Enlivened City: Inclusive Design, Biopolitics, and the Philosophy of Liveability

AIMI HAMRAIE

Shortly after the United States announced its withdrawal from the Paris climate accords, mayors of global cities committed to addressing climate change via urban-scale projects aimed at promoting livable, sustainable, and healthy communities. While such projects are taken for granted as serving the common good, this paper addresses the ideological dimensions of planning liveable cities with health promotion in mind. Liveability, I argue, is a normative ideology wherein liveliness and activation perform affective roles, associating urban design methods with feel-good imagined futures while rendering built structures as polemics against disabled and racialized populations. Using Nashville, Tennessee, a mid-sized US city, as a case study, the paper parses the progressive vision of the liveable city from the ideologies, political economies, and development practices that simultaneously activate some lives while excluding others.

Since gaining a reputation as an American 'It City' in 2012, Nashville, Tennessee has experienced explosive rates of growth, estimated at 80–100 people per day (Ward, 2016). Urban planners, architects, and city officials have responded to potentially-sprawling growth by promoting 'liveability' and 'healthy cities' initiatives, which focus on urban density, walkability, farmer's markets, Complete Streets, and sustainable design. New bicycle lanes, residences, and office spaces hope to attract Millennial-generation knowledge workers, particularly young people who migrate from sprawling metropolises in search of hip compact cities. As one developer describes it, the goal is to create a 'center of technology-enabled commercial, residential, research and retail activity catering to the idea that mindful healthy living can be made easy' (Cambridge Holdings, 2017). But for this mid-sized southern US city, histories of slavery, racial segregation, and urban renewal have shaped contemporary access to housing and public spaces for marginalized people, materializing health disparities between Nashville's diverse racial populations.

In the 1950s, Nashville became one of the first cities to receive federal funding for urban renewal. Urban planners and public health officials demolished neighbourhoods and displaced poor people of colour in the name of health and beautification. Today, Nashville's emphasis on liveability through LEED-certified green buildings, public festivals, bicycle shares, gyms, raw vegan restaurants, and 'health and wellness' retail communities conveys a progressive vision of the good city as a place that affirms and optimizes life (figures 1 and 2). But as the 'It City' attracts new residents, locals are again concerned that with rising rents, the city's new white, middle-class, active, and youth-centred image

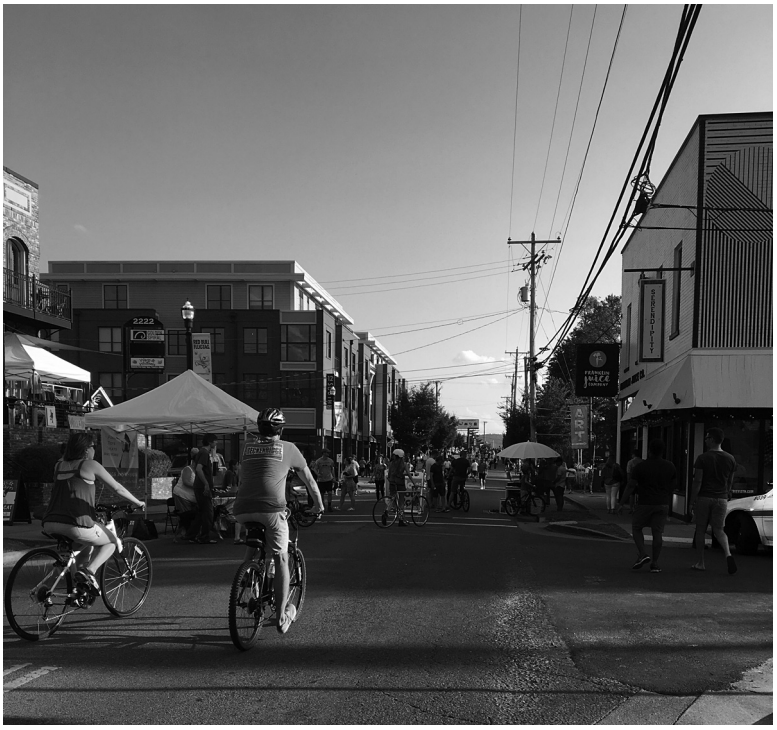


Figure 1. Pedestrians and bicyclists attend a lively 'Open Streets' festival in Nashville's gentrified 12South neighbourhood.

Figure 2. A vegan restaurant and a gym built into retrofitted shipping containers exemplify trends toward sustainable design and resource re-use. A volleyball court outside of these businesses at Nashville's One C1ty 'health and wellness' office park promotes exercise and leisure.

will displace people of colour, poor people, disabled people, and elders further out of the city, where transportation, housing, and healthcare are scarce (Plazas, 2017). Although the new developments aim to improve the quality of life for highly-paid knowledge workers, they often increase workplace injuries and health exposures for working-class immigrants and other people of colour, particularly those working in the construction and hospitality industries, creating divisions between disabled and non-disabled lives within the so-called 'liveable city' (Worker's Dignity, 2016). Given the profound implications of new liveability projects for inhabitants at risk of displacement, the tensions between the promise and outcomes of liveability initiatives raise difficult questions, not only about liveability *policies*, but also about the underlying *histories* and *philosophies* of liveability.

Rather than taking for granted that liveability improves urban citizens' quality of life, this paper argues that normative, health-centred assumptions about 'lives worth living' tend to inform architects', planners' and developers' visions of the 'good urban life,' often rendering built structures as polemics against populations deemed undesirable to neoliberal and racial capital.[1] Using Nashville's Charlotte Avenue corridor as a case study, the paper parses the progressive vision of the liveable city from the ideologies, political economies, and development practices that simultaneously activate some lives while excluding others. I begin by historicizing the rise of liveability in relation to the imperative to order and maximize life, showing that historically, the connections between urban planning and public health have been enmeshed with eugenics and scientific management. Drawing on critical theories of disability, obesity, biopolitics, and urban political economy, I offer a new perspective on the history and philosophy of liveability, concluding with alternative possibilities for redefining this concept as environmental support for marginalized life.

Figure 3. A lively scene from Nashville's downtown farmers' market.

Liveable Cities

Shortly after the United States announced its withdrawal from the Paris climate accords, mayors of global cities committed to addressing climate change via urban-scale projects. Nashville, a 'Compact of Mayors' city, proposed greenhouse gas mitigation through liveability initiatives. Mayor Megan Barry's Livable Nashville Committee drew upon the expertise of local 'leaders from Nashville's public, private, environmental, academic, and philanthropic sectors' to draft recommendations for Smart Growth, 'green' building (including LEED certification), active transportation, farmers' markets, public art promoting liveability concepts, and exercise-promoting built environments, which shift the energy burden from fossil fuels to the human body (Livable Nashville Committee, 2017) (figures 3–5).

While today, liveability is deployed to support climate-mitigating projects, the concept has a longer history in post-World War II efforts towards urban economic revitalization. The liveable cities movement emerged in the 1950s and 1960s through the work of urban planners concerned with 'reclaiming [cities] as liveable, human spaces that fostered healthy economic, social, and cultural communities', becoming popular in the late-twentieth century in cities such as New York and Vancouver (Berg, 1999, p.1). The first wave of liveability was tied to social science research about the human uses of built environments. In the 1970s and 1980s,

Figure 4*a* and *b*. A new exercise station built in a public park, adjacent to a 'health and wellness' housing community.

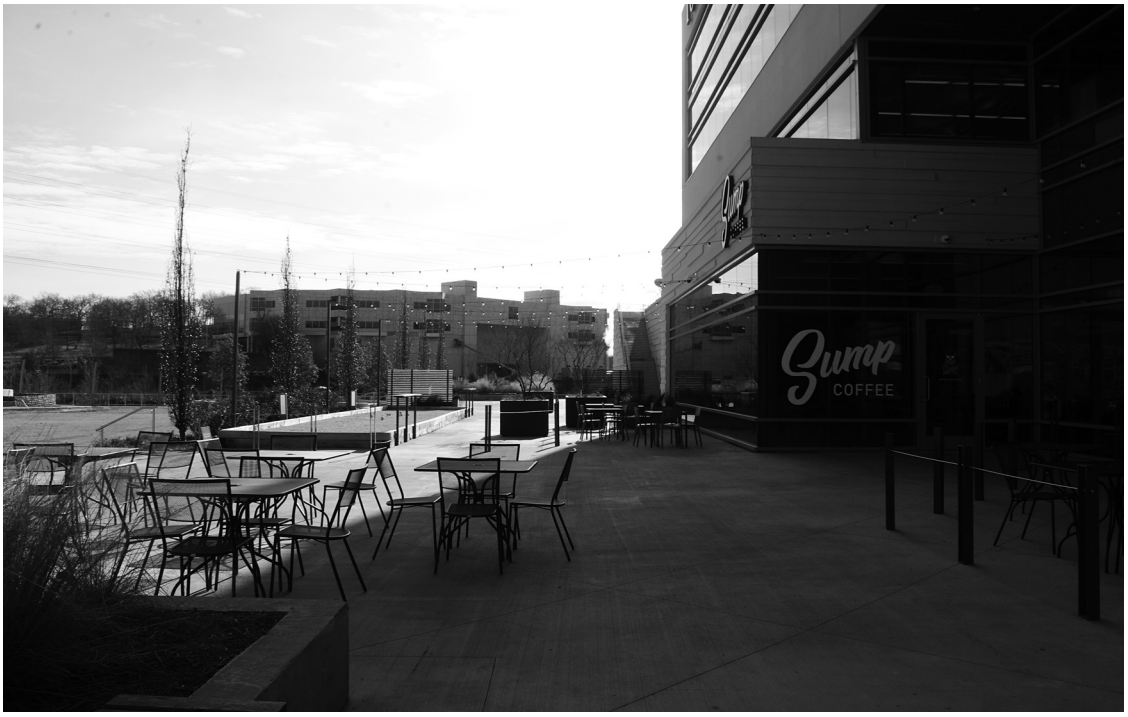


Figure 5. One C1ty, a 'health and wellness' office park, integrates green building and sustainability principles throughout the site and aspires for LEED Neighborhood Development certification. Buildings use repurposed materials and feature outdoor green spaces and walking paths.

environmental psychologists became concerned with the built environment as a determinant of the human 'quality of life' and investigated best practices for 'evidence-based design' (Paccione, 1990; Hamraie, 2012). In the 1990s, however, the liveability agenda became explicitly linked to neoliberal economic imperatives for transportation and development through the Clinton-Gore Initiatives, which defined liveable cities and regions in terms of Smart Growth and economic sustainability (Hankins and Powers, 2009, p. 848; Fischer, 2000). Today, the liveable cities movement is lauded in the urban planning literature, particularly amongst those aligned with New Urbanist projects of public health-oriented revitalization (Lowe *et al*., 2015; Frumkin *et al*., 2004; Gaston and Kreyling, 2016). This literature celebrates the *enlivening* capacities of dense and walkable urban development to reverse suburban sprawl (Hankins and Powers, 2009, pp. 854–857).

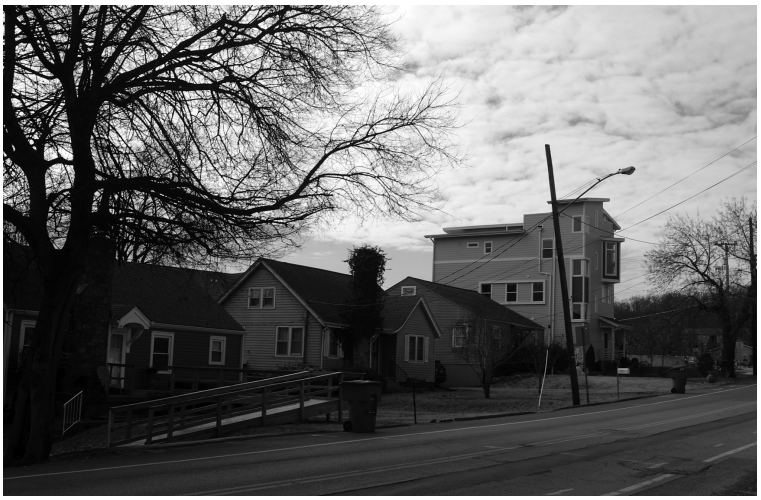
Beyond these pragmatic goals, however, liveability is also an ideology wherein liveliness and activation perform affective roles, associating urban design methods with feel-good imagined futures. By framing particular development patterns as more liveable, liveability discourse renders them as common-sense outcomes that all urban dwellers ought to desire. At its core, liveability discourse professes a notion of individual choice guided by the built environment, which enables 'healthy mindful living' according to normative, measurable ideals of health (Lowe *et al*., 2015, p. 132; Herrman and Lewis, 2015–2017, p. 3; Gough, 2015). As Judith Webb, former Executive Vice President of the WELL Building Institute, recently claimed at Nashville's Second Annual Sustainability Leadership Breakfast, hosted by the local chapter of

the US Green Building Council, 'While the First Wave of sustainability was focused on minimizing impacts on ecosystems, the Second Wave is all about the potential for buildings to actively promote health and wellness' (Webb, 2017). 'Climate change', she argued, 'isn't just hurting the planet, but it's also a public health emergency'.

Webb's comments reflect new convergences between liveability, public health, and the neoliberal 'biopolis' model of urban development, wherein energy conservation, active transportation, knowledge economies, urban agriculture, tech-smart cities, and public-private partnerships are cast as solutions to climate crisis (Arvanitis, 2013). While offered as politically progressive, these claims and their underlying political economies require examination.

Political Economies of Liveability

In contrast to development-centred architecture and urban planning discourses, critical geographers frame liveability as an ideological and polemical construct, which drives gentrification by 'convert[ing] class interest into general interest' (Duncan and Duncan, 1984, quoted in Ley, 1990, p. 33). Global economic indices, environmental psychologists, and urban planning professionals use the term as 'economic boosterism' (Ley, 1990,



Figures 6*a* and *b*. Gentrification scenes in Nashville often include the construction of ultramodern, expensive 'tall and skinny' homes adjacent to the existing, more modest housing stock.

p. 33), promoting normative visions of gentrification as optimized urban life (Kaal, 2011, p. 544; Fischer, 2000; Hankins and Powers, 2009; Herman and Lewis, 2015–2017). Like New Urbanism itself, the benefits of liveability are uneven, focused on middle-class amenities and assimilationist behaviours rather than affordability (Lloyd, 2011; Kaal, 2011, p. 335; Hankins and Powers, 2009, p. 848; Vanderbeek and Irazabal, 2007, p. 48). Critics of 'green gentrification' and 'green capitalism' contend that the neoliberal political economies of the liveable city tend to marginalize poor communities of colour by displacing them from revitalized spaces (and denying access to the benefits of green spaces) (Van den Berg, 2016; Gould and Lewis, 2017) (figures 4*a* and *b*, 6*a* and *b*, and 7).

Liveability discourse begs the question of what counts as the 'good life' and for whom. Paradoxically, when medicalized philosophies of life circulate in the liveable city, the very communities whose health disparities were used to justify development find themselves excluded or displaced. Whereas proponents of Smart Growth purport to address social inequality, critics such as Robert Bullard (2007) explain that urban density projects fail to consider the structural foundations of inequality, particularly for minoritized populations whose access to housing and other resources has been limited by legal and market forces, including historical redlining policies. While acknowledging that Smart Growth contributes to urban infill, Bullard argues that this approach only 'scratche[s] the surface of the artificial barriers' that people of color and poor communities face, even 'accelerating gentrification and displacement of incumbent residents', who find '"revitalized" neighborhoods are priced well beyond [their] reach' (Bullard, 2007, p. 3). Likewise, the planning literature rarely acknowledges the historical connections between suburbanization and white, middle-class, able-bodied, heterosexual norms, which remain

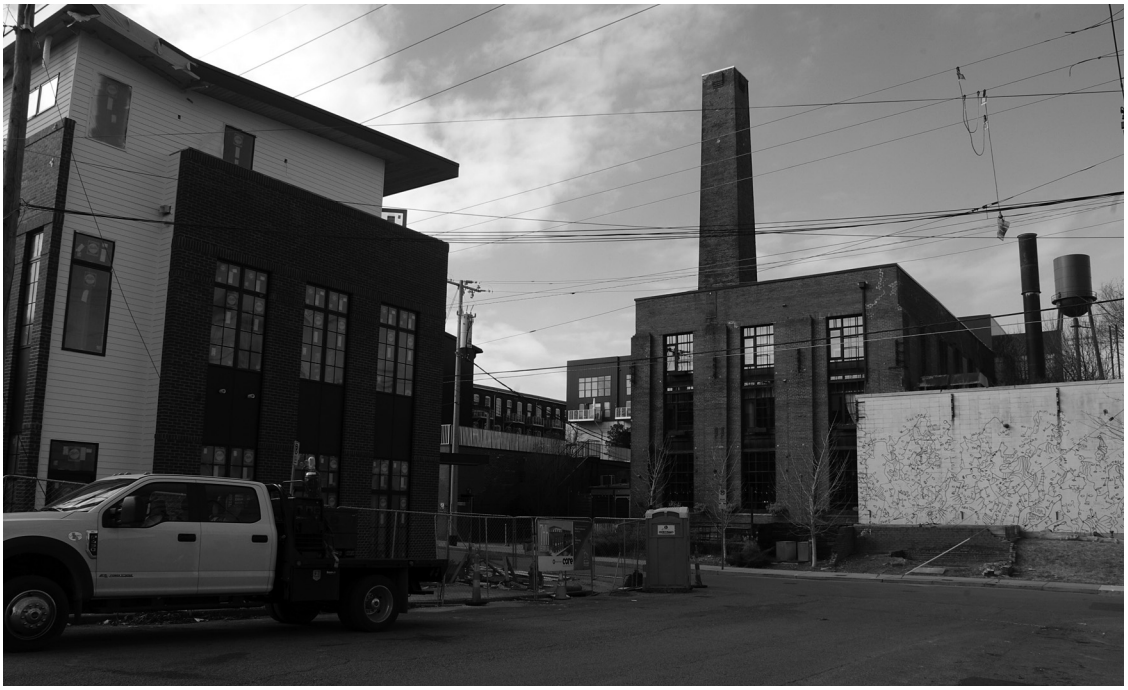


Figure 7. Gentrification occurs through both new construction and adaptive reuse of warehouses and factory buildings.

central to attracting Millennials toward dense urban cores (Hamraie, 2017, pp. 76–80).

Despite its association with the public good, liveability imagines use and inhabitation by those whose access to racial, economic, size, and ability privilege make their belonging in public space a matter of common sense. Unsurprisingly, the mainstream understanding of liveability casts conditions of 'unliveability' as the lack of retail or walkability, as streetscapes that do not have enough pedestrians or commercial activity. But for those whose access to public space is limited by cultural, structural, and attitudinal barriers (including the racialization and policing of streets and sidewalks, economic inequality, industrial pollution, and lack of accessible infrastructures such as curb cuts and wheelchair ramps), public belonging in liveable space is often contested and frictioned. Although liveability discourses characterize the spaces occupied by marginalized bodies as unliveable, they do not challenge the value judgments through which these same populations are deemed as non-essential or pathological to urban vitality, or change the material practices through which non-inclusive design has become the norm.

Redefining 'Lives Worth Living'

Political economic critiques of liveability offer necessary correctives to growth-centred modes of common sense. Feminist geographers argue, however, that hegemonic narratives about neoliberal capitalism limit scholarly attention to other registers of life, embodiment, and meaning-making in the city (Kern and McClean, 2017; Derickson, 2015). In the case of liveability, the construction of disabled or unhealthy lives as unliveable forms a hinge around which race and class exclusions occur. Health ideologies and metaphors of pathology shape urban subjectivities in ways that intersect with, but also go beyond, political economic structures; gentrification and urban renewal, for instance, often rely on racist and classist tropes of 'cleaning up' supposedly 'dirty' neighbourhoods (Colls and Evans, 2014; Kern, 2015). Similarly, disability geographers argue that the inaccessible 'micro-architectures' of everyday life in liveable city discourses, particularly emphasis on mobility and walkability, devalue disabled life on the level of everyday structures and experiences (Imrie, 2000).

Building on political economies of liveability, critical disability theory offers tools for understanding the biopolitics and bioethics of optimizing urban life through design (Foucault, 1978; Garland-Thomson, 2012).[2] Critical disability theory challenges medical models that normalize disability as a problem in need of cure or rehabilitation. In neoliberal models of disability, non-normate bodies, behaviours, ways of taking up space, dependence on help, or the utilization of costly services are equated with devalued life. Disability theorists and activists argue, however, that disabled lives are valuable and whole regardless of economic productivity or independence (Sins Invalid, 2016). Likewise, crip theories of sustainability challenge prevalent medicalizing tropes of disability as tragedy or toxicity, which are often used to make the case for addressing environmental inequalities (Fritsch, 2017). Contesting assumptions that disabled people's lives are inherently painful and unhappy, disabled lawyer Harriet McBride Johnson (2003) and feminist disability scholar Rosemarie Garland-Thomson (2015) argue that disability is a resourceful, politically significant, and ethically necessary way of being in the world. Garland-Thomson (2012) offers an alternate bioethics rooted in the imperative for 'habitable worlds', 'counter-eugenic' infrastructures and spaces that support the varied existence of disabled people.

Critical disability theory asks what kinds of bodies, lives, and environments societies imagine when they invoke a better future (Kafer, 2013, pp. 3–6). When urban planners imagine 'future cities' as 'lively, livable, productive' (DEG and KFW Entwicklungsbank, 2010), for example, they often conjure

a 'post-disability' future (Hamraie, 2017), in which disability and fatness are eliminated as a matter of common sense. By emphasizing normative ideals of health derived from calculations of body weight or expectations of citizens as lively, energetic, mobile, and productive, liveability proponents endorse the 'ideology of ability,' the societal 'preference for ablebodiedness' (Siebers, 2008, p. 8). Ability becomes a 'template' for normalcy enforced through inaccessible built environments (Hamraie, 2012). Likewise, liveability discourses treat disability (including aging and fatness) as a 'master trope of human disqualification' (Mitchell and Snyder, 2006, p. 125), excluding bodies deemed unproductive from desirable 'future cities'. It is difficult to imagine how mobility-centred liveability discourses benefit people who are denied access to public space on the basis of disability, race, or class, including disabled people who primarily interact with the world from their beds or whose heart conditions or asthma make bicycle commuting impossible, disabled people of colour experiencing environmental injustice after being priced out of gentrifying neighbourhoods, homeless people with chronic health problems whose presence in public space is policed, or incarcerated people who are entirely segregated from urban public life.

Critical Access Studies

Inclusive design theories reference disability studies concepts, such as accessibility and Universal Design, to call for environmental acceptance of non-normate bodies (e.g. Boys, 2014; Hamraie, 2012). Advocates for inclusive liveable cities, for example, argue that people of all ages and abilities should to be able to use urban design to improve their health, but do not destigmatize disability or depathologize health (8-80 Cities, 2018). Critical Access Studies, however, is a new field of inclusive design theory, which considers the intersecting systems of disability, size, race, economics, gender, and age oppression, as well as the biopolitics of health and the bioethics of inclusive design (Hamraie, 2013; 2017; Imrie, 2012; Titchkosky, 2011). Critical Access Studies follows Garland-Thomson and Kafer in imagining 'accessible futures' (Kafer, 2013, p. 149) in which political economies, ethical relations, and habitable infrastructures focus on the conditions that allow non-normative bodies to thrive without the pressures of cure or optimization (or the risks of displacement and elimination).

If the 'good urban life' is often defined in relation to health and in opposition to disability (Imrie and Kullman, 2016, p. 6), Critical Access Studies offers scholars tools for addressing the underlying philosophies of health, liveliness, embodiment, and citizenship at play in the liveable city. Applied to urban design discourses, critical disability theory shows that liveability and health are normalizing 'polemical' concepts, not objective descriptions of the 'good life' (Canguilhem, 1989, p. 41). That is, liveability does not simply promote a better quality of life for all, but rather defines racialized, disabled, fat, poor and ageing lives as less worth living compared to the lives of desirable, young, white, middle-class, married or reproductive creative professionals.

The Biopolitics of Liveability

Critical disability notions of 'counter-eugenic' design can build on feminist studies of life and biopolitics to inform a more inclusive, justice-centred approach to liveability. 'Biopolitics' describes the modern management of life. As Michel Foucault writes, 'power is situated and exercised at the level of life, the species, the race, and the large-scale phenomena of the population' (Foucault, 1978, p. 137). Biopower is sustained through the optimization and discipline of individual bodies, as well as through the 'species body', a population in whose name risks are managed and life itself is proliferated (*Ibid*., p. 139). Consequently, the health of the population becomes 'one of the essential objectives of political power': the 'imperative of health:

at once the duty of each and the objective of all' (Foucault, 1984, p. 277). In liveability discourses, the imperatives of health now extend beyond economic productivity and individual health to population health and environmental sustainability. As Michelle Murphy argues in *The Economization of Life* (2017), the neoliberal optimization of the 'population' through productivity and contributions to gross domestic product (GDP) replicates older racist and eugenicist calculations of lives worth living. As life itself becomes economized and calculated in relation to production or consumption, statistical calculations of risk enable some populations (particularly those that are white, wealthy, healthy, and in the global north) to be valued above those that are poor, racialized, or disabled.

In planning and public health discourses, mechanisms for enlivening, activating, and rehabilitating the city often accompany attempts to eliminate risks to urban vitality, evident through metaphors of death and decay. Public health advocates claim that unlike older medicalizing approaches to disease, the 'new public health' focuses on social determinants of health (Duhl and Sanchez, 1999, p. 7). Yet, through its infrastructures of health promotion, the liveable city conjures a medical model of urban design, in which uncritical ascriptions of disease, pathology, and blight to both urban structures and undesired populations become justifications for either optimization or removal through new medicalizing structures (Borasi and Zardini, 2012, p. 16). So normalized is the biopolitical 'imperative of health' that while some of the literature on healthy cities acknowledges critiques of medicalization, even calling to 'demedicalize architecture', it nevertheless endorses health solutions based on fighting obesity or eliminating disability (*Ibid*.). Likewise, while liveability proponents invoke racial and ethnic health disparities to justify health-centred development in proximity to communities of colour, solutions that do not account for the displacement effects of such developments fail to improve the lives of the intended population, instead providing amenities to new gentrifiers (figure 8). I offer a new critical theoretical vocabulary

Figure 8. Advertisements for new developments, such as One C1ty, adopt imagery depicting white, physically fit people engaging in exercise.

for the biopolitics of liveability, characterizing the dual biopolitical functions of the liveable city as *enlivening* and *eliminating*. This theoretical framework questions the *de facto* association between liveability and the public good, raising questions of who benefits from liveability and under what conditions.

The Enlivening City

The term 'enlivening' captures the discursive and affective connotations of liveability, activation, and revitalization. Mobility, active transportation, lively commercial streetscapes, and tactical urbanism seek to activate urban spaces and bodies. Enlivening technologies and temporalities also insist upon the optimization of present life in the name of the population's future livelihood: of eliminating disease, disability, obesity, and other conditions that strain the economy. Because liveliness and activation are associated with progressive goals, however, the biopolitics of liveability is not strictly limited to mechanisms of control (as Foucault's use of the term implies). As a critical term, enlivening draws attention to the ways that design brings populations into compliance with health metrics that create hierarchies between the bodies of citizens deemed desirable on the basis of their race, economic access, size, and ablebodiedness and others deemed excessive or abnormal.

The Eliminating City

Liveable cities do not merely reflect normative health values; they *produce* an apparently-healthy city through processes of enlivened displacement. When normate bodies are taken as metrics of ideal urban citizenship, an enlivened city adopts techniques of elimination, similar to the biopolitical 'use of death to mobilize political life' (Murray, 2006). Elimination materializes through cure and rehabilitation, removing supposedly weak or dependent members of the population, thus producing the appearance of an enlivened city. Framed in terms of life and death, the health of the city and the population have become entangled in metaphors of urban vitality and death, cleanliness, and the disqualification of non-optimized life. Elimination projects imagine, for instance, urban futures without disability, disease, or 'dead zones' (unproductive and unprofitable urban landscapes), with the revitalization solution residing in economic development.

Elimination strategies manifest in the relatively recent discourse of the 'healthy city', the proponents of which draw on liveability to revitalize older, foundational connections between urban planning and the practice of eugenics (Coburn, 2009, p. 1; de Leeuw, 2017, pp. 9–10; Pernick, 1997). In the nineteenth and twentieth centuries, efforts to render the city as healthy and beautiful involved the 'physical removal and displacement – of wastes, infrastructure, and "pathogenic" people', as well as the use of 'scientific rationality' to render the city more productive and efficient in the name of 'moral environmentalism, or the idea that rational physical and urban designs can change social conditions' (Coburn, 2009, p. 27; see also Lupton, 1995; Schweik, 2009, pp. 69–77). As public health and hygiene became entangled with the control of urban space, the city itself became a 'medicalizable object', which could cure or enhance the population (Foucault, 1984, p. 282; Haller, 1981, pp. 298–312). Hospital architectures acted as 'medical technolog[ies]' to enhance the lives of patients, but eventually ceased to be the primary sites of healing, with the broader society and built environment acting as 'social medicine' focused on enhancing population health (Foucault, 1984, pp. 284–287; Lupton, 1995, p. 22). Biological metaphors of the city as body, combined with public health imperatives to eliminate the unfit (such as through 'unsightly beggar ordinances'), resulted in eugenic cities, which sought to optimize life by eliminating people labelled as diseased, unsightly, and outside of the norm, with disproportionate targeting of immi-

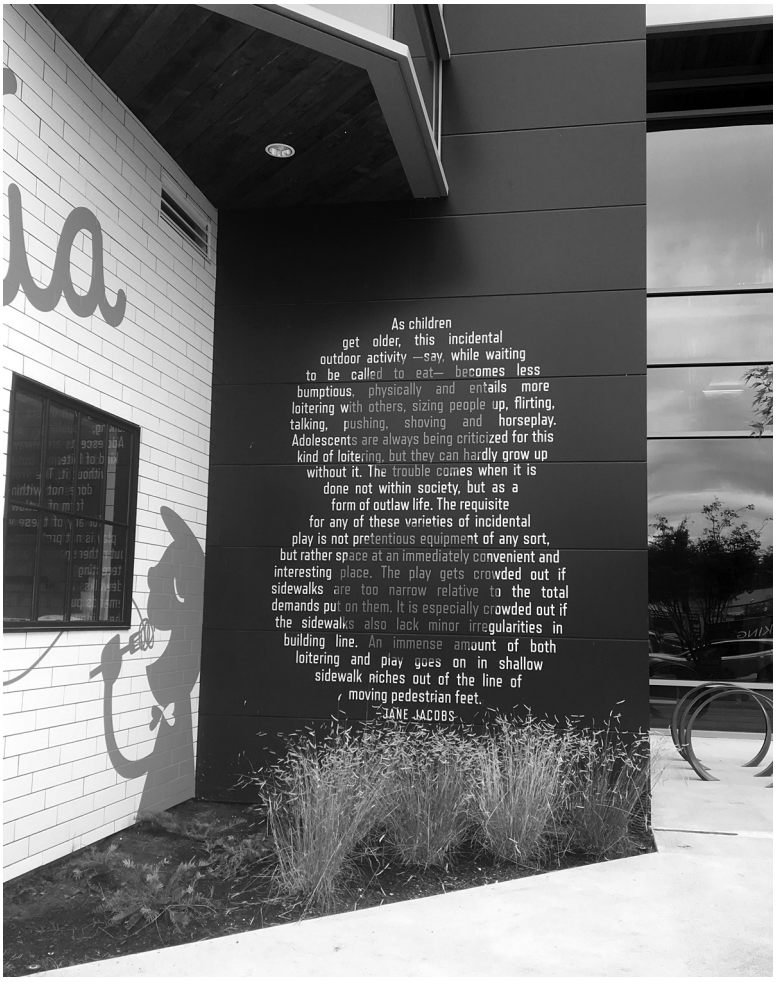


Figure 9. A quote from Jane Jacobs celebrating movement and exercise appears on the side of a 'health and wellness' building in Nashville.

grants and people of colour (Borasi and Zardini, 2012, p. 23; Cogdell, 2004, pp. 168–171; Schweik, 2009).

The imperative to optimize life has been central to the liveable cities movement since its origins in Jane Jacobs's classic text, *The Death and Life of Great American Cities* (1961) (figure 9). Framing the city as a body that planners must rehabilitate, Jacobs frequently adopted metaphors of disability, disease, and handicap, along with references to 'low-vitality areas', 'urban blight', death, and corpses to describe modernist cities as unliveable spaces (e.g. Jacobs, 1961, pp. 10, 34, 186, 198, 234, 402). Jacobs defined disabled cities as conditions of premature economic and social death, infrastructures impeding the liveliness of urban structures and their inhabitants. In the process, better methods of planning and developing became prescriptions for revitalizing the city.

But Jacobs's philosophy of life was not a neutral appeal to the good life, nor was it derived from counter-eugenic biological theories celebrating biodiversity. Though she displayed a preference for a diversity of urban forms, Jacobs never referenced the counter-eugenic contemporaneous movement towards disability-inclusive buildings and cities. Instead, she explicitly derived her philosophy of life from Supreme Court Justice Oliver Wendell Holmes, a eugenicist

whom she quoted at length at the beginning of *Death and Life*:

> The chief worth of civilization is just that it makes the means of living more complex; that it calls for great and combined intellectual efforts, instead of simple, uncoordinated ones, in order that the crowd may be fed and clothed and houses and moved from place to place. Because more complex and intense intellectual efforts mean a fuller and richer life. They mean more life. Life is an end in itself, and the only question as to whether it is worth living is whether you have enough of it. (Holmes, quoted in Jacobs 1961)

While Holmes appeals to notions of general welfare and the need for complex design in order to maximize life, his concept of managing and proliferating civilized life is best understood through his writings on life's proper elimination. Ruling in favour of eugenic sterilization in the 1927 *Buck v. Bell* case, Holmes wrote:

> We have seen more than once that the public welfare may call upon the best citizens for their lives. It would be strange if it could not call upon those who already sap the strength of the State for these lesser sacrifices, often not felt to be such by those concerned, to prevent our being swamped with incompetence. It is better for all the world, if instead of waiting to execute degenerate offspring for crime, or to let them starve for their imbecility, society can prevent those who are manifestly unfit from continuing their kind. (Holmes 1927)

The imperative to maintain 'public welfare' and the health of the population by eliminating weak elements was central to eugenic ideology, which resulted in the sterilization of 60,000 Americans deemed unfit for reproduction and laid the groundwork for Nazi elimination tactics (Friedlander, 2000, pp. 7–9; Kluchin, 2009, pp. 17–20). Simultaneously, eugenic ideology produced new infrastructures and conditions for disabled, poor, and racialized people, in which the management of life (whether through segregation, institutionalization, sterilization, or elimination) was deemed a progressive project. This philosophy also had profound effects on design philosophies and aesthetics in the United States (Cogdell, 2004). Along with Jacobs's uses of disability metaphors to describe the undesirable city, the prevalence of eugenic logics in the philosophy of liveability highlights the need to unpack the categories of life, citizenship, and health.

Public Bodies

The architectural war on obesity offers a useful example of how the biopolitics of enlivening and eliminating manifest in liveable cities. Liveability views citizens as 'public bodies', whom societies have an obligation to normalize and discipline through built structures. Eugenic logics regarding public bodies, as objects of governance, manifest in anti-obesity campaigns, which label fatness and disability as 'epidemics' that place excessive strain on health systems and resources. But as critical health scholars argue, the discourse of the 'obesity epidemic' is a habit of perception that normalizes a relationship between body size and health, resulting in assumptions about fatness as a death sentence, which ignore the social and historical construction of body size through eugenic knowledge systems (Lupton, 2012; Lebesco, 2010). By constructing fat bodies as governable public bodies, however, efforts to normalize these bodies through the built environment are rendered as political imperatives for population survival.

Exemplifying this habit of perception is the polemical construction of the 'Fat City' as a dangerous cause of disability (Kreyling, 2011). The cover story of Nashville's *City Paper* on 3 October 2011 queried: 'Can Nashville Design Healthier Citizens?' (Kreyling, 2012) (figure 10). Behind the headline, the cover featured Leonardo da Vinci's Vitruvian Man, an ideal (non-disabled, white, standing, male) body, which appears in medical and architectural iconography to describe ideal embodiments and geometries (Hamraie, 2017). In the accompanying article, a local architecture critic and founding member of the city's citizen design organization declares obesity

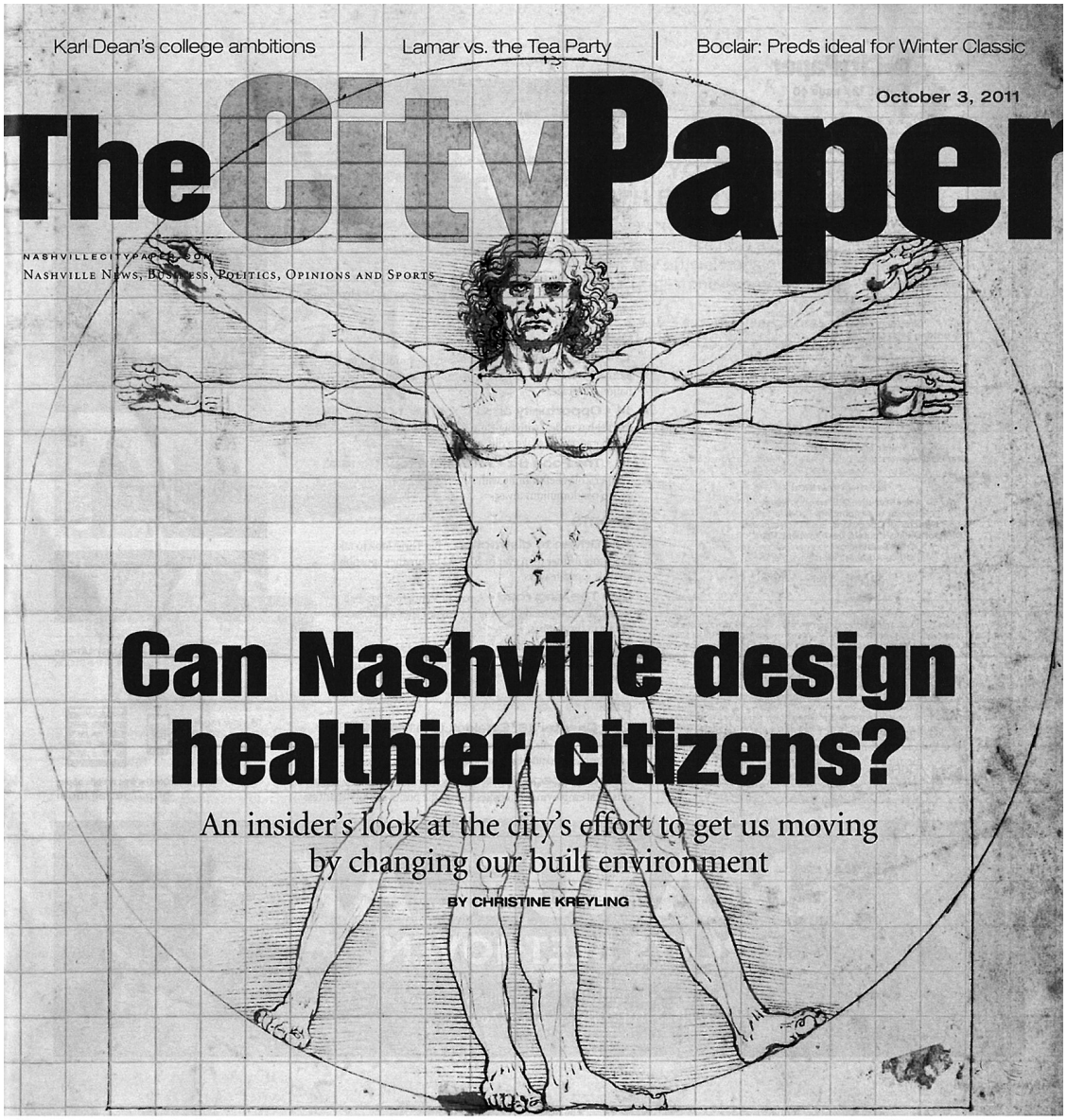


Figure 10. The cover story of Nashville's City paper inquires, 'Can Nashville Design Healthier Citizens?', while the background image depicts Leonardo da Vinci's Vitruvian Man.

to be a public health emergency caused by late-twentieth century built environments. 'I'd been reading articles by public health nerds', she writes, 'about the tsunami of body fat engulfing our nation caused by our increasingly sedentary lifestyles'. Defining obesity as high Body Mass Index (BMI), the author claims, 'the thickening of Americans isn't just a health issue, but an economic one', with some estimates showing high levels of medical spending attributed to obesity-related diseases. The problem stems from the lack of emphasis on active transportation and architecture-induced movement, such as incentives for taking the stairs rather than the elevator. Efforts towards exercise-inducing

environments and health and wellness communities in Nashville's Charlotte Avenue corridor (including One C1ty, a private, health-centred corporate office park, which seeks to 'give #mindfulhealthyliving an address' [Cambridge Holdings, 2015]) are highlighted as contributions to liveability (see figures 2, 5, and 9).

Like much of the public health literature on 'obesogenic environments', the article uses alarm about excess body size to justify the optimization of a healthy citizenry through population-wide interventions (such as designing infrastructures to promote exercise). Economizations of liveability operate in the name of economic growth: if fat people place excessive strain on health care resources and threaten GDP, then real estate investment in fat-busting infrastructures is also a moral and material investment in productive, thin futures. Citizenship in the liveable, healthy city is thus reconstituted as proximity to embodied normalcy and productivity, not for the individual, but for the population as an economic unit.

These characterizations of obesity do not, however, reflect a scientific or social scientific consensus. A growing field of cultural research on BMI shows that it is not an objective measure of health, but rather a socially and historically constructed technique of normalization, which itself emerged through nineteenth century anthropometric practices of eugenics and scientific racism concerned with defining distinct racial 'body types' (Evans and Coafee, 2014; Colls and Evans, 20134). Early anthropometrists measured human bodies to create hierarchies of value based on skull shape, lung capacity, and waist circumference (Levan, 2014). These methods of measurement enabled eugenicists such as Francis Galton to construct non-white and disabled body types as abnormal (Hamraie, 2012). Similar to contemporary anti-obesity campaigns, and the infrastructures built to support them, eugenicists framed racialized people (with low life expectancies and a lack of systemic supports, including healthcare) and disabled populations (presumed to be incompetent, lazy, and unproductive) as dangers to the population's strength and vigour (Kevles, 1985, pp. 46–47, 165).

In Nashville, alarmist discourses about eliminating fatness began to circulate in post-World War II nation rebuilding projects. Public health officials and urban planners collaborated to address issues such as urban sanitation alongside diet and exercise (Tennessee Department of Public Health, 1941). The goal was to limit diseases, physical disabilities, 'defective heredity', 'growth abnormalities', and 'misuse and abuse of the body machine', which eugenicist public health officials believed to contribute to 'human erosion' (Bishop, 1943). White citizens were called upon to attend to public health issues in the African American population because diseases could spread to affect the white population (Tennessee Department of Health, 1945). In 1952, the Nashville public health department, led by social hygiene advocate and City Beautiful supporter Dr James Lentz, sought to 'convince men and women that overweight is a health problem which affects life expectancy' and to 'point out the many advantages of reaching and attaining normal weight' (Board of Health, 1953). Likewise, in the 1960s, the city of Nashville used public health and disease spread amongst the inner-city black population to justify 'slum clearance' via urban renewal projects that would increase downtown business revenue (Erikson, 2016).

Despite calls to reduce body weight through diet and exercise since the post-World War II era, public health interventions have failed to produce ideal bodies (Aamodt, 2016). As research on weight discrimination shows, pervasive stigma against body size *decreases* life expectancy for fat people, who become more vulnerable to weight discrimination, inadequate nutrition, and denials of health care (O'Reilly and Sixsmith, 2012; Dollar *et al*., 2017). Low-income youth, for example, have been found to be more likely to develop eating disorders in response to weight-biased

public health campaigns (Najjar *et al*., 2018). New longitudinal research finds that higher BMIs, within certain ranges, correlate with better health outcomes (Afzal *et al*., 2016; Flegel, 2013). Yet, attempts to address the 'social determinants' of obesity through the built environment fail to contend with the racist and assumptions about health that circulate through the discourse of the obesity epidemic. These projects beg the question of what lives are imagined as healthy, productive, and contributing to the economy, and how disabled, poor, and racialized bodies are cast as excessive financial burdens, fit only to reform or eliminate. By repackaging eugenics in the progressive language of liveability, anti-obesity discourses (and the imperative to 'design healthier citizens') fails to acknowledge body size and disability as aspects of human biodiversity that built environments could enliven through support rather than eliminate.

Healthy Spaces

Whereas public health discourses construct healthy citizens as public *bodies*, the regulation of population also occurs through the larger-scale regulation of *places* as healthy or unhealthy. In Nashville, new real estate development, transportation infrastructures, and neighbourhood designs have used liveability techniques as marketing strategies, which promise to solve the obesity epidemic and conserve energy. The healthification of Nashville's Charlotte Avenue corridor embodies the contemporary political, economic, and biopolitical modes of the liveable city.

The street begins downtown and moves westwards towards the wealthy suburbs, passing behind the Tennessee State Capitol Building, which is built on a hill in the Greek Revival style to convey a notion that Nashville is the 'Athens of the South' (figure 11). Prior to the 1950s, dense housing and

Figure 11. Present-Day Capitol Hill as seen through Nashville's Bicentennial Mall Park.

four African American churches populated Capitol Hill. Citing concerns about sanitation and disease spread (in an area that the city failed to service with sanitation), as well as the potential gain of $100,000 in annual tax revenue and valuable real estate with views of the city, local officials eliminated 96 acres (39 ha) of housing and established a car-centric downtown central business district catering for white businesses and industries (Nashville Housing Authority, 1963, p. 6; Gates *et al*., 1975, p. 206). The Capitol Hill redevelopment project was one of the first federally-funded urban renewal projects in the US, and ushered in five other such projects in Nashville alone (Salamon and Wamsley, 1975, p. 151). Urban planning and health officials used discourses of urban pathology and blight to justify redevelopment (Erikson, 2016, pp. 35–49). The pathologization of Capitol Hill did not enliven the public's health, however. Rather than build newer, safer, and cleaner housing for existing residents, all were displaced from the area and 13,000 families continued to live in poor conditions (Parks, 1971, p. 66). In their place, the city gained a grassy hill, a municipal auditorium, and office buildings for white businesses. Later, in the 1990s, a large park and farmers' market were also added to the site (figures 12*a* and *b*).

Figures 12*a* and *b*. Nashville's Downtown Farmer's market and bicycle share station are built on land cleared through urban renewal.

Liveability was the dominant discourse of urban renewal. Nashville's 1950s and 1960s urban renewal projects were hailed as 'brigh[t] prospects for better living in a more attractive future' and 'an example of how American cities are being rebuilt' (Nashville Housing Authority, 1963). Yet, these projects isolated communities and reinforced segregation. In the 1960s, Nashville's middle-class African American Jefferson Street district, for instance, was confiscated via imminent domain to build federal interstate 40 ('I-40'), further segregating the neighbourhood from the white-centric downtown (Padgett, 2007, pp. 134–136). Today, this area's African

American population is characterized as disproportionately disabled and sick compared to other urban populations, and its levels of obesity and other diseases serve as justifications for liveability initiatives that seek to promote a 'culture of health' (Robert Wood Johnson Foundation, 2017). But as private urban development and public buildings promote 'healthy spaces', concerns with displacement and elimination, in addition to the logics of eugenics, remain salient.

Health-promoting infrastructures concentrated along Charlotte Avenue purport to benefit the health of a different population: middle and upper-middle class workers in the knowledge and healthcare industries. 'Active transportation' on Charlotte Avenue seeks to enliven the city through greater connectivity. For example, Capitol View, a new mixed-use development sited at the bottom of Capitol Hill, houses the Healthcare Corporation of America (HCA), a large private healthcare firm (Gresham Smith and Partners, 2017). While the steel high-rise building earned LEED Silver certification for its use of rainwater for toilets and low energy usage, it also received points for providing bicycle parking and showers for its inhabitants, as well as for its location in a walkable neighbourhood adjacent to downtown.

Charlotte Avenue's bicycle lanes extend away from downtown, past new construction

Figures 13*a* and *b*. A Complete Street intersecting Charlotte Avenue includes integrated bicycle paths, pedestrian walkways, trees planted as a safety barrier, and a street for cars and buses. An adjacent street leading into One C1ty is marked as 'Private' to indicate the developing neighbourhood as a place of exclusive commerce.

projects foreshadowing the arrival of new Millennial generation knowledge workers. Like Capitol View, new apartment complexes on the corridor market their health-inducing benefits and provide residents access to bicycle shares in order to connect them to the downtown core. Nearby B-cycle stations (developed through a grant from the local public health department) also provide half-hour bicycle rentals, usable with a credit card. But unlike cities such as Portland, Oregon, where public bicycle programmes offer a variety of cycle types (Metcalfe, 2017), including recumbent bikes for disabled users, Nashville's B-Cycle's public bicycles programme offers only one type of bicycle designed for the able-bodied person who is also an avid cyclist, able to safely ride on car-congested streets. Research on the 'cultures of health' promoted by walking and bicycling finds that even data-informed planning practices emphasizing mobility often presume normate white, middle-class, able-bodied users and fail to include marginalized people, particularly disabled people and people of colour (Hoffman, 2016; Stafford and Baldwin, 2018). Placed into broader discussions of the social constructions of fatness and disability, the emphasis on active transportation represents what Rob Imrie (2000) calls 'discourses of mobility'. While such discourses presume to enliven able-bodied urban inhabitants, they ignore structural barriers to mobility for disabled people and fail to interrogate the normative values associated with vigour and liveliness as foils of undesirable life.

New infrastructures weave images of enlivened ideal bodies with new circulation corridors and buildings. About thirty blocks from the Capitol, bicycle lanes connect downtown to a Complete Street with inlaid bicycle lanes, pedestrian sidewalks, and space for car traffic (figures 13*a* and *b*). This street cuts across Charlotte Avenue to connect now-gentrifying North Nashville to One C1ty (a new health and wellness-focused office park), Lentz (the city's new public health department building) (figures 14 and15),

Figure 14. The Lentz Public Health Building on Charlotte Avenue sits against the downtown skyline.

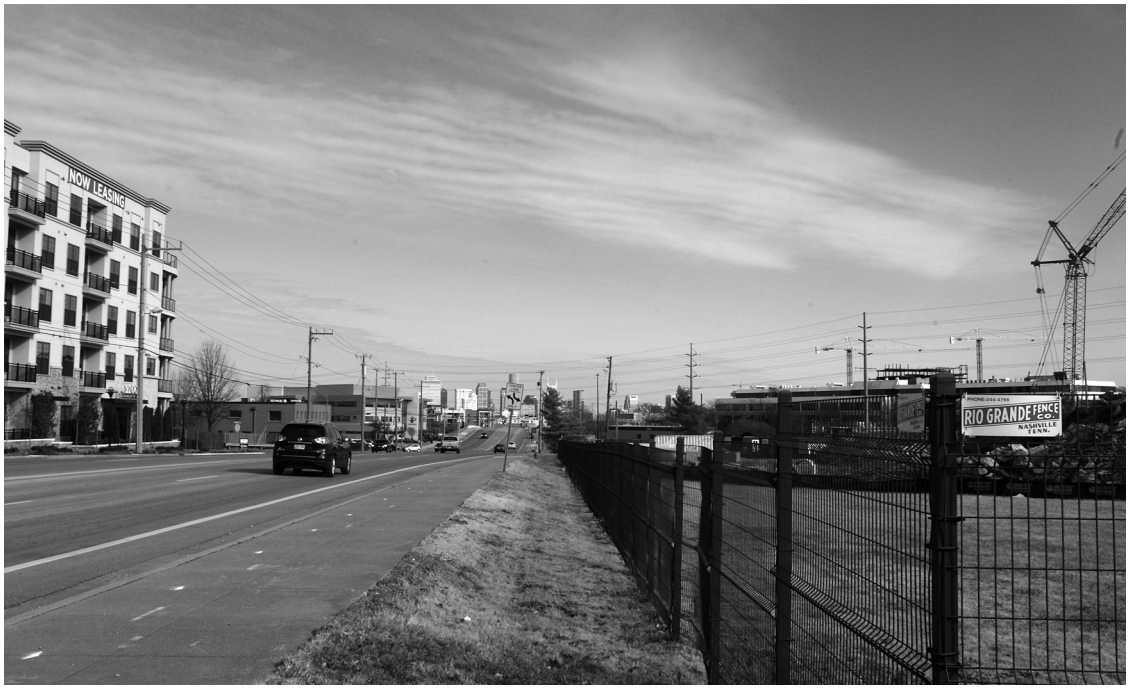


Figure 15. The development of Lentz leads development on the car-centric Charlotte Avenue corridor, a thoroughfare in transition and under constant construction.

Figure 16. 'Are We There Yet?', a public art piece that combines the utility of bicycle storage with the aestheticized form of legs in motion, as if running.

Centennial Park (a major public green space for outdoor activity), and the nearby private hospitals of Tristar Inc. and Vanderbilt University. At Lentz, 'Are We There Yet?', a public art piece commissioned to promote liveability, features a bicycle rack shaped as 'a time-lapse sequence depicting a pair of legs running' (Metro Arts Commission, 2014) (figure 16). The legs, apparently able-bodied, lean, and lively, link bicycle transportation with the culture of exercise.

Named for Dr James Lentz, who served as public health director from 1920 to 1964 and led urban renewal efforts, the Lentz Public Health building (figure 14) is a three-storey, LEED Silver, 100,000 square foot (9,290 square metre) glass and steel structure on the north side of Charlotte Avenue, surrounded by new luxury condominiums, high-end restaurants, and shopping centres. In a gesture of welcome to public health service users, the building's entrance turns away from Charlotte to North Nashville. In other respects, however, its structures are designed with public health employees' wellness in mind. An indoor walking track encourages employees to take walking breaks or walking meetings. An on-site exercise room enables employees to work out during breaks. Natural light and rainwater collection offer sustainable resource use. The building's central design feature is its activity-promoting 'irresistible staircase', which is overlaid with a public art piece called 'Circulate' (figure 17).

Figure 17. 'Circulate', a public art piece integrated with a staircase, as seen from above via the building's indoor walking track.

Prominently displayed in a well-lit atrium, 'Circulate' is flanked with circles of frosted glass lit with LED bulbs. The circles rise like bubbles from the ground floor to the third. When an inhabitant climbs the stairs, the bubbles light up within view of others in the atrium.

'Circulate' is a creation of artist Eric Carlson, commissioned by a Metro Arts Council liveability initiative. A form of aestheticized health surveillance and activity promotion, the piece seeks to enliven the public bodies of building inhabitants by eliminating sedentary behaviour prevalent in workplace settings. As Carlson writes in his artist statement:

> Circulate is about action, about choosing movement over passivity. It is centered on the verb 'circulate' – to move around, to interact with, to socialize. It is about a decision to flow and interconnect, to disseminate and communicate with the people and places around us. At its heart, it is about making the choice TO move oneself, instead of BEING moved. Working in harmony with the building's design, Circulate dynamically illustrates the choice of activity over passivity, and provides a tangible reward when patrons embark on this paradigm shift toward circulation. It may only be a symbolic reward, activating the dramatic animations across the artwork feature wall, but in the context of a public health building, this reward is important. It says 'Good for you!' Literally. (Metro Arts Commission 2014)

By connecting the logics of 'Circulate' to the body's circulatory system, Carlson's statement naturalizes the desire for 'movement over passivity', to enliven bodies and invigorate the office lifeworld. Yet, Carlson's logic is inseparable from the neoliberal imperatives of modern liveable cities: the 'choice' of movement, rather than 'BEING moved' is 'literally' about upward mobility (climbing the stairs) and other reward structures. For their labours and abilities, inhabitants are paid in kind through 'tangible' and 'symbolic' rewards: the chance to enliven the art's machinic interactions.

So-called 'irresistible staircases' have become iconic liveability structures in an era of professionalized sustainability, signifying health in much the same way that a curb cut often symbolizes inclusive design. The aim of these structures is explicitly to enliven the life of a building while eliminating fatness. In 'The Politics of Stairs', architect Johnna Keller, a sustainable design expert, critiques a Seattle building that features an 'irresistible staircase' to promote 'Human Powered Living' while disincentivizing the use of the building's elevator through keycard access and other mechanisms (Keller, 2016). As Keller points out, architecture standards such as LEED, WELL, and Living Building Challenge use rhetorics of liveability and health to promote the 'irresistible staircase', but exclude disabled or chronically ill people who cannot take the stairs, whether because they use wheelchairs or walkers to move, have a heart condition, or simply choose not to exercise at work. While 'taking the stairs' has become a moral imperative related to health, Keller's critique raises questions about what types of vitality are imagined as part of the sustainable, human-powered future.

The irresistible staircase configures the concept of *energy* in relation to normate liveliness. It does not simply ignore or omit disabled users, but rather treats inclusion as a legal (rather than conceptual) matter. At Lentz, due to Americans With Disabilities Act requirements, the elevators appear in a central circulation corridor behind the staircase. But as Keller and others have argued, the ADA's standards for accessibility are not a guarantee of meaningful inclusion (Hamraie, 2017). In many cases, compliance with the law can yield dysfunctional structures. Nor does the ADA guarantee that the aesthetic and conceptual elements of a structure (such as 'Circulate') extend to accessible spaces. There is not, for instance, a public art feature attached to the use of the elevator or celebrating its accessible design because the building encourages energy expenditure as a way of overcoming disability.

On the unveiling of 'Circulate' in 2014, the Lentz Public Health Center released a pamphlet explaining the work, along with a

list of 'Ten Reasons to Take the Stairs'. These reasons included exercise, weight loss ('6 lb per year'), and engaging in 'a green activity' in which 'the only energy source used is what is stored in our bodies'. While the irresistible staircase is a recent construction, however, it reconvenes older understandings of optimized and devalued life. In the nineteenth century, ideas of the body as an energy-producing and consuming machine emerged alongside imperatives for productive labour and efficient consumption, particularly in relation to the engineering of work (Rabinbach 1990). Closely tied to the scientific management principles that guided the engineering of factory labour, and office spaces, the view that bodies must efficiently expend and produce energy in workplace settings is not only part of an enlivening regime, but also related to eugenic ideas about 'fitness,' defined as eliminating unwanted embodiment (Ibid., 12). In this sense, the irresistible staircase and its imperatives to merge sustainability with public health is another manifestation of the *economization* of liveability, shifting energy production from fossil fuels to human bodies. This strategic energy conservation assumes a normate set point of energy that is available to all inhabitants, excluding those that experience chronic fatigue, carry weight, or other features that make induced movement undesirable or even painful. Fatness, too, becomes rendered as an excess store of energy, a failure to donate one's bodily energy toward national and international sustainability goals, rather than a type of embodiment on a broader spectrum of naturally-occurring body sizes. In this sense, sustainability discourses recapitulate stereotypes of disabled and fat people as lazy, over-consumptive, drains on the economy.

From Normative Cultures of Health to Critical Cultures of Access

Inclusive design often describes the integration of excluded populations through specific design elements. This paper, however, has been concerned with the eliminationist discourses of liveability. Rather than argue against a more usable or climate-mitigating built environment, it has offered a new theoretical framework for imagining the 'good urban life'. This framework enables liveability advocates, including scholars, planners, and designers, to question whether their intentions for liveable spaces align with eugenic ideologies or racialized, pathologizing, and anti-fat discourses.

The biopolitics of liveability – the dual functions of enlivening and eliminating – suggest that proponents ought to re-evaluate their treatment of public health concepts, instead adopting perspectives on the social construction of health and embodiment. While discussions of the social and structural determinants of health provide needed alternatives to medicalization, frameworks from political economy, biopolitics, and critical disability studies can better interrogate the enlivening and eliminating processes that liveability sets in motion. If normative liveability rests on the elimination of disabled bodies and spaces, a more inclusive could replace the dominant 'culture of health' with a counter-eugenic 'culture of access', redefining liveability as environmental support for marginalized life.

What would it mean for liveability proponents to insist on benefits for the most devalued urban inhabitants? In Nashville, organizations such as Black Lives Matter, the People's Alliance for Transit, Housing, and Employment (PATHE), and Workers' Dignity have argued that gentrification is an eliminationist process, which creates unliveable conditions for poor, racialized, and unhoused people. These groups demand that liveability initiatives in the 'It City' provide benefits such as affordable housing and amenities to existing residents. By insisting on a better quality of life for specific marginalized populations, these movements maintain a politicized relation to the practices of enlivening and eliminating.

What has been missing from current anti-gentrification movements, as well as the main-

stream liveability discourse, however, is a more rigorous engagement with critical approaches to disability in determining what counts as a good urban life. Critical liveability and cultures of access could follow Health at Every Size to depathologize fatness, emphasizing opportunities for movement as non-uniform expressions of joy and liveliness, rather than as conditions for weight loss toward normative health goals (ASDAH, 2011). Rather than constructing obesity as an epidemic that poses financial risks to the population, Health at Every Size points to holistic indicators of health, including access to nutrition, positive body image, and tools for addressing the stresses caused by weight bias. Critical geographers and urban planners also offer approaches to 'healthy spaces' that refuse the language of the 'obesity epidemic', instead focusing on the capacities of cities to enliven environmental justice, such as by addressing the impacts of toxicity and pollution on racialized urban populations (Evans and Coaffee, 2014; Coburn, 2009).

While anti-gentrification activists seek to depathologize communities of colour, they nevertheless often maintain a view of disability as disqualified embodiment. Yet, urban futures informed by cultures of access could capture the benefits of green building, density, and other aspects of liveability while depathologizing the urban good life. Measures such as urban land trusts, for example, could preserve affordable housing stock in non-gentrified neighbourhoods while requiring accessible and green building in new construction. These measures could prevent displacement and highlight the existing vitality of working-class and aging communities without resorting to pathologizing language about health and obesity. Transportation planners could likewise designate inclusive design as a chief indicator of liveability, prioritizing affordable and accessible transportation for disabled and aging people while also building opportunities for rest and stillness (such as benches and shelters) into active transportation systems. Ultimately, however, a culture of access will require imagining a broader range of human diversity as part of good urban futures. If planetary well-being in the era of climate change requires a population-level commitment to change, then it is with a more inclusive, depathologized understanding of urban inhabitants that the enlivened city must begin.

NOTES

1. 'Racial capitalism' describes the ascription of 'social and economic value' along racial lines and in reference to historical patterns of valuing whiteness over non-whiteness (Leong, 2013).

2. Here, my argument departs from scholars more optimistic about liveability, such as Kraftl (2014) and Amin (2006).

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