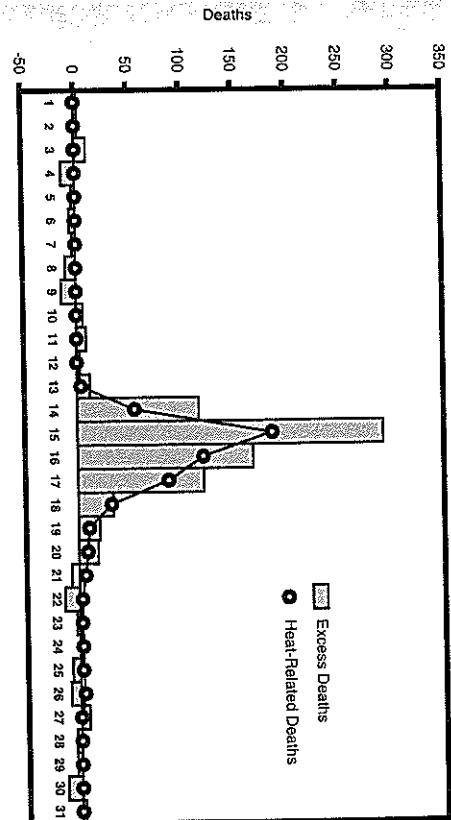


Figure 7. Excess and heat-related mortality in Chicago, July 1995. Source: City of Chicago, Department of Public Health.



Figure 8. Newspaper headlines track the death toll.

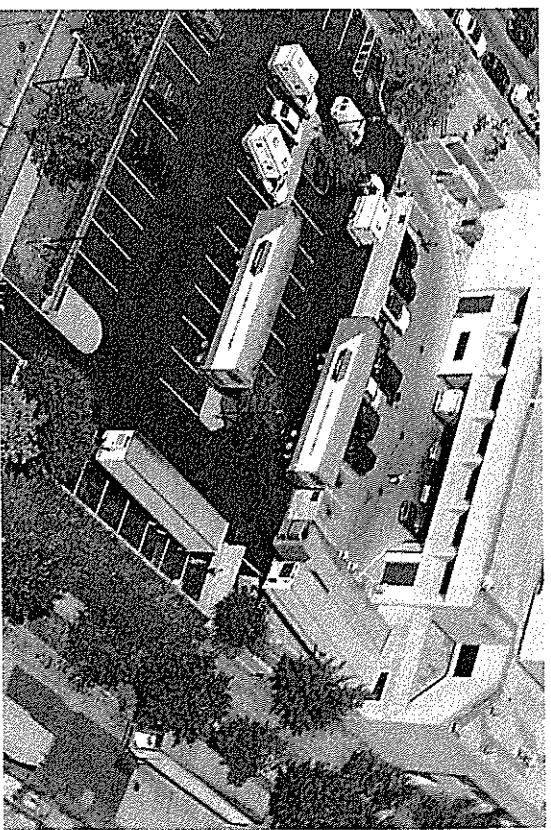
dents perished. On Saturday the reported mortality was 365, five times the typical rate. Two hundred forty-one people died on Sunday, 193 on Monday, and 106 on Tuesday. On Wednesday, 19 July, citywide deaths dropped to 92, then to 91 on Thursday. City agencies, already scrambling to manage the crisis, searched for a place that could hold the dead. According to emergency workers, the task was equivalent to handling one fatal jetliner crash per day for three consecutive days.

THE CITY OF DEATH

Police officers took hundreds of the dead bodies to the Cook County Medical Examiners Office, a modern concrete building across from the county hospital and a few miles west of the Loop. The discreetly housed morgue there typically receives about seventeen bodies per day, but the staff can usually process more. Now they were receiving more corpses than they could handle, and the clinical staff of fourteen pathologists worked marathon shifts to keep up. The Chief Medical Examiner recruited forensic dental workers and students from a nearby school of mortuary science to assist in identifying and examining the cadavers. Moreover, he asked police officers to cart bodies from the parking lot to the office and city workers to clear space for the pathologists to work. But even this amount of help was not enough. Consequently, Cook County corrections officials offered people on probation two days of credit for each day that they worked at the morgue; some of them accepted this proposal. Nonetheless, a long line of police vehicles carrying dead bodies formed outside the Medical Examiners Office building, with some waiting as long as three hours for an available worker to receive the body. "It's like an assembly line in there," one officer said. In many cases police delivered decomposed bodies to the morgue several days after the date of death because no one had noticed that the person had not been seen in a while. It was impossible to know how many more victims remained in their homes, undiscovered.

By Saturday the number of bodies coming in to the morgue exceeded its 222 bay holding capacity by hundreds. Incoming bodies were scattered around the office, and many of the examined corpses remained unclaimed because there were no next of kin. The owner of a local meat-packing firm volunteered to bring his fleet of refrigerated trucks to the morgue for storing the excess bodies. The first group of red and yellow vehicles, each about forty-eight feet long, arrived on Friday, but they filled up quickly and dozens of bodies remained. The crew brought more trucks through the weekend, and ultimately there were nine altogether. Parked in the morgue's lot, the trucks were sur-

Figure 9. At the Cook County Medical Examiners Office, refrigerated trucks stored bodies when the bays at the morgue filled to capacity. Source: *Chicago Sun-Times*; photographer: Robert Davis. Reprinted with special permission from the Chicago Sun-Times, Inc. © 2002.



rounded by police wagons, radio and television vans, hearses, and private cars. Images of the scene appeared on television screens and news papers around the world (fig. 9).

In the end, the city reported that between 14 and 20 July, 485 Chicago residents died directly from heat-related causes, bringing the total mortalities for the month to 521. (These numbers were based on medical autopsies and police examinations that officially established causes of death for each case.) More than one thousand people in excess of the July norm were admitted to inpatient units in local hospitals because of heatstroke, dehydration, heat exhaustion, renal failure, and electrolytic imbalances. Those who developed heatstroke suffered permanent damage, such as loss of independent function and multisystem organ failures. Thousands of other stricken by heat-related illnesses were treated in emergency rooms.

After the heat had subsided, epidemiologists compiled statistics on the mortality patterns during July, taking into account the deaths of people who had not been taken to the Medical Examiners Office. They determined that the death count based solely on the medical autopsies had underestimated the damage. Between 14 and 20 July, 739 more Chicago residents died than in a typical week for that month. In fact,

public health scholars have established that the proportional death toll from the heat wave in Chicago has no equal in the record of U.S. heat disasters.

Comparisons with other historic catastrophes help to establish the magnitude of the trauma. More than twice as many people died in the heat wave than in the Great Chicago Fire of 1871, when approximately three hundred people perished. More recent U.S. environmental disasters, such as California's Northridge earthquake of 1994 and Florida's Hurricane Andrew in 1992, caused the deaths of one-tenth and one-twentieth the heat wave total, respectively. The Oklahoma City bombing in April 1995, which killed 168, and the crash of TWA Flight 800 in 1996, which killed 230, were several times less fatal. Reporters, public officials, and scientific authorities have developed compelling and straightforward accounts of the reasons that so many people died in these other environmental or technological disasters. In the Chicago heat tragedy, however, the causes of the mortality are more elusive and complex.

In recent years, a number of meteorological studies and journalistic reports have examined the reasons for the historic mortality figures. According to the National Oceanic and Atmospheric Administration, "The principal cause of the July 1995 heat wave was a slow-moving, hot, and humid air mass produced by the chance occurrence at the same time of an unusually strong upper-level ridge of high pressure and unusually moist ground conditions."² The geographer Laurence Kalkstein provided a deeper analysis of the weather. Using a new air mass-based synoptic procedure to pinpoint the meteorological conditions that impose serious health hazards, Kalkstein found that a moist tropical system, with high humidity, low winds, and high minimum temperatures, created an unusually dangerous July climate.

But does the severe weather fully account for Chicago's human catastrophe? According to the meteorologists and epidemiologists who have studied the event, the answer is decidedly no. In an article published by the *American Journal of Public Health*, a group of scholars headed by the former epidemiology director of the Chicago Department of Public Health reported that it had "examined some weather variables but failed to detect relationships between the weather and mortality that would explain what happened in July 1995 in Chicago." Even the most sophisticated meteorological analyses "still leave a fair amount of variance in the mortality measure unexplained."³ The weather, in other words, accounts for only part of the human devastation that arose from the Chicago heat wave. The disaster also has a social etiology, which

no meteorological study, medical autopsy, or epidemiological report can uncover. The human dimensions of the catastrophe remain unexplored.

This book is organized around a social autopsy of the 1995 Chicago heat wave. Just as the medical autopsy opens the body to determine the proximate physiological causes of mortality, this inquiry aims to examine the social organs of the city and identify the conditions that contributed to the deaths of so many Chicago residents that July. If the idea of conducting a social autopsy sounds peculiar, this is largely because modern political and medical institutions have attained monopolistic roles in officially explaining, defining, and classifying life and death, in establishing the terms and categories that structure the way we see and do not see the world. As Gaston Bachelard has written, "It quite often happens that a phenomenon is insignificant only because one fails to take it into account."⁴ The missing dimension in our current understanding of the heat wave stems precisely from this kind of diagnostic failure.

What happened in Chicago was more than a natural disaster, and its story is more than a catalogue of urban horrors. The 1995 heat wave was a social drama that played out and made visible a series of conditions that are always present but difficult to perceive. Investigating the people, places, and institutions most affected by the heat wave—the homes of the decedents, the neighborhoods and buildings where death was concentrated or prevented, the city agencies that forged an emergency response system, the Medical Examiners Office and scientific research centers that searched for causes of death, and the newsrooms where reporters and editors symbolically reconstructed the event—helps to reveal the social order of a city in crisis. This study establishes that the heat wave deaths represent what Paul Farmer calls "biological reflections of social fault lines"⁵ for which we, and not nature, are responsible. We have collectively created the conditions that made it possible for so many Chicago residents to die in the summer of 1995, as well as the conditions that make these deaths so easy to overlook and forget. We can collectively remake them, too, but only once we recognize and scrutinize the cracks in our social foundations that we customarily take for granted and put out of sight.

I first learned about the outbreak of deaths in Chicago from an interview in the national newspaper I was reading during the week of the heat wave. I was twenty-four years old at the time, living in Europe and preparing to enter a graduate program in sociology at Berkeley the next month.

It had been uncomfortably hot in Europe, too, that summer, with temperatures in the high nineties and low hundreds from Paris to Madrid. But I had heard nothing about heat wave deaths there. The headline caught my eye not only because of the contrast between Europe and the United States; more important, I was one of Chicago's native sons, one of the many who had grown up navigating the physical and moral geography of the famously divided city, tiptoeing along or across the borders which separated regions and the groups that, in University of Chicago sociologist Robert Park's famous words, "touch but do not interpenetrate."⁶ Chicago was, and still is, my home. The story of its heat epidemic captivated me, suddenly bringing into focus my blurry morning survey of the world's events. I wanted to learn what happened, but the article, rich with fine journalistic detail of scandal, death, and political and scientific debate, failed to offer the clues I needed. The events in Chicago, I guessed, were even more intriguing than the account suggested.

It was hardly the first time I had been puzzled by Chicago. Growing up in the center of the city, I had always been fascinated by the stark and storied contrast between its opulent Gold Coast and lakefront highways and its ghettos and slums; by the legends of colorful political leaders and insider deals that, to my child's eyes, made the city seem like a sprawling kingdom divided into small fiefdoms and governed by fanciful rulers whose personalities and connections carried more weight than the scales of justice or the balance of reason; by the mysterious underground roads, abandoned railways, and empty factories that haunted the city; by the rushing crowds on Michigan Avenue and the solitary men and women who sat nearby and watched them pass. When I decided to pursue a doctorate in urban sociology, it was, in part, based on my hope that my studies in Berkeley would help me make sense of what I had experienced in Chicago.

When I reached northern California in August of 1995, few people had thought about or even remembered what had happened in the Midwest just a few weeks before. The booming region, fantastically wealthy and economically confident, had little time for such a story. It was easy to dismiss the West Coast reaction as a mark of the vast cultural and physical distance between California and Chicago, a sign that, though I was closer to home than I had been in Europe, I was once again living in another country. But a few weeks later I went to Chicago and discovered that many of my oldest friends and relatives responded to queries about the catastrophe with analogous forms of detachment and disavowal. Paradoxically, people who had lived through the heat

wave had both absorbed the magnitude of the disaster and blocked out its significance and implications. Something about the event had rendered it unintelligible or inexplicable; people in the city were apparently having trouble engaging it; the human side of the disaster was elusive, beyond words.

Everyone, of course, remembered the heavy air and the interminable heat, and several people I knew gave elaborate accounts of what they did when their power was out for hours or days. Yet I was confused by the frequent references my friends made to the possibility that the heat wave deaths were not, to use the phrase that recurred in their accounts, "really real"—in other words, as several political officials suggested, that the massive mortality figures from the week had somehow been fabricated, or that the deaths were simply not related to the heat. How could such ideas have grown so popular?

What made the question all the more intriguing was that many of the Chicagoans I spoke with also had strong, vivid memories of the scene at the coroner's office, of the incredible spectacle of hundreds of dead bodies and dozens of workers that every news outlet in the city had put on display. I knew of several human rights investigations in which the discovery of a mass grave had settled questions about whether a reputed massacre or a history of violent repression had actually taken place. Yet in Chicago, it seemed, the very opposite process was at work: rather than clarifying the conditions or causes of death, attention to and examination of the victims had somehow obfuscated their status. The dead bodies were so visible that almost no one could see what had happened to them.

My trip home initially left me even more puzzled by the heat wave and the processes through which we have come to know it. There was an urgent need to conduct what I imagined as a social autopsy, yet the concept of such an undertaking—let alone a technique for performing it—did not exist. I began to ask how the tools of sociological inquiry—ethnographic fieldwork, in-depth interviewing, archival research, map-making, and statistical analysis—could help to build an account of how the nature, culture, and politics of the city crystallized in Chicago in the summer of 1995. Soon thereafter I became convinced that social scientific methods and theories could advance or answer questions about the heat wave that other investigations had not addressed. I initiated the research for what became a five-year examination, and the report before you recounts what I found.

INTRODUCTION

The City of Extremes

"we lost all idea of time," an investigator on Laczko's case remembered. "We'd hit the streets and we just kept going until nightfall. We were so crushed that we had to write our reports from the field." It was the busiest week ever experienced by the Public Administrators Office, which is in charge of managing the estates of unclaimed decedents. Dozens of cases that would be similar to Laczko's remained.

Cook County officials brought Laczko's corpse to the morgue, where the intake staff of pathologists assembled by Chief Medical Examiner Edmund Donoghue was racing to keep up with the demand. After examining the body, pathologists determined that Laczko had died of arteriosclerotic cardiovascular disease and heat stress. They penned these findings on his death certificate, entered his records into a computer database, and moved his cadaver into storage. The office waited for Laczko's next of kin to take care of his remains, but no one ever came. When it was clear that the body would never be claimed, the Public Administrators Office used funds from Laczko's bank account to have a private funeral home arrange for his interment in a cemetery nearby. Solitary at the end of life, Laczko was joined by hundreds of other Chicago residents who died alone during the heat wave and were assisted by two potentially life-saving interventions—attention from state-sponsored service providers and artificial cooling—only after their bodies were delivered to the Cook County Morgue. Just a minority of the victims, including a mother and child who succumbed together and two sisters who lived in the same building, perished with company nearby. Hundreds died alone behind locked doors and sealed windows that entombed them in suffocating private spaces where visitors came infrequently and the air was heavy and still. Among these victims, the bodies and belongings of roughly 170 people went unclaimed until the Public Administrators Office initiated an aggressive campaign to seek out relatives who had not noticed that a member of their family was missing. Even then, roughly one-third of the cases never moved beyond the public agency. The personal possessions of dozens of the heat wave victims, including Laczko, remain filed in cardboard boxes at the County Building to this day.

THE SOCIAL AUTOPSY

"Unfurnished one bedroom apartment. Complete mess. . . . Living room: 4 chairs, 2 stereos, 2 stools, boxes, misc papers, junk, garbage. Bedroom: wardrobe, 1 single bed, 3 dressers, misc clothing, papers, garbage. Dining room: 1 dresser, 1 film projector, 1 table, garbage. Family: 0." They took two instant photographs, consulted with Laczko's landlord, and left for their next job. "There was so much to do that

In the years following the heat wave, several political commissions and city leaders have dismissed the solitary deaths of Laczko and the hundreds of other Chicagoans as anomalous and abnormal. The catastrophic week in July, they argue, was a freakish disaster that shows little more than our human frailty to the whims of nature. Immediately after the heat wave, for example, Mayor Richard M. Daley appointed a large

commission to study, in its words, "the epidemiological, meteorological, and sociological aspects of the heat wave." The commission's major findings are summarized in the beginning of its report: "The heat wave was a unique *meteorological event* caused by a rare convergence of critical factors" (italics added), which it specifies as (1) a heat index above 100 degrees daily, including two consecutive days over 115 degrees; (2) cloudless skies with little night cooling; and (3) an *urban heat island effect**—whereby the concentration of buildings and pavement attracts and traps the heat—that heightened the temperature within the city. The subsection entitled *Why Heat Can Be Fatal* explains simply that "the link between human physiology and environment is delicate and pivotal. When body temperature rises enough above the normal range, heat injury occurs. Severe heat injury is fatal."² Social factors receive no attention in this crucial part of the report.

What the commission also buried in its publication is the connection between its work and the heat wave, since the title, *Final Report: Mayor's Commission on Extreme Weather Conditions*, makes no reference to the trauma it assesses. Disguised as a general statement about the weather, the report helped the city government hide its own public statement about the disaster by publishing it under another name. This strategic move was typical of the public and the political response to the crisis. Although the death toll from the one-week heat wave is unprecedented in U.S. history, the collective response to the trauma

* The climates of cities are generally different from the weather systems in the areas surrounding them, and the urban heat island effect refers to the elevated temperatures typical in urban spaces. According to a classic article by William Lowry (1967), "the city itself is the cause of these differences." Lowry identifies five principal causes for the city's exceptional climate: (1) "The predominantly rocklike materials of the city's buildings and streets can conduct heat about three times as fast as it is conducted by wet, sandy soil"; (2) "the city's structures have a far greater variety of shapes and orientations than the features of the natural landscape. The walls, roofs, and streets of a city function like a maze of reflectors, absorbing some of the energy they receive and directing much of the rest to other absorbing surfaces"; (3) "the city has many sources of heat that the countryside either lacks or has in far smaller numbers. Among them are factories, vehicles, and even air conditioners, which of course must pump out hot air in order to produce their cooling effect"; (4) "the city has distinctive ways of disposing of precipitation [with] drainpipes, gutters, and sewers. . . . Because there is less opportunity for evaporation in the city, the heat energy that would have gone into the process is available for heating the air"; and (5) "the air in the city is different in that it carries a heavy load of solid, liquid, and gaseous contaminants. . . . Although these particles collectively tend to reflect sunlight, thereby reducing the amount of heat reaching the surfaces, they also retard the outflow of heat" (Lowry 1967, 15–17).

has been marked by a will not to know the reasons that so many people died.³

Such treatment is not unusual. Given the attention that we pay to spectacular and camera-ready disasters such as hurricanes, earthquakes, tornadoes, and floods, Americans are often surprised to learn that in the United States more people die in heat waves than in all other extreme meteorological events combined (fig. 10). Heat waves receive little public attention not only because they fail to generate the massive property damage and fantastic images produced by other weather-related disasters, but also because their victims are primarily social outcasts—the elderly, the poor, and the isolated—from whom we customarily turn away.⁴ Silent and invisible killers of silenced and invisible people, the social conditions that make heat waves so deadly do not so much disappear from view as fail to register with newsmakers and their audiences—including social scientific experts on disasters. The introduction to a recent anthology of essays on urban disasters, for example, lists the most deadly urban events of the 1980s and 1990s, but inexplicably excludes the Chicago heat wave—and indeed all other American heat waves—even though the 1995 catastrophe killed more than ten times the number of people as the deadliest disaster in the table, the 1989 San Francisco Bay earthquake.⁵

In contrast with the public reluctance to look closely at the causes of Chicago's summer trauma, scientists from a range of fields have been drawn to study the heat wave because the prevalence and patterns of mortality defy easy explanation. As public health researchers have

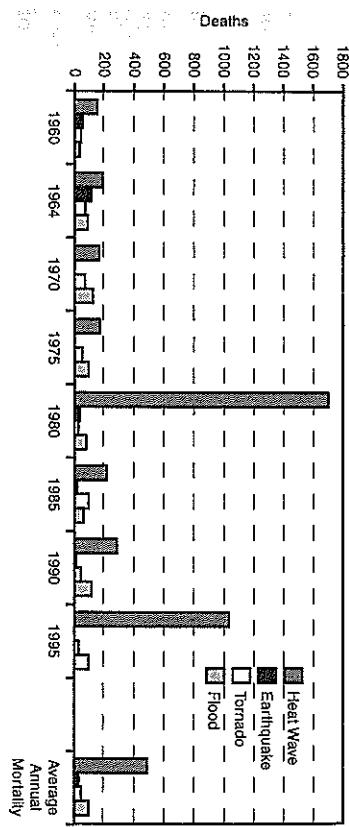


Figure 10. United States disaster mortality, 1960–95. Sources: heat wave, Vital Statistics of the United States; earthquake, USGS National Earthquake Information Center; tornado and flood, the National Oceanic and Atmospheric Administration.

shown, the morbidity and mortality rates from the urban inferno surpass the levels predicted by standard scientific models. In analyzing the heat wave, medical and meteorological scientists discovered a series of puzzles that they have been working to solve for years. Why, for example, did so many Chicagoans die alone? Why was the overall death toll higher than meteorological models would predict? Why did some neighborhoods and groups experience greater devastation than others? And why did the support systems designed to protect vulnerable city residents fail to work? Unfortunately, the methods and theories used in conventional health and climate studies deprive scientists of the instruments they need to conduct a thorough investigation. There is little in their professional tool kit to help explain the social sources of the disaster. Although every major study and report has found that medical and meteorological approaches are inadequate to explain why so many Chicago residents died, no one has analyzed how the city's social environment contributed to the devastation.

This book is driven by two overarching concerns. First, it examines the *social conditions* that made it possible for hundreds of Chicago residents—most of them old, alone, and impoverished—to die during the one-week heat spell. As in Kai Erikson's *Everything in Its Path*, the social autopsy draws upon a wide range of social scientific studies, sifting "through the store of available sociological knowledge to see what light it might shed on a single human event."⁷ Despite the insistence of several political commissions and journalistic stories that the heat wave fatalities were dispersed throughout the city—that the "casualties of heat," as a *Chicago Tribune* headline put it, were "just like most of us," or, as the *Sun-Times* proclaimed, "they were as varied as victims of a plane crash"—the patterns of mortality reflect the inequalities that divide Chicago.⁸

The victims were primarily elderly: 73 percent of the heat-related casualties were older than sixty-five years of age (table 1). African Americans had the highest proportional death rates of any *ethnoracial* group.⁹ They were significantly more vulnerable to the catastrophe than whites, with a death ratio of 1.5:1 in the total, age-adjusted population* (table 2), 1.8:1 for middle-aged victims (aged fifty-five to

Table 1. Total Heat-Related Deaths by Age and Race/Ethnicity: Chicago Residents

Age	White	Black	Latino	Other	Total
<55	27	39	1	0	67
55–64	25	45	4	1	75
65–74	62	64	1	0	127
75–84	90	66	1	2	159
85+	48	42	2	1	93
Total	252	256	9	4	521

Source: City of Chicago, Department of Public Health.

*Standardized to the 1940 U.S. population.

Source: Whitman, et al. (1997, 1516).

*Age-adjustment is the statistical technique in which the age distributions of specific populations are standardized so that the experience of those populations—in this case, heat-related mortality—can be compared in light of their age differences.

For further information about age-adjustment in the analysis of mortality rates, see the National Center for Health Statistics Web site: <www.cdc.gov/nchs/datawh/nchsds/>. ageadjustment.htm#Mortality>.

health scholars to predict, is one of the challenges for the social autopsy.¹⁰

There was also a significant and surprising difference in the mortality levels for men and women. Fifty-five percent of the heat-related

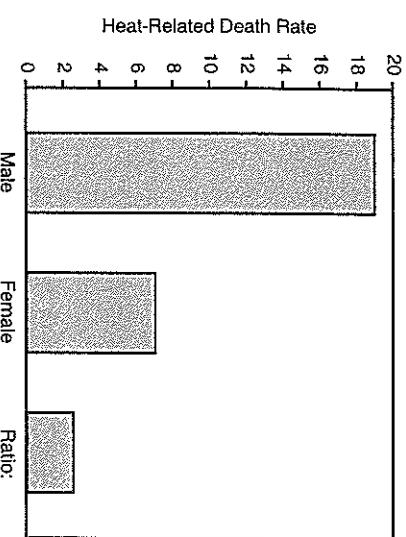


Figure 11. Age-adjusted heat-related death rates per one hundred thousand residents, by sex. Source: City of Chicago, Department of Public Health.

deaths were men and 45 percent were women; the age-adjusted death rates show that when the age factor is controlled, men were more than twice as likely as women to die (fig. 11). These patterns vexed some experts on aging, because elderly women are so much more likely than their male counterparts to live by themselves that many gerontologists consider aging alone to be a women's issue. Men's relatively high death rates are even more confusing when viewed in the context of gerontologist Hamilton Gibson's finding that women are more likely than men to report feeling lonely and isolated.¹¹ The pattern begs for explanation.

In addition to these group-level differences, there were also sharp contrasts in the prevalence of death among Chicago community areas.¹² In the city famous for the extent to which its spatial order reflects the social division of its residents, the geography of vulnerability during the heat wave was hauntingly similar to the everyday ecology of inequality. Heat wave deaths were concentrated in the low-income, elderly, African-American, and violent regions of the metropolis. The individual-level and population-based studies so common in epidemiology and demography explain only part of these geographical patterns. Social ecology, and its influence over the ways in which people interact and use public space, played a role that bears further investigation.

TOWARD A SOCIAL EPIDEMIOLOGY OF THE CITY

The group- and community-level death rates are simple portraits that begin to illustrate the impact of the heat; they suggest that the heat

wave was an environmentally stimulated but socially organized catastrophe that sociological investigation can help decipher. The social autopsy dissects the underlying relations of the event by drawing upon but also extending the legacy of social epidemiology.¹³ The analysis here departs from conventional demographic and sociological studies of mortality by placing the individual-level factors that affect death rates within a broader context of neighborhoods, social service systems, and government programs. Treating the city itself as the focal point of the study, it advances a multilayered analysis that integrates political, economic, and cultural factors with the individual- and community-level conditions that are prevalent in epidemiological reports.¹⁴

It is impossible to understand the deprivation that led to so many deaths during the crisis without situating the event in the social geography and political economy of Chicago in the 1990s.¹⁵ The account here focuses on the social and political production of deprivation and suffering, but offers a broad perspective on individual, community, state, and symbolic levels of the city in order to illustrate the ways in which diverse actors and institutions are collectively implicated in making a major urban event that they experience individually. Drawing upon extensive fieldwork and in-depth interviews with Chicago residents, city officials and employees, social service workers, journalists, and research scientists, the book offers a vantage point on different positions and divergent experiences that rarely come together in social life.

Occasionally the accounts of social worker and scientist, state agent and single room occupancy resident, journalist and public official will appear incompatible or even contradictory. But together they will represent the range of positions and the diversity of viewpoints that constitute the heterogeneity of the modern city and account for the variations in the ways that the heat wave was managed and interpreted.¹⁶ The counterposition of divergent views and different stories will help to illustrate the relationships between action in one sphere of the city—the journalistic field, for example—and activity in others, such as the emergency response agencies of the local government or the informal support networks in neighborhoods.¹⁷ City dwellers and their institutions live and die in relation with each other—even when the relationship is based on exclusion. The heat wave puts into focus the ways that connections made or missed, visible or unrecognized, can determine the fate of the city and its residents.

The location of the heat wave makes the event an especially rich empirical resource for assessing the methodological and theoretical tools of urban sociology, and particularly the legacy established by the

Chicago school of urban research. For Chicago, with its famously divided segments, its infamous segregation, and its stark inequality, is not only the quintessential American city of extremes. It is also the city in and through which scholars founded and developed the American approach to urban studies, creating an agenda for investigation in the urban environment that shaped much of twentieth-century urban social science. Although in recent decades scholars associated with the new urban sociology have levied compelling criticisms of the Chicago school's "urban ideology"—most notably its failure to call attention to the political and economic production of inequality and domination in the city—the Chicago techniques for exploring the social fabric of the city offer rich possibilities for discovery.

The marks of both the first and second waves of the Chicago school are evident throughout this analysis of the heat wave: the case study; the emphasis on physical and social space; the focus on community and public life; the investigation of ethnoracial differentiation; and the assessment of the city as a total social system—all at the heart of the Chicago school problematic—are central to this project. Ironically, though, this analysis of the solitary deaths in the living laboratory of Chicago breaks from the school's traditional approach to the issue of *social isolation in the city*, one of the key concerns of the American sociology. For while the early Chicago school urbanists emphasized the isolation of different regions in the metropolis, here I treat the city as a complex social system of integrated institutions that touch and interpenetrate in a variety of ways. The distinctiveness of urban life lies in the spatial forms and the networks of actors and institutions that collectively organize a specific set of pressures, such as concentrated crime, crowding, and pollution, and possibilities, such as relationships with similarly disposed people and opportunities for political action. There has never been much evidence that urban regions are isolated as separate social worlds in the ways that the early Chicago sociologists described, and in retrospect, it appears that their method of focusing attention on one community or neighborhood oriented urban theory toward problems of segmentation rather than sources of contact and connection. But the heat wave helped to show that under contemporary conditions certain urban residents suffer from forms of *literal isolation*, the consequences of which can be dire. Assessing the social processes and spatial patterns that foster such isolation requires examining the Chicago school's biotic vocabulary for describing urban social processes with concepts and categories that recognize the significance of socially engineered inequality and difference. Moreover,

it demands a method of investigation capable of comprehending the city as a complex system, where nature, culture, and politics conspire to determine the fate of its inhabitants.

The second major concern of this book is to analyze the symbolic construction of the heat wave as a public event and experience. My account pays particular attention to the processes through which political officials, journalists, and research scientists established the dominant analyses of the heat wave as well as the basic categories that organized public discourse about the trauma. Journalistic, scientific, and political institutions benefit from their symbolic power to create and to impose as universal and universally applicable a common set of standards and categories, such as *natural disaster* or *heat-related death*, that become the legitimate frames (or organizing concepts) for making sense of an unexpected situation.¹⁸ For although everyone in Chicago experienced the severe climate, news reporters, politicians, and scientists were primarily responsible for explaining and interpreting it for different audiences. The heat wave was a cultural event as well as a public health crisis, yet for much of the nation it never registered as a major happening, and its legacy is difficult to trace. Examining the ways in which features of the catastrophe were brought to light or concealed helps to make visible the systems of symbolic production that structured the public understandings of the disaster. This part of the study helps to answer the question of why, despite the magnitude of the catastrophe and the spectacular journalistic coverage it received, the social life of the heat wave and its victims have been so easy to disregard or forget.

THE TYPICAL AND THE EXTREME

Although this book focuses primarily on the 1995 heat wave, the account offered here is not a conventional social history of the disaster. Instead, the analysis is motivated by two theoretical principles that hold that the case of the Chicago disaster can be used to open a broader inquiry into the life of the city. The first principle, which derives from the work of Marcel Mauss and Emile Durkheim, is that extreme events such as the Chicago catastrophe are marked by "an excessiveness which allows us better to perceive the facts than in those places where, although no less essential, they still remain small-scale and involuted."¹⁹ The second principle is that institutions have a tendency to reveal themselves when they are stressed and in crisis.²⁰ There is no question that the weather that catalyzed the disaster was anomalous, but this book will show that many elements of city life that the disaster ex-

pressed are typical features of the local urban environment. Among the most important of these are a series of emerging conditions that have introduced new forms of vulnerability in U.S. cities, but that have been largely overlooked in the burgeoning literature on urban inequality.²¹ The conditions that proved most consequential in the heat wave include the literal social isolation of poor senior citizens, particularly in the city's most violent areas; the degradation of and rising conflict in urban hotel residences, which constitute a large but often ignored sector of the low-income housing market; the changes in social service delivery and the threats to public health and welfare stemming from privatization and other radical shifts in local government administration; and the new social ecological conditions of neighborhoods abandoned by businesses as well as local governments and depopulated by residents. The conditions that the heat wave revealed did not disappear when the temperatures moderated, and their invisibility makes them all the more dangerous in the daily life of the city.

Take, for example, dying alone. The number of people whose lives ended in isolation during the one-week heat wave was unusually high, but the circumstances in which they were found are not uncommon in Chicago and other large U.S. cities. In a typical month the Cook County Public Administrators Office investigates roughly one hundred cases in which someone dies and no family members come forward to manage the estate or bury the body. These figures are not surprising when we consider the rapid increase in the number of Chicago residents, and of Americans in general, who live alone, especially in their old age. There is little public discussion of these trends, yet in recent years several cities have reported an increase in the number of their residents who die alone, often going undiscovered for days or weeks. In one major U.S. city, *The New York Times* reports, unclaimed bodies "are piling up faster than the city can handle them"; boxes containing the personal papers of the deceased are "piled floor to ceiling" in the county office.²² "We had never been so busy before," one Cook County investigator explained, "but nothing about the heat wave was really unusual except the amounts" (see fig. 12).

For much of Chicago, however, the scale of isolation that the heat wave made visible defied the conventional narratives of community strength and solidarity through which this "city of neighborhoods" understands itself.²³ Few people outside of the Public Administrators Office were aware that so many Chicagoans were living and dying alone; and had it not been for the work of Chief Medical Examiner Edmund Donoghue (fig. 13), the city might never have been forced

Figure 12. An exhausted worker takes a break after transporting bodies at the Cook County Morgue. Source: *Chicago Sun-Times*; photographer: Rich Hein. Reprinted with special permission from the Chicago Sun-Times, Inc. © 2002.

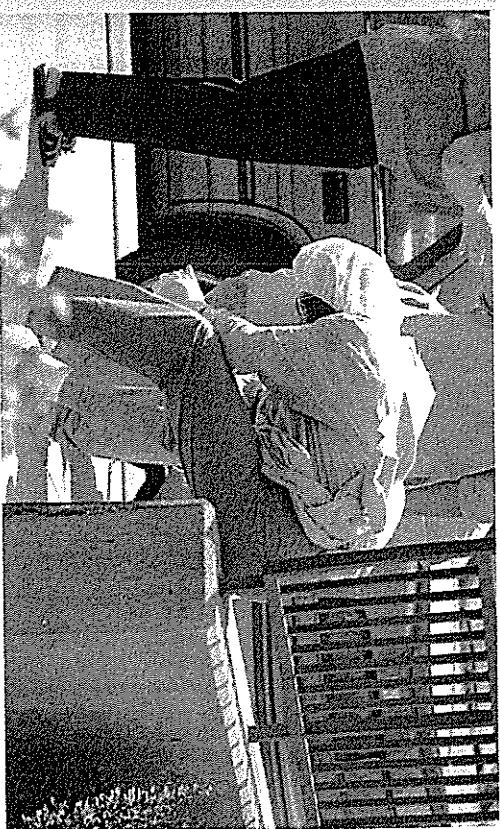
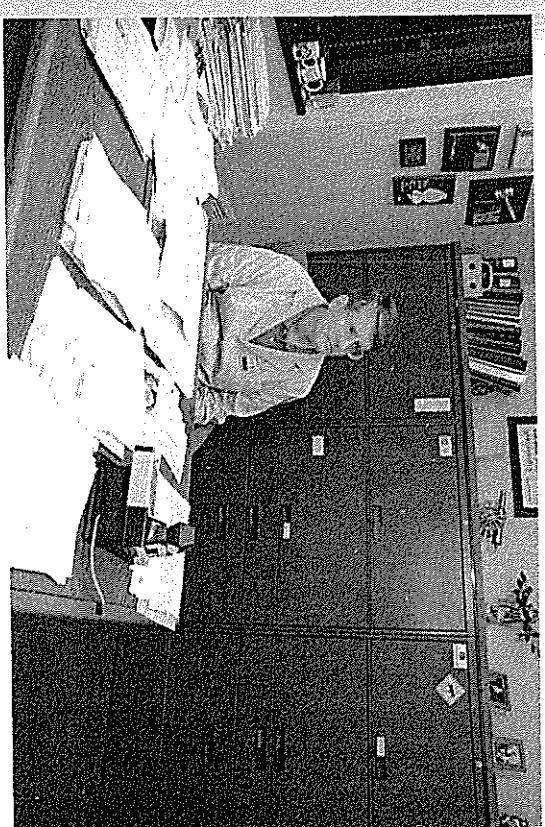


Figure 13. Chief Medical Examiner Edmund Donoghue. Source: *Chicago Sun-Times*; photographer: Andre Chung. Reprinted with special permission from the Chicago Sun-Times, Inc. © 2002.

to acknowledge the devastation in its midst. For it was Donoghue's early reports that the outbreak of death was attributable to the heat that turned the public health crisis into a major public event.

Donoghue, a physician who grew up in a politically active Chicago family and began working at the Medical Examiners Office in 1977, had followed recent heat epidemics closely enough to know that reports about their severity often sparked political controversies. Heat waves are slow, silent, and invisible killers whose direct impact on health is difficult to determine. Extreme heat breaks down the body's resistance but leaves much of the environment around it untouched. The evidence that a person has suffered a "heat-related death" lies in the setting in which the death took place as well as within the body, and investigators do not always know to, let alone *how* to, examine a possible heat wave victim.

Donoghue's knowledge of previous heat disasters made him aware of two procedures that would be essential for properly diagnosing heat-related mortality. First was the importance of establishing clear criteria for determining a heat-related death and instructing investigators and medical examiners to look for these benchmarks. Setting the criteria would not be an easy process, in part because in 1995 neither the federal government nor the National Association of Medical Examiners had developed a uniform definition for a heat-related death, resulting in inconsistent diagnoses in cities across the United States. Drawing on the most current scientific standards, though, Donoghue established three criteria, and classified a death as being heat-related if it met any one of them: "(a) a measured body temperature of 105°F at the time of the death or immediately after the death, (b) substantial environmental or circumstantial evidence of heat as a contributor to death (e.g., decedent found in a room without air conditioning, all windows closed, and a high ambient temperature), or (c) a decedent found in a decomposed condition without evidence of other cause of death who was last seen alive during the heat wave period."²⁴

Second, Donoghue recognized the necessity of documenting information about the heat wave victims as soon as possible, and of being

prepared to mobilize the evidence in support of the autopsies. He knew from experience that someone would challenge the death attributions; the case records, he believed, would support his scientific work. What Donoghue had not expected was that the challenge to the credibility of his medical examinations would come from the most powerful political leader in Chicago's recent history, Mayor Richard M. Daley. At a news conference held on Tuesday, 18 July, Daley flatly denied the validity

of Donoghue's death reports. His skepticism about the relationship resonated with other Chicago leaders, and journalists were quick to turn the mayor's remarks into the source of a controversy over whether the deaths were, to use the phrase that recurred at the time, "really real"—were they simply coincidental, or were they actually related to the heat? The day after the news conference *The Chicago Tribune* reported that the heat wave death toll had reached 199. But the paper also ran an article on coroners' disputes over heat wave death attributions as well as a column by the legendary Mike Royko headlined "Killer Heat Wave or Media Event?"

In the summer of 1995, Chicago's leaders and powerful boosters had ample incentive to question or deny reports that the city had become a cauldron of death and decay. After some thirty years of economic and social decline triggered by the flight of its manufacturing industries and the degradation of its neighborhoods and streets, by the 1990s Chicago had embarked on a political, socioeconomic, and symbolic recovery that promised to transform the metropolis.²⁵ Like most other major U.S. cities at the time, many residents and neighborhoods were enjoying the benefits of a durable and robust period of economic expansion, and even longtime critics had taken up the rhetoric of urban revitalization. Mayor Daley was winning praise from the local and national media for his campaign to reinvent the city government; new industries, including tourism, were replenishing the local employment base; suburbanites were moving back to the city after decades of retreat; and, to cap it all, the city was investing in a massive effort to beautify its streets and gloss its image in preparation for the Democratic National Convention of 1996. Well aware that its reputation had been tarnished by the violent 1968 convention, local leaders hoped that the 1996 event would be the showcase through which Chicago regained its reputation and lived up to its motto as "The City That Works."

The heat wave of 1995, though, threatened to cast a new stigma on Chicago's image and to undermine the city's resurgence at the very moment it was poised to ascend. The hundreds of deaths represented a massive social catastrophe, but in addition the ugly spectacle of death in the city was a potential public relations disaster, signaling to the world that Chicago could not shed the extreme poverty and insecurity with which its name had become associated. At home, Mayor Daley could not have helped but worry about the impact of the disaster on his political future. In a famous election just sixteen years before, Chicago

mayor Michael Bilandic had lost his seat to Jane Byrne in part because of his inability to clear the city streets during a catastrophic but far less deadly blizzard. The consequences of failing to protect the city from an attack of the elements could be severe, and although the Medical Examiners Office was part of the county government and not the city, Donoghue faced great pressure to tone down his reports.

The Chief Medical Examiner, however, refused to bow to external pressure and change his death reports, effectively preventing city leaders and opinion makers from dismissing the severity of the disaster without a public battle. "Another more politically sensitive guy might not have told the full story," explained Lawrence Harris, a former president of the National Association of Medical Examiners. "He [Donoghue] has got to be admired for telling it like it is."²⁶

The criteria for determining heat-related deaths require that police officers or medical workers who discover a dead body record information such as the room temperature, environmental conditions, and the state of the corpse, and that medical examiners use this information when conducting their autopsies. Most deaths, however, do not require extensive police reports or medical autopsies. During heat waves many of these casualties go uninvestigated because private funeralary agencies take care of the bodies independently. Many other cases, Donoghue knew, would fall outside the city's initial counts because Chicago residents who died in suburban hospitals outside Cook County would not be included in the citywide mortality figures until their death certificates were filed by a state office in Springfield, the state capital. For these reasons, deaths that might be heat related are often left unclassified, so public health scholars argue that heat-related death measures generally underestimate the impact of extreme weather.²⁷ Donoghue believed that the scientific evidence would support his findings, and in the face of widespread skepticism he boldly announced, "We would be delighted to have the figures checked. But if anything, we're underestimating the amount of death."²⁸ By the time the county had finished counting the bodies, the official heat-related death toll was 465 for the week of 14 to 20 July and 521 for the month.

Within days Donoghue's death attributions would receive support from another leading Chicago public health worker, Steven Whitman. Whitman, a former researcher at Northwestern University who had left academia to create and direct an epidemiology program for Chicago's Public Health Department, decided to compare the figures coming in from the Medical Examiners Office with the death rates from earlier Chicago heat waves. He recalled, "I was stunned to discover that no

one knew anything about the history of heat-related deaths. I found newspaper articles that listed a few deaths here and there during hot summers, but few major reports about heat-related mortality." Whitman and his staff initiated a study of the major urban heat epidemics in U.S. history. They found the meteorological reports for extremely hot periods in major cities, then tracked down the relevant mortality rates. "It was amazing," Whitman explained. "We found events in which there were hundreds of deaths above the normal rates, but there was no public health literature to explain them."

After carefully examining the records of previous heat waves, Whitman and his colleagues realized that the most accurate way to count heat wave deaths was to use the concept of "excess deaths."²⁹ Unlike medical examinations of every case of mortality. Instead, epidemiologists can generate an excess death number by measuring the difference between the reported death rates for a given time period and the typical death rates for a comparable time. For their analysis of major U.S. heat waves, the Chicago epidemiologists compared the average mortality rates for cities in comparable periods before the heat epidemics with those during the extreme events. Their measures did not specify causes of death, so the researchers had to confirm that no other unusual event—such as a massacre or another epidemic—was responsible for inflating the mortality rates. But ultimately they were able to eliminate other potential causes of death from serious consideration, and they arrived at excess death figures for major heat waves in Chicago, Los Angeles, and New York that were more reliable than any statistics previously produced.³⁰

The excess death study provided compelling evidence that Donoghue had been accurate on two counts. Not only were the Chief Medical Examiner's heat-related death attributions reliable, so too was his public statement that the early numbers had understated the severity of the disaster. According to Chicago's own excess death figures, 739 city residents above the norm had died during the week of 14 to 20 July—over 200 more than the county Medical Examiners Office had initially claimed. Equally important was the information that the epidemiologists obtained from Milwaukee, a city roughly ninety miles north that, though considerably smaller than Chicago, shares several social and demographic features with it. Using the excess death measure, Milwaukee had suffered a proportionally comparable catastrophe; yet the smaller number of total deaths and the media focus on Chicago kept reports from Wisconsin in the shadows.³¹

Finally, federal officials stepped in to support Donoghue's death attributions. Cynthia Whitney, an epidemiologist from the U.S. Centers for Disease Control and Prevention, told the media that "the medical examiner has given very, very good information. . . . Doctor Donoghue's criteria are very good."³² City leaders who were skeptical of the death attributions found it difficult to challenge the wealth of scientific evidence and the legitimacy of the institutions that supported Donoghue's figures. "We're not going to talk numbers," one high-ranking official in the Health Department stated, signaling that the city's leadership would stop challenging the mortality figures and that one part of the political controversy had ended.³³ But the debate over the true impact of the heat wave continued.

After it became untenable to contest the validity of the coroner's mortality figures, city officials posed another question about the heat wave deaths: wasn't it likely that the heat wave simply affected a group of Chicagoans who were already on the verge of death, and whose demise was not so much caused as it was hastened by the heat? Everyone, of course, will die eventually, so it might seem disingenuous to ask whether the heat proved most consequential for the people who were, as some speculated, "about to die anyway." Unnecessary loss of life is significant, even if the loss is better measured in months than years. But the epidemiological question was at least somewhat more nuanced. If after the heat wave, for example, there was a decrease in the mortality rate substantial enough to counterbalance the 739 excess deaths during the crisis, some health scholars would consider the epidemic to be a case of "death displacement," because there was no net increase in the total mortality level.

The medical examiner's data show that disproportionate numbers of the heat wave victims were, in fact, members of the city's most vulnerable groups: the elderly, African-Americans, and the poor. But there is little reason to believe that the people who perished in the heat wave were already about to die. Two years after the catastrophe, the Illinois Department of Health analyzed the mortality patterns following the heat wave and found that, contrary to some officials' conjectures, there was no compelling evidence that the mortality levels during the crisis represented a displacement of deaths that would have occurred soon thereafter even without the extreme weather.³⁴ The heat wave, in other words, did not kill people whose deaths were imminent, but hastened the demise of vulnerable residents who were likely to have survived if the crisis had not occurred. Nonetheless, the skepticism voiced by Chicago officials and journalists made a major impact on the public inter-

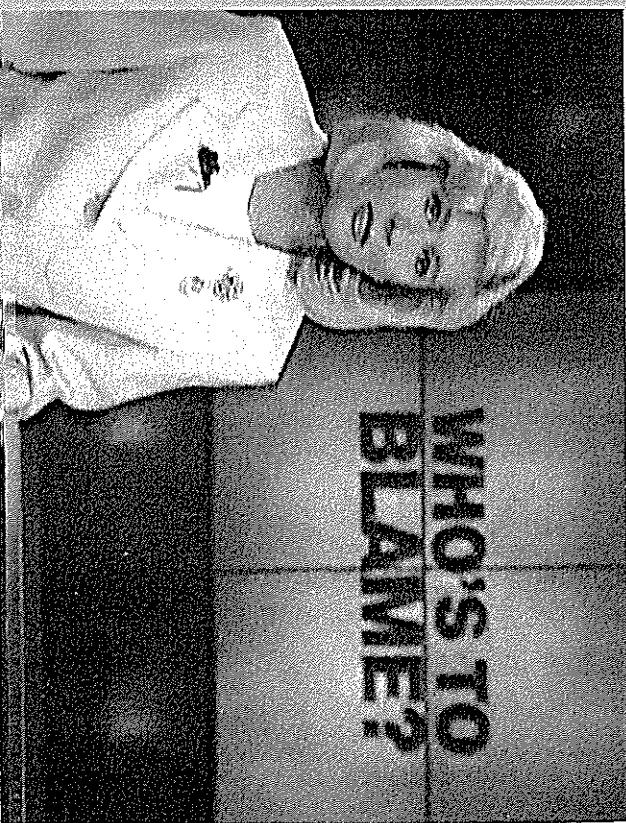


Figure 14. A Chicago television news anchor asks, "Who's to Blame?"
Source: WBBM-TV (CBS affiliate).

pretations of the catastrophe; in the absence of more public verification of the heat wave mortality rates, the debate over whether the heat wave deaths were really real has continued to this day.

Once it became untenable for Chicago political officials to deny the scientific reports about the heat wave death rates, the city's most vocal residents and organizations embarked on another, equally distracting inquiry: who was to blame for the disaster (see fig. 14). There was no shortage of suspects. Some local activists and community leaders argued that responsibility lay in the hands of the mayor and his cabinet members. According to their argument, the leaders of various city agencies collectively neglected to recognize the danger posed by the social and meteorological climates and failed to organize an effective public response. One group of opposition African-American politicians on the city's South Side, for example, called for the resignation of several top city officials after the disaster and demanded a formal investigation of the event. For their part, city officials denied accountability and claimed that responsibility actually resided in groups and institutions outside their control. Commonwealth Edison, the primary utilities provider, became the target of the mayor and the city council

and was subjected to a public hearing. Official reports and public commissions criticized journalistic organizations that did not issue adequate warnings. Some, such as the daily newspaper the *Chicago Sun-Times*, countered by criticizing the city government for ignoring its own emergency plans. Top city officials faulted the families of victims for failing to attend to their kin. And the commissioner of the Department of Human Services simply blamed the victims, publicly declaring that “people . . . died because they neglected themselves.”

But ultimately it is pointless to organize an inquiry into the heat wave as a search for a guilty party, as only the crudest forms of analysis could reduce such a complex event to a single actor, causal agent, or social force. There is no simple explanation for why so many Chicagoans died in the trauma, and there is certainly no individual or group responsible for the crisis. What makes the heat wave such a meaningful event is that it represents an exemplary case of what Marcel Mauss called a *total social fact*, one that integrates and activates a broad set of social institutions and generates a series of social processes that expose the inner workings of the city.³⁵ For when hundreds of people die slowly, alone and at home, unprotected by friends and family and unassisted by the state, it is a sign of social breakdown in which communities, neighborhoods, networks, governmental agencies, and the media charged with signaling warnings are all implicated. Showing how is the principal challenge of this book.

AN OVERVIEW OF THE BOOK

The inquiry presented here proceeds in layers, beginning with an account of individuals dying alone and extending to an examination of how communities and political agencies contributed to the vulnerability or security of Chicago residents. Chapter 1, “Dying Alone,” explores the emergence of literal social isolation, the lack of contact with friends, family, and formal support networks that left so many Chicagoans uncared for and unprotected in the crisis. Two questions drive this chapter. First, what are the social conditions that explain why so many Chicagoans died *alone* during the heat wave? And second, to extend the first question, what conditions explain why, in the wake of this tragedy, so many Chicagoans continue to live alone, with limited social ties or contacts?

My answers to these questions are primarily based on sixteen months of fieldwork I conducted in Chicago. I spent much of that time alongside seniors who live alone, are poor, and report having few social ties. There is, unfortunately, little contemporary research on either the ex-

tent of isolation among city residents, particularly among the old and poor, or on the nature of this condition. Finding these seniors, let alone getting to know them, was not an easy task. Among the many paths I explored in search of the isolated elderly, the most fruitful went through social service agencies that worked with homebound seniors, city agencies that identify and assist the vulnerable elderly, single room occupancy dwellings that housed several older men, and one social organization whose mission is to provide companionship and support for older people who are on their own. Over the course of my fieldwork I interviewed or became acquainted with more than forty seniors, and the experiences I shared with them are central to my understanding of the varied nature of isolation and reclusion among the aged. Like most ethnographers, I developed particularly close relationships with a few of my informants, some of whose stories I tell in greater detail because they represent central features of being old, alone, and poor in the city.

It is, by definition, impossible to collect firsthand information about the experience of dying alone in an acute event.³⁶ The circumstances of the heat wave deaths, many of which went undiscovered for days, suggest some of the qualities of isolation in the city. Journalistic reporting immediately after the victims were discovered provides additional information about the decedents, some of whom had neighbors or relatives who spoke to the media during the crisis. But most of the accounts of individuals who died during the heat wave that I present here were garnered from research I conducted with seldom used sources, such as the Public Administrators Office files of personal belongings from people who died alone and were unclaimed by next of kin; a database compiled by the Medical Examiners Office; and police reports describing the conditions in which the heat wave victims were discovered. Finally, I conducted my own investigations into the life histories of several of the heat wave victims. I visited the places they lived and died, and spoke with neighbors, landlords, building managers, and, where possible, their friends and relatives.³⁷

In chapter 2, “Race, Place, and Vulnerability,” I consider whether there were place-specific conditions that heightened or reduced the risks of heat-related mortality for Chicago residents. Because several epidemiological studies have shown that social contact is a key factor in determining heat wave vulnerability, I examine the question of which community area social conditions facilitate strong and effective support networks and which conditions render frail residents even more susceptible to deprivation and isolation. Examining North Lawndale and

Little Village, two neighboring communities on the West Side of the city that had similar risk factors but radically different heat wave mortality rates, I consider how their specific social and ecological conditions influence the health and welfare of local residents.³⁵

The research for this chapter is rooted in six months of nearly daily observations made in the two neighborhoods between June and December of 1998, as well as in more than forty formal and informal interviews with local residents, merchants, political officials, religious leaders, community organizers, police officers, and neighborhood groups. The spatial contiguity between the two community areas, one almost entirely Latino, the other almost entirely African American, made it easy to move from one to the other. I split many days between the two areas, spending time among residents whose physical separation by a single street belied their experience of the border as a dividing point between what many referred to as "two totally different worlds."

Religious institutions and community organizations were my primary sources of entry into the parts of North Lawndale and the Little Village that I got to know, with one of each becoming the base for my work in the neighborhoods. In North Lawndale two block clubs also took me in as an occasional guest, and I met several local residents through these groups.

The neighborhood comparison in chapter 2 is also the basis for my engagement with a major public debate concerning the nature of the heat wave mortality: why, despite similarly heightened levels of vulnerability, did Chicago's African-American community experience the highest proportional death rates of all ethnoracial groups, while Chicago's Latinos experienced the lowest? The comparative case study of North Lawndale and Little Village helps to show how variations in the social ecology of Chicago's neighborhoods affected the viability of collective life and neighborhood social support, and in turn determined the capacity of communities to buffer the dangers imposed by the heat.

The questions that motivated chapters 3, 4, and 5 grew out of my reviews of the political, scientific, and journalistic reports on the disaster. The commissions, hearings, and official studies produced by different political agencies suggest that several layers of government were involved in disaster management, playing roles in both the public efforts to assist city residents during the heat wave and in establishing the levels of vulnerability that made the event so deadly. In chapter 3, "The State of Disaster," I depart from the social scientific convention of limiting the study of government action during a disaster to the question of how its agencies *react* to the crisis. In addition to looking at

the way that different city agencies responded to the heat and health emergencies, I ask whether and how governmental programs and policies contributed to the social conditions that placed so many Chicagoans at risk of breaking down in the heat. More specifically, I draw on fieldwork conducted alongside city employees of the Police Department and the Department on Aging, as well as interviews with members of the Fire Department and its paramedics division, to assess how the structure and spirit of the newly "reinvented" local government affects the capacity of various local state agencies to provide services to poor, old, and precarious city residents. The question at issue is not whether the new forms of urban governance are more or less effective at providing support to city residents than previous systems, but whether there is a *good fit* between the human capabilities and social resources held by the vulnerable—particularly the poor elderly—and the set of emergent programs, principles, and social service strategies in contemporary city governments.

Chapter 4, "Governing by Public Relations," considers the city's public relations campaign to manage the crisis as a fundamental part of the emergency political response to the disaster. Drawing upon Stanley Cohen's typology of the methods governmental regimes use to deny their implication in cases of violence, I show how city officials deployed rhetoric designed to defuse criticisms about their role in the crisis and shift the direction of public outrage toward other organizations.

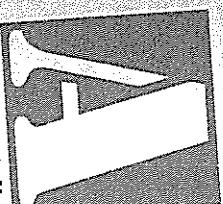
In chapter 5, "The Spectacular City," I draw upon observations made in a local newsroom and more than twenty interviews with journalists, editors, and managers who contributed to the coverage of the heat wave for one of Chicago's major news companies, to examine the symbolic production of the disaster in the major media. This investigation also breaks with the conventions of researching disasters and other social problems. Although it begins with a comprehensive content analysis of the journalistic coverage of the event, the chapter does not simply show which dimensions of the disaster journalists explored or explained and then speculate on the reasons for these reportorial patterns. Instead, it analyzes the cultural production of news and information about the heat wave and illustrates the organizational structure and vocational practices through which media organizations transformed the public health crisis into a public news event. As gatekeepers of the so-called public sphere, the media does the crucial cultural work of reframing, and not simply reporting, major issues for their audiences. Social scientists have a long history of studying newsrooms, but in recent decades they have produced few major accounts of the so-

cial, technological, and organizational conditions that have changed the work of news gathering in the age of digital production. Looking closely at the story behind the story of the heat wave, then, will also afford us a perspective on the conditions of journalistic production in a major city news organization that is otherwise difficult to obtain.

The book concludes with an overview of recent Chicago heat waves and an explanation of why even well-executed heat emergency policies are insufficient to remove the risk of future catastrophes. The results of the social autopsy suggest that extreme exogenous forces such as the heat will prove deadly again so long as extreme forms of vulnerability, isolation, and deprivation remain typical features of the urban environment. The epilogue, "Together in the End," provides a cautionary tale about the consequences of our collective denial.

CHAPTER ONE

Dying Alone *The Social Production of Isolation*



At the end of summer in the year 2000 I had my most personal encounter with the heat wave victims. They had been dead for five years by then, so it was hardly a typical meeting. But a generous invitation from a group of county employees who make their living working in what they call the "secret city of people" who live and die alone¹ made the unlikely introduction possible.

A few weeks before, I had read an article that reported an increase in the prevalence of dying alone in San Francisco, a city that has a far smaller population of poor and elderly residents than Chicago. In the first six months of the new year, San Francisco officials discovered almost as many cases of solitary decedents as they had during the previous decade. "More people are dying alone, with no one to arrange their funerals, settle their estates or mourn their passing," the story explains. "Sometimes the bodies lie for months in the city morgue as officials search for heirs."² In San Francisco, the article continues, a public administrators office is in charge of these investigations, and someone comes to collect them. This article was published close to the fifth anniversary of the 1995 heat wave in Chicago, and I wondered if the Office of the Cook County Public Administrator might have records of the cases it investigated during the disaster. One phone call later, I learned that the county had, in fact, maintained its files from the catastrophe and catalogued its work through the 1990s. Officials there had conducted roughly 1,000 to 1,200 investigations—about 3 per day—for almost every year during the 1990s. In the 1997–98 budgetary year, though, the total jumped to 1,370; and in 1998–99, the most recent year for which there were data, it was 1,562. That day I wrote to the office requesting permission to examine the files.

Soon after, I was sitting in a conference room on the twenty-sixth

floor of the County Building, surrounded by roughly 160 official reports and boxes full of the mundane belongings—watches, wallets, letters, tax returns, photographs, and record books—that had been in the homes or on the persons of the heat wave victims. During the previous five years of my investigation I had spoken to neighbors, friends, and family members of some of the decedents; immersed myself in neighborhoods that had exceptional heat wave mortality rates; visited the apartment buildings and transient hotels where people had died; spent hours in the morgue looking over death certificates and speaking with the Chief Medical Examiner; scoured police reports, public health documents, and epidemiological studies; read hundreds of news articles; viewed dozens of television stories; and interviewed paramedics, police officers, and hospital workers who handled the dead and the dying the week of the heat wave. Yet nothing apart the decedents' files had given me such an intimate and human view of the people whose isolation knew no limits, of the nature of life and death inside the sealed room.

THE PUBLIC ADMINISTRATORS

The public administrators' descriptions of the rooms are incisive but curt, with simple, abbreviated terms summing up the destitution surrounding most victims: "Furnished room," many reports began, revealing the large concentrations of death in the city's single room occupancy (SRO) dwellings; "roach infested," and "complete mess" were common too. Most files contained instant photographs of the apartments taken by the investigators; some showed barren spaces and few signs of life, while others were so cluttered with objects as to suggest that the material goods had replaced human company in the worlds of the isolates.² The victims' mementos and photographs capturing better times provided some relief from the terrible images everywhere else in the files. One man, for example, died alongside a certificate awarding him the Bronze Star for exemplary conduct in ground combat during World War Two, and two photographs of himself as a handsome young soldier in full uniform. There is, however, a disturbing side to such signs of vitality and success: they show how fleeting can be one's security, how deep are the crevices in the city, and how invisible are those who fall through the gaps.

The personal letters express the longings born of solitude, hinting at the extent to which the victims suffered from their social deprivation. Several weeks before the heat wave, one resident of an SRO dwelling in the North Side's Uptown neighborhood penned a plea for companionship to an estranged friend in a nearby suburb, but ultimately kept the note himself. "When you have time please come visit me soon at

my place," he wrote. "I would like to see you if that's possible, when you come to the city. Write when you can. I will be glad to hear from you." Another resident who died in the same hotel had received a letter from a distant relative shortly before July. The writer anticipated his family's demise, though his relative in the Chicago SRO was only fifty-three years old. "I don't have words to tell you how bad I feel about the troubles and sickness you are having," he began. "It seems to me that our family should have gotten along and been friends. As we near our end it seems it should be different."

While researching the heat wave I had become familiar with a series of popular books and scholarly publications that downplayed the difficulties of living alone, especially in old age, and enthusiastically celebrated the successes of people who managed to enrich their lives and build communities while living by themselves. Renowned writers such as Robert Coles, Arlie Hochschild, and Barbara Meyerhoff had published beautiful and influential books about the capacity of older people to flourish despite their separation from family and old friends; and even Robert Putnam, whose lament over the increase in Americans bowling alone captivated the public during the 1990s, emphasized that, relative to other groups, retired senior citizens were the nation's most active joiners. Yet none of the authors who celebrated the flourishing elderly living on their own established whether the subjects of their studies were typical or exceptional. Hochschild, in fact, had argued that her subjects were interesting precisely because they were not representative of most seniors, while the others had simply avoided the question.³ The books had done the important work of illustrating the conditions under which it is possible to age well, but they said little about the fate of the people deprived of such opportunities. Older people who live as shut-ins and isolates are no more typical than the seniors who appear in these popular texts—but their absence in the literature leaves a knowledge gap that the Public Administrator's files help to fill. Coles, whose book *Old and On Their Own* is the most recent of these works and the only one to focus on senior citizens living alone, produced a heartwarming collection of photographic and written portraits of older Americans. Their success, as he describes it, is that they manage to "hold on—to maintain considerably more than a semblance of their privacy, their independence, their personal sovereignty, their 'home rule'" while living alone.⁴ Coles presents the faces and stories of the seniors who are struggling to get through the daily challenges of aging alone but who, in the end, are making it. They manage, as one eloquently puts it, to "duck . . . bullets" such as bodily decline,

boredom, depression, loneliness, illness, immobility, loss, and the constant proximity of death that come at the end of life. Neither Coles nor his informants hide the difficulties of aging alone, yet the portraits in *Old and On Their Own* offer few glimpses into the social universe apparent everywhere in the biographies at the Public Administrators Office. It was as if the stories of the most isolated and vulnerable seniors had been excised because they disrupted the triumphant tone of the book; they were, perhaps, too difficult to absorb.

Perhaps Coles and the photographers excluded the most difficult cases from their presentation, invoking them only as absences, ghosts we dare not see. Longevity means forging new opportunities for creating things, for making or developing meaningful relationships, for contributing to society, to family, and to friends, and it would be misleading to emphasize only the dangerous consequences of aging alone or the unusual problems of being isolated. Yet it is equally misleading to celebrate a long duration of life without thinking seriously about the quality of that life, or to let the successes of the fortunate seniors who age alone and well blind us to the difficulties of those who suffer the more severe consequences of spending most of their time by themselves.

The incongruity between the accounts featured in *Old and On Their Own* and the Chicago stories I was learning about became even more noticeable when I discovered the police reports of the heat wave deaths. Filed in the recesses of the Cook County Morgue, the hastily scribbled notes authored by Chicago police officers show that the circumstances under which many heat victims died only emphasized the isolation and indignity of their lives.

MALE, AGE 65, BLACK, JULY 16, 1995

R/Os [responding officers] discovered the door to apt. locked from the inside by means of door chain. No response to any knocks or calls. R/Os . . . gained entry by cutting chain. R/Os discovered victim lying on his back in rear bedroom on the floor. [Neighbor] last spoke with victim on 13 July 95. Residents had not seen victim recently. Victim was in full rigor mortis. R/Os unable to locate the whereabouts of victim's relatives.

FEMALE, AGE 73, WHITE, JULY 17, 1995

A recluse for 10 yrs, never left apartment, found today by son, apparently DOA. Conditions in apartment when R/O's arrived thermostat was registering over 90 degrees F. with no air circulation except for windows

opened by son (after death). Possible heat-related death. Had a known heart problem 10 yrs ago but never completed medication or treatment.

MALE, AGE 54, WHITE, JULY 16, 1995

R/O learned . . . that victim had been dead for quite awhile. . . . Unable to contact any next of kin. Victim's room was uncomfortable warm. Victim was diabetic, doctor unk. Victim has daughter . . . last name unk.

Victim hadn't seen her in years. . . . Body removed to C.C.M. [Cook County Morgue]

MALE, AGE 79, BLACK, JULY 19, 1995

Victim did not respond to phone calls or knocks on victim's door since Sunday, 16 July 95. Victim was known as quiet, to himself and at times, not to answer the door. Landlord . . . does not have any information to any relatives to victim. . . . Chain was on door. R/O was able to see victim on sofa with flies on victim and a very strong odor decay (decompose). R/O cut chain, per permission of [landlord], called M.E. [medical examiner] who authorized removal. . . . No known relatives at this time.

These accounts rarely say enough about a victim's death to fill a page, yet the words used to describe the deceased—"recluse," "to himself," "no known relatives"—and the conditions in which they were found—"chain was on door," "no air circulation," "flies on victim," "decompose"—are brutally succinct testaments to the forms of abandonment, withdrawal, and isolation that proved so dangerous and extensive in Chicago during the heat wave (compare with fig. 15). Yet, like the Public Administrators Office reports, they introduce more questions about the lives inside the rooms than they resolve.

This chapter addresses the first layer of the heat wave puzzle by assembling an account of the collective production of individual-level isolation. Two questions guide this inquiry. First, why did so many hundreds of Chicagoans *dive alone* during the heat wave? Second, to extend the question outward from the heat wave to the present, why do so many Chicagoans, particularly older residents, *live alone*, with limited social contacts and weak support networks during normal times?

These questions carry significant social and symbolic meaning. Most contemporary versions of the "good death" in the United States emphasize that the dying process should take place at home, a familiar setting in which the person is more likely to be comfortable. But it is even more crucial that the process is collective, shared with a community of

CLASSIFICATION (Check One)		<input checked="" type="checkbox"/> DEATH	<input type="checkbox"/> SUICIDE	<input type="checkbox"/> HOMICIDE	<input type="checkbox"/> OTHER	<input type="checkbox"/> INVESTIGATION	<input type="checkbox"/> MURK	<input type="checkbox"/> ASSAULT	<input type="checkbox"/> 2. BEAT/POINT ASSAULT	<input type="checkbox"/> 3. BEAT/OCCUR	
ADDRESS OF OCCURRENCE											
SUSPECT'S NAME											
1. PERSON REPORTING INCIDENT TO POLICE		2. PERSON CALLING TO HOME ADDRESS		3. DATE OCCURRED		4. TIME OCCURRED		5. TIME		6. SIGHTING	
7. PERSON DUTYING VICTIM		8. RACE		9. HOME ADDRESS		10. HOME PHONE		11. HOME PHONE		12. BUSINESS PHONE	
21. NAMES OF WITNESSES		SEX/RACE		12. HOME ADDRESS		APT. NO.		13. HOME PHONE		14. BUSINESS PHONE	
25. TYPE PREMISES WHERE OCCURRED/INCIDENT FOUND		LOCATION CODE		16. CAUSE OF FATALITY		17. PERSONS ON PREMISES		18. REASONS FOR WHICH		19. PERSON AUTHORIZING REMOVAL	
RESIDENCE		29 C		20. REMOVED TO		21. NAME/PERSON AUTHORIZING REMOVAL		22. REASONS AND REFUSED		23. PERSON INVENTORY NO.	
26. REMOVED BY		CED ENG 35 / BR 2343		22. EXTENT OF INJURES		23. INJURY AND GIVEN BY		24. ACTIVITY		25. PROB. INVENTORY NO.	
31. SURVEY FOR FUGITIVE (Check One)		32. EXTENT OF INJURES		33. INJURY AND GIVEN BY		34. ACTIVITY		35. PROB. INVENTORY NO.		36. PROB. INVENTORY NO.	
35. NAME AND ADDRESS OF ATTENDING PHYSICIAN		36. PROB. INVENTORY NO.		37. NARRATIVE (Indicate cause or manner of death or injury and comment concerning same)		38. PROB. INVENTORY NO.		39. PROB. INVENTORY NO.		40. PROB. INVENTORY NO.	
41. SUMMARY		42. COMMENTS		43. CALL OR CHECK THE WELFARE		44. CALL OR CHECK THE WELFARE		45. CALL OR CHECK THE WELFARE		46. CALL OR CHECK THE WELFARE	
AT ABOVE ADDRESS - VICTIM ADVISED, 86, LIVED THERE FOR SEVERAL YEARS AND											
EMERGENCY ROOM THE SAME OWNER. OWNER TELL ME HE NEVER SAW ANYONE											
BE WORKED HERE OR THE GARDEN KEPT. IT 2540 WAS CALLED AS SCENE											
AND 803 WENT UP BECAUSE INSIDE THE FRONT DOOR, AND SAW											
803 ASKED THE KNOCK AT THE DOOR TO BE RECOGNIZED, NOT AS THE											
WINDOWS WERE SHUT A BOMB CAN WAS PLACED IN THE VENUS GARDEN.											
LUCKY FOR OWNER TO BECAME KNOCK GOT UP AND ANOTHER DISAPPEARED.											
THERE WERE NO APPARENT SIGNS OF GUNPLAY. ALL DOORS ARE LOCKED											
AND CHANGED HOW THE HOUSE STOOD WAS OUT OF OWNER'S SIGNS AND 803											
SECURED BECAUSE THOROUGHLY. 803 WENT TO INVESTIGATE GARDEN AT 2010 HES											
NEIGHBORS (BOX 12) STATED THE LAST TIME THEY SAW VICTIM WAS 20 JULY											
AT 1200 HES ENG 35 ON SCENE TO ASSIST											
HAVE READ THIS REPORT AND BY MY SIGNATURE INDICATE THAT IT IS ACCEPTABLE											
28. EXTRA COPIES REQUIRED AND RECIPIENT		29. DATE PERTINENT INFORMATION COMMENCED		30. DATE APPROVING		31. CONTINUED ON REVERSE SIDE		32. APPROVING		33. SIGNATURE	
40. WORKING OFFICER/REPORTER		41. WORKING OFFICER/REPORTER		42. DATE APPROVING		43. SIGNATURE		44. DATE APPROVING		45. SIGNATURE	
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Figure 15. A police report notes the conditions of a decedent's apartment: "suspicious odor," "unopened mail," "extremely hot," "windows were shut."

attendant family and friends. When someone dies alone and at home, such a death can be a powerful sign of social abandonment and failure. The community to which the deceased belonged is likely to suffer from stigma or shame as a consequence, and often it will respond by producing redemptive accounts or enacting special rituals that reaffirm the bonds among the living.⁵

In the United States, the social issues of living alone or lacking close and durable communal ties are equally loaded. Despite considerable evidence that Americans are relatively active participants in social organizations and community groups, the specter of the lonely and atomized individual in the great metropolis has long haunted the national imagination. U.S. sociology is internationally distinct in that only here do studies focusing on the isolation of individuals and the crisis of community account for five of the six best-selling books in the history of the field, including texts entitled *The Lonely Crowd* and *The Pursuit of Loneliness*.⁶ Moreover, two of the most influential books in the last twenty years of American social science, William Julius Wilson's *The Truly Disadvantaged* and Robert Putnam's *Bowling Alone*, are based on theories that "social isolation," broadly construed, is the fundamental cause of numerous and varied social problems. To talk about social isolation, it seems, is to touch a central nerve of U.S. intellectual culture.⁷

BEING ALONE

The issues of aging and dying alone are hardly limited to Chicago. The number of people living alone is rising almost everywhere in the world, making it one of the major demographic trends of the contemporary era.⁸ In the United States, the proportion of all households inhabited by one person (the U.S. Census Bureau's best measure of people living alone) climbed steadily in the twentieth century, moving from roughly 7 percent in 1930 to 25 percent in 1995; and the percentage of all people who lived alone rose from 2 percent to about 10 percent in the same period. According to the Census Bureau, the total number of Americans living alone rose from 10.9 million in 1970 to 24.9 million in 1996; about 10 million of these, more than 40 percent of the total, are aged 65 years or older.⁹ As figures 16 and 17 show, the proportion of American households inhabited by only one person and the proportion of elderly people living alone has soared since 1950. These numbers are certain to rise even more in the coming decades, yet few studies document the daily routines and practices of people who live alone in their final years, and we know little about the experiential makeup of their conditions.¹⁰ We know even less about the fastest emerging group of seniors: "very old" people aged 85 years or above who live alone, often surviving the departure of their children, the death of their spouse, and the demise of their social networks.

It is important to make distinctions among living alone, being isolated, being reclusive, and being lonely. I define *living alone* as residing

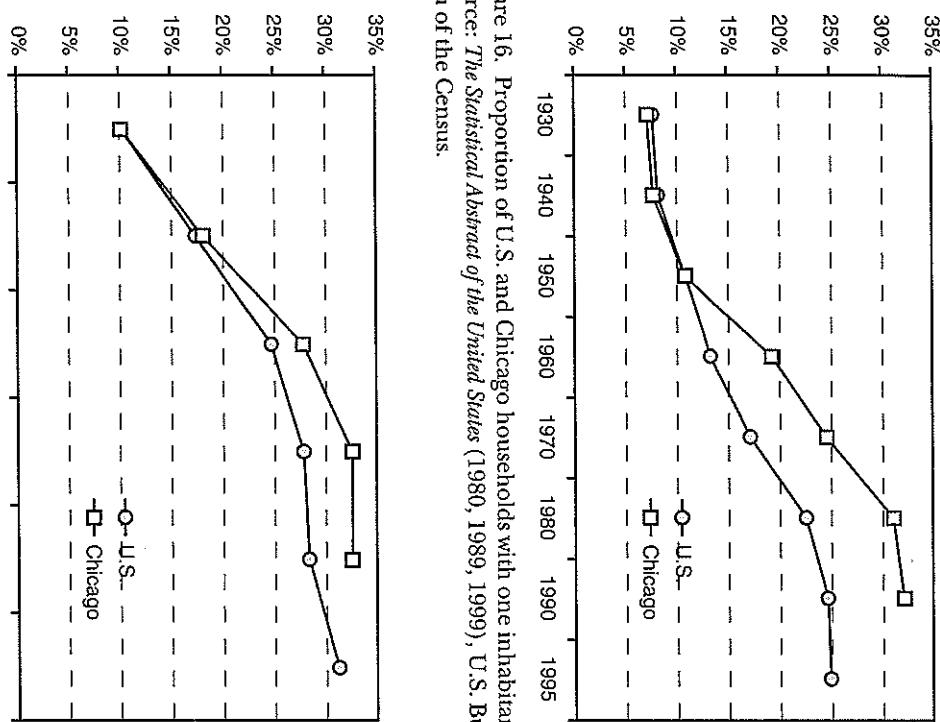


Figure 16. Proportion of U.S. and Chicago households with one inhabitant.
Source: *The Statistical Abstract of the United States* (1980, 1989, 1999), U.S. Bureau of the Census.

Figure 17. Proportion of U.S. and Chicago elderly (65+) living alone. Source:

The Statistical Abstract of the United States (1980, 1989, 1999), U.S. Bureau of the Census.

without other people in a household; *being isolated* as having limited social ties; *being reclusive* as largely confining oneself to the household; and *being lonely* as the subjective state of feeling alone.¹¹ Most people who live alone, seniors included, are neither lonely nor deprived of social contacts. This is significant, because seniors who are embedded in active social networks tend to have better health and greater longevity than those who are relatively isolated. Being isolated or reclusive, then, has more negative consequences than simply living alone. But older people who live alone are more likely than seniors who live with

others to be depressed, isolated, impoverished, fearful of crime, and removed from proximate sources of support than the elderly who live with others. Moreover, seniors who live alone are especially vulnerable to traumatic outcomes during episodes of acute crisis because there is no one to help recognize emerging problems, provide immediate care, or activate support networks.¹²

It is difficult to measure the number of people who are relatively isolated and reclusive. First, isolates and recluses are by definition difficult to locate and contact because they have few ties to informal or formal support networks or to researchers; second, isolated or reclusive people who are contacted by researchers often become more concealed through the research process. In surveys and censuses isolates and recluses are among the social types most likely to be uncounted or undercounted because those with permanent housing often refuse to open their doors to strangers and are unlikely to participate in city or community programs in which they can be tracked. In academic research it is common to underestimate the extent of isolation or reclusion among seniors because most scholars gain access to samples of elderly people who are already relatively connected. One recent book about loneliness in later life, for example, makes generalizations about the prevalence of isolation and loneliness on the basis of a survey of seniors who participate in a university for the aged,¹³ and even medical studies of isolation and health are likely to exclude people whom physicians and research teams never see or cannot locate.

Such methodological problems account for part of the reason that there are no systematic data on the extent of isolation and reclusion in the general population or even among the elderly.¹⁴ But another reason is that despite the longstanding national conversation about being alone, few people or institutions have shown interest in learning about the truly isolated. U.S. city governments, though, are becoming increasingly aware that the emergence of isolated and reclusive residents has introduced a new set of challenges for social service providers and public health programs—in part because of the death reports they receive from public administrators and police departments. According to the director of one of Chicago's largest senior-citizen advocacy groups, "there are thousands of isolated seniors out there who we don't know."¹⁵

Though unnoticed in the everyday life of the city, the prevalence and danger of living alone without social contacts were apparent in the heat wave mortality patterns. According to the authors of the most thorough epidemiological study of the disaster, "During the summer

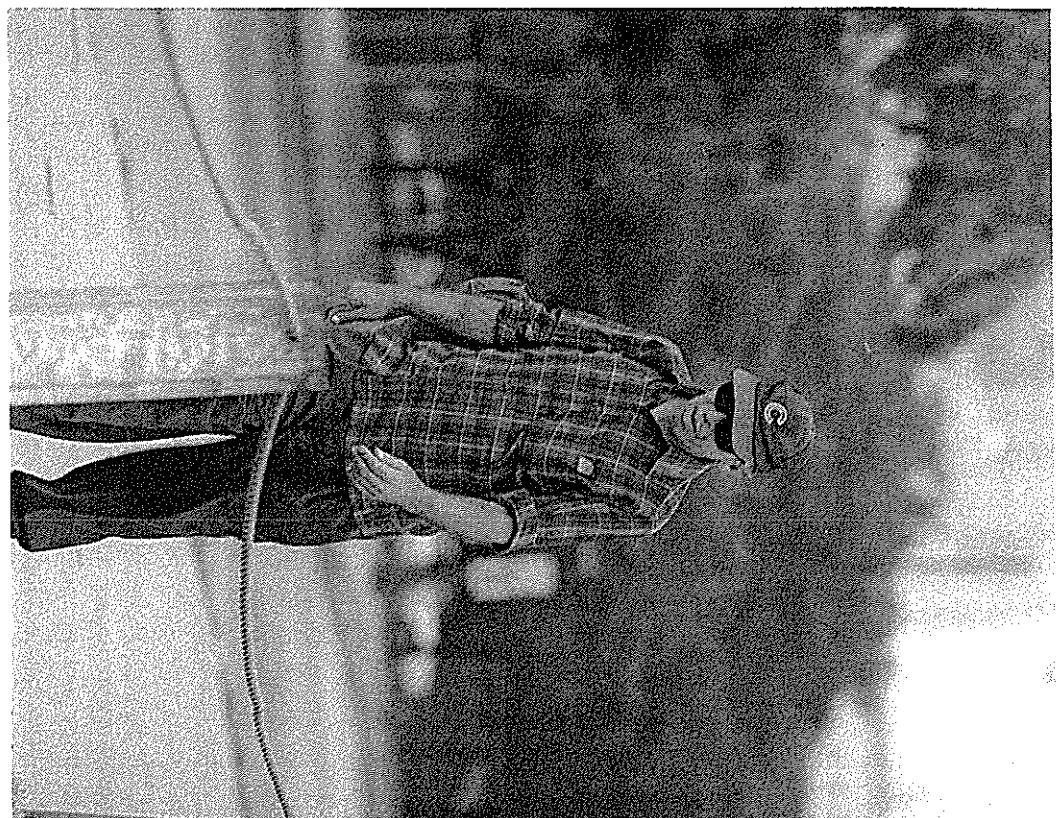


Figure 19. An elderly Chicago man tries to keep cool in his apartment after his power went out. Source: ABC7. Courtesy of WLSTV.

THE SOCIAL PRODUCTION OF ISOLATION

Although the epidemiological reports on the heat wave established the relationship between isolation and mortality in the disaster, they offer little explanation for the deeper question of why so many Chicagoans lived and died alone. The political commissions that studied the heat wave, however, provided two major conclusions. The first was that relative to earlier times, more frail people are aging alone and living with everyday vulnerabilities that render them susceptible to the heat. The second was that most people who live alone take great pride in their independence and tend to refrain from asking for or accepting assistance, because doing so would spoil their identity as self-sufficient individuals. The result, as the Mayor's Commission on Extreme Weather Conditions states, is that "those most at risk may be least likely to want or accept help from government."¹⁷

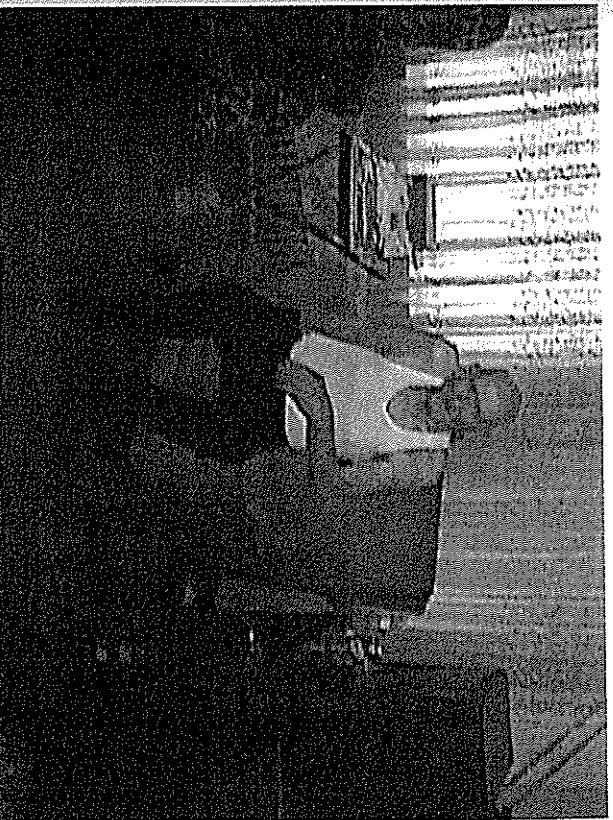


Figure 18. An elderly Chicagoan walks near Lake Michigan during the heat wave. Source: *Chicago Sun-Times*; photographer: Andre Chung. Reprinted with special permission from the Chicago Sun-Times, Inc. © 2002.

heat wave of 1995 in Chicago, anything that facilitated social contact, even membership in a social club or owning a pet, was associated with a decreased risk of death"; living alone "was associated with a doubling of the risk of death"; and "those who did not leave home each day" were even more likely to die.¹⁶ Along with city residents suffering from frail health and/or confined to bed, those who were isolated faced the greatest risk of heat-related mortality (figs. 18, 19).

took a lot of effort to make people this isolated." But the ways in which Americans have engineered such extreme forms of individuation and social segmentation remain mysterious.¹⁸ Looking more closely at the conditions that made Chicagoans vulnerable to the heat helps to make visible a series of social transformations that contribute to the emerging phenomenon of being alone in the city.

This chapter focuses on four trends, all of which contribute to the vulnerability of the growing number of Americans who are old and poor:

- a *demographic shift*, the increasing number of people living alone and, in particular, of seniors who are aging alone, often with disabilities and barriers to mobility and sociability;
- a *cultural condition* related to crime, the coupling of a "culture of fear" stemming from the violence and perceived violence of everyday life with the longstanding American valuation of privacy, individualism, and self-sufficiency, particularly among the elderly and men;¹⁹
- a *spatial transformation*, the degradation, fortification, or elimination of public spaces and supported housing arrangements such as public housing clusters or SRO dwellings, especially in areas with concentrated poverty, violence, and illness;
- a *gendered condition*, the tendency for older men, particularly single men without children and men with substance abuse problems, to lose crucial parts of their social networks and valuable sources of social support as they age.

Together, these conditions create a new set of risks for a rising segment of the urban population, an everyday state of danger and deprivation whose impact on the life of the city is as severe as it is unspoken. This chapter examines each of these conditions in turn, then illustrates the potential for disaster when all come together in concentrated zones of isolation. The account begins with a discussion of aging alone and an extended portrait of one Chicago woman who barely survived the heat wave. Next, it addresses the isolating influences of crime and violence on urban seniors, whose daily routines and social practices are often constrained by insecurity and fear. Finally, it assesses how changes in two particular social environments, public housing for seniors and SRO dwellings, compromised the viability of public space and collective life for many of their residents during the 1990s.

AGING ALONE

If the heat wave was the most dramatic expression of the dangers of isolation, it was hardly a revelatory moment for the small number of

foundations and social service agencies familiar with the condition. In 1988 the Commonwealth Fund published *Aging Alone: Profiles and Projections*, a widely distributed report highlighting the general aging of U.S. society and the rapid increase in the population of "very old" seniors, aged 85 years or older, who are more likely to be alone, frail, and unable or unwilling to stray far from home.²⁰ Roughly one out of every three Americans aged 65 years or older, and almost one out of every two aged 80 years or older, lived alone in the mid 1980s; and in the 1990s the proportions increased.

Aging Alone captured the attention of government and service agencies with its finding that most seniors who live alone are women, about two-thirds of whom are widows. Class status is a key determinant of isolation and living alone. The study showed that two out of every three seniors who are poor live by themselves, a situation that is dangerous because impoverished seniors are twice as likely as financially stable ones to report poor health (44 percent versus 22 percent), have health-related limitations in bathing, dressing, and other daily tasks (34 percent versus 17 percent), and experience depression at least once a week (47 percent versus 24 percent). The combination of isolation and depression often spins into a vicious circle that is difficult to break, since being alone leads to depression, which in turn reduces one's capacity to make contact with others, which then heightens the depression, and so on.²¹

Childless seniors are more likely than those who have living children to be socially isolated. Ties with children are crucial for sustaining a support network, and when a child dies or moves far from her parents there is generally no compensatory attention from other relatives and families. These patterns suggest that older African Americans and men are most likely to be alone at the end of their lives, since surveys consistently show that a higher proportion of black elderly than white elderly have dead or incarcerated children, and that a higher proportion of men than women are estranged from their children.²² People who have mental illnesses and substance abuse problems, especially those who fail to get proper care, are also more likely to be alone late in life, since their instability often strains relationships with family and friends and complicates their integration into communities.

Strained or severed family ties are common themes in the histories of the isolated elderly. *Aging Alone* reports that 18 percent of all seniors living alone have no relative on whom they could depend for support for only a few days, and 28 percent had no one available for needs lasting a few weeks. Although the majority of seniors alone speak with

family members often, 27 percent have no children and 6 percent have no phone. Among those who do have children, 60 percent see them less than once a week and 20 percent see them once a year or less. Very old seniors aged 85 years or older, who are more likely to be confined and to have special needs, see their children only slightly more often than other seniors: 32 percent get monthly visits, compared with 24 percent of seniors aged 75 to 84 years and 22 percent of those aged 65 to 74 years. More than two out of every three seniors have no monthly visit with their children.

Perhaps the most striking findings in the studies of seniors and isolation concern the extent to which some of the elderly have lost contact with their friends and families. Of all seniors living alone and below the poverty line, one out of three sees neither friends nor neighbors for as much as two weeks at a time, and one out of five has no phone conversations with friends. Seniors who never had children or who grew estranged from their families are especially susceptible to being alone and bereft of social support; but in the United States, where mobility rates are high and families are often spatially dispersed, it is common for seniors to be out of touch with relatives. National studies show that for seniors, geographical distance from friends and family is the strongest determinant of contact and social support. Decades of migration out of Chicago, where the total population decreased by more than a million between 1950 and 1990 and several neighborhoods lost more than half of their residents, increased the likelihood that the city's seniors would be isolated and alone. These patterns of migration and family dispersal are among the reasons that 48 percent of Chicago residents and 35 percent of suburbanites older than 65 years of age report having no family members available to assist them.²³

Although some of these seniors live in specialized housing environments, the majority reside in apartments or single family houses, the kinds of places where most Americans spend their lives. And though some isolated seniors have endured decades of marginalization or estrangement, most moved through life in ways that Americans would regard as normal. As the story of Pauline Jankowitz shows, isolation in cities such as Chicago grows out of typical social processes and personal experiences. One need not fall victim to a trauma to find oneself alone and at home as death approaches.

"THE CLOSEST I'VE COME TO DEATH"

Pauline Jankowitz survived the heat wave, but her story helps to illustrate some of the fundamental features of aging alone and being afraid

in the city. I first met Pauline on her eighty-fifth birthday, when I was assigned to be her companion for a day by Little Brothers Friends of the Elderly, a secular, nonprofit, international organization that supports seniors living alone by linking them up with volunteer companions and inviting them to the organization's center for a birthday party and a Thanksgiving and Christmas dinner every year. Although a stranger before the day began, I became her closest companion for the milestone occasion when I picked her up at the Northeast Side apartment where she had lived for thirty years.

Pauline and I had spoken on the phone the previous day, so she was expecting me when I arrived late in the morning. She lives on a quiet residential street dominated by the small three- and four-flat apartment buildings common in Chicago. Her neighborhood, a key site of departure and arrival for urban migrants, has changed dramatically in the time she has lived there. Her block has shifted from a predominantly white ethnic area in which Pauline was a typical resident to a mixed street with a sizable Asian and increasingly Mexican population. The small urban enclave remains home to her, but she is less comfortable in it because the neighbors are no longer familiar to her. "They are good people," she explained, "but I just don't know them." Her situation is similar to that of thousands of Chicago residents and millions of seniors across the country who have *aged in place* while the environment around them changes and their local friends leave.

Other major sources of discomfort for Pauline are her physical infirmities, which worsen as she ages: a bladder problem that left her incontinent, and a weak leg that requires her to walk with a crutch and drastically reduces her mobility. Pauline's fear of crime, which she hears about daily on the radio and television, contributes to her confinement. "Chicago is just a shooting gallery," she told me, "and I am a moving target because I walk so slowly." Acutely aware of her vulnerability, Pauline reorganized her life to limit her exposure to the threats outside, bunkering herself in a third-floor apartment in a building that has no elevator. The stairs give her trouble when she enters and leaves her home, but she prefers the high floor because "it is much safer than the first floor... If I were on the first floor I'd be even more vulnerable to a break-in." With a home-care support worker, delivered meals, and a publicly subsidized helper visiting weekly to do her grocery shopping and help with errands, Pauline has few reasons to leave home. "I go out of my apartment about six times a year," she told me, "and three of them are for Little Brothers celebrations."

Little Brothers Friends of the Elderly is one of the few organizations

in the United States whose mission is to address the problems related to aging alone and to assist isolated seniors in their efforts to make or remake connections to a world that has left them behind. In 1997 the Little Brothers Friends of the Elderly Chicago operation coordinated more than 8,000 personal visits and 11,000 calls to isolated and reclusive seniors; brought more than 2,000 isolated elderly to their various holiday activities; and welcomed about 1,800 to birthday celebrations. "The problem," the organization states clearly in its reports, "is isolation and loneliness. . . . Our old friends don't have a social network of family and friends. They identify themselves as lonely and they seek companionship and friendship. . . . Our role is to become the family and friends the elderly have outlived, never had, or from whom they are estranged."²⁴

It is, I would learn, a challenge for Little Brothers to help even the seniors with whom they have contact. Pauline and I made it to the birthday celebration after a difficult and painful trip down her stairway, during which we had to turn around and return to the apartment so that she could address "a problem" that she experienced on the stairs—one apparently too embarrassing to discuss with me. Pauline's grimaces and sighs betrayed the depth of the pain that the walk had inflicted, but she was so excited to be going out, and going to her party, that she urged me to get us to the center quickly. I was supposed to have brought two other seniors to the celebration who had confirmed their intention to me the day before, but when I arrived at their apartments they both told me that they had decided to stay home.

Pauline had an extra incentive to get to the party. Edna, one of her two "phone buddies" who lived a few blocks away but saw her only at Little Brothers events, would also be there for the day. The two were thrilled to see each other, and at the end of the excellent meal and sing-along that highlighted the joyous event, Edna arranged to get a ride back with me so that she could extend the visit.

Edna got out more than Pauline, but both explained that the telephone has become their primary link to the world outside. Pauline has two phone buddies with whom she speaks regularly; one is a romantic albeit physically distant attachment. A few other friends and family members also call occasionally. Pauline has two children, who both live out of the state and visit infrequently but call about once a week. Although they phoned to wish their mother a happy birthday, neither could make it to Chicago to celebrate the occasion.

Pauline's other main sources of companionship are the major media, mostly television and radio, and the odd things she receives in the

mail, which a neighbor brings up to her apartment and leaves on a pile of boxes outside the door so she doesn't have to bend over to pick it up. Recently, Pauline has started to phone in to talk shows, where she likes to discuss political scandals and local issues. These contacts helped keep her alive during the 1995 heat wave, as she and her friends checked up on one another often to make sure they were taking care of themselves.

Pauline knew that I was studying the disaster and during one visit she announced that she wanted to tell me her story. "It was," she said softly, "the closest I've come to death." Pauline has one air conditioner in her apartment, which gets especially hot during the summer because it is on the third floor. But the machine "is old and it doesn't work too well," which left her place uncomfortably, if not dangerously, warm during the heat wave. A friend had told her that it was important for her to go outside if she was too hot indoors, so she arose very early ("it's safer then") on what would become the hottest day of the heat wave, to visit the local grocer to buy cherries ("my favorite fruit, but I rarely get fresh food so they're a real treat for me") and cool down in the air-conditioned store. "I was so exhausted by the time I got down the stairs that I wanted to go straight back up again," she recounted, "but instead I walked to the corner and took the bus a few blocks to the store. When I got there I could barely move. I had to lean on the shopping cart to keep myself up." But the cool air revived her enough to buy a bag of cherries and return home on the bus.

"Climbing the stairs was almost impossible," she remembered. "I was hot and sweaty and so tired." Pauline called a friend as soon as she made it into her place. As they spoke she began to feel her hands going numb and swelling, a sensation that quickly extended into other parts of her body, alerting her that something was wrong. "I asked my friend to stay on the line but I put the phone down and lied down." Several minutes later, her friend still on the line but the receiver on the floor, Pauline got up, soaked her head in water, directed a fan toward her bed, lay down again, and placed a number of wet towels on her body and face. Remembering that she had left her friend waiting, Pauline got up, picked up the receiver to report that she was feeling better and to thank her buddy for waiting, and then hung up. Finally, she lay down once more to cool off and rest in earnest. Before long she had fully recovered.

"Now," she concluded, "I have a special way to beat the heat. You're going to laugh, but I like to go on a Caribbean cruise"—alone and, as she does nearly everything else, without leaving her home. "I get several

washcloths and dip them in cold water. I then place them over my eyes so that I can't see. I lie down and set the fan directly on me. The wet towels and the wind from the fan give a cool breeze, and I imagine myself on a cruise around the islands. I do this whenever it's hot, and you'd be surprised at how nice it is. My friends know about my cruises too. So when they call me on hot days they all say, 'Hi Pauline, how was your trip?' We laugh about it, but it keeps me alive."

Pauline's case is hardly unique. Sharon Keigher, a professor at the University of Wisconsin who conducted a multiyear study of housing risks for the Chicago elderly, reports the following case study of a woman identified through Chicago's Emergency Services program. Her account of Viola Cooper suggests how much more difficult isolation can be when it is compounded by extreme poverty:

At similar risk . . . is Viola Cooper, a thin 70-year-old black woman who continues to live alone in isolation in her basement apartment. She greeted us in the hallway with a toothless, pleasant smile. Her three-room apartment, furnished with odd items of run-down furniture, was cluttered, dirty, and in poor condition. . . . This apartment, for which she pays \$250 of her \$490 monthly income, was not much of an improvement over the last apartment where ES [Emergency Services] workers found her.

She had just come home from the hospital after 8 days in intensive care for treatment of an infected bite on her face received from a rabid rat. She had been bitten while sleeping in her apartment. After the fire (2 years before), ES determined that repairs on her apartment were 'in process' and 'relocation (was) not needed,' although follow-up (*sic*) services record the deplorable conditions she was living in.

Fortunately, she was referred by the City to a private agency which helped her move and gave her some furniture. . . . She now lives too far from her church to attend, for the first few months she had no running water or working toilet; her only friend in the building died a few months ago. . . . Alone, sick, and depressed, her condition is aggravated by the unhealthy conditions under which she lives.²⁵

VIOLENCE AND ISOLATION

Pauline Jankowitz and Viola Cooper are merely two of the 110,000 seniors who lived alone in Chicago during the 1990s; and despite her many barriers to social integration, Pauline's location in the northeast part of the city makes her relatively safer than seniors living in other

regions. Nonetheless, urban areas with high levels of violent crime impose real barriers to mobility for their residents, and during this period Chicago was among the most dangerous cities in the country. In 1995, for example, Chicago ranked sixth in robberies and fifth in aggravated assaults among all U.S. cities with populations exceeding 350,000; and in 1998 it was the national leader in homicides at 698—exceeding New York City's figure for that year by about 100, although it is roughly one-third as populous.

Most important for the story of the heat wave, though, is that during the week before the event Chicago experienced a spurt of homicides that put people living near the crossfire on alert. From Friday 7 July to Thursday 13 July 1995, there were twenty-four homicides in the city. Under the headline "City Murders on Rise with the Thermometer," the *Chicago Tribune* reported that the annual summer upsurge in violence had begun, with most killings "concentrated in South Side neighborhoods that carry a disproportionate share of the city's deadly violence."²⁶ The same areas produced an inordinate number of heat-wave-related deaths the next week. Though they were unlikely targets for the shootings, older residents of violent areas who refused to leave their homes during the heat wave had reason to be concerned about the risks they faced in the city streets.

In recent years a number of studies have shown that older people living in violent and deteriorated urban areas tend to be more isolated and afraid of crime than those in more robust regions.²⁷ Among the mechanisms producing this concentrated fear and isolation in ecologically depleted and politically underserved places are the lack of local commercial venues and service providers to draw people into the streets; barriers to physical mobility, such as broken stairs, crumbling sidewalks, and poor lighting; the psychological impact of living amidst signs of disorder; indifferent government agencies who neglect the local infrastructure; and the decrease of trusting and reciprocal relationships in areas with high levels of crime.²⁸ In extreme cases, social gerontologists Estina Thompson and Neal Krause report, "avoidance behavior" encouraged by degraded public areas "is so great among older people that many live in a virtual state of 'self-imposed house arrest.'"²⁹ But "even if people only partially restrict their outdoor activities in response to their fear of crime, they still have fewer opportunities than those with lower levels of fear to establish the face-to-face contact that appears to be so important to receiving support."³⁰

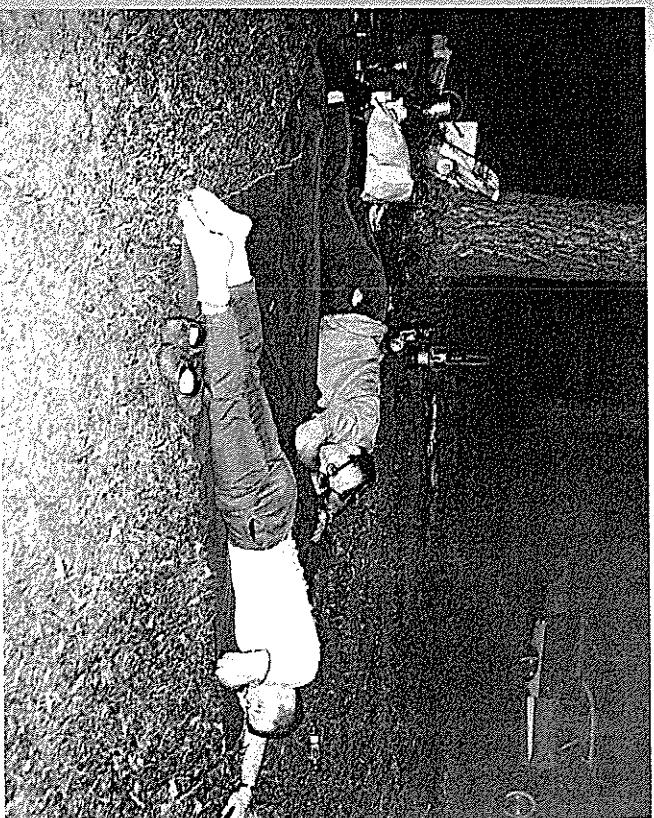
THE CULTURE OF FEAR

The urban elderly are hardly the only Americans to reduce their vulnerability to the dangers of the street by limiting their time in public as well as their social contacts. In recent decades, as sociologists including Elijah Anderson show, social avoidance and reclusion have become essential protective strategies for city residents whose concentration in high-crime neighborhoods places them directly in harm's way.³⁰ Moreover, Americans who live in objectively safer areas have been influenced by a sweeping culture of fear that is borne of both direct experience and sensationalistic representations of crime and danger in the media. In cities like Chicago a pervasive concern with crime is now a fundamental part of the cultural substratum of everyday life, playing a key role in organizing the temporal and spatial boundaries of mundane activities—many people refuse to go out at night or to visit “no-go” areas—as well as in shaping major decisions about where to live, work, and send children to school.³¹

According to several commentators who wrote about the heat wave, one barometer of the extent to which Chicagoans have adapted to the threats of contemporary urban life is that during the heat wave most of the city's public parks and beaches were empty at night. Throughout the city, but especially in the areas with high rates of violent crimes, people chose to suffer through the intense heat rather than cool themselves in the same areas in which their predecessors had congregated in severe heat waves of previous decades. “You'd have to be crazy, suicidal, or homeless these days to spend a sultry night sleeping in a park or on a porch,” opined Bob Secter in a *Sun-Times* article placed beneath a photograph of two men resting by a harbor during a balmy night in 1964 (fig. 20). “But Chicagoans once did it by the tens of thousands to survive blistering heat waves.”³²

In an especially intense heat wave during 1955, for example, thousands of families packed up their bedding and beverages and camped outdoors in parks, on beaches, or simply on their front porches. Fewer than 10 percent of Chicago homes at the time had air conditioners, but the simple strategy of sleeping outside helped to keep the mortality rate during the 1955 crisis down to roughly half the level of the 1995 disaster. Alan Ehrenhalt argues that in the 1950s the streets and public areas in Chicago's ghettos supported vigorous social activity and provided safe spaces for residents to come together. Ehrenhalt depicts Bronzeville, Chicago's black metropolis, as typical of a 1950s city environment that was “an unrelentingly public world” in which “summer

Figure 20. Sleeping outdoors during the heat wave, 1964. Source: *Chicago Sun-Times* file photo. Reprinted with special permission from the Chicago Sun-Times, Inc. © 2002.



evenings were one long community festival, involving just about everybody on the block” and ending with People “sleeping on fire escapes to avoid the heat.”³³

There is good reason to be cautious about an overly romantic, even nostalgic view in this kind of account. But if the image of sleeping outdoors in summer is a central element of conventional portraits of urban decline, it is such a powerful and pervasive memory among older Chicago residents—including those who lived in the city’s ghettos during the 1940s and 1950s—that it is difficult to discount.³⁴ Eugene Richards, a seventy-year-old African-American man who has lived in North Lawndale since the late 1950s, recalled that in the early days “when it got hot, the whole block would go to Garfield Park and sleep outside. We’d take out blankets and pillows, people would sleep on benches and in the grass. And we just left the dogs in the yard. And that was it.” I asked Eugene whether people went to the parks during the 1995 heat wave. He looked at me incredulously and chuckled to himself. “Over here? Now? Are you kidding me? No, no, no. No one would sleep. I won’t

even walk at night around here. It's too dangerous. You can't trust your luck too much. People out at 2 or 3 in the morning will do anything.

You have to be cautious."

Another indication of the extent to which this cautiousness has spread in Chicago is that during the heat wave many Chicago seniors refused to open their doors or respond to volunteers and city workers who had tracked them down and tried to check on them. Although the Mayor's Commission on Extreme Weather Conditions complained that such behavior was a sign of seniors' refusal to compromise their independence and face up to their own vulnerability, there is more to the story than this. According to seniors throughout the city, turning strangers away at the door has become part of a survival strategy for living alone in the city. "If someone comes to the door I won't open it," a woman in her seventies told me during a discussion in a local church. "I'll talk through the door because you never know."

In an environment where preying on the elderly is a standard and recurrent practice of neighborhood deviants as well as legitimate corporations, mail-order businesses, and salespersons, seniors report feeling besieged on an everyday basis. Whether the aggressors are local hoodlums who pay them special attention around the beginning of the month when Social Security checks are delivered, or outsiders who try to visit or phone and convince them to spend scarce dollars, the cumulative impact for the elderly of exposure to such threats is increased suspicion, especially when it comes to greeting unannounced and unknown visitors at the door.

Criminologists have long puzzled over the question of why the elderly, who are statistically less likely to be victimized by crime than almost all other demographic groups, are generally the most afraid of crime.³⁵ But seniors in Chicago can explain the basis of their concerns. Many of the elderly people I interviewed acknowledged that they were unlikely to be robbed or burgled, yet argued that they had special concerns about the consequences of being victimized that younger and more adaptable people did not share. Economic insecurity is one source of their fear. Seniors living on fixed and limited incomes worry about making ends meet most of the time, and for them a robbery or burglary could result in a loss of food, medication, rent, or resources to pay for utilities. In Chicago, where roughly 16 percent of the elderly live below the official poverty line and housing is in short supply, these are well-founded concerns.³⁶ Physical insecurity is another source of disquiet. The seniors I got to know expressed great concerns about their health, and awareness of their own frailty made them especially

fearful of an act of aggression. Not only were they worried that they would be unable to defend themselves or flee from an attack, they also feared the possibility that an assault would leave them disabled or even dead.

Sensationalized media representations of crime, particularly local television news stories about violence and danger in the city, fuel these concerns. George Gebner, former dean of the Annenberg School of Communication at the University of Pennsylvania, has shown that "people who watch a lot of TV are more likely than others to believe their neighborhoods are unsafe, to assume that crime rates are rising, and overestimate their own odds of becoming a victim."³⁷ Chicago television stations contributed to anxiety about crime during the early days of the heat wave. The one local network affiliate, for example, opened its 5:00 p.m. news broadcast on 14 July with a warning that "the heat is also giving opportunities to thieves," accompanied by video footage of a home with open windows and an interview with police officers cautioning residents to look out for trouble.

In fact, another reason that seniors are especially fearful of crime is that older Americans are among the greatest consumers of the media, including broadcast news on radio and television, which are the greatest sources of urban crime stories. Barry Glassner sums up the research on the elderly, media consumption, and fear in language that resonates strikingly with the story of Chicago's heat wave. "Ample real-world evidence can be found among the nation's elderly, many of whom are so upset by all the murder and mayhem they see on their television screens that they are terrified to leave their homes. Some become so isolated, studies found, that they do not get enough exercise and their physical and mental health deteriorates. In the worst cases they actually suffer malnutrition as a consequence. . . . Afraid to go out and buy groceries, they literally waste away in their homes."³⁸

These pressures to withdraw from public life in U.S. cities are especially dangerous because they join forces with another fundamental feature of American culture that fosters isolation: the idealization and glorification of independence and self-sufficiency.³⁹ The myth of the independent individual who determines his own fate and needs no help from others has evolved from frontier legend to become one of foundations of U.S. popular thought. Americans not only deny the extent to which their fate is shaped by their support networks and their ties to neighbors, but also stigmatize people—historically women and the elderly—who are thought to be especially dependent. The elderly in general, but old men in particular, face the challenge of maintaining

their sense of self-worth and dignity in a society that denigrates people having visible needs. For older men, most of whom built their identities around the role of the breadwinner, perhaps the primary struggle of aging is warding off the role of the dependent old-timer who is unable to provide for others or even himself. Many seniors find that retreating into isolation and refusing support is the best means of saving face. Better to be alone, they conclude, than to be disgraced.

Although fear and isolation are more prevalent in areas where violence is most prevalent, the conditions of insecurity and concern about crime penetrate every part of a city. As a consequence, a pervasive bunker mentality has emerged on a smaller scale throughout Chicago, affecting a broad set of buildings, blocks, and housing facilities. It is now common for city residents to protect their neighborhoods, streets, and homes with walls, cul-de-sacs, bright lighting, and alarms, and to patrol their territory with neighborhood watches and crime-control groups. The fortress architecture of gated communities is the most public symbol of this trend, but it is also marked by the make-shift home-security devices common in poor neighborhoods where residents face a greater risk of burglary or violent attack, and by the rise of private alarm systems and security workers in all realms of American life.⁴⁰

Spatial degradation combined with concentrated criminal activity helped produce isolation and reclusion in some of the settings where heat wave deaths were concentrated, such as senior public housing units and SROs. The recent crises in these specialized housing complexes deserve attention because senior public housing and single room occupancy dwellings have historically served as crucial sources of security and social support for older people having little income or wealth.⁴¹ The problems induced by the extreme heat were hardly anomalous: in fact, residents and activists concerned about the emerging hazards in these units had warned city officials about the potential for disaster long before the summer of 1995.

THE WORST COMBINATION

The Chicago Housing Authority's Flannery Senior Housing building is just a few blocks away from Cabrini-Green, the family housing complex long considered to be one of the most volatile projects in the city. Few of the residents in the 126-unit building had home air conditioning during the heat wave, and although Arthur Chambers, the president of the resident organization, had lobbied the CHA to install air-conditioning in the first-floor social room there was no artificial cooling available in 1995. Worse, on Friday 14 July the building's

Figure 21. Police remove the body of a heat-related victim from an apartment on the South Side of the city. Source: *Chicago Sun-Times*; photographer: Brian Jackson. Reprinted with special permission from the Chicago Sun-Times, Inc. © 2002.



water service failed because so many of the local fire hydrants had been illegally opened, and most of the residents were trapped in the heat. "It's very bad these people had to suffer," Chambers told a reporter from the *Chicago Sun-Times*. "A real shame. It was pitiful. We lost a couple of elderly people in this hot heat." Mary Dingle, another Flannery resident, was equally moved. "I hope I go to the Good Place when I go," the seventy-one-year-old quipped. "I don't see how I can last down there. I can hardly take this."⁴² Such responses were typical in CCHA senior housing during the heat spell, when many buildings experienced heat-related fatalities despite the public awareness that residents there were endangered (fig. 21).

The loss of water and lack of air-conditioning were only part of the reason that seniors in CCHA buildings such as Flannery were so vulnerable to the heat. They also suffered from the pressures of living amidst a systemwide crime wave created by the housing authority's new policies. In the early 1990s the CCHA opened its fifty-eight senior buildings, which house about one hundred thousand residents and are dispersed throughout the city, to people with disabilities as well as to the elderly. The 1990 Americans with Disabilities Act had made people with substance abuse problems eligible for social insurance, so the CCHA welcomed them into its senior housing units. Unfortunately, this act of

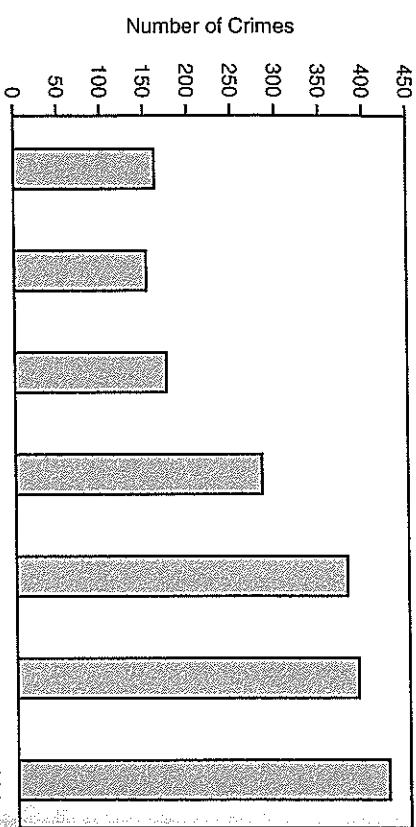


Figure 22. Part I crimes in senior housing, 1988–94. Part I crimes (as classified by the U.S. Department of Justice) include homicide, criminal sexual assault, serious assault, robbery, burglary, theft, and vehicle theft. Source: Building Organization and Leadership Development (1995).

accommodation has proven disastrous for senior residents and the communities they had once established within their buildings. The mix of low-income substance abusers, many of whom continue to engage in crime to finance their habits, and low-income seniors, many of whom keep everything they own, savings included, in their tiny apartments, discourages collective life in the housing complex.

In the four years leading up to the heat wave, conditions in the city's senior public housing facilities bucked all of Chicago's crime trends (fig. 22). Residents of these special units experienced a soaring violent crime rate even as the overall crime levels in the CHA family projects and the rest of the city declined, forcing many residents to give up not only the public parks and streets that once supported their neighborhoods but also the public areas within their own apartment buildings.

In March of 1995, just a few months before the heat wave, the CHA reported that from 1991 to 1994 the number of Part I crimes (the category under which the U.S. Justice Department includes homicide, criminal sexual assault, serious assault, robbery, burglary, theft, and violent theft) committed and reported within its housing increased by more than 50 percent.⁴³ "The elderly in public housing are more vulnerable than seniors in assisted or private housing in that they are being victimized in many cases by their neighbors," reports Building Organization and Leadership Development, a group of CHA tenants and advisers. Moreover, BOLD shows that thefts, forcible entry, armed

robbery, "and other crimes of violence are substantially higher in those developments housing a large percentage of non-elderly disabled."

The reality appears to be that disabled youth are victimizing seniors.⁴⁴

In their current arrangement, elderly residents of senior buildings voice the same complaint: they feel trapped in their rooms, worried that if they leave they might be attacked or have their apartments robbed. The most afraid refuse to use the ground-floor common rooms unless security workers are present; the degradation of public space that contributes to isolation all over Chicago is exacerbated here. Most residents, to be sure, do manage to get out of their units, but they have to organize their neighbors to secure public areas, elevators, and halls. Unable to improve the structural conditions of insecurity in the buildings, workers at the Chicago Department on Aging recently initiated a program to help residents develop watch groups in the senior complexes. True to its mission to enable as well as provide, the city government has increased the security services in the buildings but also encouraged the elderly and impoverished CHA residents to arm themselves with flashlights, cellular phones, and badges so that they can patrol their home turf.

Yet while one branch of the city government prepares the elderly for a feeble battle against the conditions that another one of its branches has created, the most worried and disaffected residents of the senior buildings respond by sealing off their homes with homemade security systems designed to ward off invaders. One woman I visited has wedged a piece of metal into her door so that it screeches noisily enough to awaken the neighbors when it closed. "It's my alarm system," she boasted. "And it works." According to a social worker I contacted, another resident of a senior building has wired his door-knob to an electrical current so that it shocks anyone who touches it before he disconnects the wiring.

Concern about the proximity of younger residents and their associates who are using or peddling drugs is ubiquitous in Chicago's senior housing complexes. During an interview in her home, a resident of a CHA building on the Near West Side expressed remorse that a formerly pleasant and popular patio on the top floor had been vandalized and looted by younger residents and their friends. The group had first commandeered the space and made it their hangout spot, then decided to steal some of the furniture and even the fire extinguishers. Some older residents, she explained, did not want to make a big deal out of the problem because they worried that their young neighbors would retaliate against the informant. The fear of young people and demon-

ization of drug users common in contemporary American society rendered the situation more difficult, as many building residents presumed that the younger residents would cause trouble and were scared to approach them. Despite their frustration, the building's seniors have been unable to fix up the area or win it back. "Now," the elderly woman sighed, "no one uses that space. It's just empty, dead."

Trouble stemming from the forced cohabitation of some of the city's most precarious and most apparently threatening groups only compounds the typical problems within the CHA's notoriously underserviced buildings. "For the most part," a former commissioner of the Chicago Department on Aging explained, "the senior buildings are maintained poorly." Elevator breakdowns and malfunctions are common, making it difficult or impossible for seniors and disabled residents to get outside. In one building I visited an impressive health-care clinic that was inaccessible to some residents because the elevator wouldn't stop on the floor where it was located. In another complex, the elevator stopped before it reached the higher levels, forcing residents to use the stairs for the remaining distance to their homes.

The heat wave, however, did inspire some important changes in CHA policy. After the disaster the housing authority promised to install and maintain air-conditioning units in the common rooms of every senior building in Chicago; residents citywide benefited immediately. In the year 2000, the new housing commissioner pledged to spend millions of dollars to renovate and repair senior housing facilities, but whether the expenditure will improve the residents' security remains uncertain. By 1996, after the Department on Aging held a hearing in which residents had a chance to share their experiences and concerns regarding the dangerous cohabitation arrangement, the CHA acknowledged the problem its housing policy had created and pledged to close the senior buildings to new applicants having substance abuse problems. For now, however, the current residents of the buildings will be allowed to remain, as will the fears of the older residents.

CRISIS IN THE SROs

The senior CHA buildings were not the most dangerous places in Chicago during the heat wave. But there is some evidence that the city's remaining single room occupancy dwellings (SROs), particularly the for-profit hotel residences clustered around Uptown and the South and West Loop regions, experienced the highest rates of heat-related mortality. In one region on the Northeast Side of the city, for example, medical records show that approximately 16 of the area's 26 heat-

related deaths took place in SROs, and several others occurred in one-room efficiencies nearby. Although there is no official record of the number of deaths that occurred in transient hotels and one-room apartments with shared bathroom facilities, 62 of the 160 death reports at the Public Administrators Office listed "Room"—the code word for hotel residence—as the place where the decedent was discovered.

The concentration of deaths in the SROs is partly due to the prevalence of vulnerable people in this kind of housing: men with low incomes and weak social networks, high levels of illness (both mental and physical) and substance abuse, and little contact with doctors and social service providers are especially prominent in Chicago's SRO population. According to a census of the city's hotel residences conducted in the mid-1980s, 77 percent of the occupants were male, 33 percent were aged 55 years or older, 60 percent were unemployed, 38 percent had serious illnesses (about two times the general national level), and 93 percent were single.⁴⁵ SRO occupants live on the verge of homelessness, and they generally move into hotel residences only when they have exhausted their other housing options and sources of support. A population with this profile is overdetermined to suffer high death tolls during almost any health crisis. But the conditions of the hotel residences have changed along with the composition of their residents, and together they create a dangerous social environment for at least some of the people who make them home.

For most of the twentieth century, SROs constituted an important alternative for single people and poor families looking for inexpensive housing in city centers; and at a time when homelessness is rampant in American cities, SROs remain a crucial source of protection from life on the streets. When managed and maintained well, these dwellings can be an effective source of housing for urban residents otherwise unable to enter the housing market, as well as a meeting ground for people in need of new contacts and support. According to Charles Hoch and Robert Slayton, who directed a thorough census of Chicago SRO residents in the mid-1980s, most of these residents feel safe in their units and manage to maintain autonomy by participating in reciprocal relationships with other hotel occupants. Yet for many, particularly those who are old and ill, hotel living has become less viable at the same time that it has become more necessary because there are so few housing alternatives. Political pressures to eliminate the few hotel residences and housing alternatives for the poor that have survived the sweeping assault on low-cost housing in recent years have constrained public discussions of the emerging crisis in SROs. Fearing that closer

inspection of extant buildings would only embolden the political officials and real estate developers who would prefer to convert the units into market-rate family housing, advocates for hotel residents who might otherwise call attention to the problems in the buildings have largely chosen to hold their tongues. According to one political activist on the Northeast Side, these fears explain why no one analyzed or publicized the traumatic impact of the heat wave on hotel dwellers.

The concerns of housing advocates are well founded. In the last fifty years, two changes in government policy have eliminated or degraded the stock of hotel buildings and reduced the quality of life for their residents; moreover, additional pressures from realtors and neighborhood groups have led several hotel proprietors to sell their buildings. First, the urban renewal programs of the 1950s and 1960s and urban development programs of the 1970s led to the destruction or conversion of most of the old SROs, but neither the city nor the federal government has funded or assisted much new hotel-style public housing since then. From 1960 to 1980 Chicago lost 85 percent of its one-room units in the West Madison region, 48 percent of its units in the South State Street area, and 84 percent of its units on the Near North Side, for a total loss of more than seven thousand units in these three areas alone. Nationally, historian Paul Groth reports, "estimates usually refer to 'millions' of rooms closed, converted, or torn down in major U.S. cities" since the 1960s. Using a more conservative measure from the Census Bureau's American Housing Survey, Christopher Jencks claims that the number of one-room rental units dropped nationwide by 325,000 from 1973 to 1989, but nonetheless agrees that "most of the old SROs were torn down during the 1960s and early 1970s."⁴⁶ The destruction of these dwellings continued into the mid-1970s and 1980s, with Chicago losing roughly eighteen thousand units from 1973 to 1984. Building code restrictions and unrest among hotel proprietors inhibited the development of new transient hotels, and by the mid-1980s Chicago was left with a mere 11,822 hotel units.

Second, changes in mental health policy during the 1970s and 1980s sparked a massive influx of mentally ill people into the low end of the housing market, notably the SROs. At the same time, Groth explains, "welfare departments were referring more unemployed downtown people—especially the elderly—to hotels for temporary housing that tended to become permanent."⁴⁷ By the 1970s the population base of the hotel residences had changed dramatically. Gone were most of the families, and many of the day laborers and migrant workers who had

counted on empty hotel rooms when they arrived in town found that the SROs were either full of unstable people or simply full.

In the 1990s the increase of residents circulating between hotels and criminal justice facilities added new burdens to SRO residents and staffs. The dwellings became repositories of people shunned by other protective institutions: the mentally and physically ill, substance users and abusers, drug dealers looking for places to work temporarily, parolees and probationers who cannot find other housing—and the impoverished seniors who once constituted the core population of hotel residents. Together, these predominantly male tenants make up an "impossible community" that can isolate and endanger some residents even as it integrates and protects others.⁴⁸

In their census, Hoch and Slayton, who argue that most hotels in the 1980s provided decent support for collective life and resident support, also found SROs in which the "inability of the former patients to collaborate in the maintenance of the fragile social order of the hotel . . . threatened to overwhelm the balance of reciprocal exchanges that kept the hotel secure" for generations. In their interviews they discovered that fully "half the residents in the hotel . . . complained that the crazy newcomers were replacing the old tenants," creating a public impression that the residence had been taken over by "crazy folk" who were often getting in trouble with police or loitering around the building and making other occupants insecure.⁴⁹

Sitting in his room on the third floor of the Uptown SRO where he has lived for almost thirty years, Bob Greblow lamented that the environment has "changed for the worse." Although he used to fraternize with other hotel residents, a series of bad experiences ultimately made him distrustful of the people nearby:

I don't bother other people and I don't want to be bothered by other people. That's just my way. Once a month I might go have a couple of beers just to get away from the boredom of lying around and doing nothing. I have nowhere that I want to go.

I never go out at night because the streets are rotten. Young people are on the streets when I go to the currency exchange to get my check. There's robberies every day. It's too dangerous out there. Even during the day, that's when they get you—you know, when you go get your money. It's scary, but you got to do it. What else are you going to do?

The degradation of the hotel environments made the buildings vulnerable to another pressure that SROs faced in the late twentieth cen-

tury: gentrification and the rising demand for housing in neighborhoods such as Uptown and the South and West Loop, where hotels could be easily converted into expensive property or sold to a developer for a handsome profit. By the 1990s many of the city's hotel owners, including the most civic minded and socially responsible, had grown exhausted from the challenge of managing and maintaining decent buildings for such an assortment of society's discarded people. Hotel proprietors recognized that they were being asked to provide the safety net that governments, health-care providers, and families had cast aside, and they had ample incentive to follow suit. As a well-educated hotel manager known for his fairness, tolerance, and support of hotel residents told me,

This is a family business that I've been working in since I was a kid. And trust me, I'm devoted to it. My father still works here with me. And we've put a lot into it. But do you have any idea what it's like to run this place? I have to be a security guard, a policeman, a counselor, a drug therapist, *and* a hotel manager. Can you imagine what's that like, what a hassle it is? And believe me, there are *a lot* of people who want to buy this building, and there are *a lot* of other things that I could do. I have to say that these last few years have been almost impossible, and I think I'm finally getting ready to give up.

Hotel residences continue to vary greatly in quality and form. In Chicago federal housing grants fund roughly one thousand units, and most of the publicly subsidized buildings are well kept, staffed by trained social workers, and busy with programs for job training, substance abuse treatment, and habilitation for working life. Most for-profit buildings lack these services entirely. SROs are realistic housing sources for poor Chicagoans, yet the pressure exerted by developers who want to tear them down and build more profitable properties, coupled with the weak political support for SROs within the city, imperil the few thousand units that remain.⁵⁰ Although recent evidence shows that the most successful SROs are those that receive direct subsidies and supports from the federal government, in current Chicago and national politics most housing advocates and policy experts agree that it is unrealistic to expect much government assistance with housing for the poor, so they are scrambling to create alternatives in the private sector.

Although there are many decent hotel residences in the city, some SROs are bleak enough to resemble the "cattle sheds for human beings" common in industrial Britain 150 years ago.⁵¹ In one large hotel

on the Northeast Side where at least two residents died during the heat wave, managers have used plywood to subdivide the building into hundreds of units large enough to fit only a bed, a dresser, and a chair. The wooden partitions stop several feet below the high concrete ceilings, but residents and their property are protected by key-lock room doors and chicken wire pleated atop the walls to serve as ceilings where none other exist. There are a few windows on the exterior walls and fire escapes on every floor, but these offer little ventilation to the residents lodged in the belly of the building, and there is no air-conditioning in the dim public space on the ground floor.⁵²

Unlike the nonprofit SROs, the hotel offers no services connecting residents to medical or vocational support structures in the area; management's policy of nonintervention in the lives of building residents is guided by a principle of tolerance and respect that would be admirable were so many of the building's residents not so dangerously ill.⁵³ Health crises are not uncommon there, nor in the other nearby SROs that were also home to multiple heat wave deaths. "I was surprised that [the SRO death rate] wasn't higher," the alderman of one Northeast Side ward told me. "I'm sure those people were unhealthy and didn't have access to health care. I would guess that 90 percent of the people living in efficiency apartments and single room occupancy apartments have no health insurance. And they [always] have health problems." Local political leaders and neighborhood residents, who have tried for years to have the SROs improved, know from the frequent arrival of ambulances on the block that it does not take the heat to put SRO occupants at risk.

As we rested by the front stairs of an efficiency building on a small Uptown street where Lorraine Ranger, a woman in her fifties, died during the heat wave, the manager told me about the times when he had found residents dead in their apartments after noticing a strange smell. Lorraine's case, he explained, was fairly typical—except even his efforts to help her stay healthy failed.

She lived by herself, maybe for half a year. She kept to herself, and her people would help her pay the rent but other than that I didn't see them. She stayed in her apartment, didn't even go to the back porch. Too burrowed up. She would go shopping for herself, but other than that her world was just she and the walls.

The problem was mental, she didn't want any help. I wanted to give her a fan, window fan, but she refused and said she didn't have the money for it. I said, "I'll give it to you free," but she still wouldn't take

it. Some time later I did not see her at all, and I knocked on the door. There was no response. The next day I tried again. No response. So I went in with the keys and she was laying in the bed. I called the medical examiner and the police and they took her. Then the relations came and they blamed it all on me.

Although the manager was convinced that Lorraine's mental illness had made it impossible to help her, he also explained that the substance abusers and unstable young residents in the building created a difficult social environment for female residents.

I got to watch constantly for the drugs. Young people are lawless. Once the drugs are in the building people are afraid. The butts are in the hallways, and that is more difficult. Women [there] are afraid to go out to the bathroom at night. They're groped in the building.

The alcoholism, substance abuse, and mental illness that are rampant in hotel residences create additional barriers to supportive social relations among residents. Drinking alcohol is particularly dangerous during hot summer weather because it contributes to dehydration as well as liver disease and, insofar as it exacerbates problems with depression, can engender isolation. Heavy liquor and drug consumption is a known risk factor for heatstroke; and although alcoholism appears as a contributing cause of death in fewer than ten of the five-hundred-plus medical autopsies for the heat-related decedents, there is good reason to suspect that the health of many heat wave victims had been affected by long-term drinking. People taking medications for mental illnesses also face heightened risks of heat-related mortality, since neuroleptic drugs and other antidepressants sometimes impair the body's capacity to regulate its own temperature and induce hyperthermic disorders.⁵⁴

WARNING SIGNS

Several studies of private SROs in Chicago have shown that hotels foster reclusion, fear, and isolation among senior residents. Paul Rollinson, who conducted ethnographic research in thirteen Chicago hotels and interviewed fifty-three elderly residents during 1986, found that "the hotel environment imposed geographical isolation upon the elderly tenants."⁵⁵ Rollinson describes the public areas in the hotels as "noisy and even dangerous," especially at night, when "people often drifted in off the streets" and "drug activity was common." The rooms, he found, "were small (averaging only 225 square feet), sparsely furnished,

dark, dirty, and infested with vermin. . . . The carpeting throughout the hotels was torn and damaged. . . . The elevators . . . were old, in a state of neglect and disrepair, and often were not working."⁵⁶

For senior residents, many of whom are ill and suffering from physical problems that limit their mobility, these conditions make socializing difficult and turn even a simple trip to the lobby into a struggle. A report to the city government published in 1991 states clearly that in SROs "physical barriers like long or treacherous stairways, heavy doors, and poor lighting are simply taken for granted"; yet "these structural problems present real deterrents to the elderly and disabled."⁵⁷ The internal state of the buildings helps to explain why Rollinson found that 81 percent of the tenants in his study spent their typical days inside their rooms and 83 percent received no regular assistance from friends or neighbors.⁵⁸ Hoch and Slayton, who found that 36 percent of hotel residents had no personal support network, also note that the elderly had the fewest contacts and smallest support systems.⁵⁹

Together, Rollinson's ethnography and the survey of Chicago SROs provided warnings of the dangers for older SRO residents during hot summers several years before the heat wave disaster. Specifically, the authors of these studies showed that senior SRO occupants were concerned about problems stemming from the heat. In their census, Hoch and Slayton learned that 34 percent of hotel dwellers complained about the heat in the summer even without the prompting of a question about the weather.⁶⁰ Rollinson discovered that only about half of the hotel residents had fans and that many lived in rooms where the window shutters had been sealed shut and were impossible to open on even the hottest days. Sharon Keigher had reported on heat wave deaths in the SROs long before the 1995 crisis. During a 1988 heat wave, Keigher noted that "one older black woman who was reclusive was found dead during the summer heat wave. . . . Her window could not be opened due to the way the phone in her room was hooked up, though the staff believed that, even if she could, she wouldn't have opened it anyway."⁶¹ Rollinson's informants told him that "a number of elderly tenants had died and it was not until a neighbor had called the police about the stench that the bodies were removed."⁶² Residents discovered several corpses in hotel rooms during the Chicago heat wave as well, and the addresses of SRO buildings figured prominently in the files of unclaimed decedents at the Public Administrators Office.

In contrast, at Lakefront, the federally subsidized single room occupancy complex a few blocks away from the SROs where many deaths were concentrated, residents were well guarded from the dangerous

weather. With the large staff, comfortable air-conditioned lounges, and well-maintained residential units made possible by public funding and Section 8 housing subsidies, Lakefront's managers can help occupants through emergencies such as the heat wave as well as the daily struggle to protect personal health and security in the city. Roughly one year after the disaster, longtime Lakefront resident Greg Porter remembered how the building's supportive social environment and strong ties with service providers helped him survive.

Well, we knew we were in trouble when it got up to 105 degrees with 90 percent humidity. And, ah, we don't have AC, just downstairs in the lounge. I have a fan, and the only thing that did was circulate warm air that didn't do much good of anything.

I was feeling it so I went downstairs and we were playing cards and it was about 5 or 6 in the evening. During the day we could come in the lounge and it was nice and cool, wonderful. I mean, it would be nice if we could have central air but we don't. Let's look at reality, you know? But we do have access to this place. That's one thing I like, that this is open 24 hours a day, 7 days a week.

The lights dimmed first. We, I didn't think anything of it because they usually do, we usually get a brownout when it gets overheated. And then it just went off completely for 24 hours—actually 26 hours. 26 hours without electricity of any kind. The thing that got me was that I just went shopping that day. And I put in food in the refrigerator, a lot of frozen stuff and it all spoiled, every single piece. The power went out on Friday and it came back on Sunday. But by the time it came back on . . . it was too late. There were too many people suffering from it. And I almost was sent to the hospital. And it came very close. It was a disaster, and I hope to God that I never have to go through it again.

We did one good thing. One thing that really impressed me was that we united together, people came together closer. Ah, it was very, very fascinating. We came, well, we came closer as a family type thing. Well, others were just getting more and more unapproachable. But for the most part people helped other people to survive this.

Desk clerks called the Salvation Army and they came out. And, ah, thank God for the Salvation Army because they brought the canteens out. And they treated it like the disaster that it was. And they sent out hamburgers, tons of hamburgers from McDonald's and, ah, lemonade and stuff like that and they treated us, really, really, like we were victims. And, and we were.

The fire department came. The paramedics came to see if everything

was alright. And, I gotta admit . . . there's a janitor over at the Delmar, a good friend of mine. He, he was great 'cause he was here all the time helping out and trying to make sure everybody was OK, he did such a fantastic job. I mean, I gotta give credit where credit is due.

In marked contrast with the stories of SRO residents who endured the heat alone, Greg's account illustrates how the state-subsidized and professionally staffed hotel residence creates social as well as political conditions for group cohesion and support. The air-conditioned lobby gave occupants a safe place to socialize and relax; the building's janitor went door to door to check on residents; staff members called local support agencies and requested special services; and representatives of local government agencies were on the scene to help. Few of these resources were available to occupants of the for-profit buildings nearby.

The problem, though, is that facilities such as Lakefront achieve this social integration only at the expense of those whom it excludes. With just one thousand units of publicly subsidized hotel housing in the city, there are not enough secure rooms to go around. In the late 1990s there were so many applicants for the government-subsidized buildings that semipublic housing complexes often refused to accept more names to the waiting list. Those who do reach the top of the list must pass an elaborate screening and selection process—designed to weed out applicants who are using illegal drugs or give evidence of behavioral problems deemed unmanageable by the staff—to obtain a unit. This process helps to protect the residents who make it into the complex, but it leaves those whom it rejects all the more likely to be concentrated in the less supportive and more dangerous hotels. The residual housing seekers, Keigher found, express a preference for subsidized or CHA housing but recognize that they have few chances of getting in.⁵⁸ In the early 1990s Lakefront expanded the number of buildings it operates; by 2000, however, there were no plans for reproducing the Lakefront model on a scale large enough to improve the housing opportunities for the thousands of Chicago SRO occupants on the verge of homelessness.

In a series of interviews, residents of the Lakefront buildings explained that not only did their administrative and social-worker staffs personally check on occupants and encourage them to come down to the air-conditioned lounges, but police and fire department officers as well as local social service agencies such as the Red Cross also visited, bringing food and cold drinks. Residents of for-profit SROs received

far less assistance. "We asked about the situation when we got to the hotels," an investigator from the Public Administrators Office remembered. "But the managers would tell us that they don't check on people; it's not our business. I know those buildings pretty well by now anyway. We could park the car on Broadway and Lawrence and spend the day walking to investigate cases. A lot of people live these nondescript lives in those hotel rooms. And"—he nodded toward the piles of death reports in the room—"that happens."

THE GENDER OF ISOLATION

Although it is miles away from the SRO dwellings on the Northeast Side and the other places in Chicago where people live and die alone, the Public Administrators Office affords a bird's-eye view of both the products and the production of urban isolation. The investigators who spend their days searching throughout all regions of Chicago for discarded people and the social lives they lost carry a practical knowledge about the causes and consequences of being alone that extends far beyond official explanations. They recognize, for example, the truth contained in the mayoral commission's finding that heat wave victims who died alone were discovered in nearly every part of the city. But they also know the truths that such a statement conceals. For, as an investigator and a staff attorney told me, the public administrator's work tends to be concentrated in the parts of the city where conditions foster isolation and reclusion. Staff members visit some hotel residences so frequently that building managers sometimes gather the partners and belongings that they know the investigators will want, even though their assistance often interferes with the administrators' work.

The mortality records maintained by county and state offices also provide useful information concerning the patterns of isolation. The paradox that older women are far more likely than elderly men to live alone but significantly less likely to be cut off from social ties, appears with even greater clarity in the heat wave death files. I found records of fifty-six heat wave decedents whose unclaimed bodies had been buried by the county or state government. Forty-four of the fifty-six unclaimed people, roughly 80 percent, were men—the most powerful indicator I know of the extent to which males suffered disproportionately from the consequences of social privation during the crisis.⁶³

Ample sociological and historical research would predict the gendered character of dying alone in the city. In *The Politics of Pensions*, Ann Shola Orloff reviews nineteenth-century demographic patterns in Europe and North America which show that once they could no longer

work, single or widowed men had difficulty maintaining close ties with family members. Contemporary research in U.S. cities shows that these trends have continued. In his study of urban American social networks, for example, Claude Fischer found that "old men were the most isolated" (in terms of the number of social contacts) of all groups; and the survey of Chicago's SROs conducted by Hoch and Slayton shows that in 1980, 78 percent of all hotel dwellers and 82 percent of all hotel veterans were men.⁶⁵

There are a number of reasons that men have relatively more difficulty than women in sustaining intimate relationships with relatives and friends. Conventional social practices among the generation of Chicago residents that was most devastated by the heat inhibited the cultivation of intimate ties among men. Historically, gendered patterns in education and child-rearing have encouraged girls to develop skills in supportive social action and domestic caring, while boys have been trained to invest their energies in less social endeavors. In addition, the gendered division of labor has relegated most family responsibilities and friendship-making efforts to women, while men developed core relationships in the workplace. When they are no longer capable of working, men often not only lose their habitual identity as breadwinners, but also tend to fall out of their work-based networks and become dependent on their partners' social connections and sources of support.⁶⁶ Widowers and divorced men often suffer from failing physical and mental health after they become single, while divorced women and widows are more likely to gain support from their social networks and suffer fewer health consequences from their status change. Men with children are more likely to reintegrate with a supportive family than those without. But compared with women, who are more likely to have provided direct care for their children and sustained close ties as they age, single men experience greater difficulty moving in with or becoming dependent upon their children. If they do become estranged from their informal social networks, men are often excluded from formal programs sponsored by local governments and social service providers.⁶⁷ They are more likely to be picked up by the dragnet of the criminal justice systems than by the safety net of the welfare state.

Men also face particular emotional constraints to intimacy and friendship, in part because conventional models of masculinity encourage forms of toughness and independence that undermine the cultivation of close ties. The literature on men who live alone consistently emphasizes the individuality and detachment that mark their experi-

ences. It is no accident that Robert Rubinsteins' title is his trenchant book about older men who live alone, *Singular Paths*, and opens his introduction with a note that "essentially, the men we interviewed were known to us as individuals: what emerged in our research were a number of memorable persons, each with a distinctive style, worldview, social world, and 'slant' on life."⁶⁸ If most single men experience such individualizing pressures, men who fail in work or in their family responsibilities face a distinctive set of difficulties in relationships because they tend to feel great shame and humiliation about their inability to live up to social expectations and fulfill obligations. As Elliot Liebow shows in *Tally's Corner*, the street-corner society of poor African-American men he observed was "a sanctuary for those who can no longer endure the experience or prospect of failure"; and despite the "traditional characterization of the lower-class neighborhood as a tightly knit community," "transience is perhaps the most striking and pervasive characteristic of this streetcorner world" of men.⁶⁹ Like depression, such despondency and mobility can cause a vicious cycle that leads to isolation, particularly when men partake of the alcohol that is commonly available in their subcultural world. Shame, stigma, and alienation affect men's relationships with institutions as well with individuals, leading the most anguished to feel a sense of total rejection and marginalization from the mainstream.

Although during my fieldwork it was impossible to observe the processes through which men become emotionally detached from relations and develop outsider identities, the dispositions to keep to oneself and avoid social bonds were visible in many of the men I met. According to SRO resident Bob Greblow, a lifetime of rejections, deceptions, and failures have taught him that no one is trustworthy and that staying alone is the only way to protect himself.

I've always been suspicious. I just, like, I know that I don't make it with people. Everybody I've ever met are freeloaders, alright. Everybody seems to want something for nothing. They want you to help them some way, and you do—you know, if you're easy that way—and then you never see them again. When you need the help you don't see them, alright. People who work here are that way [too], so I just stay away from them.

Nobody brings nothing to me. I don't ask somebody to do nothing nobody volunteers anything. It just seems to be trouble. The last one I did buddy up with, or help, he ripped me off! You know, ripped me off of jewelry. And watches. I had a watch, because my girlfriend, she got, I'll show you, stuff to make this watch, alright. But this woman, she ripped

me off. I let her cook in here. While I'm not paying attention or while I'm in the bathroom or something, she was helping herself to it. That's the way they are.

I can hardly make it myself on my Social Security. And when you get old the government wants you to fade away. They ain't worried about you.

I don't even have a doctor. I'm 76, 76 years old. I don't know if I got any problems or not. The last time I saw a doctor was 1985. I had an operation, prostate operation. And that, that cured me. I don't cure easy most of the time. I still have problems. My bladder and prostate. When you get older that happens. You swell up, there's no way you can heal yourself.

I just hope I end up all right where I don't, you know, get sick or something. That's probably the only thing that bothers me, my health. But I'm all right. And that's the main thing in life. You got your health, you got it made.

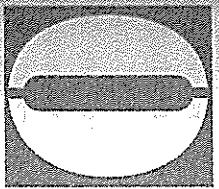
Bob's words, which resemble those of several men I met in the hotels, illustrate the reproduction of a cycle in which experiences of perceived abandonment or abuse by friends and institutions help motivate his own abandonment of them. Bob withdrew not only from other residents of his hotel, but also from the medical providers and government services that, he believed, wanted him to "fade away." It had been forty years since he had been in touch with his family, and no one other than the hotel managers kept an eye out for him once Bob retreated to his room.

Although men who live alone face the greatest risks of being isolated and lacking social support, it is important to emphasize that women such as Pauline Jankowitz and Viola Cooper constitute the great majority of seniors who live alone, and are by no means spared from social deprivation and its most horrifying consequences. The special *New England Journal of Medicine* article examining persons found in their homes helpless or dead, for example, reports that while very old men had the highest rate of incidence, women accounted for 51 percent of the cases in the city of San Francisco.⁷⁰ There was a similar pattern in the distribution of heat wave mortality. Men were more than twice as likely as women to die (once we control for age with a statistical age-adjustment procedure), but women represented 45 percent of the total victims. The social pressures and spatial constraints that push city dwellers to live and die alone exert their force across the gender lines.

There are more elements to the collective production of isolation than we have explored thus far. After examining the demographic trends, cultural changes, housing arrangements, and gender patterns that help explain why certain individuals died in the heat, we can assess whether there are any broader community- or neighborhood-level conditions that contribute to the vulnerability or security of city residents. It is to this matter, and specifically the question of how an urban area's ecology affects the health and welfare of its residents, that the social autopsy turns next.

CHAPTER TWO

Race, Place, and Vulnerability *Urban Neighborhoods and the Ecology of Support*



In 21 July, while Chicago still simmered from its week of treacherous heat, a team of researchers led by the U.S. Centers for Disease Control and Prevention arrived in the city to conduct an urgent epidemiological investigation into the risk factors for heat-related mortality. The project was ambitious for a quickly planned inquiry; yet, as one city official who helped coordinate the research explained, "the CDC is an extraordinarily powerful and rich organization, and when they come they bring an army." The case-control study design called for researchers to compare matched pairs consisting of one heat wave decedent and one survivor of similar age who lived nearby, either on the same street or in the neighborhood. Holding constant the age and location of the subjects, the epidemiologists would be able to determine a set of individual-level factors—such as living alone, having a medical problem, or owning an air conditioner—that affected a person's capacity to survive the heat. The scientific challenge was to locate the personal characteristics that proved most consequential during the catastrophe. But the "main objective," lead researcher Jan Semenza and his collaborators would later write, "was to identify public health strategies for reaching people at risk and preventing deaths in future heat waves."¹

With roughly seven hundred heat wave victims scattered around Chicago, the CDC team had to select a random sample of decedents large enough to generate reliable findings but not so great as to overwhelm their resources. The research staff—which included roughly eighty participants—decided to visit and inspect the residences of 420 pairs of victims and controls; interview a friend, relative, or neighbor who knew the decedent well enough to answer questions about their social networks, medical conditions, and daily routines; and complete a standard survey questionnaire for each case. "It was a gigantic operation," Se-

