Neoliberalization's Propagation of Health Inequity in Urban Rebuilding Processes: The Dependence on Context and Path

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Abstract

This article will discuss how neoliberal processes during urban redevelopment sustain and increase health inequities through uneven wealth accumulation and development. It will use examples of urban development in Baltimore, Maryland, United States, to highlight how key neoliberal strategies of territorial development, economic development, and place promotion— mediated through the process of creative destruction—result in uneven development and wealth accumulation, which in turn result in health inequities. The history of rebuilding processes in Baltimore offers insight into the context and path-dependency of current neoliberalization rebuilding processes and current health inequities.

Too often neighborhoods that have been historically disinvested and demonized become prime real estate targets for development with the expectation that the historic population will be expelled: valorization of land via neoliberalization processes.[1] Harvey describes neoliberalism as "a theory of political economic practices proposing that human well-being can best be advanced by the

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maximization of entrepreneurial freedoms within an institutional framework characterized by private property rights, individual liberty, unencumbered markets, and free trade. The role of the state is to create and preserve an institutional framework appropriate to such practices."[2] Harvey, Brenner, and Theodore continue that the process of neoliberalism can be understood as creative destruction: "The creation of this neoliberal system has entailed much destruction, not only of prior institutional frameworks and powers (such as the supposed prior state sovereignty over political-economic affairs) but also of divisions of labor, social relations, welfare provisions, technological mixes, ways of life, attachments to the land, habits of the heart, ways of thought, and the like."[3,4] This article uses the concept of neoliberalization as a process instead of an end goal.[5] Research across multiple fields shows that the general effect of neoliberalization is to increase the risk for health inequities and social fragmentation through economic and political inequity.[6–10] This article will contribute to the existing understanding of neoliberalization as a cause of inequity by discussing the specific ways the process of creative destruction mediates neoliberal community rebuilding strategies (territorial development, place promotion, economic development) resulting in further inequity of political, economic, and social capital and therefore is a risk for continued health inequity. These neoliberal community rebuilding strategies are determinants of health because they exploit already marginalized communities with little capital through displacement into similarly marginalized and under-resourced neighborhoods, thereby contributing to greater place-based health and wealth inequities. The inequity results when the targeted neighborhoods are improved to benefit a different race and class of people, minimally benefiting the existing community. After redevelopment, the targeted area may have less crime, less poverty, better schools, housing, and other resources. While this is a positive outcome when removed from the context of historical and current processes and outcomes for existing residents and businesses, the overall question this article seeks to address is, "Is there a pattern of inequitable wealth and health benefits to existing residents from neoliberalization of urban spaces?" This question of course begs another, "If existing residents do not benefit, who does?"

Public Health and Neoliberalization in Urban Rebuilding

Historically disinvested and marginalized communities targeted for redevelopment are usually sparse in economic, political, social, or health capital and therefore at the whims of the state and private interests.[11–14] These communities of low income and color, disinvested housing and little code enforcement, high unemployment rates, and under-resourced education and services have little power to determine the fate of their communities as a result of past liberal and current neoliberal rebuilding policies and processes—processes which

include government support of private developers' interests (Figure 1).[11,15] At the whim of the developers, urban redevelopment or rebuilding then proceeds with greater marginalization, through nonparticipation, displacement, or housing and amenities that are unaffordable to the residents and businesses, i.e., gentrification.[16]

The cumulative neighborhood effects of substandard housing contaminated with lead-based paint, lack of recreational spaces, poor infrastructure for exercise, poor air quality, proximity to environmental toxins, lack of access to healthy foods due to food deserts (areas lacking fresh fruits, vegetables, and other nutritious food, usually in impoverished areas), under-resourced school systems and after-school programs, and diminished social capital over
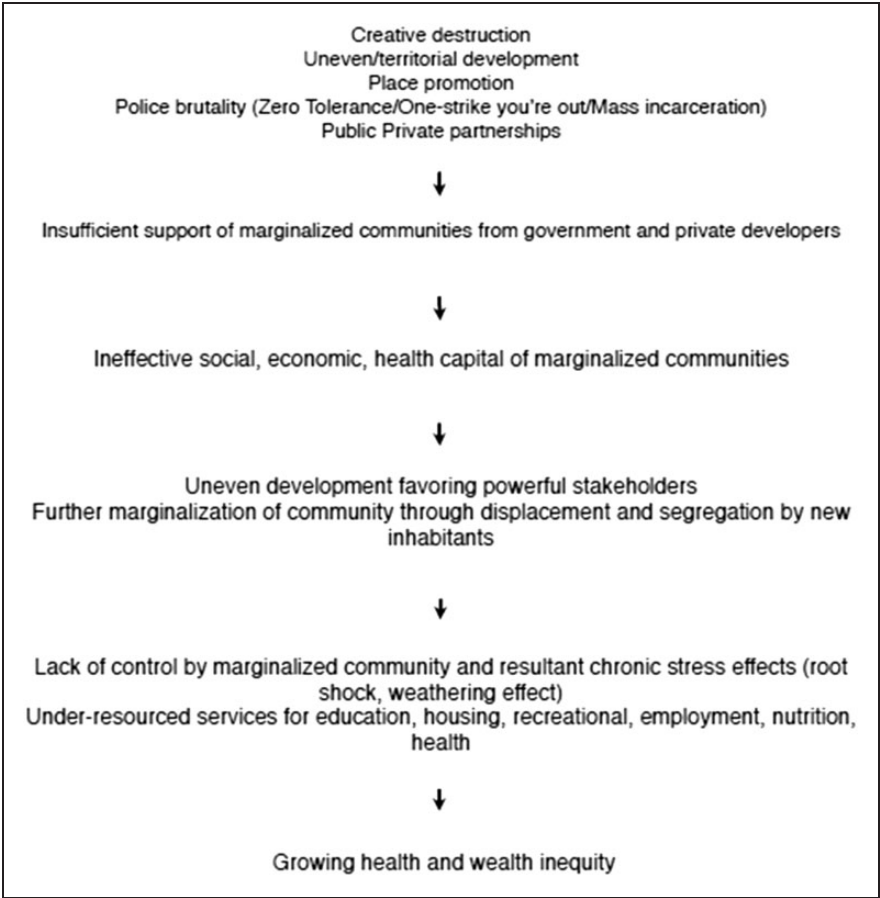

Figure 1. Neoliberal community development strategies and community health.

generations become the social, political, and economic determinants of health outcomes for people living, playing, working, praying, and learning in such neighborhoods.[11,17–20] Recent studies link income and wealth to health and longevity, confirming a direct correlation: "The greater one's income, the lower one's likelihood of disease and premature death. Studies show that Americans at all income levels are less healthy than those with incomes higher than their own. Not only is income (the earnings and money acquired each year) associated with better health, but wealth (net worth and assets) affects health as well."[21] For example, neighborhood zip codes determines one's health and life expectancy in New Orleans and Baltimore, where a 25- and 16-year difference in life expectancy, respectively, is reported between zip codes a few miles apart.[22–24] Wilkinson and Pickett suggest that the larger the disparity in income between neighborhoods, regions, and countries, the greater the disparity in health.[10] The political-economic factors are determined by policies—upstream factors—which drive educational, housing, recreational, and economic opportunities, and the presence and absence of state-sponsored welfare programs, which in turn affect health outcomes.[25–27]

Racial and ethnic discrimination determines whether populations have access to resources and opportunity which in turn determines access to neighborhoods of investment or disinvestment.[12–14,28] This relative position in segregated and impoverished neighborhoods helps to determine the amount of stress inhabitants are subjected to daily, contributing to health disparities defined as a psychosocial cause.[29] The psychosocial causes of health disparities are thought to be mediated through the stress of chronic environmental conditions on the neuro-hormonal-immuno functioning of individuals.[30,31] The chronic "weathering" of such adverse environmental conditions on low-income and of-color communities over time contributes to diminished educational and health outcomes.[32–34] Collectively these studies suggest a negative association between increasing deprivation and diminished health outcomes in such areas as infant mortality, drug use, general and mental health, violence and murder, all-cause mortality, diabetes, and heart disease.[35]

Urban Neoliberalization and Rebuilding of Marginalized Communities: A Framework for Analysis

Increasingly, studies suggest that the systematized political will and decisions, leveraged by those with disproportionate economic capital, and government support maintain economic and political systems that contribute to persistent health inequities in marginalized communities.[36–38] This disproportionate accumulation of capital in the hands of the few has increased since neoliberalization's rise in the late 1970s.[37,39] Neoliberalization strategies of territorial development, place promotion, and economic development enacted through a creative destruction process offer a way to analyze community rebuilding practices and

outcomes of economic and health inequity.[8,40,41] Using Peck, Theodore, and Brenner's conceptual framework for analysis, examples of these three general strategies of neoliberalization in urban planning and rebuilding are adapted and organized to fit into neoliberalization's creative destruction process (Table 1) in this article.[40] This process of destroying and creating occurs as ''moments'' and is contextually ''embedded'' and ''path-dependent'':

> . . . we emphasize the contextual embeddedness of neoliberal restructuring projects insofar as they have been produced within national, regional, and local contexts defined by the legacies of inherited institutional frameworks, policy regimes, regulatory practices, and political struggles. An understanding of actually existing neoliberalism must therefore explore the path-dependent, contextually specific interactions between inherited regulatory landscapes and emergent neoliberal, market-oriented restructuring projects at a broad range of geographical scales. These considerations lead to a conceptualization of contemporary neoliberalization processes as catalysts and expressions of an ongoing creative destruction of political economic spaces at multiple geographical scales.[40]

In the context of rebuilding, the micro-level of creative destruction can be understood as the consistent practice of destroying the disinvested ''old and bad'' low-income, working-class, often of-color communities followed by creating ''new and good'' moderate- and market-rate-income, professional-class, majority white communities. The three strategies of territorial development, place promotion, and economic development occur through this process of creative destruction: that is, by destroying local governance and central controls and creating public-private partnerships and private governance of previously publicly controlled services. The result is that the right to determine who and what occupies urban spaces, as a means to accumulate capital, is determined by the powerful few who have ready access to resources and government. Each of these strategies will be explored in more detail below using specific examples from Baltimore, Maryland. Baltimore is used as a city for exploring urban neoliberalization due to its past and current history of deindustrialization and community rebuilding practices, which can be likened to other U.S. cities with similar pre- and post-industrialization histories. For example, urban renewal, a program of the Federal Housing Administration beginning in the 1950s in different urban spaces in the United States, was a strategy of territorial development and place promotion. During this era, eminent domain was the major strategy used to obtain land in areas deemed ''blighted'' and to displace residents for urban rebuilding. Fullilove reports: ''[During urban renewal] in 24 years, 2,532 projects were carried out in 992 cities that displaced one million people, two-thirds of them African American . . . [by] June 30, 1967, urban renewal had destroyed 400,000 housing units and built only 10,760 low-rent units to replace them.''[42]

Table 1. Neoliberalization in Community Rebuilding.

Strategies	Destroy	Create
Territorial development	– earlier systems of central control of growth – existing communities – public housing – rent control – schools, recreation, fire department	– reservations, enslavement, Jim Crow, urban renewal, redlining, real estate covenants, HOPE VI, Serial Forced Displacement, mass incarceration – "community development" boards – new communities of socioeconomic construction/gentrification/Rental Assistance Demonstration – school as territorial magnets for gentrification/hubs
Place promotion	– earlier systems of central control of growth – local/contextual governance of place – existing communities	– spaces for market growth and elite consumption=tax benefits/land grants/enterprise zones/empowerment zones/redevelopment schemes – one-size-fits-all policies (eminent domain, demolition, zero-tolerance, curfews/police brutality/surveillance to control the marginalized/mass incarceration) – racialized and classist public relations campaigns – decentralized governing
Economic development	– earlier systems of central control of growth – public utilities – public-run social services (workforce training) – old spaces of local political-economic power	– enslavement, indentured servants – "economic development" boards /tax benefits/land grants/enterprise zones/empowerment zone/mass incarceration – private utilities – private or quasi-private run social services, nonprofits as public servants – new national/global spaces of political-economic power

Adapted from Peck, Theodore, and Brenner.[41]

During this period when private developers such as universities were involved in urban renewal, government subsidized the development, thereby enhancing private economic gain. These community rebuilding strategies were mediated through destruction of public and centralized governance and creation of private and decentralized governance. While both (this creative *and* destructive process) occurred before the official discussion of neoliberalism and its components, they in fact utilized the components that current neoliberal scholars use to describe neoliberalization in urban spaces today.[40] They created the path-dependency and context that Peck and others use to describe how current-day neoliberalization is able to occur. Then and now, these urban rebuilding practices result in uneven capital and wealth accumulation, which in turn contributes to greater health inequities between communities of the rich and the poor. [2,3,6,28]

When situated within the racialized and classist history of the United States, neoliberalization of community rebuilding offers an analytic lens to better understand how power, accumulated in the hands of a few, contributes to the current gap in resources necessary for equitable wealth and health .[1,12,13,43–45] For example, in 2014 the share of wealth owned by the top 0.1% of the U.S. population is almost the same as that owned by the bottom 90%; those whose parents have not finished high school are more than six times as likely to be in poor or fair health as those whose parents are college graduates; a large gap exists in home ownership rates across different racial and ethnic populations (43.0% of blacks; 45.4% of Hispanics; 52.2% of American Indians and Alaskan natives; 57.3% of Asians, native Hawaiian, and Pacific Islanders; 72.6% of non-Hispanic whites).[46–48]

These indicators reflect the legacy or path-dependency of socioeconmic policies and practices of urban rebuilding of the past, documented in the 1968 federal investigative report on racial segregation following the 1967 civil unrests in cities across America:

> Pervasive discrimination and segregation in employment, education and housing, which have resulted in the continuing exclusion of great numbers of Negroes from the benefits of economic progress; Black in-migration and white exodus, which have produced the massive and growing concentrations of impoverished Negroes in our major cities, creating a growing crisis of deteriorating facilities and services and unmet human needs; The black ghettos where segregation and poverty converge on the young to destroy opportunity and enforce failure. Crime, drug addiction, dependency on welfare, and bitterness and resentment against society in general and white society in particular are the result.[49]

In the same year, the U.S. Congress voted down a rat-extermination bill, gutted the National Teachers Corps, underfunded a new urban housing program (Model Cities), refused to seat an African American elected official from Harlem, and suggested that federal employees of the Office of Economic

Opportunity should be exempt from pay raises granted to all other federal employees. All this prompted an economic scholar of the 1960s to write: "economic and political power of this nation remains largely in the control of whites."[50]

Baltimore: Urban Neoliberalization Strategies From the Past to the Present

Territorial and Economic Development

1850s–1950s. Baltimore offers a case study of several of these neoliberal strategies or neoliberalization of the urban space and their consequent health inequities (Table 2). According to Pietila, the garden community of Roland Park in Baltimore, established in 1891, introduced into real estate the concept that property values decreased when African Americans and Jews were occupants.[45] To ensure segregation and economic value, those buying into the garden community had to sign a binding legal covenant that barred African Americans. This would last for decades. Besides developing three other similar communities in Baltimore, this developer became a national expert for garden developments across the United States.

Public policy in real estate development and housing became formalized in the early 1900s in Baltimore. Barbara Samuels, managing attorney for Baltimore's American Civil Liberty Union Fair Housing Project, writes: "[In Baltimore] Public policy played a major role in creating a segregated housing market and spatial separation after 1910."[51] In 1910 Baltimore became the first city to pass a law banning African Americans from moving into white neighborhoods, maintaining legal segregation after the end of enslavement and the Civil War. This law resulted after an African American lawyer bought a rowhouse near Eutaw Place, a prestigious white neighborhood in 1910. Pietila's research shows that this African American man paid the asking price, if not more, though the media at that time suggested that he paid only a third of the asking price, spreading the claim of racially driven property devaluation.[45] In 1911 city ordinances stated that fines would be issued for either whites or "Negroes" who violated the law.[52] This was followed in 1913 by formation of a real estate company through public stock to displace African Americans from land considered "prime" by whites and maintain firm boundaries of separation. In 1917, when the 1910 law was banned by the Supreme Court, segregation continued through covenants of real estate agencies preventing African Americans and Jews from moving into white neighborhoods. Intent on maintaining segregation, in 1918 the mayor presented another ordinance to the city council to reinstate legal segregation by suggesting that the increased rates of death for African Americans (four times compared to whites) was due to tuberculosis and therefore a health risk to the white population, necessitating

Table 2. Socioeconomic and Health Indicators for Baltimore City and Neighborhoods, 2010.

	Maryland[a]	Baltimore City[a]	Southwest[c]	Middle East[c]
Population total	5,773,785	622,104	17,885	7,374
Racial make up	%	%	%	%
White	60.5	31.6	17.6[d] (29.6)	4.5
Black or African American	30.1	63.3	76.2 (63.7)	91.8
American Indian or Alaska Native	0.6	0.4	0.3 (0.4)	0.1
Asian	6.1	2.6	1.2 (2.3)	2.0
Native Hawaiian or Pacific Islander	0.1	0.1	0 (0)	0
Two or more races	2.6	2.0	2.4 (2.1)	0.9
Hispanic or Latino	9.0	4.6	3.6 (4.2)	0.8
High school degree or equivalent	25.9%	29.6%	26% (29.4)	33%
Percent unemployed	5.6%	8.6%	14.3% (7.5)	7.3%
Median household Income	$73,538	$41,385	$28,514 (38,346)	$15,415
Persons per household	2.65	2.47		
Household earning less than $10,000	5.2%	13.6%	43.8%[e] (42.2)	69.7%[e]
Per capita money income in past 12 months	$36,354	$24,750		
Persons below poverty level	9.8%	23.8%	33.9% (21.3)	47.4%
Female head of household, no husband present	14.4%	22.7%		
Median earning for male full-time worker	$59,601	$45,778		
Median earning for female full-time worker	$50,101	$40,546		
Food stamp/SNAP benefits in past 12 months	9.5%	9.5%	91%[f] (83)	92%[f]
No health insurance coverage	10.5%	13.1%		
With public coverage	26.3%	41.1%		
Under 18 years no health insurance coverage	4.4%	5.5%		

(continued)

Table 2. (continued)

	Maryland[a]	Baltimore City[a]	Southwest[c]	Middle East[c]
Housing units	2,237,814	296,685	8,243 (202,265)	1,423
Vacant housing units	10.1%	18.5%	25.2% (7.9)	40.1%
Median value of owner-occupied units	$292,700	$157,900	$22,500[g] (115,000)	$151,860[g]
Homeownership rates	67.6%	48.3%		
Health indicators[b]				
All cause mortality rate	750/100,000	1002/100,000		
Reporting fair or poor health	16%	23%		
Diabetes	10	14		
Obesity	28	31		
High blood pressure	32	37		
Asthma adult/childhood	13/17	17/34		
Smoking	16	21		
Mental health not good	14	16		

[a]Indicators for Maryland and Baltimore city from United States Census Bureau, http://quickfacts.census.gov/qfd/states/24/24510lk.html
[b]Health Indicators from Baltimore City Health Department, http://health.baltimorecity.gov/sites/default/files/Health%20Disparities%20Report%20Card%20FINAL%2024-Apr-14.pdf
[c]Data for Southwest and Middle East Baltimore Neighborhood Indicators Alliance, 2010 data (BNIA) http://bniajfi.org/vital_signs/archives/. These two communities were one of several redlined in Baltimore in the 1960s.
[d]All indicators in parentheses in Southwest column represent BNIA's Baltimore City data; use to compare Southwest and Middle East neighborhoods.
[e]Percent of households earning less than $25,000.
[f]Percent of children receiving free or reduced lunches in 2010.
[g]Median sale price of house.

residential segregation; this was not successfully passed.[53] In Baltimore, the role of segregation and poverty, enhanced through public policy, has contributed to this disparity of health since the 18th and 19th centuries: "...the prevalence of infectious diseases was greatest in the lowest-income neighborhoods. The majority of African Americans lived in these neighborhoods. Families living in less housing space, earning less income, and working longer hours were more likely to have an infant die than those with more spacious housing, earning larger incomes, and working shorter hours."[54]

Concentrated areas of African Americans were termed "slums" by the 1930s because of crowding and deterioration. In the 1930s the Federal Housing Administration contributed to segregated community building strategies by funding development in areas deemed worthy— white areas—and marking

with a redline the areas deemed not worthy of investment—the majority of them African American and immigrant areas.

In Baltimore, strategies of community rebuilding from the 1940s to 1960s came in the form of urban renewal and slum clearance, a federally funded program aimed at rebuilding highly dense areas of concentrated poverty. Pritchett emphasizes that urban renewal advocates promoted the role of private ownership of large-scale development of areas deemed slum and blight, densely populated with low income and people of color.[55] These areas were deemed unsanitary and unhealthy due to overcrowding and nonstandard housing. The Baltimore neighborhoods targeted for urban renewal included Waverly, Broadway, Harlem Park, Mt. Royal-Plaza, Mt. Royal-Freemont, Charles Center, Camden Industrial Park, Shot Tower Industrial Park, University of Maryland, and Mt. Vernon.[56] Some of these sites had multiple projects all subsidized by government funding to address slum and blight. Most of these projects displaced existing residents to make room for the new development, and many residents moved into the new segregated public housing complexes being constructed. During this post-war period, the number of affordable houses constructed for African Americans did not match the number demolished, resulting in displacement of many into similar slum sites. Additionally, authorities acknowledged that the new public housing was more costly than previous housing, confirming studies of the challenges of displacement.[42]

In the mid- to late-1940s, returning African American war veterans were forced to live in public housing constructed in segregated areas.[57] Protests existed on both sides regarding where housing should be placed for returning veterans and low-income people: white church and community leaders and citizens did not want public housing and housing for African Americans in their communities. They argued that the value of their land would depreciate if housing projects were built in their neighborhoods, emphasizing the separate and unequal value of different communities. The National Association for the Advancement of Colored People (NAACP), the Urban League, the Citizens Planning and Housing Association, and individual citizens protested that more affordable housing was needed, not only in areas deemed slums but on vacant land as well. For example, in 1950 after a Baltimore circuit court ruled in favor of constructing three low-income public housing units on vacant land adjacent to or in white neighborhoods, residents and one neighborhood improvement association took their appeal for an injunction to the state court.[58] As a result, two of these projects were built for whites-only on vacant land adjacent to white communities, and the third was built for African Americans-only adjacent to an African American community.[59]

During this period a continued outmigration and segregation of white residents occurred, facilitated by public policy in the form of public subsidies for highway construction (1956 highway act) and tax subsidies for industrial development in the suburbs.[60]

Development of the slum sites included private and public developers. For example, the 1950s Broadway project, developed privately by Johns Hopkins Medical Institutions (JHMI) to expand the campus into 59 acres of land, was subsidized through the urban renewal grants and loans.[54] In this project, more than 1,000 families, majority African American, were displaced along with local businesses into adjacent areas with similar socioeconomic conditions as the ones they were leaving. The city acquired and cleared the land and sold it to JHMI. Because no affordable housing or amenities were rebuilt in the revitalized area, none of the historic residents could return. In the case of the Broadway project, a wall was constructed around the newly built housing for Johns Hopkins Hospital staff and families to keep former residents from walking through the land they previously occupied, segregating the new development from the adjacent blighted community they now inhabited. Although residents took their protests to the city council, nothing came of their plea for fair treatment and for affordable housing to be built. In 2015 one resident reported his feelings as a young man after the area was gentrified, walls were built around the new housing for Johns Hopkins staff and students, and he could not walk through the community: "...when you walked past you had a sense of anger because you knew what was going on and the fact that the persons living behind those fences thought they were better than the people living outside those fences." Residents who were displaced by this project relate how their fear of the Johns Hopkins Hospital and University increased after this expansion and continued with the increasing growth of the institutions into their neighborhoods over the decades (personal communication from Ms. Lucille Gorham, 2000).

Likewise, in the Waverly urban renewal project, plans to raze the entire area with no plans for affordable housing or existing businesses to remain resulted in protest by affected businesses and residents: "the first public protest to the projects was made Wednesday before the board of estimates." The Mayor responded: "Every consideration should be given to those who feel that they and their property will be adversely affected...but the overall good of the city requires that long overdue slum clearance proceed as quickly as possible."[59] In the Harlem Park project I, the NAACP represented the claims of existing residents that no relocation plan was created for those being displaced. The attorney representing the NAACP reported: "...in other city development programs"—and she cited specifically the Waverly and Broadway projects—"hundreds of colored families were evicted" and "none was replaced in the redeveloped areas."[58] The Mt. Vernon project boasted that the project was "reclaiming the area as a desirable in-town residential neighborhood; attracting into the area additional professional offices and specialty shops."[56] The Camden and Shot Tower projects razed residential and business properties for light industry. One of the Mt. Royal sites was revitalized for residential use, an elementary school, and recreational areas. Another cleared slums and replaced them with luxury apartments and a private-business tower.

This type of public-private partnership and opportunity for private economic and territorial development mediated through destruction of centralized laws and policies to protect the public was clearly supported by urban renewal policies:

> The urban renewal program played a critical role in the demise of the Public Use Clause. An effort to revitalize the city through the private redevelopment of publicly condemned land, urban renewal was promoted by elites as the answer to city decline. Renewal advocates envisioned the creation of a futuristic metropolis, organized according to modern principles of planning. Building this new city required the clearance and redevelopment of large areas of the city. In European cities, such efforts were undertaken by government, but American renewal advocates opposed such centralized power. Instead, they argued that cities could be rebuilt privately, and they proposed the creation of ''urban redevelopment corporations.'' Renewal advocates were a diverse group—they were real estate interests, progressive reformers, urban planners, politicians, and other concerned citizens—and they had divergent goals for the city. But they all agreed that urban revitalization required a broad application of the government's eminent domain powers. [55]

Like redlining and past government strategies, these government-sanctioned laws and practices violated not only equal rights to access land but often displacement into communities of disinvestment or into unaffordable housing. This lack of or limited access to equal pay, education, employment, health and social services, nutrition, recreation, and legal services ensured a path and context for current income and health inequality. Such urban rebuilding strategies produced space for a privileged race and class while creating an underclass of people today composed primarily of African Americans—in Baltimore and beyond—and Latinos congregated in urban spaces with diminished social and political capital.

1960s–2010. By the 1960s and 1970s, neighborhoods of segregated African Americans had high rates of inadequate and disinvested housing and schools, unemployment, and diseases .[12,42,54,61] The causes included segregation and disinvestment by government and private interests; deindustrialization; lack of social capital; white flight; and desegregation, which resulted in the movement of professional African Americans out of historically majority African American communities, leaving a concentration of lower-income individuals.[44,45,61,62] The legacy of this history of urban renewal provided the setting—the path-dependency and context—for Baltimore's continued neoliberalization of community rebuilding. Before urban renewal, the eras of enslavement, Jim Crow, and redlining supported de jure territorial and economic development favoring white wealth accumulation. After urban renewal, this continued with other racialized neoliberalization strategies in the form of mass incarceration and gentrification.[54,63]

Neoliberalization's path-dependency of community building in the 1980s in Baltimore ensured continued territorial and economic development by those already in power. This included community and economic development boards, nonprofits, and foundations with quasi public-private leadership who had benefited from the violent racist legacy of the past.[54,64,65] For example, the current Baltimore Development Corporation (BDC), a nonprofit proxy for the city, evolved from the 1950s economic development boards known for little transparency to the public. Its life span since the 1950s contributed to development of the city based on the aspirations of white, professional, and wealthy residents. Its development projects touted economic opportunity for low-income residents but failed to offer evidence of benefit to this class, while evidence of capitalist expansion was blatant and unaffordable to low-income, black residents in the Charles Center and downtown business district, Inner Harbor, and State Center.[66–69] A recent critique of the lack of benefit to the low-income communities from these projects question how current similar heavily government-subsidized development strategies, making the same promises, would serve the public. In continued obstruction of public access, BDC was recently found in violation of the state of Maryland's open meetings law for shutting out the public from meetings where public subsidy for a private development was being discussed.[70]

In the early 2000s, a half-century after Johns Hopkins Medical Institutions' expansion through urban renewal subsidies, city, state, and federal government along with the BDC again levied financial support for another 88 acres expansion of the medical campus, named the Johns Hopkins Science and Technology Park. This time more than 700 African American families were displaced through eminent domain proceedings.[54] (In 2005 use of eminent domain to take private land by government and turn it over to private developers for economic development—e.g., stadium, biotech park—was authorized by the U.S. federal court, amending the U.S. constitutions' fifth amendment on private property rights.[71]) Both projects—the medical campus's 1950s and 2000s expansion—first destroyed the existing low-income, of-color neighborhoods with the intention to recreate them with a majority white and professional class. This constant and serial displacement of residents continue to affect their health outcomes through chronic discrimination, root shock (displacement resulting in the rupturing of bonds, cohesion, and survival of communities), and movement to neighborhoods of similar health and socioeconomic status.[28] Like the 1950s Broadway project, the Johns Hopkins Medical Institutions' 88-acre plan did not include plans for displaced residents to return. Nor did it intend to include residents in any of the planning or process of rebuilding. After residents organized and demanded fair relocation benefits, fair compensation for their property, a third affordable housing in the new development, a healthy demolition protocol, and participation in the process, the plans changed. Initially the intention of the quasi public-private entity created to implement the plan—East

Baltimore Development Inc. (EBDI)— intended to compensate residents at the rate stated in the original eminent domain policy of the 1970s with no adjustment for current market rates. While some residents were displaced to areas of higher socioeconomic status, approximately 15% of the first 396 households (phase 1 of the project area) were displaced to communities of similar SES as Middle East Baltimore (Figure 2a, East Baltimore Neighborhood Revitalization, Phase 1 Summary Report). This can be seen when comparing the neighborhoods adjacent to the EBDI office (shown by a red star in Figure 2a) with the map of income levels of similar neighborhoods (Figure 2b American Community Survey/Baltimore Neighborhoods Indicator Alliance, 2009–2013). Residents displaced across the city reported returning to the local market or checking the newspaper for funeral announcements of their previous neighbors in hopes of reconnecting with their old social networks.[72] This "grieving for a lost home" and its health effects support Frieman and Fullilove's research on the negative health effects of displacement.[28,73] EBDI did not provide a plan to ensure that those residents who wanted to return would be able to do so, even after residents organized and testified at city council hearings. Furthermore, the memorandum of understanding promising that a percentage of the project funds would be invested into the existing community as determined by the community, signed by the JHMI leadership and the then-mayor of Baltimore, was later deemed not legally binding by the same signatories and not fulfilled. The benefits to the existing community residents from this gentrification project came about only after consistent organizing through a neighborhood association, Save Middle East Action Committee Inc. (SMEAC). When SMEAC disbanded in 2008, eight years after it was formed, EBDI, Johns Hopkins Medical Institutions, city and state government officials, and the foundations—the powerful stakeholders in the Biotech project—became less responsive to residents and local businesses; EBDI stopped having monthly meetings to update residents of the project and, after complaints by residents and businesses, reinstituted quarterly community meetings and closed their doors to the public (if no appointment was made in advance).

The 1980s–2000s neoliberalization's ethic of less government oversight, greater private ownership through public-private partnerships, and globalization fit well in the historically white, government-determined community rebuilding ethic of the previous years. It builds on the history of nonlocal control, race and class determination, and control by the powerful with no assessment or understanding that existing residents in marginalized communities have social networks that support their lives and that they want to be included in community rebuilding of their communities. This is emphasized by a resident forced to leave for the 2001 Johns Hopkins expansion:

> We went to meetings in 1996-... we worked with them to see what could be in place of all these decaying houses ... in 2000 Mayor O'Malley decided this was taking too
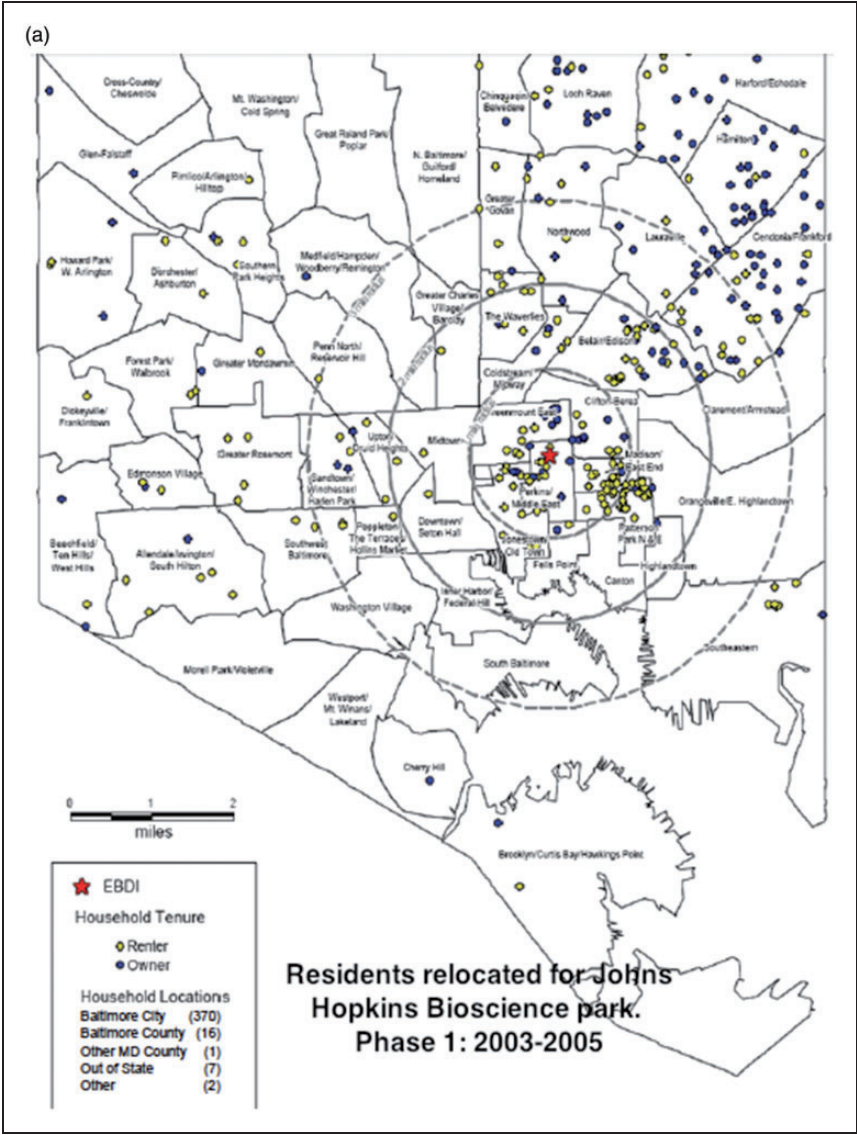
Figure 2. (a) Areas of Baltimore city where residents were relocated (renters, open circles and owners, filled circles), relative to development project in Middle East Baltimore (indicated by the star in the center circle).
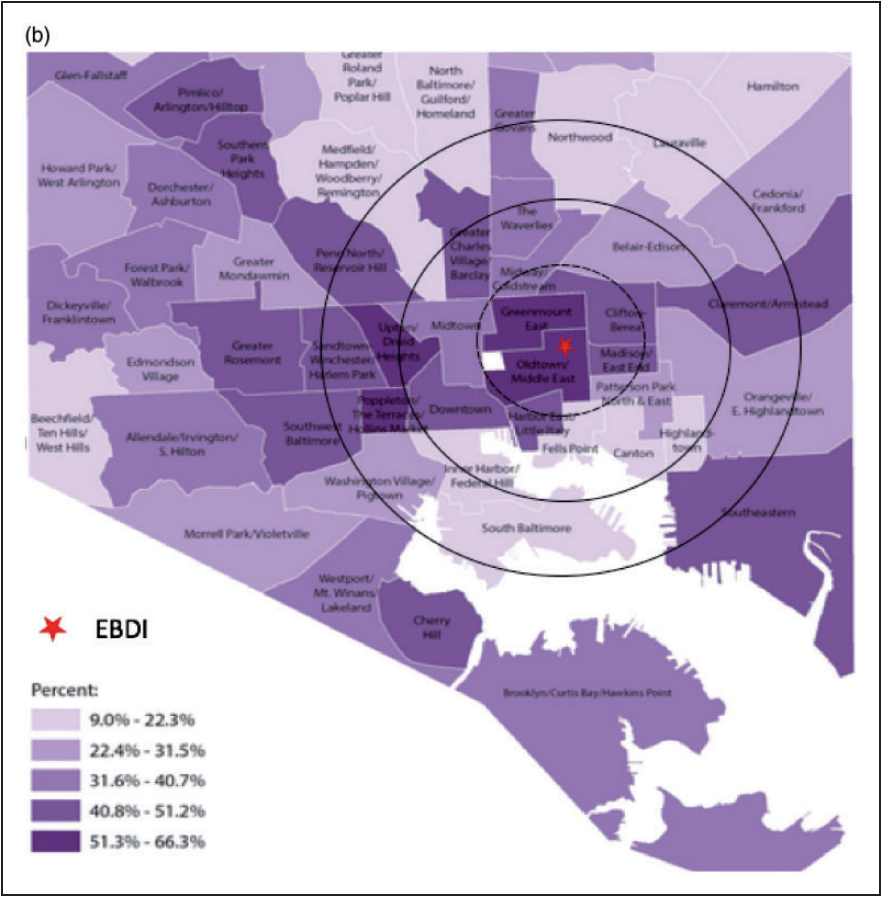
Figure 2. (b) Percent of households in Baltimore City earning less than $25,000, 2009–2013.

long and too hard, so his solution was just demolish everything and start over ... it was like a shock ... we spent four years talking about what could happen to our neglected neighborhoods and what could be in place to make them look better, we spent four years doing that ... and then you say "tear it all down" ... you want something better but you never thought you had to leave in order for it to be better. [74]

It requires time for community process and participation, something powerful developers competing in the market place do not have and do not value. Valuing the social networks, the sense of home that exists for residents in abandoned communities is limited or nonexistent in fast-paced neoliberalization community rebuilding strategies. This is related by one resident forced to move for the 2001 Johns Hopkins expansion as she talks about the relocation process instituted by

Johns Hopkins University, EBDI, city officials, and the Annie E. Casey Foundation:

> So many times I had to remind them . . . you all are not giving me anything; you all [Johns Hopkins University and partners] came here and interrupt . . . you all did nothing but come and destroy our lives . . . because it doesn't matter what you think of the area we all lived comfortable lives . . . they said we had a right to come back but it was not true . . . we had to fight, fight, we had to rally; I have no problem with redevelopment of the area, but what I have a problem with is when people come into your community and wouldn't allow you to have a say in your community.[74]

Current-day neoliberalization emphasizes a market of heightened competition and consumerism and advantages and selects for an educated and professional class benefiting from their context and legacy of well-resourced white communities. It supports the argument of a path-dependency of current day community rebuilding. The skills and knowledge necessary to compete for jobs and opportunity and the disposable income required for chronic consumerism in today's economy were not nurtured in the low-income and African American communities built and rebuilt by past liberal rebuilding strategies. The disparate socioeconomic factors burdening historically marginalized communities predispose individuals living and working there to further health and socioeconomic disadvantage and little social, economic, and political power. A majority African American city (63%), 2010 Baltimore boasted a 9% unemployment rate and 19% housing vacancy; it ranked 24th (range of 1–24 with 24 being the worst) for poor health outcomes and showed a growth in economic segregation (measured by income, education, occupation) and the greatest income gap in the state. Baltimore city had the shortest life expectancy compared with other counties across the United States (Table 2).[75]

Beyond 2010. In 2015 Baltimore ranked in the top 15 out of 50 U.S. cities for gentrification in the past 10 years, measured by increased housing cost and number of people with bachelor's degrees.[76] Also in 2015, neighborhoods previously subjected to redlining showed the highest rates of infant mortality and low life expectancy and the lowest rates of homeownership.[77] This consistent gap between the rich and the poor remained as spatial, place-based, and geographic in the 21st century as it did in 18th-century Baltimore.

Other neoliberal creative destructive community rebuilding processes using strategies of territorial and economic development continue across Baltimore. The public housing complex in Station North Arts and other neighborhoods is targeted for private ownership through the government's Rental Assistance Demonstration Project (RAD).[78] RAD is the latest federal Department of Housing and Urban Development neoliberal rebuilding strategy to sell off public housing to private management corporations with no long-term housing guarantee for rent-assisted tenants. Like in the past, the risk for community

fragmentation and potential negative health outcomes due to displacement of residents and destruction of their social networks, and the health benefits of such networks, is high. Social networks that provide informal childcare and supervision, elderly care and assistance, and familiarity become disrupted and have a significant risk for poor health outcomes .[28,79,80] For example, a 1990s outbreak of syphilis cases in Baltimore after razing public housing is attributed to disruption of social networks and spread of the disease to those displaced into other neighborhoods.[81]

The re-creation of these public housing spaces for ''mixed-income'' families has become a label for attracting a more privileged race and class of people who are able to afford higher rents. While RAD gears up, no resident-engagement plan for building affordable housing has been organized by the government. However, community residents, housing activists, and union workers brought the issue to the attention of the city through protests and social media.[82] A major point in their campaign was the lack of affordable housing and residents' fear of being displaced into disinvested neighborhoods or becoming homeless. This lack of affordable housing in Baltimore remains a major risk factor for poor health outcomes.[83]

Between 2000 and 2013, more than half of Baltimore renters lived in housing they could not afford (spending more than 30% of their income on housing expenses), 34% living below the poverty line.[84] Garboden reports that this is the cause of the dual crisis of Baltimore—lack of affordable housing and low income: ''the vast majority of neighborhoods have experienced rents rising much faster than income . . . black households are more burdened than white households, but this difference is entirely driven by their incomes.''[83,85] Sixty-five percent of those housing burdened are female-headed households with children, known to increase the risk for poor health outcomes for children.[86] Currently 29 units are available for every 100 low-income households.[84,87] As evidence of this dual crisis of unaffordability, in 2013 more than 37,000 families were on a waiting list for public housing, housing vouchers, or both. In 2015, landlords filed for eviction 156,376 times, evicting 7,235 families, almost always because they were struggling to pay rent.[88] With RAD going into effect, 22 housing complexes (40% of the city's affordable housing units) are targeted for privatization with no transparency of the processes; and 67 maintenance and security employees will be affected, another layer of the destruction of existing communities for the creation of a new form.

This urban neoliberalization creative destruction path is being implemented nationwide as HUD plans to implement RAD in up to 60,000 public housing units across the United States. The public housing administrations across U.S. cities will access funds for much needed repair through a guarantee of government funding to private corporations. This example of privatization of public services benefits territorial and economic development of private interests through guaranteed government partnership.

Place Promotion

Using the neoliberal process of creative destruction, the two development projects (described above) resulting in Johns Hopkins Medical Institutions expansion in East Baltimore promoted the place targeted for development by first destroying it, highlighting the poverty and demonizing the people of the place as slum and blight in the 1950s and blighted in the 2000s.[54] Both projects forecasted that the only way to change this blight for the benefit of the public was to create a new community, in the image of JHMI (Figures 3 and 4). The creative phase of place promotion, as opposed to the destructive phase, then occurred to attract developers. In the 1950s this included the urban renewal subsidies through the federal program. In the more recent 2000s project, this included government and nongovernmental organization subsidies totaling almost 50% of the 1.8 billion cost through tax credits, tax increment financing, state and private-backed bonds, grants, and the use of eminent domain.[89] In return, a promise of 8,000 jobs was made; more than 10 years later, local residents protest the less than 1,500 jobs in place, the majority for nonlocal individuals (Figure 5).

Place promotion also occurred through a creative process of a school as a gentrification hub (overlaps with territorial development), a public-private charter school controlled by the university and government and supported with funding by public dollars. These place promotion strategies aimed to attract a different race and class of residents to the neighborhoods surrounding the universities, building and segregating communities of means through public-private partnerships. The institution expands in land, power, and capital, growing its wealth, while the surrounding people are displaced and must compete for attendance at the new school. The rebuilding did not seek to address the systematic social, political, economic, and health causes and consequences of poverty but sought to displace the eyesore of poverty from the elites. For example, displacement of residents for JHMI's Science and Biotechnology Park in the early 2000s resulted in displacement of localized drug activity in East Baltimore. The problem of drug use and activity was not addressed through this gentrification project but instead dispersed into neighborhoods across the city.[90] Rebranding of the existing neighborhoods by market consultants continues with new names like Eager Park, Station East, and Eager Square to destroy the existing neighborhoods and create the new.

The creation of the new neighborhood in Middle East Baltimore has been slow to fulfill its original plan of 1,800 new housing units. To date 726 units have been newly constructed, another 50 rehabilitated. While EBDI or its partners will not release updates of the demographics of the occupants of these units, the last report in 2010 suggested that less than 16% were historic residents and residents from other East Baltimore neighborhoods.[54] Plans for future construction of housing include another 100 units of luxury townhomes and

Figure 3. The Johns Hopkins Bioscience Park in its current expansion into 88 acres of Middle East Baltimore stands in sharp contract to the abandoned houses in its periphery, 2014.

condominiums priced in the upper $200,000 s. A new hotel is being constructed for patients and family of the Johns Hopkins hospital. The state lab and two biotech-incubator buildings have been constructed. A seven-acre park, Eager Park, is under construction and being promoted as the namesake rebranding the gentrified area. Recent research of neighborhoods peripheral to the 88-acre biotech park suggest that more than half the residents are housing burdened and more than a third are fearful of having to move because of increasing rents.[72]
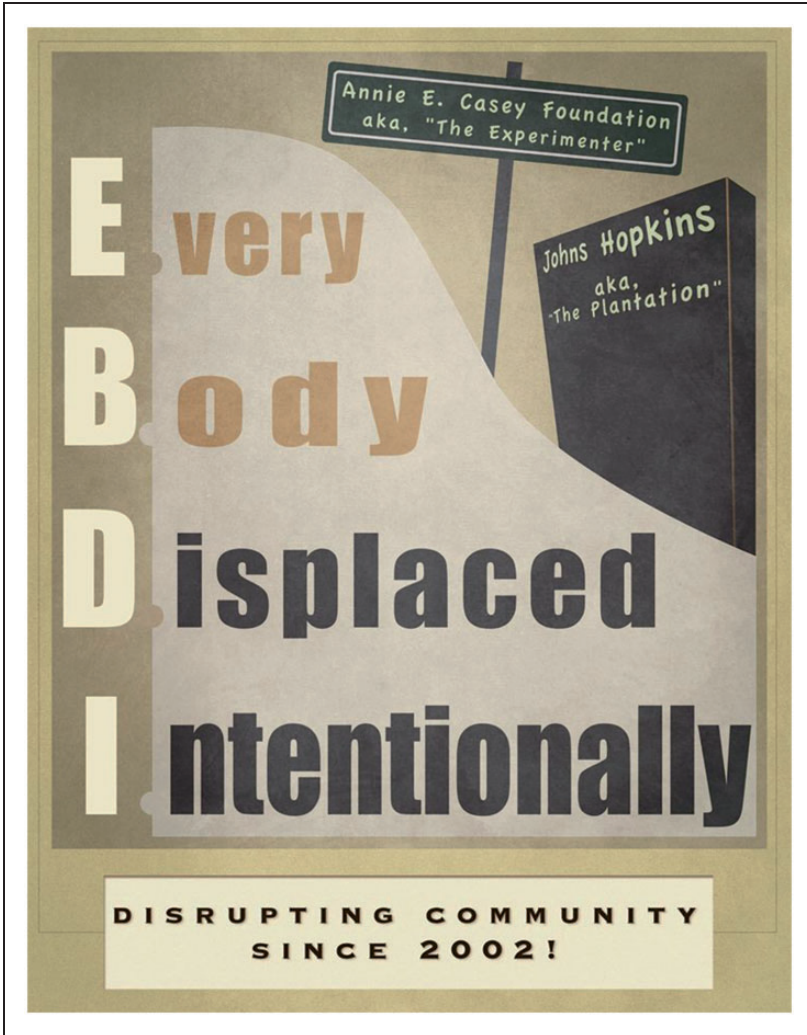
Figure 4. BRACE (Baltimore Redevelopment Action Coalition for Empowerment) continue to organize for local hiring, community reinvestment and affordable housing in the (2002–current) development of the Johns Hopkins Bioscience Park.

South of the medical campus, similar urban neoliberalization strategies of place promotion using increased public-private partnerships continue with the greater than $1 billion Harbor Point housing development by Beatty Development Corporation. This project is receiving more than $108 million in tax subsides as well as enterprise zone benefits. Baltimore's inclusionary housing law was bypassed for this development. Residents, activists, and community

Figure 5. East Baltimore protest.

organizations organized and protested this development. A record number of people turned out at the public hearings with testimony for and against the project. Testimony included the lack of funding for parks and other public amenities, while government funds support big development promising benefit to the city. The legislation for tax subsidy passed. Meanwhile the public housing project near this development lacks parks, resourced schools, affordable healthy foods, and housing improvements and exhibits high rates of chronic illnesses, teen pregnancy, and drug use. In 2015 a new development project was announced, Port Covington. This time the developer (Under Armour development entity Sagamore Development) requested and was granted $535 million in tax increment financing (TIF) to develop 14,000 housing units and amenities for those making more than $100,000 per year, the third highest amount of this particular kind of subsidy in U.S. history. Again there was public protest and new coalitions between community and labor formed in support of more equitable development across the city, challenging the city government to stop subsidizing private wealth with monies that could be used for public services. Public testimony at the hearing was so great (more than 150 people signed up to testify) that the hearings were continued for an additional day and voting on the legislation in the subcommittee was delayed. Protests and community coalitions resulted in a negotiation of a community benefits agreement with a nearby community and a memorandum of understanding between the developer and the city

of Baltimore to include mandating 30% local hiring and 20% affordable housing (off the development site).[91] Neither outcome was part of the original proposed development and came about only after community organizing, negotiating, and protest.[92]

While these different tax subsidies occurred, five recreation centers and four Police Athletic League (PAL) facilities were closed between 2011 to 2013, all in low-income neighborhoods like the one next to Harbor Point development project. An immediate negative impact of recent tax subsidies for development resulted in a cut in state aid for public education of $35 million and a threat of job loss for 393 teachers in 2015.[93] The state assessed that the city had experienced a development boom of $1.3 billion and rise in property values in the previous year and could therefore pay more for its schooling. However, due to the extensive subsidies to the developers, in the form of TIFs and PILOTs (payment in lieu of taxes), most do not have to pay taxes until 10–25 years later or pay a minimal amount instead of the predicted tax rate. An example of this is the $3.6 million Marriott hotel in Harbor East, which currently pays $1 a year in lieu of property taxes and will do so for 25 years. Loss of revenue from this one neoliberal strategy cost city schools an estimated $3.6 million in state aid for the next fiscal year. This problem occurred in 2016 with additional loss of school funding due to tax subsidies for development in 2015.[94] Such diminished funding streams result in less funding to under-resourced schools in Baltimore, such as Sandtown Winchester in West Baltimore. This neighborhood is 98% African Americans. In 2013, 94% of children received free or reduced lunch and only 27% of eight graders passed the standardized English exams.[66]

Place promotion strategies using creative destruction processes are evident in two long-term strategies of development shaping the city of Baltimore's current neoliberal revitalization efforts. The first is ''10,000 families in 10 years,'' targeting first-time homebuyers, recent immigrants, lesbian/gay/bisexual/transgendered (LGBT) communities, and Washingtonians who want lower-priced water views. The invitation to first-time homebuyers, immigrants, and LGBT supports the economic development strategy targeting the ''creative class'' reportedly necessary to transform existing post-industrial cities like Baltimore, Pittsburgh, and Detroit into thriving cities of the future.[95,96] One tool for these projects is the Vacants to Value program. This program has the Baltimore housing department working in partnership with developers to rehabilitate existing deteriorated houses by ''streamlined processes and rationalized pricing that get city-owned vacant properties to developers quickly and affordably.''[67] Per the current housing commissioner: ''. . . We are working hand in hand with the developers and mitigating the risk that they would otherwise face.''[67] The assurance that wealth accumulation continues unimpeded through minimal regulation mediated by government subsidies and intervention emphasizes the neoliberalization strategies of place promotion, territorial development, and economic development. Several reports from existing residents reveal they are not

given equal opportunity to purchase vacant property through this program (personal communication). These comments reflect the project's 2013 report that 95% of rehabilitated vacant units have been affordable to families at or below 120% of AMI-area median income ($85,600 for a family of four). This indicates the target population demographic, touted as "workforce" housing. As seen in Table 2, the median income in Middle East, one of the more marginalized and abandoned communities in Baltimore city, was approximately $15,000 for a family of two (such distressed neighborhoods include the greatest number of vacant houses and the areas where the Vacants to Value houses are concentrated). While Vacants to Value targets individual and large-scale development in severely distressed areas, another program, Live Near Your Work, targets employees who receive a grant from employers, matched by the city, to purchase property near their work.[97] A third of those using this program thus far are new residents from outside the city. In light of the displacement likely from increased housing cost from these programs (some houses have sold upward of $250,000 in previously high-drug dealing neighborhoods) no citywide plan to increase the number of affordable housing has been provided by any of the developers, development boards, or philantropic organizations for the average low-income resident in these communities.[98]

The second long-term redevelopment plan is to remake and promote Baltimore as a "college town" (a place promotion strategy as well as territorial development strategy).[99] While the previous plan promoted rebuilding through direct subsidies to investors and developers and subsidies for "working class," this plan promotes the city intentionally to an intellectual and elite class, a creative class. The big players in the college town neoliberal scheme are Maryland Institute College of the Arts (MICA), University of Baltimore, University of Maryland in Baltimore, and Johns Hopkins University (east medical and north campus). On the west side of the city, gentrification of the Station North Arts area with new restaurants overpriced for local residents and new housing for students of the nearby MICA continues. Local and historic residents and businesses and artists of color in the area cannot afford the new amenities of the gentrifying area; median housing cost has increased from $10,000 to more than $150,000 between 2002 and 2013.[100] A newly rehabilitated theater in this area, funded by the Johns Hopkins University and MICA, adds to the new gleam for attracting this new class. In the past four years, bike paths are taking over the city streets and a free Circulator bus with stops clustering in the newly developing areas has accrued $11 million in deficit despite state and city subsidies. Many locals wonder why riding this new bus is free while the regular public transportation, which is more equally distributed throughout the city, continues to charge a fee; those in communities of chronic disinvestment acknowledge it was not meant for them (personal communication).

Less than one mile south of Station North Arts District and MICA, recent redevelopment near the University of Baltimore campus continues the trail

south for Baltimore's college town makeover (Figure 6); Potbelly, Chipolte, Starbucks, the pet-accessory store, and new luxury condominiums have all appeared in the past five years. One mile west, the University of

Maryland's new Bioscience Park has displaced local residents as housing for students and professional staff emerge with median housing cost increasing from $68,000 to $197,000 between 2002 and 2012.[66] Almost two miles north of MICA, the Johns Hopkins University undergraduate and graduate social sciences campus shows high-rise condominiums replacing historic row houses while city dollars support public art for the new race and class, Florida's "creative class".[72] Between 2011 and 2012, while the number of houses sold for cash in Baltimore decreased overall, the exceptions were two neighborhoods adjacent to the Johns Hopkins East Baltimore and University of Maryland campuses, both with new biotech parks, which experienced 90% cash sales for houses. Cash sales suggest that developers and investors are likely acquiring the property, as opposed to individuals intending to rehabilitate and live in these homes. From north to south, east and west of the city, development is recreating the city through promoting and branding it as a college town, driving the already marginalized populations further away and enticing developers and capital investors with government subsidies.

Figure 6. Station North gentrification.

Promoting Baltimore as a college town, the Baltimore College Town Network exists in partnership with government and business leaders to "develop and market Baltimore as a vibrant place to live and learn."

Using Peck and others' framework, other neoliberalization strategies promote space for wealth accumulation through market growth and elite consumption in one-size-fits-all laws and policies to control and disperse the existing population of the area targeted for rebuilding. Examples of one-size-fits-all strategies are "zero tolerance" and "one strike you're out" policies.[101,102] These policies, implemented in the 1990s and 2000s in urban cities, contribute to uneven development by further controlling and displacing already marginalized communities through gentrification and mass incarceration. For example, mass arrest of young African American men between 2001 and 2005, after the zero-tolerance policy went into effect in Baltimore, contributed to the instability of already under-resourced communities after a peak of more than 100,000 arrests in a city of 640,000.[103] These arrests resulted in a suit by the American Civil Liberties Union (ACLU) and National Association for the Advancement of Colored People (NAACP) against the police department and a ruling against the department for illegal arrests and requirement to reject this policy, pay a fine, and institute training of police officers. These communities lose the benefit of a generation of young African American men unable to access employment, housing, public assistance, education, and family reunification because of such neoliberal strategies.[13,51] This cycle of community destruction through mass incarceration furthers the fragmentation and uprootedness of young men and increases the likelihood of crime and alternative means of income and other behaviors that lead to unstable and unhealthy communities devoid of social, political, and economic capital.

Other place promotion strategies include curfews and surveillance cameras. A recent curfew enacted in 2014 serves to control the whereabouts of youth of this majority African American city with 1 in 4 people living in poverty, more than 40,000 vacant houses (19% citywide), and an average of 3,000 homeless nightly in a city of less than 650,000 people (Table 2). Law enforcement surveillance cameras first implemented in high-crime areas are now across much of Baltimore. This network of public surveillance was recently increased after merging with private surveillance cameras, placing another control measure and encroachment on privacy for individuals in the city of Baltimore.[104] More recently, Baltimore citizens learned that aerial surveillance of the city by a private company had been occurring by the police department, funded by a millionaire in Texas; none of this was disclosed to citizens and the majority of the city council.[105] The chronic stress from constant surveillence and threat of police brutality targeted to communities of low income and color is a public health threat.[106–108] These neoliberal community rebulding strategies disrupt and decrease community cohesion, weaken trust, and diminish political control by community.

Conclusion

Collectively these neoliberal community rebuilding strategies of place promotion, territorial development, and economic development overlap and co-occur through processes of creative destruction. The current political economy of neoliberalization ensures continued disproportionate possession of urban space and wealth accumulation in the hands of the privileged classes. The process of continued dispossession of the existing low-income inhabitants and their decision-making power provides the means to this uneven development. The history of community rebuilding in Baltimore, with race and class exploitation, provides a context and dependable path for easy implementation of 1980s-and-beyond neoliberal community rebuilding strategies. Together these strategies result in increased risk for continued uneven development, wealth accumulation, and health. The same power brokers—policy makers, politicians, planners, designers, developers, foundations, and private interests—planning and enacting neoliberal strategies have the power to change the way rebuilding continues. A shift in this current paradigm requires intentionality and would be advised by examples of non-neoliberal and race- and class-equity liberal policies and practices. Including members from public health, transportation, safety, education, recreation, environment, foundations, and affected communities in deciding whose investment will be invited in to determine land use and redistribution is key to moving toward more equitable and sustainable rebuilding practices, increasing the likelihood of a path toward health equity.

Organized communities on the ground, empowered with political, social, economic, and health capital, can challenge current neoliberal rebuilding strategies for more equitable processes and outcomes. Government working in partnership with local and historic communities can allocate land for community control through community land trusts and ensure economic development that benefits local wealth development through local entrepreneurship and cooperative and collective employment and housing strategies. They can also fund rehabilitation and training programs and services to ensure historic residents are competitive in the workforce. Finally, community building movements can conduct health equity assessments to ensure that current and past links between neoliberalization community rebuilding, uneven capital accumulation, and health inequities do not continue. Rebuilding the places and the support structures to ensure environments of equity and sustainability can begin to diminish the inequity of wealth and health that affects the people living in these contested spaces.

Declaration of Conflicting Interests

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