

Cleveland Versus the Clinic: The 1960s Riots and Community Health Reform

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During the 1960s, cities across the United States erupted with rioting. Subsequent inquiries into its sources revealed long-simmering discontent with systemic deprivation and exploitation in the country's most racially segregated and resource-scarce neighborhoods. Urban medical centers were not exempt from this anger. They were standing symbols of maldistribution, cordoned off to those without sufficient economic means of access. In this article, I examine the travails of the world-famous and prestigious Cleveland Clinic after the 1966 riot in the Hough neighborhood on the East Side of Cleveland, Ohio. After years of unbridled expansion, fueled by federal urban renewal efforts, the riots caught the Clinic's leadership off guard, forcing it to rethink the long-standing insularity between itself and its neighbors. The riots were central to the Clinic's programmatic reorientation, but the concessions only went so far, especially as the political foment from the riots dissipated in the years afterward. The Cleveland experience is part of a larger—and still ongoing—debate on social obligations of medical centers, “town–gown” relations between research institutions and their neighbors, and the role of protest in catalyzing community health reform. (*Am J Public Health*. 2018;108:1494–1502. doi: 10.2105/AJPH.2018.304654)

In July 1966, the Hough neighborhood on the East Side of Cleveland, Ohio, exploded and saw nearly a week of rioting. It followed a 1964 riot in Harlem, New York—the largest up to that point in the post–World War II period—and other unrest throughout the decade in Philadelphia, Pennsylvania; Chicago, Illinois; and, most famously, Los Angeles, California, among others.¹ Whether labeled “rebellions,” “uprisings,” “civil disorders,” or “riots,” this tumult was a national wake-up call, particularly for powerful institutions that had insulated themselves from the rage stewing around them.²

Urban medical centers were among such institutions. Flush with resources from midcentury medical expansion, they were standing symbols of maldistribution, closed off to those without sufficient economic means of accessing them. Cleveland was no exception. This article tells the

story of a gulf, one between a gilded medical institution and a racially segregated neighborhood right next to it: the Cleveland Clinic on one hand, the Hough neighborhood on the other. In the decade preceding the riot, the Clinic had expanded rapidly, displacing, alienating, and angering its neighbors as it made way for an ever-growing medical complex. It was a prime player in “urban renewal,” the mid-century phenomenon whereby scores of neighborhoods were condemned by public authorities, frequently razed, and then replaced with everything from parks and new housing units to retail outlets, hospitals, and universities, often for the more affluent.³

The 1966 Hough riot halted the Clinic's expansion plans and, in turn, changed how it dealt with its neighbors going forward. For similar urban institutions across the country, this moment followed decades

of operating with little regard for those who lived in the surrounding environs. The depth of their responses ranged widely, from rhetorical genuflection to serious infrastructural investments. The Cleveland Clinic's response ultimately fell somewhere in between. And what transpired in the years immediately following the events in Hough played a critical role in that change.

THE RECKONING

Right after Hough, Cleveland authorities took their cue from counterparts in other riot-stricken cities: they convened a commission. The first official analysis came from a Grand Jury assembled by Cuyahoga County, where the city was located. It listed grievances that included “inadequate and sub-standard housing,” “charging of exorbitant rents by absentee landlords,” “sub-standard educational facilities,” “excessive food prices,” and “denial of equal opportunities,” all of which were becoming a standard list in similar riot commissions elsewhere.⁴ Mayor Ralph Locher convened an “emergency committee” that identified similar themes, pointing to chronic unemployment and irregular trash pickup. One passage on run-down housing in Hough declared that these “must have been a contributing, if not a causative, factor in the riots.”⁵

The most charged of the Hough analyses, however, came from activist circles outside of

formal governmental channels.⁶ An ad hoc Cleveland Citizens Committee on Hough Disturbances held its own hearings featuring long-time activists and everyday residents. The bulk of its report was devoted to chronicling Hough's resource deprivation and argued that

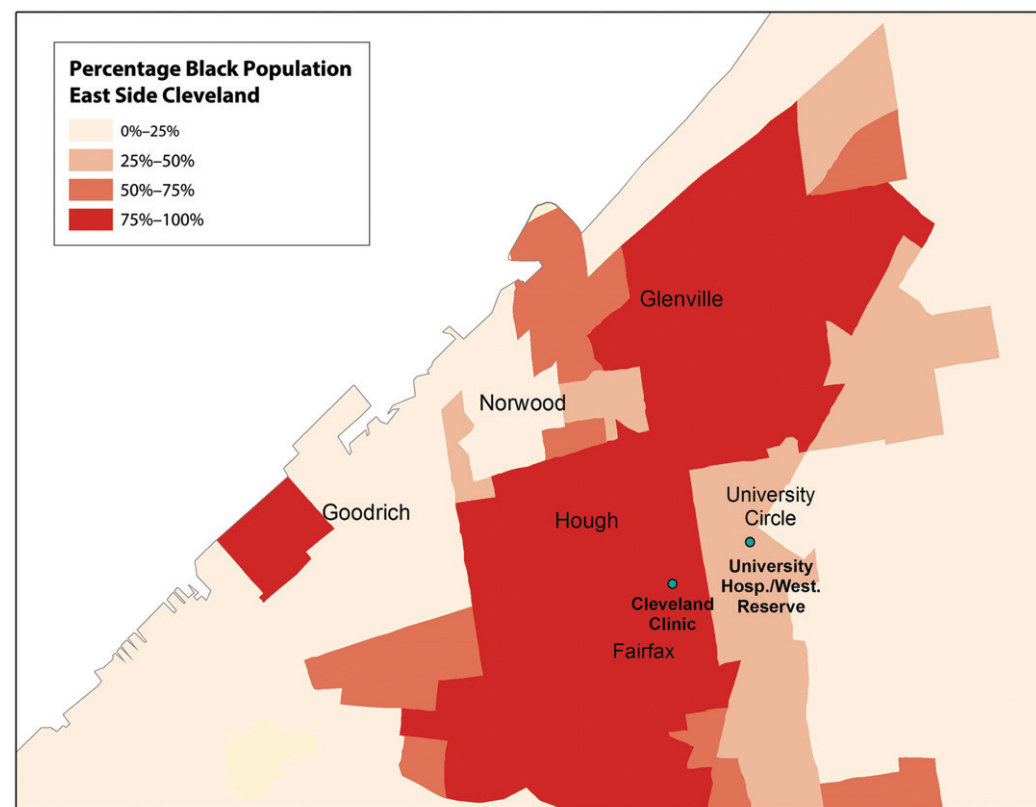
to many, it seemed almost inevitable that such neglect and disregard would lead to frustration and desperation that would finally burst forth in a destructive way.⁷

Unlike the other reports, though, the Citizens Committee specifically spotlighted urban renewal, pointing to its disruptive effects and powerful institutions in or near Hough that were part of it. One passage came from Daisy Craggett, a columnist for Cleveland's Black newspaper, the *Call and Post*, and a long-time Hough resident. Craggett argued that

there was no real commitment to the people in Hough nor the Negro community. . . . We have seen Urban Renewal actually come in and destroy what was once a good community.⁸

Tonal differences notwithstanding, these three bodies declared that rioting was not just a random occurrence. It was catalyzed, rather, by simmering frustration: over deprivation, over exploitation. For at least some of their participants, then, riots amounted to an expression of discontent, even protest, or what Martin Luther King Jr. called "the language of the unheard."⁹

When it came to medical resources, the problem on the East Side of Cleveland was not a lack of institutions. Rather, it was lack of access to existing ones, for the area was home to



Note. In this Cleveland map, I georeferenced Cuyahoga County "social planning areas" with 1970 US Census tracts and achieved a 100% match of boundaries.⁵⁵

Racial Segregation in East Cleveland and Locations of Cleveland Clinic and Western Reserve in University Circle/Hough Area (1970)

a medical constellation next to the Hough neighborhood. Of the two biggest institutions in the area, University Hospitals was the least insulated from its neighbors. It was affiliated with Western Reserve University and admitted a large percentage of indigent and low-income patients as part of medical school training.¹⁰ Its direct foil was the Cleveland Clinic. Founded in the 1920s, the Clinic, in less than a half century, had expanded from modest roots in a four-story building to a citadel that spanned from East 90th Street to East 93rd Street. It was no ordinary medical complex but the elite of the elite, famous for pioneering technology used in heart surgery.¹¹ The Clinic primarily catered to

an affluent clientele, and, by its own estimates, about two thirds of its patients came from outside not just Cleveland but greater Cuyahoga County.¹² One advocacy group would later describe it as rising from "hospital-based slum clearance" that had

reached city-wide proportions, with a number of east side institutions participating in a coordinated effort to create a "white corridor" of renewed areas through the east side ghettos.¹³

Whatever one thought of such rhetoric, the underlying factual claims were basically true. One of the country's most prestigious medical centers stood within walking distance from one of its most racially segregated and low-income

neighborhoods. Hough was the byproduct of multiple trends in the 1950s: an exodus of White residents from the city, an influx of Black residents, and entrenched housing discrimination that “trapped” most Black Clevelanders in just “several square miles of the East Side.” It all occurred within larger economic turbulence. Many cities with once-robust industrial cores saw them (and their jobs) dissipate in the 1950s, as major firms shifted operations to tax-friendlier areas elsewhere.¹⁴

But the Clinic stayed. And it became a major entity in the area’s landscape, having actively lobbied and planned a second phase of the “University–Euclid” urban renewal project, named after one of the city’s main thoroughfares. Approved in 1961, the federally funded project would enable the Clinic to spearhead, with the aid of federal urban renewal dollars, a “Health Sciences Center” stretching as far as East 75th Street westward and East 109th Street eastward.¹⁵ An earlier and smaller phase of the project had displaced 1456 families, 70% of them “non-White” (and almost all Black). If completed, this expanded phase had the potential to displace many times more, “1,600 structures containing 5,200 dwelling units” and “21 000 people” by one estimate conducted at the time.¹⁶

When proposing plans to government officials, Clinic administrators drew on familiar (and implicitly racial) imagery to accentuate the problem of so-called “blight” and then propose an expanded Clinic as a solution.¹⁷ These invocations revived a powerful trope in 20th-century public health planning whereby demolition and urban renewal were promoted as health remedies—what Samuel Roberts has called the “medicalization of

blight”—via large-scale physical removal of perceived health threats and the construction of new medical facilities in their place.¹⁸ In a 1965 speech, given about a year and a half before the Hough riots, Thomas Hatch, the Clinic’s urban renewal coordinator, stated—without irony—that the Clinic hoped to

clear a blighted and deteriorating neighborhood, and to provide an improved environment where health care, health education, and health and scientific research can be conducted effectively for the benefit of the people whom we serve.¹⁹

However well-intentioned, such a statement also reflected a parochial insularity from the sentiments of everyday people surrounding the institution.

Few city officials publicly challenged the urban renewal effort. One exception was Leo Jackson, a Black Cleveland City Council member. In one meeting with Clinic officials, Jackson stated that his constituents simply wanted “decency and protection of present property,” not urban renewal.²⁰ As chairman of the city council, Jackson used his control of parliamentary procedure to stall approval for the project components. The standoff continued into May of 1965, angering the Clinic’s administrators, who groused privately over council members who were “part of [Jackson’s] Negro bloc.”²¹

THE CLINIC ON THE DEFENSIVE

The 1966 Hough riots abruptly halted the Cleveland Clinic’s expansion, and they put the institution on the immediate defensive. Two days after they started, a Cleveland Clinic official expressed relief over

Hough’s momentary containment.²² But the end of the riot a few days later hardly quelled the fears of administrators, who debated the future of the institution’s relationship with the East Side of Cleveland. They worried that the Clinic might be a target sometime in the future. The tone of many meetings was a fusion of sentiments, as administrators expressed frustration over stalled plans, befuddlement over what had happened, and occasional obliviousness about residents’ views toward the Clinic and expansion, all mixed in with resigned admission about the need to change direction. At the end of 1966, Urban Renewal Director Hatch captured Clinic officials’ collective mood, writing of a

crisis situation in Hough—cannot overemphasize its gravity. Poor commentary on Cleveland community, which was once noted for good racial relations. . . . Ferment is seething.

Hatch added that the “fuse is set—small incident, as in Watts, could set it off,” a reference to the 1965 riots in Los Angeles’s largest African American neighborhood.²³ Moving forward, he declared that “massive efforts are needed” and that “timidity and half measures” toward alleviating the suffering of the most marginalized “have not paid off.”²⁴ It was both a self-indictment of the Clinic and a critique of broader American society.

Fear pervaded among Clinic executives. Into 1967, they monitored rumors of future riots, speculating that “agents of unknown and subterranean leaders are at work.” They pondered the reliability of information gathered from “responsible Negro leaders,” whom they suspected were poorly connected with



Note. The numbers 1 and 2 mark the same geographic location in each respective photograph.

Cleveland Clinic ca. (a) 1930s to (b) Late 1950s to Early 1960s

actual “militants.” The Clinic even began crafting emergency plans in the event of another uprising, which would include the hiring of its own private “guard force” and an additional layer of “squad leaders” composed of “men with previous military service, especially combat experience.” Clinic officials also discussed strategic “withdrawal points” in the event the facility became besieged, along with the use of nonlethal weaponry that included “fire hoses with 2.5 inch streams” to thwart “the mob and drive it back,” tear gas, and “riot guns, which are more likely to injure than to kill.” An extreme scenario called for “ultimate weapons,” including “fire-arms, pistols, and rifles” reserved for anyone who managed to enter a Clinic building. One official pondered the worst potential case:

Suppose a mob stormed the place—what would it be likely to do once it got in? Probably try to find narcotics and food—but, it is hard for me to believe that even under the most imaginable circumstances,

these people would harm patients or unresisting personnel. They would only hurt their own cause—and bring total, lasting retribution on their own [heads].²⁵

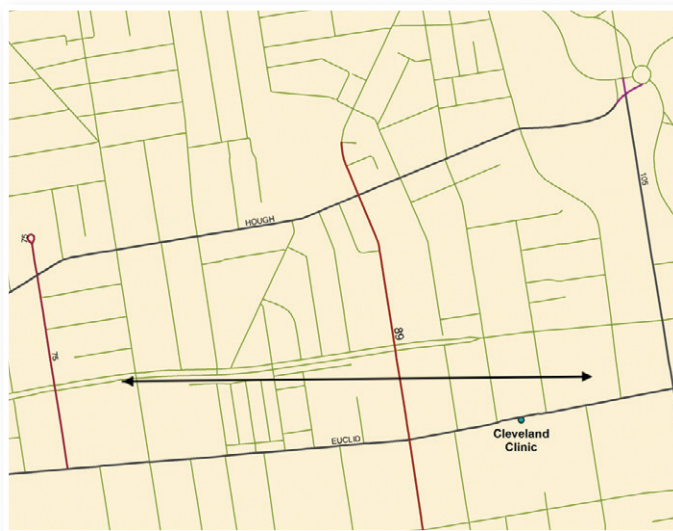
Much of the Clinic’s thinking was rooted in racially charged paranoia that exhibited considerable ignorance, especially comments that depicted rioters as a largely irrational and violent “mob,” not people with grievances that required a serious reckoning. Some within the Clinic, however, characterized rioters as people with a “cause.” This faction of the Clinic’s leadership ultimately accepted what the other analyses of the Hough riot had revealed as well, that “dissatisfaction is rife, and growing, with housing conditions, employment ‘opportunities,’ city services, police treatment, and other unsolved problems.” Behind the language of mobs and militants was an acknowledgment, in other words, that rioters’ “attitude . . . is that conditions are intolerable, and they are anxious to precipitate changes in the social system

which they feel holds them in bondage.”²⁶

CONCESSION: THE EAST SIDE HEALTH CENTER

Two years after the 1966 riots, the Clinic was still debating a number of paths, including everything from relocating entirely to improving community outreach.²⁷ But the Clinic’s own internal deliberations on these matters were not the only ones of consequence. Rapid developments in Cleveland politics played a role in the Clinic’s future, too. The Hough riots had killed support for Mayor Locher, a White politico and mainstay in the local Democratic Party machine. And a year later, Carl Stokes, a Democratic state representative, became the first Black mayor of a major American city.²⁸

For the Clinic, Stokes’s victory was actually welcome. During his campaign, Stokes had deftly positioned himself as an alternative to two political poles. He was neither a member of the White ethnic machine



Note. The darkened streets are outlines of boundaries—extending 30 blocks—for the proposed pre-riot University–Euclid Urban Renewal Project.

University–Euclid Urban Renewal Project (Phase II)

nor a firebrand in the mold of Leo Jackson, the Clinic's Black primary opponent on the City Council. At heart, as the political scientist Todd Swanstrom later put it, Stokes was "somebody [that] business"—and other establishment institutions—"knew they could work with." (Another indicator of Stokes's politics came in his 1973 memoirs, which included a chapter memorably titled "How to Get Elected by White People."²⁹)

Even with Stokes, the city's racial climate remained charged, especially after a shootout in July of 1968 in Glenville, a neighborhood on the East Side of Cleveland, about a mile north of Hough.³⁰ Earlier that year, Stokes summoned representatives of Cleveland medical facilities and pressed them to share more of their resources with the city. The Clinic responded to Stokes's request without hesitation and soon hatched a plan for a brand new East Side health center providing outpatient care. The city would finance building and land costs, but the Clinic would handle staffing by recruiting physicians in the area and providing Clinic employee status

for them, in addition to sharing existing Clinic personnel.³¹

By cooperating with Stokes, the Clinic benefitted from the political symbolism that came with supporting a Black politician, even as it never tethered itself to a policy program that fundamentally challenged the status quo. It could also shed its reputation as an isolated medical fortress unconcerned with its neighbors. Stokes could respond powerfully to public clamor for proactive political response to the conditions that had precipitated the 1966 events. And he could also draw on the Clinic to advance a reworked vision of urban renewal. Urban renewal 2.0, it might be called, maintained the midcentury's fundamental urban growth imperatives but softened its edges—no more razing, no more overt displacement—and tacked on some ameliorative alterations, namely local programs for job creation and youth development. Stokes's program, dubbed "Cleveland Now!," garnered Clinic support.³² All throughout, Clinic officials exhibited keen awareness of public image, with one commenting that

the public relations aspects could conceivably even take on national dimensions due to the Mayor's prominence and popularity on the national political scene.³³

POST-RIOT: THE LIMITS OF CONCESSION

The new East Side health center was certainly a concession. Yet, throughout its development, the Cleveland Clinic persistently searched for ways to align the project with its own self-interest. One example was the Clinic's deliberation over the facility's precise loca-

tion. Although the events of 1966 occurred in Hough, on whose southern boundary the Clinic was located, facility planners proposed instead to build in Fairfax, a neighborhood immediately to the south of Hough. Overall, Fairfax's racial composition was not a huge contrast from Hough's. But the Clinic had identified differences between the two adjacent neighborhoods, particularly when it came to class. The Clinic's internal assessment of Fairfax characterized it as a "stable community" with a high percentage of Black middle-class homeowners. Moreover, the report continued, Fairfax had largely avoided a higher influx of midcentury Black migration because it "was already filled with a 'higher class' of resident," and, in the Clinic's view, was a bright spot that possessed many "values" amid the otherwise "deteriorated appearance of the east-west through streets."³⁴ In choosing Fairfax, the Clinic could no longer wall itself entirely from the city, but it could still filter who came through the doors of its new extension via subtle relocation.

A site slightly outside the immediate boundaries of Hough would also allow the Clinic to establish a beachhead for future westward expansion, which it had never put completely to bed. The Clinic's report on Fairfax speculated that the city could become "a center for education, medicine, culture and the several arts." The economic growth of Cleveland along such lines, in turn, would be bound up with institutions like the Clinic. Hosting its satellite center was one of many ways for the Fairfax neighborhood—and the nearby Clinic—to remain part of the process.³⁵ And, in the big picture, it would fulfill, in the words of one Clinic official, "a feeling of

moral obligation” while aiding the “preservation of our interests in the local community.”³⁶

Despite such lengthy deliberations about the new health center, the city of Cleveland itself failed to move forward with a critical end of the bargain: allocating the land and constructing the facility’s physical plant. Part of this was attributable to Mayor Stokes’s travails. Although reelected in 1969, he became politically besieged by an antagonistic city council, and his problems culminated in a decision not to seek a third term.³⁷

The Clinic, however, never dropped the East Side health center entirely. It might have done so were it not for a coincidental development in 1971, when Cuyahoga County officials pushed for a major overhaul of the county health system. One component of the overhaul called for the construction of “primary care health centers” to relieve severe outpatient pressure on the public facilities.³⁸ Clinic officials saw that they could take the long-delayed East Side center project and latch it onto the new county goals, all while shrinking the Clinic’s own role. Now, Cuyahoga County would oversee the East Side health center’s formal development, and it would open as a county facility. The Cleveland Clinic would lend its imprimatur, contribute \$100 000 annually for the first two years, and assume 50% of annual deficits (but with a cap of the obligation at \$200 000), a relatively modest financial obligation. (At one point, county officials admonished the Clinic for what they saw as a half-hearted financial commitment.³⁹) The Clinic’s most substantial contribution remained loaning Clinic personnel.

Overall, though, the Cleveland Clinic was moving from a central role in the East Side health center plans to a more complementary one. Besides Cuyahoga County, another new player in supporting the East Side center’s development was the Fairfax Foundation, composed of Cleveland civic boosters. The Fairfax Foundation’s participation meant that the charged symbolism around the original project—a reversal of the Clinic’s neglect and exploitation of those around it—instead became draped in the more politically palatable language of metropolitan economic growth.⁴⁰

Reflecting the times, by the late 1970s, the Clinic was rebooting expansion. It did so, however, on its far eastward side on East 105th Street. There, one found a minor-league empire of eateries, stores, bars, and adult businesses owned by Winston Willis, a Black entrepreneur who regularly antagonized the Clinic with obscene billboards and flyers that derided it as a racist institution.⁴¹ But the Clinic seemed less concerned with Willis’s attacks—and the collective political reaction that they might generate—than would have been the case just a decade before. The fury around land use in the area had long since died down.

In 1976, after numerous false starts, the county’s Kenneth Clement Center finally opened, bearing the name of a prominent Cleveland Black physician. A story about it in the liberal *Cleveland Press* granted that the Clinic had made strides in accruing a “record of community service.” It cited the Clinic’s role in developing the Clement Center, followed by laudatory quotations from Cleveland civic figures that praised the shift in orientation.⁴² The Center indeed

brought significant medical resources and job opportunities, including the hiring of up to 500 local residents.⁴³ At the same time, the headline of another story in the same issue asked and answered a pointed question: “Who pays for care of poor? Not the Clinic.”⁴⁴ It captured the prevailing perception of some segments of the city toward the Clinic: that it had done some, but not enough. But now, the political agitation that might pressure it to do more was absent.

The Clinic continued supporting the Clement Center, though it saw it as part of nascent urban growth and community development trends of the time.⁴⁵ By the early 1980s, the Clinic revived many of its plans for westward expansion, often in concert with booster groups. That same year, the Greater Cleveland Growth Association, Cleveland’s version of the Chamber of Commerce, proposed expansion in University Circle, a neighborhood directly adjoining the Clinic and University Hospitals.⁴⁶ The institutional behavior that angered so many in the 1960s was now once again proceeding apace in the 1980s. That same year, newly elected Mayor George Voinovich proposed that the Clinic play an integral part in a city-backed development effort on the East Side of Cleveland. He called the Clinic “the single most important institution within this economic revitalization target area.”⁴⁷

The Clinic proceeded as it once had but with well-chosen deviations from what it had done in the midcentury. In addition to the Clement Center, it pushed for Clinic employment of “targeted populations” and “planning an on-going strategy to inform and involve” what it called “the Minority Business

Community.”⁴⁸ These gestures were a testament to the Hough riots and their residual impact. In the 1980s, the Clinic and other Cleveland institutions were never able to expand as widely—and without checks—as the original 1960s urban renewal program would have allowed. And when they did expand, they could no longer do so without inclusion of those who would have been ignored before 1966. Whether that inclusion amounted to tokenism is an open question.

THE RIOT LEGACY

The Clement Center itself successfully helped ease medical maldistribution on the East Side of Cleveland. In 1984, 54% of new patients were medically indigent.⁴⁹ And in its actual programming, the Center implemented several innovative practices, many of them similar to other neighborhood-level medical care experiments elsewhere in the city and country. These included the use of health teams, focus on long-term health maintenance of patients before and after they used the facility, and training of staff to consider patients’ day-to-day surroundings and their impacts on health.⁵⁰

But in the grander scheme, the Cleveland Clinic’s efforts were a minor remedy for a city and neighborhood riven with entrenched inequality. Cuyahoga County officials had performed most of the actual politicking and planning to bring the Clement Center to fruition. As fear of attacks against the Clinic declined, so did the urgency for the Clinic to take on wider-scale and monetarily deeper commitments. Meanwhile, a new municipal policy environment emerged, one that saw city

revitalization and private institutional expansion as inseparable. The question to be asked about such efforts, of course, was and is: “For whom?”

About 15 years after the Hough riots, Henry Manning, President of the Cuyahoga County Hospital system, appeared before a 1980 federal Congressional committee on “financially distressed hospitals,” which hosted medical care administrators from around the country. Early in his exchange with Manning, Senator Howard Metzenbaum, a liberal Ohio Democrat, characterized the Clinic bluntly: “They stand out like a sore thumb in Cleveland for not accepting a share of responsibility.” After Manning mentioned the Clement Center, Metzenbaum continued to chastise the Clinic for not making more efforts to serve medically indigent patients, arguing that there had not been enough “peer pressure” by other medical providers in the area.⁵¹ As the journalist Dan Diamond has chronicled, this remains the reputation of the Clinic for many everyday Clevelanders today.⁵²

Senator Metzenbaum’s observation about the Clinic resembled the observations Clinic officials had privately made among themselves immediately after Hough, when they acknowledged that they could no longer remain a glitzy medical island amid rampant poverty and racial exclusion. The Clement Center and other outreach efforts were certainly bridges connecting it to some of the broader neighborhood. But, ultimately, was an island still an island?

Throughout the country, political foment rapidly declined in the decade after Hough. That was attributable to everything

from the incorporation of protestors into formal government to militant repression of activism by law enforcement.⁵³ Today, broader questions about societal obligations linger for elite urban medical centers, which still blend uneasily with neighborhoods surrounding them. Yet there are now signs of renewed attention to racial and economic inequality.⁵⁴ One hopes our collective response will be enough to not once again be caught by surprise. **AJPH**

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23. Thomas Hatch, “Notes on Urban Renewal,” December 28, 1966, in Box 23, Folder 4, Gottron Papers; on the context of the Watts riot, see “Black Community Transformation in the 1960s and 1970s” in Josh Sides, *L.A. City Limits: African American Los Angeles From the Great Depression to the Present* (Berkeley, CA: University of California Press, 2003), 169–197.
24. Ibid.
25. Thomas Hatch to Richard A. Gottron, memorandum on “Possible riots in 1967, and proposals to meet them,” February 24, 1967; “For Discussion With Tom Hatch,” February 1967, in Box 23, Folder 6, Gottron Papers.
26. Ibid.
27. Thomas Hatch to J.H. Nichols, memorandum on “Policies in re Community Development,” September 6, 1968, in Box 23, Folder 13, Gottron Papers.
28. On Stokes generally, see Leonard Moore, *Carl B. Stokes and the Rise of Black Political Power* (Urbana, IL: University of Illinois Press, 2002).
29. Todd Swanstrom, *The Crisis of Growth Politics: Cleveland, Kucinich, and the Challenge of Urban Populism* (Philadelphia, PA: Temple University Press, 1985), 100–107; Carl Stokes, *Promises of Power: A Political Autobiography* (New York, NY: Simon and Schuster, 1973).
30. Moore, 83–91.
31. Richard Gottron, “Plan for a Community Health Facility,” June 7, 1968 (from context), in Box 23, Folder 9, Gottron Papers; Fay A. LeFevre to Glenn Wilson, August 12, 1968, in Folder “Mayor Stokes’ Plan” (semi-processed), Cleveland Clinic Archives.
32. “Support Cleveland: NOW!,” ca. 1968 (from context); Richard Gottron to Cleveland Clinic employees, May 24, 1968, in Box 23, Folder 8, Gottron Papers; Moore, 73–76; Swanstrom, 105. The program fizzled after one of its grants was linked to weapons purchases by a Black nationalist named Ahmed Evans that were later used in the Glenville incident.
33. Richard Gottron, “Plan for a Community Health Facility”; LeFevre to Wilson.
34. Thomas Hatch, “The Fairfax Community,” June 5, 1969, in Folder “Mayor Stokes’ Plan” (semi-processed), Cleveland Clinic Archives. This intraracial distinction made by planners at a predominantly White and elite institution calls to mind Arnold Hirsch’s account of University of Chicago and its administrators’ resigned acceptance of a Black middle-class population in the Hyde Park area. See Hirsch, *Making the Second Ghetto*, 170. In a study of the Black middle class in Cleveland, Todd Michney dubs such neighborhoods “surrogate suburbs.” See Todd Michney, *Surrogate Suburbs: Black Upward Mobility and Neighborhood Change in Cleveland, 1900–1980* (Chapel Hill, NC: University of North Carolina Press, 2017), esp. 178–255.
35. Hatch, “The Fairfax Community,” June 5, 1969, in Folder “Mayor Stokes’ Plan” (semi-processed), Cleveland Clinic Archives.
36. Charles L. Hudson to Board of Governors, Cleveland Clinic, March 27, 1967, in Folder “Mayor Stokes’ Plan” (semi-processed), Cleveland Clinic Archives.
37. Moore, 170–172.
38. “Supplemental Information to Document: Program for Consolidation–County Health Facilities,” April 15, 1971; Cuyahoga County Hospitals Planning Task Force, “Recommended Directions for Cuyahoga County Hospital,” ca. April 1971 (from context) in Series 24 NG1, Box 3, Folder 4, Papers of Samuel Whitman, Case Western Reserve University Archives, Case Western Reserve University, Cleveland, OH.
39. Carl Wasmuth to Henry Manning, memorandum on Cleveland Clinic role in East Side health center, September 6, 1973, in Folder “68.00-000” (unprocessed), Cleveland Clinic Archives; Henry Manning, memorandum on “Negotiations with Cleveland Clinic Foundation for Construction and Operation of an East Side Ambulatory Care Center,” June 18, 1973, in Folder “68.00-000” (unprocessed), Cleveland Clinic Archives.
40. “East Side Ambulatory Care Center,” memorandum on status of Fairfax/East Side project, ca. mid-1970s (from context) in Folder “3-PR20 Community Relations – Clement Center” (semi-processed), Cleveland Clinic Archives.
41. Thomas Hatch to J.H. Nichols, memorandum on “Euclid-105th

- Business District,” January 9, 1968; Thomas Hatch to J.H. Nichols, memorandum on “Ingleside Hospital & Euclid-East 105th Street Area,” November 14, 1968, in Box 23, Folder 13, Gottron Papers; “Willis Arrested in Harassment of Clinic,” *Cleveland Plain-Dealer*, July 16, 1977, 8-A; William F. Miller, “Doans Corners: E. 105th St. Area Struggles to Rise,” *Cleveland Plain-Dealer*, January 10, 1982, 25-A, 31-A.
42. Fred McGunagle, “Cleveland Clinic: Service to Community Is New,” *Cleveland Press*, February 28, 1976, A1-A2; “Agreement Between the Cleveland Clinic Foundation for the Cuyahoga County Hospital for the East Side Ambulatory Care Center,” ca. 1975 (from context), in Folder “68.00-000” (unprocessed), Cleveland Clinic Archives.
43. “East Side Ambulatory Care Center,” memorandum on status of Fairfax/East Side project.
44. “Who Pays for Care of Poor? Not the Clinic,” *Cleveland Press*, February 28, 1976, A-2.
45. Excellent analyses of city politics in this era include “City as Growth Machine” in John Logan and Harvey Molotch, *Urban Fortunes: The Political Economy of Place* (Berkeley, CA: University of California Press, 1987), 50-98; “The Neighborhood Movement Falters” and “The Coalition Restabilizes” in Clarence Stone, *Regime Politics: Governing Atlanta, 1946-1988* (Lawrence, KS: University Press of Kansas, 1989), 108-159; “A Critique of Neoprogessivism in Theorizing About Local Development Policy: A Case From Atlanta,” in Adolph Reed, *Stirrings in the Jug: Black Politics in the Post-Segregation Era* (Minneapolis, MN: University of Minnesota Press, 1999).
46. Robert D. McCreery, James E. Burnett, and William H. Bryant, “Proposal to the Cleveland Foundation for Funding a Program to Cause Further Development of Cleveland as a Health/Medical and High Technology Center,” May 11, 1979, in Box 19, Folder 551, University Circle Incorporated Papers, Western Reserve Historical Society, Cleveland, OH.
47. George Voinovich to Richard Taylor, memorandum on Cleveland Clinic role in East Cleveland development, March 23, 1982; Office of Public Affairs, “The Cleveland Clinic Foundation: Community Impact Report,” July 1982, in Folder “3-PR20 Community Relations [Neighborhood]” (semi-processed), Cleveland Clinic Archives.
48. Office of Public Affairs, “The Cleveland Clinic Foundation: Community Impact Report,” 3.
49. Henry D. Ziegler to William Kiser, November 30, 1984, in Folder “3-PR20 Community Relations – Clement Center” (semi-processed), Cleveland Clinic Archives.
50. Henry D. Ziegler to William Kiser, November 30, 1984; “Minutes of the Meetings of the Board of Governors,” January 14, 1987, in Folder “3-PR20 Community Relations – Clement Center” (semi-processed), Cleveland Clinic Archives; Henry D. Ziegler to William Kiser, December 24, 1986, in Folder “3-PR20 Community Relations – Clement Center” (semiprocessed), Cleveland Clinic Archives.
51. “Oversight on Financially Distressed Hospitals: Hearing Before the Subcommittee on Health and Scientific Research of the Committee on Labor and Human Resources” (Washington, DC: US Government Printing Office, 1980), 71-72.
52. Dan Diamond, “How the Cleveland Clinic Grows Healthier While Its Neighbors Stay Sick,” *Politico*, July 7, 2017.
53. Michael B. Katz, *Why Don't American Cities Burn Often?* (Philadelphia, PA: University of Pennsylvania Press, 2012), 78-100.
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55. See “The Planning and Development of a Health Maintenance Organization at the Cleveland Metropolitan General Hospital,” December 1, 1972, in Cleveland Health Sciences Library, Allen Memorial Library, Case Western Reserve University.