

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

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

CHAPTER ONE

Dying Alone

The Social Production of Isolation

A

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

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

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

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

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

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

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

While researching the heat wave I had become familiar with a series of popular books and scholarly publications that downplayed the difficulties of living alone, especially in old age, and enthusiastically celebrated the successes of people who managed to enrich their lives and build communities while living by themselves. Renowned writers such as Robert Coles, Arlie Hochschild, and Barbara Meyerhoff had published beautiful and influential books about the capacity of older people to flourish despite their separation from family and old friends; and even Robert Putnam, whose lament over the increase in Americans bowling alone captivated the public during the 1990s, emphasized that, relative to other groups, retired senior citizens were the nation's most active joiners. Yet none of the authors who celebrated the flourishing elderly living on their own established whether the subjects of their studies were typical or exceptional. Hochschild, in fact, had argued that her subjects were interesting precisely because they were not representative of most seniors, while the others had simply avoided the question.³ The books had done the important work of illustrating the conditions under which it is possible to age well, but they said little about the fate of the people deprived of such opportunities. Older people who live as shut-ins and isolates are no more typical than the seniors who appear in these popular texts—but their absence in the literature leaves a knowledge gap that the Public Administrator's files help to fill.

Coles, whose book *Old and On Their Own* is the most recent of these works and the only one to focus on senior citizens living alone, produced a heartwarming collection of photographic and written portraits of older Americans. Their success, as he describes it, is that they manage to "hold on—to maintain considerably more than a semblance of their privacy, their independence, their personal sovereignty, their 'home rule'" while living alone.⁴ Coles presents the faces and stories of the seniors who are struggling to get through the daily challenges of aging alone but who, in the end, are making it. They manage, as one eloquently puts it, to "duck . . . bullets" such as bodily decline,

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

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

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

MALE, AGE 65, BLACK, JULY 16, 1995

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

FEMALE, AGE 73, WHITE, JULY 17, 1995

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

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

MALE, AGE 54, WHITE, JULY 16, 1995

R/O learned . . . that victim had been dead for quite awhile. . . . Unable to contact any next of kin. Victim's room was uncomfortable warm. Victim was diabetic, doctor unk. Victim has daughter . . . last name unk. Victim hadn't seen her in years. . . . Body removed to C.C.M. [Cook County Morgue]

MALE, AGE 79, BLACK, JULY 19, 1995

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

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

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

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

11-0077 INVESTIGATIVE CASE REPORT - CHICAGO POLICE											
1. CLASSIFICATION (Check One)		INJURY TO CHILDREN		INJURY TO PUBLIC PROF		INJURY TO EMPLOYEE		ACCIDENTAL DEATH		DEATH OCCUR	
DEATH		MURDER		ATTEMPTED MURDER		INJURY TO CHILDREN		INJURY TO PUBLIC PROF		INJURY TO EMPLOYEE	
2. NUMBER OF VICTIM(S)		3. DATE OCCURRED		4. TIME		5. LOCATION		6. CITY		7. ZIP CODE	
3		10/25/95		1:05		1905		CHICAGO		60635	
8. VICTIM'S NAME		9. VICTIM'S AGE		10. HOME ADDRESS		11. HOME PHONE		12. BUSINESS PHONE		13. OCCUPATION	
[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]	
14. PERSON REPORTING INCIDENT TO POLICE		15. SEX		16. HOME ADDRESS		17. HOME PHONE		18. BUSINESS PHONE		19. OCCUPATION	
[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]	
20. PERSON COVERING VICTIM		21. SEX		22. HOME ADDRESS		23. HOME PHONE		24. BUSINESS PHONE		25. OCCUPATION	
[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]	
26. NAMES OF WITNESSES		27. SEX		28. HOME ADDRESS		29. HOME PHONE		30. BUSINESS PHONE		31. OCCUPATION	
[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]	
32. TYPE PREMISES WHERE OCCURRED/VICTIM FOUND		33. LOCATION CODE		34. CAUSE OF INJURY OR DEATH OR BLEND		35. REASON INCIDENT OCCURRED (SEE INSTRUCTIONS)		36. REMOVED BY		37. REMOVED TO	
RESIDENCE		290		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]	
38. REMOVED BY		39. REMOVED TO		40. NAME/PERSON AUTHORIZING REMOVAL		41. SECURITY OR VOUCHER (CHECK ONE)		42. EXTENT OF INJURY (CHECK ONE)		43. MEDICAL AID RENDERED	
[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]	
44. NAME AND ADDRESS OF ATTENDING PHYSICIAN		45. NAME AND ADDRESS OF HOSPITAL		46. NAME AND ADDRESS OF MORGUE		47. NAME AND ADDRESS OF FUNERAL HOME		48. NAME AND ADDRESS OF BURIAL PLACE		49. NAME AND ADDRESS OF RECEPTION CENTER	
[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]	
50. NARRATIVE (The injured individual's name or initials is the preferred option, when available.)											
IN SUMMARY, R/O'S RESPONDED TO CALL RE CHECK THE UNOPENED MAIL AT ABOVE ADDRESS. UPON ARRIVAL, R/O'S NOTED THERE WAS A SUSPICIOUS ODOR emanating from the UNOPENED MAIL. FURTHER THERE WAS SEVERAL GALLONS OF UNOPENED MAIL AT THE FRONT DOOR. R/O WAS CALLED AND R/O'S WENT INTO RESIDENCE THROUGH THE FRONT LUNARD. UPON ENTRY, R/O'S NOTED THE MAIL IN THE UNOPENED MAIL WAS EXTREMELY HOT AND THE LUNARD WERE SHUT. A SMALL CAN WAS FOUND IN THE UNOPENED MAIL WHICH WAS FOUND IN THE UNOPENED MAIL. R/O'S WERE TO INVESTIGATE CALLS AT 2:00 PM. NEIGHBORS (BOX 12) STATED THE LAST TIME THEY SAW VICTIM WAS 10/25/95 AT 1:00 PM. ENJOY 25 IN STATE TO MURDER.											
51. I HAVE READ THIS REPORT AND MY SIGNATURE INDICATES THAT IT IS ACCEPTABLE.											
52. I HAVE READ THIS REPORT AND MY SIGNATURE INDICATES THAT IT IS ACCEPTABLE.											
53. I HAVE READ THIS REPORT AND MY SIGNATURE INDICATES THAT IT IS ACCEPTABLE.		54. I HAVE READ THIS REPORT AND MY SIGNATURE INDICATES THAT IT IS ACCEPTABLE.		55. I HAVE READ THIS REPORT AND MY SIGNATURE INDICATES THAT IT IS ACCEPTABLE.		56. I HAVE READ THIS REPORT AND MY SIGNATURE INDICATES THAT IT IS ACCEPTABLE.		57. I HAVE READ THIS REPORT AND MY SIGNATURE INDICATES THAT IT IS ACCEPTABLE.		58. I HAVE READ THIS REPORT AND MY SIGNATURE INDICATES THAT IT IS ACCEPTABLE.	
[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]	
59. I HAVE READ THIS REPORT AND MY SIGNATURE INDICATES THAT IT IS ACCEPTABLE.											
60. I HAVE READ THIS REPORT AND MY SIGNATURE INDICATES THAT IT IS ACCEPTABLE.											

Figure 15. A police report notes the conditions of a decedent's apartment: "suspicious odor," "unopened mail," "extremely hot," "windows were shut."

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

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

BEING ALONE

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

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

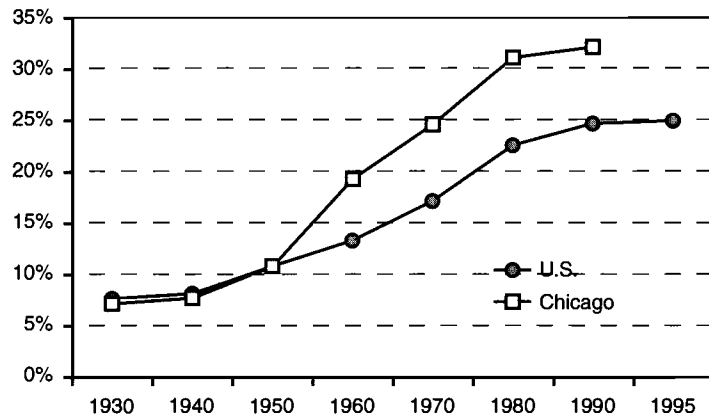


Figure 16. Proportion of U.S. and Chicago households with one inhabitant. Source: *The Statistical Abstract of the United States* (1980, 1989, 1999), U.S. Bureau of the Census.

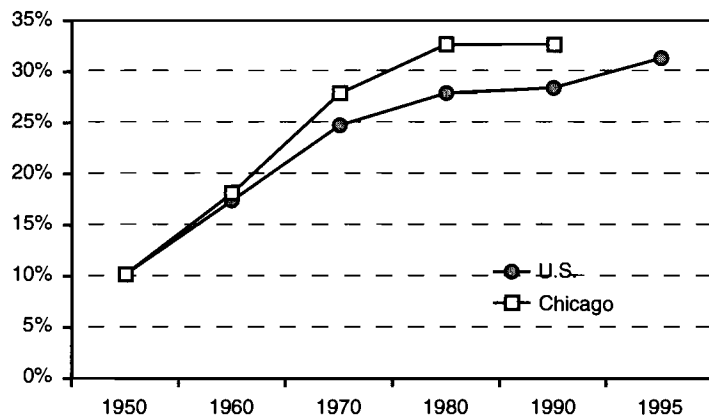


Figure 17. Proportion of U.S. and Chicago elderly (65+) living alone. Source: *The Statistical Abstract of the United States* (1980, 1989, 1999), U.S. Bureau of the Census.

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

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

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

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

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

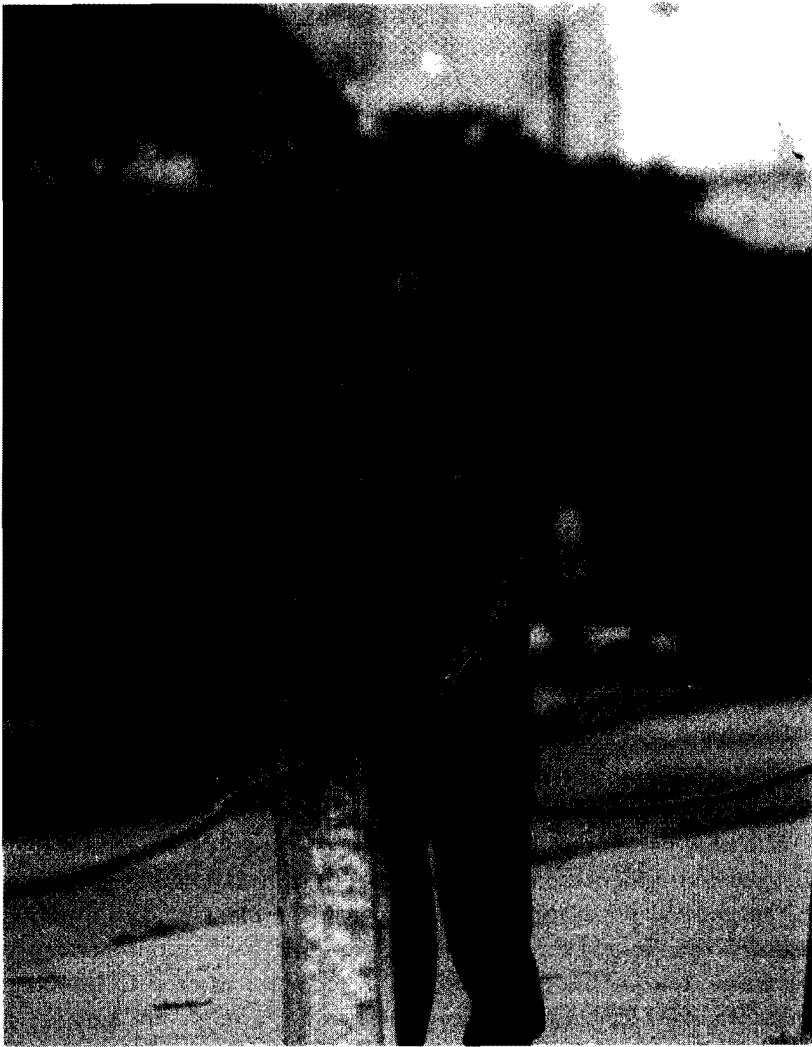


Figure 18. An elderly Chicagoan walks near Lake Michigan during the heat wave. Source: *Chicago Sun-Times*; photographer: Andre Chung. Reprinted with special permission from the Chicago Sun-Times, Inc. © 2002.

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



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

THE SOCIAL PRODUCTION OF ISOLATION

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

There is some degree of truth in both of these explanations, and I will consider them seriously in this chapter. Yet even together they fail to provide a satisfying account of the reasons that so many Chicago residents died in solitude during the heat wave and that so many others continue to live in isolation. According to urban critic Jane Jacobs, "It

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

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

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

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

AGING ALONE

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

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

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

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

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

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

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

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

"THE CLOSEST I'VE COME TO DEATH"

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

VIOLENCE AND ISOLATION

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

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

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

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

THE CULTURE OF FEAR

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

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

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



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

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

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

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

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

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

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

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

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

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

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

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

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

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

THE WORST COMBINATION

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



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

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

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

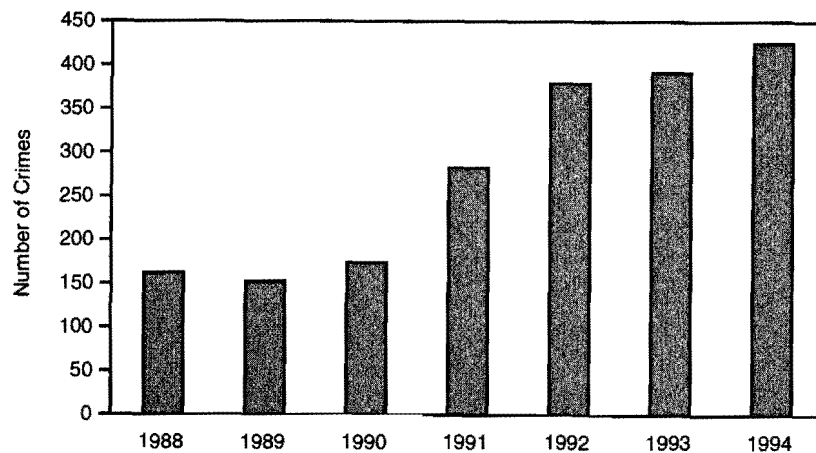


Figure 22. Part I crimes in senior housing, 1988–94. Part I crimes (as classified by the U.S. Department of Justice) include homicide, criminal sexual assault, serious assault, robbery, burglary, theft, and vehicle theft. Source: Building Organization and Leadership Development (1995).

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

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

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

robbery, "and other crimes of violence are substantially higher in those developments housing a large percentage of non-elderly disabled. . . . The reality appears to be that disabled youth are victimizing seniors."⁴⁴

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

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

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

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

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

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

CRISIS IN THE SROs

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

WARNING SIGNS

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

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

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

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

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

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

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

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

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

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

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

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

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

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

The problem, though, is that facilities such as Lakefront achieve this social integration only at the expense of those whom it excludes. With just one thousand units of publicly supported hotel housing in the city, there are not enough secure rooms to go around. In the late 1990s there were so many applicants for the government-subsidized buildings that semipublic housing complexes often refused to accept more names to the waiting list. Those who do reach the top of the list must pass an elaborate screening and selection process—designed to weed out applicants who are using illegal drugs or give evidence of behavioral problems deemed unmanageable by the staff—to obtain a unit. This process helps to protect the residents who make it into the complex, but it leaves those whom it rejects all the more likely to be concentrated in the less supportive and more dangerous hotels. The residual housing seekers, Keigher found, express a preference for subsidized or CHA housing but recognize that they have few chances of getting in.⁶³ In the early 1990s Lakefront expanded the number of buildings it operates; by 2000, however, there were no plans for reproducing the Lakefront model on a scale large enough to improve the housing opportunities for the thousands of Chicago SRO occupants on the verge of homelessness.

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

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

THE GENDER OF ISOLATION

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

The mortality records maintained by county and state offices also provide useful information concerning the patterns of isolation. The paradox that older women are far more likely than elderly men to live alone but significantly less likely to be cut off from social ties, appears with even greater clarity in the heat wave death files. I found records of fifty-six heat wave decedents whose unclaimed bodies had been buried by the county or state government. Forty-four of the fifty-six unclaimed people, roughly 80 percent, were men—the most powerful indicator I know of the extent to which males suffered disproportionately from the consequences of social privation during the crisis.⁶⁴

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

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

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

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

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

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

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

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

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

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

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

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

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

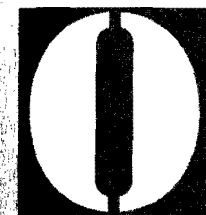
Although men who live alone face the greatest risks of being isolated and lacking social support, it is important to emphasize that women such as Pauline Jankowitz and Viola Cooper constitute the great majority of seniors who live alone, and are by no means spared from social deprivation and its most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

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

CHAPTER TWO

Race, Place, and Vulnerability

Urban Neighborhoods and the Ecology of Support



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

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