

Blackwell's Almanac

A Publication of the Roosevelt Island Historical Society



Neighborhoodly socializing was as important as physical design in the planning of Eastwood. (See A Look at Affordable Housing, Including the Story of Eastwood, p. 2.) Photo credit: Roosevelt Islander.

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A Look at Affordable Housing, Including the Story of Eastwood

Architect and New York Institute of Technology professor Matthias Altwicker and his family have lived on Roosevelt Island for 12 years. They rent an apartment in Roosevelt Landings, or what used to be called Eastwood, and they love it. As an architect and designer of an exhibition on affordable housing at the Hunter East Harlem Gallery, Altwicker is in a unique position to appreciate the conceptual and design innovations that exemplified the Eastwood complex. So, on October 12, at the most recent of the Roosevelt Island Historical Society library talks, he shared his take on the evolution of public housing and the place of Eastwood in it.

The turn of the 20th century in New York City, Professor Altwicker began, was notorious for high-density tenements. They were packed with people, but dreadfully lacking in light and air. At the same time, there was a growing social movement that deplored the conditions in which the residents of these habitations were forced to live. And that led, in the 1920s, to the very first type of public housing—**below-market subsidized housing**.

For the most part, these pioneering projects were funded by philanthropists. An iconic example cited by the speaker was the 1926 Dunbar Apartments on the Harlem River, sponsored by John D. Rockefeller, Jr. and designed by Andrew Jackson Thomas. These limited-equity co-ops, sold at considerably below market rate, with limitations on the resale value, consisted of 511 units in six five-story buildings.

What defined them were their sense of interior space, their exposure to light and their unprecedented green areas. Little nooks or vestibules acted as transitional space between rooms; ceilings were eight feet high; and there was a window in every room. In addition, apartments faced inner, grassy courtyards more than they did the street.

Sunnyside Gardens, built in 1928 in Queens by the private non-profit City Housing Corporation, was another such example. The 1,202 two-story “garden apartments,” designed by Clarence Stein and Henry Wright, were both subsidized limited-equity co-ops and rental units. Again the interiors featured transitional “air locks” between rooms for enhanced spaciousness and

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Blackwell’s Almanac

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Low-rise Sunnyside Gardens inspired decorative individuality. Photo credit: David Schalliol.

the inside of each block featured a shared, community garden. A telling development, Altwicker pointed out, was the individuality with which owners/tenants treated the outside of their homes.

Enter NYCHA

With the advent of the New York City Housing Authority (NYCHA), funding and principles changed. NYCHA and the federal government became sponsors, and, through the 1930s, building complexes were configured to be their own **public neighborhoods**.

Roosevelt Islanders have only to look out their east-facing windows to glimpse a prime example. Queensbridge, the largest housing project in the country with 3,149 units, was built in 1939–1940 in an area (Long Island City) where there was very little in the way of residential support. The complex was inward-focused and had to be its own neighborhood, thus prompting NYCHA to incorporate community activities and amenities beyond simple housing. In addition to parks and playgrounds, Queensbridge

Penn South towers with balconies and its own parking lot. Photo credit: David Schalliol.



boasted a day nursery, a community center, clubs and crafts, and a play school.

Despite these amenities, however, the actual living spaces in these six-story buildings were less desirable than some of the older affordable housing units. Architects Ballard and Churchill designed them so that a certain number of units locked into one stairwell for increased efficiency of circulation, but there were no elevators. The interior layouts were modified, with the former transitional spaces between rooms giving way to rooms opening off one side of a narrow, space-saving hall. Because of this, most of the apartments did not have cross-ventilation, and since some of them faced only north, there was little good light.

By 1941, some 13,000 families were living in public housing. But, as the speaker explained, projects such as “Queensbridge had low-density and NYCHA and the state decided [that the current] housing capacity was insufficient.” So, affordable housing evolved yet again. In the 1940s, the emphasis switched to **public housing towers** in order to fit as many people as possible. In the 1960s, the concept of affordable housing was expanded to **stabilizing the middle**, that is, encompassing,

not just the poor, but the middle class as well. A third important change was the use of a variety of types of funding.

Stuyvesant Town is one example. Another is the 2,820-unit Penn South Houses built in 1962 on the west side of Manhattan. A limited-equity co-

op, the complex was actually developed by the ILGWU (the garment workers' union) under co-sponsorship with the federal construction program Title 1 and the United Housing Fund (UHF). One of its goals was to pack as many people as possible into the 22-story towers, each of which was built around a stair and elevator core. And, indeed, the project maxed out the notion of people density. Yet Architect Herman J. Jessor managed to incorporate a number of very desirable features. There was a parking lot in the middle of the complex, no little consideration in car-glutted Manhattan. There were also balconies and large corner windows.

The Eastwood Story

Then came the '70s and **housing reimagined**. Funded through the state's Urban Development Corporation (UDC), the federal Housing and Urban Development (HUD), the sale of municipal bonds and the state's Mitchell-Lama, Roosevelt Island's Eastwood, completed in 1976, represented a shining star in this new public housing world. Edward Logue, conceptualizer of our island community, was adamant that overall planning was key. Good architecture and individual amenities were important, but not enough, he insisted. Housing had to foster neighborly socializing.



An arresting physical feature of Eastwood was (and is) its unusual stepped roof. Photo credit: Matthias Altwicker.

According to Professor Altwicker, "Logue found the right architect—José Luis Sert of Sert Jackson Associates." Not only did he have a keen aesthetic sense, "he was also a bridge between modernist and traditionalist ideas about how people and cities interact."



Eastwood's outcropped façade and textured bricks created light, shadow and visual interest. Photo credit: David Hirsch.

Eastwood's most notable physical feature was (and is) its very interesting roof line, tall at the street side and stepping down toward the water. Even when Sert was belatedly required to fit more people, he left the street and water façades intact, inserting towers at the ends and between the major Eastwood sections.

Other aesthetic innovations included: the visual interest and light and shadow of a façade that was not flat; large, well-proportioned windows (that, because of the scale of the building project, could actually be custom-made); textured bricks that gave a sense of depth (and were brown so that they wouldn't show dirt and aging). On the socializing front, Sert provided for enclosed courtyards where people could meet and congregate. He anticipated that people would figure out both planned and unplanned uses for the spaces,

particularly the amphitheater in the southernmost section. Benches adorned both the street and water sides of the buildings, providing another gathering point. In fact, the covered benches in front could be used even in the rain.

It's no secret, Altwicker reminded the audience, that public housing has to be efficient and inexpensive. And a major contributor to these requirements was Eastwood's very unusual common corridors. They run the entire length of the complex and, atypically, occur on every third floor (4th, 7th, 10th, etc.), instead of every floor. This design saved money because it decreased the number of elevators and fire stairs needed. Although there is a sizable lobby on every corridor floor, it also reduced the space dedicated to common areas, so that it could be redeployed to create more spacious apartments. The one drawback, obviously not anticipated by the architect, has been the security problem posed by troublemakers' unimpeded flight.

Within apartments, an open kitchen-living room floor plan allowed sight-lines across common spaces to windows, which, themselves, reached all the way to the ceiling. And bay windows added interest to both apartment interiors and to the outcropped façade. Clearly, Sert's planning was meticulous and marked a creative milestone in the era's public offerings.

1980s to Today

Unfortunately, in the 1980s, HUD and UDC fell apart, choking the stream of

government money right up to the present. Funding has by and large been available piecemeal from a decentralized network, forcing most building to be done on a much smaller scale.



The Nehemiah Homes evoked a country-like feeling. Photo credit: David Schalliol.

The Nehemiah Houses, built in 1982 by the East Brooklyn Congregation, were funded by a private non-profit and consisted of only 390 units. The idea executed by architects James T. Martino & Associates was not to

build big towers, but to create inexpensive country-like homes—complete with a driveway in front—and thus foster home ownership.

The height tide may be turning, however. In 2012, Via Verde in the Bronx depended on a mix of funding, including New York City's Housing Preservation and Development (HPD), the New York City Economic Development Corporation (NYCEDC), and a private non-profit/developer. Though the project encompassed only 222 private rentals and limited-equity co-ops, designers Dattner Architects and Grimshaw Architects created a single building with a stepped façade that rose to a tower at one end. The face of the building is "animated" with row upon row of balconies and, unlike Eastwood, the roof space is used for activities, including a community vegetable garden.

After 100 years of evolution, it is difficult to say where affordable housing will go next. Professor Altwicker can only assure us that more changes are inevitable.

November 6, 2017: A Century of Women's Suffrage

No. That's not a mistake. True, it wasn't until 1920 that the Nineteenth Amendment gave women the right to vote in federal elections. But, forward-looking New York State conferred that right for statewide elections three years earlier (1917), and this month we celebrate its centennial.



Elizabeth Cady Stanton and Susan B. Anthony. Photo credit: en.wikipedia.org.

Many people had a hand in this momentous development and many decades would pass before it came to fruition.

No doubt you recognize the names of crusaders **Elizabeth Cady Stanton** (1815–1902) and **Susan B. Anthony** (1820–1906). Lifelong friends and co-workers, they both came out of the abolitionist and temperance movements. Stanton's famous speech at the Seneca Falls (NY) Convention in 1848 is often credited with launching the women's suffrage movement in this country. In 1868, the two women began publication of a women's rights newspaper called *The Revolution*, and in 1869, they founded the *National Woman Suffrage Association*, of which Stanton was president. Ultimately this organization morphed into the larger *National American Woman Suffrage Association*, in which Anthony was the principal force.

Anthony, the fiery rebel, went on to become a star, if a rather notorious one. In 1872, she was arrested for voting in her hometown of Rochester,

NY. She was subsequently convicted in a widely followed trial, but refused to pay the fine. In 1878, she (along with Stanton) contrived to have a document known as the Anthony Amendment submitted to Congress that would have given women the right to vote. Of course, it was summarily rejected. But,

there's no doubt it exerted an influence on the evolution of voting rights in New York State, and it eventually became the Nineteenth Amendment to the U.S. Constitution.

Less famous, though equally dynamic, was the mother-daughter team of **Elizabeth** (d., 1911) and **Anne Miller** (d., 1912) of Geneva, NY. They became leaders of the suffrage movement in Ontario County, founding, in 1897, the seminal Geneva Political Equality Club. Soon to become the largest club in the state with 362 members, it broke convention (and probably advanced its cause) by having male as well as female members.

"It seems to me [as] unwise and one sided to have a Political Equality Club without men as to have a City or State government without women...we must stand together, and think and work things out together," Anne declared.

The Club brought noted speakers to Geneva, educated the public and women voters about women's issues, monitored suffrage activism at the

state and national level and frequently audited hearings in Albany. In 1908, Anne also gave testimony before the U.S. Senate Committee on Suffrage, insisting that "...the law compels us to give, and you seem willing to take our 'Something for Nothing.' The something we give is what we are taxed, the nothing we get is the vote you withhold from us... All we ask is for fair play—'Something for Something.'"

Sadly, not one of these four women lived to see the fruits of their labors. Nevertheless, it is on their shoulders that stands the achievement of both state and federal voting rights for women.



Suffragists marching down Fifth Avenue, October 1917. Photo credit: The New York Times Photo Archives.

On November 6, 1917, the seemingly impossible came to pass: the women of New York State were accorded equal standing to register their opinion in all statewide matters—not, however, without a lot of last-minute conflict.

The day before the vote, suffragette and founder of the League of Women Voters Carrie Chapman Catt published a final appeal in *The New York Times* to the then exclusively male voting population:

"Our country is fighting for democracy, for the right of those who submit to

authority to have a voice in their own government. Vote for woman suffrage, because it is part of the great struggle toward democracy...Remember that more than 1,000,000 of your mothers, wives, sisters, and sweethearts want you to vote for it, and have said so over their [petition] signatures."

Ironically, a *New York Times* editorial on the day of the vote exhorted just the opposite:

"[The woman suffrage amendment] is an impertinence, a distraction, and a division, when the country should be united on the cardinal and sole purpose of winning the war. The additional cost of doubling or more than doubling the electorate is a sufficient reason in itself...wherever female suffrage prevails the cost of State government has been greatly increased...Too many of the active workers in the cause are pacifists... The men are doing the fighting. They should do the voting."

As it turns out, the measure carried by more than 100,000 votes statewide.

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Metropolitan Doctor Part 3

By now you are familiar with the story of Dr. Gloria O. Schrager, whose pursuit of a career in medicine was as unlikely a choice as could be imagined. She was born in 1924, the daughter of Russian-Jewish immigrants. At the time, there was deep prejudice against women in medicine; quotas limiting the admission of Jews to medical school were severe; her family had a very modest income; and her academic interests seemed to lie in the humanities. But life takes unexpected turns. In September 1944, she entered the Women's Medical College in Philadelphia. In the spring of 1948, she was accepted into the intern program of Welfare Island's Metropolitan Hospital and remained there for her residency.

*Following is Part 3 of Dr. Schrager's experiences and observations during her time on our island. It is excerpted from her autobiography *Medicine, Matzoh Balls, and Motherhood*, published in 2006 and available on Amazon, Barnes & Noble, and Xlibris websites. (Photos courtesy of Dr. Schrager.)*

My start as a pediatric resident was inauspicious. All the other pediatric residents were men and I did not become close friends with any of them.

Although I had little social contact with the other residents, we worked together well. Many of our patients were recent immigrants from the Caribbean and suffered from a host of tropical diseases with which I was unfamiliar. One morning while making rounds I noted a long tube-like structure, like the tourniquets we used to draw blood, in one of the cribs where a child was sleeping peacefully. "Someone has been negligent," I thought. "Leaving a tourniquet lying in a child's crib is potentially dangerous." I picked it up and it began to squirm wildly in my hand. It was an ascaris, a large worm that commonly infects children in tropical climates.



The role of pediatricians in general hospitals was much more limited than it is now. Many children's diseases, such as heart or kidney problems or diabetes, were treated by specialists trained to care for these diseases in adults. Training programs in pediatric subspecialties were just beginning to be organized in large university hospitals. Although pediatricians were usually responsible for the care of premature infants, obstetricians looked after the full-term babies they delivered.

I was leaving the premature nursery one day when I saw some doctors gathered around the crib of a full-term baby in the normal newborn nursery. I entered and peered on tiptoe over the shoulders of the group of men discussing the case. Obstetricians seemed particularly intolerant of women physicians and I had the sense that I was unwelcome. My view of the baby was partially obstructed by the hulking forms who

ignored my presence. The baby was jaundiced, and I learned that the tests for blood incompatibilities, which are the most frequent cause of jaundice in the newborn, had been normal. The doctors had reached the conclusion that the baby had a liver problem, probably an obstruction of the bile ducts, and they were preparing to operate.

From the limited view I had behind them all, the front of the baby's head looked swollen. I ventured timidly, "I think he has bulging fontanelle. He may have meningitis." (The fontanelle is the "soft spot" just above a baby's forehead. It bulges when an infant has meningitis, which causes increased pressure in the brain.) The obstetricians had been so busy examining his liver that no one had paid attention to his head. They looked at me with open hostility, but one of them muttered, "We'd better do a spinal tap." Normally, spinal fluid is as clear as water. This tap was cloudy. The baby was infected with a type of bacteria, *Escherichia coli*, that causes significant jaundice in newborns. The operation on the liver was cancelled.

We had six wards located on the three floors of the pediatrics pavilion, two wards to a floor. The main floor was devoted to an admitting unit and an intensive care unit. The wards on the upper floors were devoted to the treatment of children who had diseases rarely seen today. One entire ward was crowded with children who had either acute rheumatic fever or rheumatic heart disease. There was little we could do to prevent or treat either. Penicillin was still not generally available to treat streptococcal throat infections and its role in preventing rheumatic fever, which developed in a small fraction of untreated strep throats, was unknown. If patients developed the exquisitely painful arthritis of rheumatic fever, we gave them aspirin. It was very effective in relieving the pain and swelling, but did nothing to prevent damage to the heart. The only treatment for the heart disease was digitalis, given if the heart valves were so

damaged that the child went into heart failure.



Another ward was occupied by children with tuberculosis. Although it occurred among the malnourished, poverty-stricken children in this country, it was more common among recent immigrants. Most of the children recovered without any treatment except good food. There were no antibiotics that were effective against TB, except streptomycin, only available for the critically ill. I remember a little girl, Sophia, who went home apparently cured. She caught measles from her older brother and came back critically ill. Apparently the measles virus depresses a child's general immunity to TB. It also causes an inflammation of the lungs which reactivates the infection. Sophia developed miliary tuberculosis (the spread of the disease throughout her body) and died of TB meningitis.

Dr. Kurt Lange, a kidney specialist, was conducting research on kidney diseases in children and asked me to assist him. I had to spend extra hours doing tests in the lab, collecting blood, and keeping records on the patients we were treating. But it was fascinating work and I enjoyed doing it. Lange was studying the effects of cortisone on various kidney conditions. We noted that some cases of nephrotic syndrome responded dramatically to treatment while others did not. In this

syndrome, the kidney cannot retain the body's protein and it is lost in the urine. The level of protein in the blood falls and water moves from the blood into the body's tissues, causing swelling (edema). Sometimes so much water accumulated in a child's belly that it became grossly swollen and we had to insert a needle to drain it. We could not understand why some of the children seemed to be cured after treatment with cortisone while others did not respond at all. One of the non-responders was a little boy named Frankie whose face and body were grotesquely swollen, to the great distress of us all.

One Sunday, I was standing at the nurse's station on the kidney ward when I noted that the curtains were pulled around Frankie's bed.

I asked the nurse in alarm, "Has anything happened to Frankie?"

She shook her head. "His parents and an uncle are visiting him. I guess they must have pulled the curtains."

As I approached the bed, I heard low singing and clicking sounds, like those made by castanets. Pulling aside the curtains, I saw Frankie staring wide-eyed at this "uncle," who had donned a headdress and necklace of brightly

colored feathers. He was shaking some bones over Frankie and chanting unintelligibly.

They all looked up, startled, when they saw me. I smiled, waved my hand, said "Carry on," and closed the curtains. Grinning, I went back to the nurse and said, "Do you know what's going on back there? A witch doctor is trying to cure Frankie."

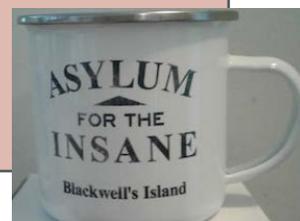
The nurse picked up the phone. "I'm gong to call Security."

"No, don't do that," I said. "We haven't had much luck treating him. Let's give the witch doctor a chance." The next day Frankie started to diurese (lose the accumulated fluid that had made him swollen) and soon looked like a normal little boy. Lange was delighted with his recovery. We were reporting our results in several medical journals, and Frankie was listed with the patients who had responded to cortisone. "I don't know," I said doubtfully. "I don't think we're giving enough credit to the witch doctor."

WATCH FOR THE FINAL INSTALLMENT in the next (February) issue of *Blackwell's Almanac*.

New Gift Items at Visitors' Kiosk

Come take a look! Ferry memento mugs and magnets in varying styles and sizes. And a more authentic tin version of the existing ceramic Asylum for the Insane mug. Excellent holiday gifts...or treat yourself!



RIHS Calendar

Fall Library Lecture Series—FREE

New York Public Library, RI Branch, 524 Main Street

Thursday, November 9, 2017, 6:30 pm

“Blissville: An Investigation”

Media arts professor Hank Linhart’s hour-long film explores the tiny (80 houses), overlooked Queens neighborhood known as Blissville. Located along Newtown Creek, south of the Long Island Expressway and West of Calvary Cemetery, it boasts, among other things, the largest fortune cookie factory in the world and is the most interesting place you never heard of.

Thursday, December 14, 2017, 6:30 pm

“Art Deco Metropolis: The Magnificent Buildings of Modern New York”

Noted architectural historian, author and New York art deco authority Anthony W. Robins talks about the face of our city when this eloquent, highly styled design lexicon prevailed.

Thursday, January 11, 2018, 6:30 pm

“The FDNY on Blackwell’s and Welfare Islands”

FDNY historian and author Gary R. Urbanowicz traces the development of the firefighters’ presence in our island community, up to today’s SpecialOperations Command.

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