



TUBERCULOSIS, URBAN PLANNING AND POLITICS¹: SOCIAL HOUSING IN BUCHAREST (1906 – 1910)

Andrei Răzvan VOINEA²

Abstract: *This article places a series of lines of inquiry to clarify what role the social housing played in the public health reform, who were the social reformers who campaigned for the construction of affordable dwellings, what was the state's answer to these initiatives, and finally how the architects perceived their own role in this narrative. These processes happened on the background of a capitalist state, in a race to catch up the West in manifold aspects and this particular factor decisively influenced the type of intervention that led to that precise chain of events. Dealing with the topic means asking certain questions and their answers are to be found in the discourse of the physicians who are the main pioneers of the public health and social housing reform, while the other social and political agents, such as politicians, architects and engineers, are rather responding to this quest than initializing it.*

Keywords: *social housing, allotments, Societatea Comunală pentru Locuințe Eftine, Garden-city, socialism, Town planning, social reformers*

Public health or social control?

The beginnings of social housing in Bucharest have a rather Foucauldian aspect, once one reviews the primary sources regarding social housing and reevaluates the traditionalist interpretations focusing rather on (the) separate aspects of legislation and urban planning (Lascu n., 1997) or architecture critique (Carmen Popescu, 2004). As mentioned in previous studies on the topic (Calotă, 2013), the public health reform represented the main way of dealing with the unhealthy environment of Bucharest at the beginning of the twentieth century; it was equally important to or even more

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² Ph.D Candidate at the University of Architecture and Planning “Ion Mincu”, Bucharest. He holds a B.A. in History (Major) and English (Minor) and two M.A., offered by the University of Bucharest (British Cultural Studies M.A Program) and Central European University (Budapest), Bucharest, ROMANIA. E-mail: voinea_andrei_razvan@yahoo.com

important than the urban and architectural reforms. Constructing the plot of the narrative on the constant battle carried by the authorities against the unfriendly and most often deadly environment of Bucharest represents a constant of the public health reform throughout the entire century, regardless of the political system.

I will limit the research to the first years of the reform, analyzing the social and political processes that led to the production and distribution of the first dwellings for vulnerable classes (1909 - 1910). The choice for this time limitation derives from the result of the debates regarding public health. Although these debates about the involvement of the state in the health reform matter can be traced back to dr. Iacob Felix's activity as chief-physician of Bucharest (second half of the 19th century), they didn't result in investments in real estate projects, but rather in enforcing legislation or demolishing unhealthy dwellings which perpetuated the diseases (especially tuberculosis). On the contrary, the debates dated back to 1906 attacked this issue from a more pragmatic standpoint, leading to the social reformers' conclusion to rather replace the unhealthy houses with new dwellings constructed directly by the Municipality. Hence, the departure from the legislation-focused debates towards more material results, which heralded a change in the policies implemented by authorities, represents the subject of this article.

I already mentioned a couple of times the notion of public health (reform) as the key words to characterize state initiatives which were meant to secure the population against any physical danger. But did this phrase have the same meaning during the timeline that this article examines? According to Michael Harloe, who comparatively examines the social rented housing in Europe and America N (Harloe, 1995), public health meant more than the state fighting against diseases and has to be understood in the context of the social and economic aspects of the society: The concern was with the health of the new working class and this concern was motivated by the actual or presumed consequences of this class's condition for the dominant social and economic order. Therefore, the nineteenth-century concern with public health incorporated a whole range of issues lying at the very heart of capitalist society itself (Harloe, 1995:16). To be clearer, Harloe suggests that „the social reformers who campaigned over issues of housing and public health were concerned with a much more fundamental issue, variously described as the „social question” or, in a telling phrase, „the dangerous classes”, constructing a narrative where he deconstructs the myth of a benevolent elite and replaces it with a perspective where the image of the state is not that of a philanthropist, but of an investor, not a protector of the masses, but rather a pragmatic seeker of order, so that it can perpetuate itself. Harloe even considers the early debates over housing reform as “the experimental formulation of a new paradigm of social control”, bringing this issue to its Foucauldian aspect that I have disclosed.

Secondly, what do housing policies refer to and how do these policies integrate in the public health reform? In a nutshell, the housing policies integrate “the programs and actions of the national and local authorities on short and medium timescale, in order to satisfy the necessity of housing the population from the authorities' district” (Pop et al., 2002: 583). According to the same authors, “the housing policies should satisfy certain basic demands” (Pop et al., 2002: 584) regarding the right to housing as one of the fundamental human rights. Moreover, “the housing policies are influenced by the

degree of (in)stability of economy, by the level of inflation and rate of interest, while the objectives of these policies must be formulated keeping in mind the economic possibilities and resources, the materials and technologies used for execution, the workforce and land". (Pop et al, 2002: 583). In conclusion, "the housing policies should offer a high and stable degree of equilibrium between their efficiency and promoting the social equity". (Pop et al., 2002:583). On the other hand, in this article I will only analyze that strategy of the housing policies which refers to the state intervention in the direct construction of the dwellings, as this new strategy (starting 1909) completes the previous one (previous to 1909) which only controlled the legislation of the housing industry. I owe the differentiation between housing policies and strategies to J. Dolling (analyzed as well by Pop et al., 2002:585) who considers six strategies as part of the political instruments which, mostly, are complementary: the non-action, recommendation, legislative control, taxation, valorization and the distribution of housing. Nevertheless, once the topic of housing is brought into discussion, the question of the quality of housing opens a second debate and this will emerge from the below chapters: what does a decent dwelling consist of? Paraphrasing Alexandre Lemille in order to contextualize the concept nowadays, "decent dwelling conditions means more than just a mere roof over the head – they mean family stability and continuity, balance and physical health, safety and psychological security, better opportunities to education, to getting a job and, last but not least, to human dignity" (Stanciu, 2014: 1) However, at the beginning of the century, a decent dwelling consisted in constructing the house with qualitative materials (brick), the capacity of living only one family under the same roof, the existence of a toilet and of a kitchen, as I will discuss later on.

The notion of "social housing/dwelling" is also disputed. Whereas nowadays the meaning of the concept (as defined by Law 114/1996) concentrates on the dwelling given by the state to families whose economical status does not allow buying private dwelling (with a rent to be paid back), could we use the same term back in 1910? The vocabulary from the beginning of the century seldom uses "social", but rather "hygienically" or "cheap" dwellings. These keywords implicitly show the fact that the dwellings were directly sold to the person interested in acquisitions.

Romania aligned with the social housing reform which started at the end of the nineteenth century in Great Britain (1890) and continued with important changes in the legislation of Germany, Belgium and France. In Italy, "in 1903, the Act referring to popular and economic housing was passed; in 1904, the Parliament enacted the Law on industrial accidents and relevant insurance through the establishment of the National Insurance Service, that realized the conditions for the financing of the compulsory disability and old-age insurances; in 1910, the maternity national fund was established" (Busso, 2005: 4). The housing reform came hand in hand with other aspects of social policies which aimed to improve the living conditions for the vulnerable social classed. There is no coincidence that the housing projects included not just the dwelling itself, but most of the districts that will later be designed and executed included kindergartens, hospitals, schools or popular athenaeums. In addition, cleaning the dirty peripheral districts meant not just constructing dwellings, but also a complex set of measures such

as collecting the garbage, building public and private baths and toilets or demolishing old and salubrious dwellings.

In order to clarify what role the social housing played in the public health reform, I will firstly analyze the sanitary context, as it reveals itself from the studies published by some prominent physicians, and point out the role of tuberculosis at the very core of the initiative to build the first social dwellings in Bucharest. Secondly, I will examine the way in which these debates got underway at the Municipality and how politicians tackled this issue by reviewing the transcripts of the meetings and thirdly, I will get a glimpse of the nature of the architects' involvement in the material construction of the dwellings by investigating the context of architects' practice at the beginning of the century and its correspondence with the political agents. All these three categories had to win by the construction of the houses, as long as the state paid for it, hence, the very last perspective explores the results for the working class and for the state of the first campaign of houses' construction.

The Poor, the Physicians and Tuberculosis

As mentioned in the introduction, discussions regarding the public health reform were carried on in the direction of building dwellings since the end of the century, but concrete results materialized only in 1909. Hence, the early discussion investigated in a couple of studies won't make the point of the current analyze. What I am particularly interested in are the moments when debates led to concrete results and when the reform was centered on construction, not only on enforcing legislation. How precisely does this specific solution seem to be embraced and encouraged by politicians (who have the executive power) and how can this enterprise be subjected to criticism?

But the definition of a physician seems to mean something else or rather seems to have more meanings than today. As Michael Holmes argues, the question of public health concerned then not only the constructed environment, but also the morals. It is no surprise that the topics of alcoholism, prostitution and dwellings' construction are discussed during the same meetings. Let's see who were the main physicians of the time and by analyzing their discourse, we can understand how tuberculosis played the most important role in this reform

In the wake of the century (1902), Dr. G. Proca, Chief of the Bacteriology Department of the Communal Laboratory and member of the Council of Hygiene at the Municipality, publishes a study regarding the Public Assistance and the sanitary condition of the Capital ("Asistența publică și starea sanitară a capitalei") where he carefully analyzes different aspects of the mortality as well as the relationship between the institution of physician in Bucharest and the population, starting with the statistics which clarify the fact that, between 1894 and 1898, 13.7% of the deaths in Bucharest were caused by tuberculosis. Statistically speaking, 27% of the deceases are caused by the unhealthy dwellings...we should avoid the spread of tuberculosis by familiar contagion or from neighbor to neighbor and sometimes even from lodger to lodger. (Proca, 1902: 7)

In order to support the public health reform, the Municipality allocated yearly certain amounts of money, but, as was to be expected, they couldn't support the necessities, as it covered many expenditures, such as veterinary, salubrity or prevention of prostitution. However, the problem at stake is not just the effect, but the cause in itself, which Proca considers being poverty and that no longer needs to be looked upon as a crime: the necessity to help the poor population thus became a public duty rather than a sentimental action dictated by pity or sympathy. This evolution of ideas and feelings determined the change from punishing the poor to their protection and, in more recent times, contributed to public assistance being considered a state institution (Proca, 1902: 15) What Proca argued was the fact that the reform should have actually been organized as an institution of *raison de stat* or public interest (another clue for deciphering this in a Foucaudian key). And that called for state control.

Continuing his study in *Research on the Pest Holes of Tuberculosis in Bucharest* ("Cercetări asupra Focarelor de Tuberculosă din București"), Proca connects the state of poverty with the built environment, so that these morbid pestholes are formed by the overcrowding of a large number of illness cases, simultaneously arising [...] and affecting persons which find themselves in similar conditions of age, profession or housing (Proca, 1902: 6). His thorough analysis of available statistics proved that professions affected by tuberculosis are those of shoemakers, carpenters, tailors, blacksmiths or typographers. Most of these categories are represented in the pages of *România Muncitoare* with dark stories concerning their living and working conditions. Focusing on the living conditions, he claimed that "physical and psychological fatigue, the abuses of any kind, the lack of regular nutrition and, above all, the unhealthy state of the houses and the main conditions which maintain tuberculosis an affliction to the working and poorer classes in Bucharest, as well as in other cities (Proca, 1902: 24) and "the agglomeration of tuberculosis cases on certain streets. [...] prove that on these streets special conditions concur, which produce and explain the frequency of tuberculosis cases in these districts" (Proca, 1902: 25). However detailed these depictions were, Proca did not offer any clue about solutions that could be implemented. After all, it wasn't his job to issue any political or administrative actions in order to limit the spread of the disease, except for the sanitary treatments, which, as he convincingly argued, were not enough to stop tuberculosis.

Moving forward, a study conducted in 1906 and published in 1908 in *Viitorul Social*, by dr. Dr. Ecaterina Arbore, Physician at the Dispensary of the Tuberculosis Hospital from Filaret and Colțea, with the title of *Pulmonary tuberculosis in the working class from our country* argued that in 1906, with a population of 293, 000 and a death rate of 6, 585, tuberculosis killed almost 1, 200. The death rate calculated for 1000 people (4.1) was one of the highest in Europe, surprisingly getting higher than in the decade 1880 – 1890. She mapped the spots where tuberculosis spreaded, pointing out the Army's deposits and factories, the Matches Factory and the Tobacco Factory, all of them belonging to the State-owned Department of Monopolies. These factories represented the main industries in Bucharest and there is no surprise that they belonged to the state, as the state was the most important investor in industry at that time.

Arbore quoted Proca's study, emphasizing the fact that there were a couple of streets and districts in Bucharest where tuberculosis cases repeated yearly, in the same dwellings...the most affected (infected) districts being the ones from the periphery, where workers lived: "I believe that it is needless to say that these dangerous dwellings where cases of tuberculosis recur are very unhealthy, [having] small rooms [...], often affected by moisture...rented by workers, 3-5 persons per room. One knows that our laws protect the owners of the houses and in no way they have defended the health and life of the tenants, especially those of the workers who are bound to find cheap dwelling and endanger their life in cheap and dreadful dwellings." (Arbore, 1908: 170-171).

In comparison with Proca, Arbore seemed to be interested not only in identifying the symptom, but also in finding ways in which this state of things could come to an end "the unhealthy dwellings, the lack of space, the dirty streets without a sewer system and, then, at the workplace, the overcrowding, the dust and the vicious air and, on the other hand, the high number of hours spent at work, the low salaries, the high expenses, the insufficient nutrition, all of these factors equally contribute to the spread of the disease and transform our cities in the most affected by tuberculosis in Europe." (Arbore, 1908: 172) Moreover, she gave a direction to discussions aiming to bring the working classes into the fight: The working class should join the campaign started by physicians, because looking for initiative or assistance from the state or any other social class is in vain. But, backed up by the physicians' indications, the workers are prone to add to their demands for a better hygienic state of the factories and workshops the demand that Municipality constructs a sewer system on the insalubrious streets, that it demolishes unhealthy dwelling and, let's not forget at the same time, that without universal suffrage they will not be able to implement the reforms, however necessary they are (Arbore, 1908: 172). Arbore actually understood that profound causes of tuberculosis have to be sought in the decisions of the political or business elite, who, intentionally or not, ignored or didn't have the means to provide better conditions in the city. If they could not do this, they ought to be held responsible and the organized working class ought to impose a different elite through elections based on a different system than the census voting system.

Contextualizing even more thoroughly this problem in her second study and growing closer to the socialists, Arbore presented a powerful reformist voice and argued that actually the low wages were the single big problem (among these causes enlisted above, the most important is low wage. As a consequence, the first hygienic reform we should ask for is the rise of the wages". (Arbore, 1908: 310) In continuation of this reform, the state and the businessmen who own the factories should take into consideration building dwellings as it happens abroad. (Arbore, 1908:310)

This represented a decisive step in bringing the reform closer to the material results that has come to. Naturally, the discourse of the two physicians, especially Arbore's, couldn't result in concrete action, but it is useful to map the directions that the circulation of ideas and doctoral praxis took, in order to show the context which determined a certain material result that did appear beginning with 1909.

The last text which I will examine represents a report signed by Mina Minovici in 1909, a renowned physician, who was the General Secretary of the Society for the prevention of tuberculosis and the assistance of the poor hectic (“Societatea pentru profilaxia tuberculozei și asistența tuberculoșilor săraci din București”). This minister was set up in 1901 by a couple of philanthropists and one of its main measures was to construct a Hospital for the hectic, actually the hospital where Dr. Ecaterina Arbore practiced later. In this report, Minovici classified into three categories the addresses where the patients suffering from tuberculosis were living: hygienic (not luxury, with one or more rooms, light, air, sun, sufficient for the number of persons living there), mediocre (dwellings either with low ceilings or not sunny enough, too small for the number of tenants, however, one could still live there) and unhealthy. The third category comprises dwellings which were made up of small rooms, with low ceilings, mostly with floors of dirt, poorly ventilated, having no light due to the agglomeration in small yards. Most of these dwellings were constructed on unpaved streets...where rain water forms infected puddles during the summer...these dwellings have no water, sewage or light and represent real pest holes that are killing people (Minovici, 1909: 4).

This argument, coming from the above source, represented a strong one in favor of the necessity of changing the living environment. However, once the fight against tuberculosis became institutionalized (state or private-owned), the strategy became problematic. Dr. Minovici, General Secretary, mentioned that the results of 7 years of fighting against tuberculosis were rather negative, offering arguments and constructing a narrative that departed from the usual naïve interpretations: “we have to admit that imitating the foreign countries was bad, building a palace-sanatorium which cost over 450, 000 lei and spending an additional 450, 000 lei in 7 years, in total, 1 million was a bad choice. With 1 million lei, one could have constructed in Bucharest 200 -300 houses for the use of 200-300 poor families and even if we hadn’t healed any of them, with those money that we spent on the sanitarium we could have at least prevented 200-300 from becoming hectic. (Minovici, 1909: 18) However, the construction of the dwellings would also be copied from foreign (“more civilized”) countries.

Before we move forward to the politic milieu, some conclusions have to be drawn. Tuberculosis cases were increasing comparative to the number of inhabitants in Bucharest, so the death rate increased proportionally. The first ones to really mention this were the physicians. Proca mentioned the causes, Arbore directly proposed the political involvement of workers, the constructions erected in 1907 – 1908 and especially the raise of the wages, while Minovici blamed the construction of a Sanitarium rather than 2-300 houses for the poor. Analyzing these discourses, it is clear that the physicians were the vocal representatives of the citizens and that they prepared the reform first by naming the symptom (tuberculosis) which affected the population. They indicated that the construction of dwellings and their being destined for the poor population would be one of the most appropriate solutions to implement. Minovici’s advantage is that he wrote his report at a time when the first dwellings had been already built, thus he praised the Mayor who had accomplished this reform and had built the dwellings.

Why did the Municipality agree with the physicians' approach and how they found the means to implement it will be analyzed in the following chapter. Also, why did politicians consider that houses' construction was the solution and which was the strategy to follow in order to accomplish the aims?

Politicians seize control: Liberal Vintilă Brătianu and the bureaucratization of the reform

From a political viewpoint, one of the most accurate sources to decipher the mechanism of taking over a rather civic initiative and transforming it into law are the transcripts of the discussion in the Communal Council and the Council for Hygiene, where the public health reform was discussed regularly. On the one hand, the Communal Council led by the Mayor was formed by nearly 20 members, elected by citizens, while the Council for Hygiene gathered mostly different physicians with different roles, all paid by the Municipality. Dominated by the figure of dr. Iacob Felix or dr. Niculescu at the beginning of the century, the Council was managed by Dr. Orleanu in 1905, the vice-president and chief-physician of the Town Hall, who, in October 1906, set the problem of construction dwellings on the table of the Committee.

However, the issue wasn't new neither for the counselors, nor for the members of the Council for Hygiene, as most of them were anyhow doctors facing the realities of Bucharest on a daily basis. Yearly, the Municipality demolished unhealthy houses as a response to the dissemination of tuberculosis and other diseases among the tenants of the dwellings, but the problem wasn't addressed so far as the construction of new dwellings to replace the unhealthy ones. But the real estate issues weren't the only ones, because they were connected to the lack of a proper sewer system, a garbage disposal system or the absence of toilets from many of the houses.

On October 3rd, Dr. Orleanu presented the issue of housing to the Council, mentioning that tuberculosis (the disease of dwellings) killed more than 1000 people yearly. Looking for examples in Europe, Orleanu suggested that the social reformers who intended to resolve the issue should be inspired from the reforms in England where the "town hall thought it more preferable to buy land outside the city and build dwellings for workers and poor people" (Orleanu, 1906).¹ He also underlined the lack of philanthropists in Bucharest, as in comparison with England, where this initiative had also been supported by wealthy people, a class which did not involved itself in this kind of actions in Bucharest. In order to construct dwellings for the working class "one should create a communal fund for creating a sewer system and embellishing the city, from which one should put to the disposal of the poor the necessary amounts to build and improve their dwellings". The amounts used to construct the dwellings were to be paid back by the owners in 10 to 20 years. He advanced the idea of creating a philanthropic society managed by apt engineers and physicians, supported by the

¹ Orleanu's presentation at the meeting from October 3rd 1906, *The Communal Monitor*, Sunday, October 1906, year XXXI, nr. 40

Municipality and also financed from the state budget. The society would construct the new dwellings especially at the periphery of the city; building yearly 100-200 houses meant approximately 1000 houses to be constructed in ten years. Orleanu didn't simply throw random numbers as he had in mind the number of deaths caused by tuberculosis (around 1000). In his proposal, the process consisted in demolishing the infested house and, right on the same plot, constructing the new hygienic house, which was to be handed down to the family. Thus, in 10 years, mortality caused by tuberculosis would have decreased to a minimum. The workaround was to settle a committee to draw on these ideas and present a plan as soon as possible.¹ These debates, which were carried at the meeting, would also be echoed in *România Muncitoare*, the press organ of the Social Democratic Party, in an article praising the reform and underlining the fact that it was a good start, although one could not actually provide housing for the whole working class.

Before building the dwellings, demolishing the old ones continued yearly and 1906 was no exception from this rule. However, evicting the population from the unhealthy houses in which they lived became more difficult by late Fall 1906. After the meeting in November 26th, Mayor Cantacuzino decided to make a selection of the houses that were to be demolished and the rest were to be put on hold until spring. The indulgence of non-eviction should be addressed individually: humanity will forever guide, but we didn't forget our aim to transform Bucharest into a city with a western look. We will make a selection of the unhealthy dwellings, but we will have a strong when we will get to demolish them². Humanity and western look represent terms often used by almost all social reformers who embark (also) on the social housing reform.

At that time, the conservative Gh. Cantacuzino served as Mayor, but he would end his office in the spring of 1907 once the conservative government was replaced by a liberal one and Vintilă Brătianu was to be appointed Mayor by the Communal Council after the peasants' riots in the country and the workers' strikes in Bucharest at the Tobacco Factory and the Railway.

From the housing perspective, the Fall of 1907 presented the same issues as the previous, the rumors which circulated indicating that more than 400 dwellings would be demolished, so that it is Brătianu's time to confront the issue. Should the Municipality demolish the houses or not? Procopie Dumitrescu, one of the most experienced counselors proposed that a commission should to be set to decide on the eviction of the unhealthy dwellings, but again he mentioned that the issue were not only the dwellings in themselves, but also other elements, such as a sewer system, the lack of toilets and the lack of a garbage disposal service. He underlined the fact that the problems were not only at the periphery, but actually a lot of houses in the center had the same problems and that they didn't respect regulations. During the meeting, the economic problem that caused many of the issues was raised: the owners of the houses who wanted to get rich; hence, they rented the unhealthy houses to tenants who ended up being infested with tuberculosis.

¹ The meeting from October 3rd 1906, *The Communal Monitor*, Sunday, October 1906, year XXXI, nr. 40

² The meetings from October 31st 1906 and November 7th 1906, *The Communal Monitor*

The next meeting was in November 1907 and the discussions were then centered on finding a solution. The housing reform went hand in hand with other urbanistic aspects such as – sewage systems, water pipes at the periphery, the building of cheap latrines not only on the periphery, but also in the center. Orleanu proposed that the Mayor should institute a commission which included an architect, a physician and a special agent to control the houses, because even if on paper these should have had access to services, on the field, many owners didn't ensure them due to the lack of control from the Municipality.

The issues above mentioned sparked a complex reform of the sanitary system in 1908, which would begin with the proposal of a new regulation for constructions and alignment of the streets, the proposal to construct standardized and cheap latrines, a complicated sanitary organization of the physicians in each of the sectors and the control of the prostitutes. Among these regulations, Brătianu decided to fund the commission for social housing, which should have worked with the private sector in order to decide upon a strategy to construct dwellings in place of the ones that the Municipality had demolished.

By the end of the year, in November 1908, this Commission came up with a plan and Dr. Costinescu, a member of the Communal Council and of that particular Commission, presented it in front of the Council. The similarity between Dr. Costinescu's report and the ones presented by his fellow physicians point out the strong link between the two discourses. He quoted the statistics also invoked by previous physicians regarding mortality, underlined tuberculosis as the “disease of the dwellings”, showed the precise streets where the unhealthy houses were located and described that “pot houses, alcoholism, immorality, tuberculosis, the prison or the hospital represented the final destination for the tenants of those houses”.¹

Shortly after, they decided on 10 steps (some of them already implemented during 1908), among which we mention two: first, the reconstruction of the healthy dwellings replacing the unhealthy ones should be excepted from fee, and second, these constructions should be made by a society supported by the Municipality and by the private association named Casa Comunală (The Communal House) whose regulation was presented by Dr. Hagy Tudorache.

The proposal was to reconstruct the houses on the exact same place that the unhealthy dwellings had been demolished, while the House would benefit from a series of advantages awarded by the state, such as exemption from building taxes or from all taxes for the next 20 years, reduced railway taxes and encouragement for the companies who plan to construct economical dwellings. The real proposal was the founding of a Communal Company (House), where the capital was both private and public. Moving to a macro-perspective of Romania, Hagy Tudorache was aware of the fact that the country is in its agricultural-industrial phase, which attracted many people from rural communities for profit and prosperity. These people were afflicted by physiological diseases which represented a danger for the population of the Capital, so that they had to be treated.

1 Dr. Costinescu, The meeting from November 19th, in *The Communal Monitor*

But he also mentioned the fact that although industry represented progress for the population, actually it brings along disadvantages from a sanitary standpoint, that is why the project of a Communal House has a social role, because it marks the moment to put to an end to the current state of affairs and contribute to the improvement of the living conditions... According its very law of existence, the Municipality has the obligation of ensuring the hygiene and public salubrity. That is why making this House, the Municipality shouldn't look for profit, but rather for respecting its own law of controlling the urban planning issues. Hagi Tudorache also asked for more control from the Ministry of Commerce and Industry to better supervise the instruction and morality of the workers. Moreover, Counselor Ioanin recognized the need for financial support from the Government and enforced the idea of Tudorache of controlling the workers, but by building parks at the periphery, so that workers could go there and not stay in bars. The workers' descriptions in the counselors' debates portray a rather dangerous class, on the one hand, but as Proca set the terms of the reform from 1902 onwards, it also tended to be modeled according to the concept of *raison d'etate*, this coming from a state which focuses on material investments to correct problems, rather than feeling pity about these classes.

At the end of the meeting, dr. Costinescu also presented the regulation of this Communal House with all the details, such as the rate of interest, profit (he underlined that there will be actually no financial profit) and other economical aspects, arguing that the workaround would allow the House to buy cheap land, make allotments, construct houses and sell them to the poor, while the owners would paid a monthly rate instead. In May 1909, the problem seemed to be already taken cared of, as Brătianu mentioned that the law of this Society will be voted by the Parliament in its Fall session.

Nevertheless, waiting for the vote in Parliament would mean additional waiting and the coming of fall, when nobody could actually begin construction due to adverse weather conditions. In Romania/Bucharest, the traditional time for constructing started at St. George (April) and ended with Sf. Demetrius (October). Probably due to these reasons, the Municipality decided not to wait until the Parliament regulated this by law, also probably confident that the law will pass anyhow due to Brătianu's influence upon the Liberal Party, which had the majority in that session. During the Summer of 1909, at Councilor Procopie Dumitrescu's insistence, the construction of the first dwellings begun. It was decided that those who got a house should not be allowed to have a workshop or a shop, except for, strangely enough, those with a corner house, who were allowed to have a shop. Debating regarding the choice of the district where the dwellings should have been built revolved around the working districts and, ultimately, Lânăriei Street, in the district of the *tăbăcari*, was chosen.

Constructing the dwellings on Lânăriei Street – the Filaret industrial district

The architect in charge with the design of plans was most probably Ernest Doneaud, member by regulation of the Council of Hygiene himself, and he was present at the debates. For designing the dwellings he chose to group them differently. Some of them coupled two under the same roof, others coupled two by two (thus, four) under the

same roof. Carmen Popescu mentions this style as a “simplified Neo-Romanian Style”. (Popescu, 2004:181)

The next step was to hire a private company to construct the dwellings and again a foreign company is chosen – entrepreneur Petternelli who is in charge with building the houses with materials provided by the Municipality, which buys them from different companies (the lime is brought from Câmpulung, while other raw materials from local distributors (which are actually complaining one year after that they didn’t receive the money for the materials).

The detailed archives also shed light on the building of the dwellings on Lânăriei Street in 1909. From the first documents presenting the requests of the people who want to receive a dwelling on Lânăriei, one understands which were the requirements for people to be eligible for the program. First, they had to fill a declaration that they were healthy, signed by the physician, they had to be younger than 30 years and have a salary of 250lei/month tops. At that time, a worker received approximately 3 lei per day, meaning a wage of 60 lei/month. In total, there were 28 families moving in the new houses in October 1909 and the cost for acquisition was 5000 lei (with an advance of 10% and a monthly rate calculated for 20 years). Analyzing the income, they gained between 80 lei and 240 lei. So, the Municipality abandoned the idea of constructing for people potentially suffering of tuberculosis and opted for a category of people who could afford to pay back the houses, having safe jobs and not suffering from illness.

But let’s return for a while to the legislative aspect. As anticipated, the law for construction of cheap dwellings was passed in February 1910 and soon the Company for Low-Cost Housing was founded in Bucharest with the support and at the initiative of the Municipality. The result was that the Company could build dwellings with a maximum price of 8000 lei and sell them with a profit of maximum 6% to citizens who applied for them. This Company would organize itself by the end of 1910 and construct the first dwellings in 1911 on Clucerului and Lupeasca streets, together with a series of dwellings on Candiano Street (most probably designed by Doneaud), while the first ones were designed by the architect-chief of the Company, Ioan D. Traianescu. I will focus on these aspects in the following chapter.

For now, a couple of conclusions about what it meant translating the initiative of the physicians in the hands of politicians, the latter being the only ones capable of solving the issue, as the logic of modernization of the state/city was coming down from the upper classes towards the lower classes.

First, the physicians' calling out was listened and the issue was debated in the meeting of the Councils. Only building dwellings wouldn’t have been a satisfactory aim, as the problems described by politicians also referred to the districts themselves, hence the project on Lânăriei also meant the implementation of a sewer system, for example. As the Municipality didn’t have the means to deal with the increase of the wages, they limited the intervention according to the means they had at their disposal. It is no wonder that Vintilă Brătianu was the Mayor who implemented the first reform, as he was aware of the workers’ problems, serving as Director of the Tobacco Factory for many years and experiencing the revolts of the workers in 1907 together with his

Deputy Engineer A.G. Ioachimescu, who will be later appointed the Director of the Communal Company for Low Cost Housing. The choice for constructing on Lânăriei before the law had passed the Parliament proved to be an experiment to understand the costs of this program and the methodology to implement it. But without the Parliament taking over, the Municipality probably wouldn't have had the resources to continue it, at least according to the counselors who wrote the regulation and sent it to be passed as a law.

However, the discrepancies between the initial ideas and their being put in practice were of such a nature to make unhappy the physicians. After finishing the campaign construction in 1911, Dr. Orleanu, who continuously insisted on the matter, wrote a negative report regarding the Clucerului and Lupească allotments¹. In this, he argues that actually the dwellings were constructed for those who would have had the money anyway to build them for themselves, while the ones who suffered from tuberculosis didn't have access to them. Dr. Orleanu rather claimed that the Municipality sort of built a kind of hostels for the merchants who come only for a few days in Bucharest, so that they won't stay in unhealthy houses. The capitalization of this initiative seemed to overturn the aim of the reform and direct it to other aims. However, the archives don't show who precisely moved there². The field work in these allotments (interviews with the present owners of the houses in 2012 and 2013) helped me to understand that the houses built on Clucerului street, because of their architecture and the fact that they were constructed near one of the richest districts in Bucharest in 1911 (Boerescu allotment), indicate that the tenants were rather part of the upper-middle class, than of the vulnerable classes.

A separate example was the private investors who actually invested in land and construction. Let's take, for example, Blank and Pleșoianu, renowned investors at that time. According to the Municipalities they bought land at the periphery at that time, in what would later be known as the Dristor neighborhood, from the Municipality according to a transaction with the Municipality. According to the contract, they were supposed to build streets with certain lengths and widths (as per the regulation from 1909), were obliged to construct a sewer system, which they didn't. As a result, the Municipality canceled the transaction and people who bought parcels in that allotment with the aim of building their dwellings no longer received authorization to build in that allotment and the Municipality even intended to demolish the dwellings.

Urban planning and architecture

The last chapter investigates the result of all the debates, the actual construction of the dwellings, the relation with the city and with the architectural styles. This perspective helps understanding the social housing reform in connection with the architectural practices at the beginning of the century and with the international reforms invoked so

1 Dr. Orleanu, "Raport general asupra igienei, stărei sanitare precum și asupra mersului Serviciului Sanitar al Capitalei pe anul 1911"

2 The archive of the Company for Low-Cost Housing is not yet available at the National Archives, the Municipality, nor at the City's Archives

many times by the social reformers. What was the role of the architect at that time, how did the relation with the city affect the praxis and, to begin with, how did the Municipality control the city taking into consideration that the practice of the urban planner didn't exist at that time?

Firstly, during the 1890s, the administrative reform initiated by the conservatives obliged each administrative unit to have a plan of their unit, but this wasn't put in practice. Bucharest would only have its plan at the beginning of the 20th century. According to the same law, the administrative units were supposed to have a House for the City's Constructions. Although this was created at that time on paper, the House didn't have any activity and no regulations, which were set only in 1908, at the same time with all the other sanitary regulations set by Brătianu. Thus, the urban planning was in the hands of the same physicians and architects who dealt with all the other matters mentioned above. In the absence of an urban planner, all the issues were in hands of a chief-architect and his Technical Service. It is important to mention the fact that many of these discussions were held in the meeting of the Council of Hygiene and not during the usual meetings of the Council. The Council of Hygiene gathered mostly physicians, not elected representatives, but also the Chief of the Architecture Department (at that time arh. Al. Davidescu, soon to be replaced on 1st of July 1908 by Ernest Doneaud.)

One of the recurrent issues was that many owners brought plans to be authorized by the Municipality but they were not being supervised regarding the construction itself, so many didn't respect the plans they presented in order to get the authorization. So Brătianu asked for a strict control by founding a department for approving the plans and an exterior department which was to control the execution of the plans. This led to two developments. First, the profession of the architect suffers from control, because Municipality stipulates very clearly in the meeting from July 1909 that all the owners who attempt to build a house should present plans signed by architects recognized by the Municipality, as a guarantee that their projects were qualitative and so that the architects could be held responsible. Architects should have made an application to be enlisted on the list of architects recognized by a Commission formed by the President of the Romanian Society of Architects and others specialists.

But what about the poor districts where people couldn't be obliged to make a plan signed by an architect or engineer because it was too expensive? In this case, the second effect of the intervention meant that the Municipality should make available standardized plans, affordable for the means of the poor population, plans which should have respected hygiene measures and which had to be executed accordingly, under supervision. This was the argumentation that actually led to the use of standardized dwellings' plans built on Lănăriei and, after that, by the Communal Company for Low Cost Housing.

Moving forward, designing dwellings on larger plots than the ones from Lănăriei also meant imagining a new approach to the ideas of urban planning, almost absent from the debates of the architectural or political milieu. In 1908 – 1909, however, the emergence of the garden city ideas on Romanian soil proved to be a new way to

connect to the West and brought modernization in Bucharest, at that time not far from something resembling a bigger rural settlement.

The approval of the Ioanid Garden (For more details about that allotment see Woinaroski C., 2013). and other similar enterprises also triggered the opportunity to use the garden city principles, modified accordingly to Romanian realities. Brătianu was again a big supporter of these ideas and the appointing of Ioachimescu as Director of the new-founded Company for Low-Cost Housing opened the door to designing social housing districts as garden cities, actually not more than disconnected garden suburbs, taking into consideration the area of these small interventions at the periphery.

Ioachimescu published in 1912 a report regarding the result of the Company, covering the year 1911, and he proclaimed that Romanians preferred their houses surrounded by gardens, hence he announced clearly the every family with its house, each house with its garden principle, that would remain a constant for the next 40 years of activity of the Company. That is why Clucerului and Lupeasca allotments were built observing the couple dwellings model, surrounded by a small garden.

In regard to style, Brătianu understood that this couldn't be another than the newly neo-Romanian style, designed by local architects in order to counteract the massive presence of foreign architects who designed in the academic/eclectic styles influenced by the French or German professional milieus. As chief of the Company, Ioan D. Traianescu designed the prototype dwelling with a touch of neo-Romanian style, limited by the costs of the dwelling set by the law.

The discussions between the Society of the Romanian Architects and the Mayor Procopie Dumitrescu (who was elected Mayor after Brătianu) shed light on the tensions between the architects and the politicians. Initially, the Society of the Romanian Architects was more than reluctant to take part in the contest for the construction of the dwellings, considering that it was below their prestige to design cheap and not so sophisticated dwellings. Consequently, the Society of the Romanian Architects advised its members not to take part in the contest, despite the Mayor's requests to show empathy towards the poor. Contextualizing this issue, one key of reading it is actually the conflict between the foreign and the local architects, unsatisfied that they didn't receive too many important commissions from the state. Once the reform continued, parallel with the consolidation of the national state, the Company imposes the neo-Romanian style (or at least, a simplified version of it), transforming itself in a state institution encouraging the national interest.

In conclusion, the choice for the neo-Romanian style should be viewed in light of these tensions and the political support for this style should be coupled with the support for local architects. Urban planning would seek the model of the garden city until the late 40s without reaching it, despite the commending efforts. Obliging the Company or any other investor who invested in construction of big allotments to also deal with the urbanistic issues (construction of the sewer system, public lighting etc.) assured the state that some of the problems were relieved from its shoulders and contributed to the rising of the quality of living standards and conditions. But the architects enrolled in

this reform only at the end of the chain of events, contributing to the form, but not to the essence of the reform.

The stories in order: Capitalism and social housing. Conclusions

Turning the focus and the lines of inquiry towards the political and economical macro perspective by way of conclusion, I will map the beginnings of the social housing reform in connection with the context of the Romanian state and the theories of social control mentioned in the theoretical chapter.

Controlling the diseases at the beginning of the 20th century didn't amount to only the physical aspect of the problem, but it also meant tending to its causes. Departing from the idea of constructing dwellings for the ones who suffered from tuberculosis or potentially suffering in the short term, the state made sure that the initial investment would not meet with a dead end and that the money invested will someday be recovered.

The mechanism of social control was based on the realities of Bucharest at the beginning of the 20th century, namely a city which was desperately trying to modernize itself and whose swift adoption of capitalism gave rise to a working class, mostly formed from peasants moving from rural communities in search of a better life, as the land reform was still under discussion, and which was soon confronted with issues such as poverty, an unhealthy living environment, low wages and miserable working conditions. Correctly analyzing the state of the working class, the physicians were the first to come into contact with the harsh realities and they redirected the problem to the politicians. The trigger was in fact the spread of the disease of the house, tuberculosis, which affected the working class, a disease which made more and more victims every year, in proportion with the growing number of workers in industry.

In order to address the problems, the physicians proposed to build healthy dwellings and demolish unhealthy ones, which perpetuated the spread of the disease. But their means were limited, so they forwarded the issue to politicians. The connection between politicians and physicians eased the solving of the issue, bringing about the aim of building houses, so that the debates were carried in the Communal Council, as well as in the Council for Hygiene, dominated by physicians convinced that the best solution to the problem was to address its root causes.

However, the politicians from the administration could not deal with the problem alone, as the building of the dwellings needed financial support from the financial institutions of the state, so control had to be delegated to the executive and the legislative forums. This actually meant the transformation of the problem in a *raison d'état*, precisely how the physicians advocated, thus convincing the state to seriously consider and to deal with this problem.

But the state involvement was different from a philanthropist initiative, in which money can be spent without the need to recover it. The state considered that such an investment should be paid back by the beneficiaries of the dwellings, thus excluding or

limiting the category of those vulnerable, who were initially the ones who should have gotten the dwellings. Asking for a certificate of health in order to distribute the dwellings presents an image of the state which didn't want to risk anything. Did the state win by approaching the issue from that perspective? Not in the short run, but the Company for Low-Cost Housing will demonstrate after the First World War that its aims were to house as many workers and state clerks as possible, in order to keep the state administration around the idea of the national-centralized state. As the reports of the physicians who started the reform convincingly demonstrate, the first tenants of the houses came rather from categories that normally could afford buying or building houses on their own, without the help of the state. Or, better said, there were other social classes that needed the support of the state, not the ones that benefited directly.

Founding the Company for Low-Cost Housing represented a Liberal initiative similar to that of founding two other state companies in 1909-1910, the Company for Tramways and Govora-Călimănești Company for exploiting mineral water resources. Ioachimescu, the first director of the Company for Low-Cost Housing, recognized later that all these three companies were nothing more than an application of the national-liberal principle “Prin noi înșine!” (“Through our own powers!”), as all the facilities of these companies derive from means owned by the country. (Ioachimescu, 1936: 56)

From an architectural perspective, the laws from 1908 represent the grantee of the state for professionalization of the architects. Constraining them to be held responsible for the construction of the signed plans as they were authorized by the Municipality, the administration made an important step in preventing the construction of unhealthy dwellings. Moreover, the administration was aware of the fact that vulnerable classes couldn't afford hiring an architect to design a plan for the house, so the Municipality provided standardized plans which would be put in practice on Lânăriei Street.

This industrialization of the building process announced the large scale project which the state developed through the Company for Low-Cost Housing starting from 1911. Influenced by the ideas of the garden-city, architects and politicians decided to plan the first allotments at the periphery and build standardized dwellings, easy to produce, with almost no cost implied. Together with the concern for urbanistic works such as a sewer system, public lighting etc., the social housing allotments would soon become desirable for the middle class. This process went hand in hand with the use of the neo-Romanian style proposed by local architects in order to counterpart the foreign architects' use of eclectic styles.

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