

# Downtown Idea Exchange

## Perspectives

### Aspirins for downtown

by John L. Gann Jr.

“When you have a headache, it’s not because your body has an aspirin deficiency.” An indisputable but revealing observation you may have heard, as I did, from a doctor on television.

Her point was that much of contemporary medical practice simply suppresses symptoms rather than attacking the causes of our ailments. An aspirin may make today’s headache disappear, but it doesn’t keep you from getting another one tomorrow.

Symptoms like pain and fever, experts remind us, are simply warning signs. They’re like the oil pressure light flashing on your car’s dashboard. Just bringing down fever or killing pain without probing for their causes can be like cutting the wires to the dash light. The sign of distress reassuringly disappears. But the cause is still operating, and your engine is suffering damage.

#### Treating symptoms

Like headache sufferers, downtowns have been applying remedies to their problems for over 40 years. But too many of these nostrums have been treating symptoms while ignoring causes. Which may be one reason why after four decades of treatment, downtown is still ailing even if some of the symptoms now seem less severe.

Symptoms are visible, external, superficial. Causes are internal, hidden, requiring effort to identify. Too many downtown plans have focused on the visible externalities—deteriorated or poorly maintained buildings, crumbling sidewalks, crime, aging infrastructure, visual shabbiness, homeless on the streets. So downtown programs have prescribed aspirins that zapped the symptoms but often neglected the causes.

Facade fixups made old buildings look better. Ornamental paving and street furniture did the same for sidewalks. More police on the streets made downtown seem safer. Space abandoned by the tax-generating private sector was filled by the tax-consuming public sector—government offices, performing arts centers, academia. The dashboard light stopped flashing. But the problem had only been papered over.

#### No aspirin deficiencies downtown

Okay, what about causes? Why *did* our downtowns decline anyway? Though it’s been the rationale for countless downtown programs, the aspirin deficiency theory doesn’t cut it.

Downtown didn’t go downhill because building facades had been modified to historical incorrectness. Nor because sidewalks were too plain-looking. Nor because elevated trains running over the street were a “blighting” influence. Neither was it because of inadequate police presence, lack of a “gateway,” litter on the street, lampposts devoid of banners, no “wayfinding,” or unsightly signs.

The origin of the downtown headache, in other words, wasn’t a beauty deficiency, a cultural deficiency, a security deficiency, or a historical authenticity deficiency. We’ve fixed all these things, but, since we missed the causes, the fundamental problems remain.

A simple question reveals the answer: What did downtown have when it was at the peak of health and vitality that it doesn’t have now? The answer, as obvious as it has been elusive, is: *Activities*.

Lots of them.

Stores, jobs, offices, taverns, movie theaters, nightclubs, banks, transportation centers, churches, good

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restaurants, post offices, housing, health clubs, services. In short, things to *do*. More specifically, *economic* things to do.

Downtown thrived when it was the pre-eminent place for large numbers of people to either spend or make money. And more people are motivated to do those things than to take in museums, appreciate architectural history, or experience the visual delights of ornamental pavers underfoot.

### **The Re-Activation Imperative**

Instead of focusing on things to *do*, many downtown models concentrated on things to *look at*. But the latter draw many fewer people than the former.

So the fancy pedestrian mall lined with vacant storefronts became a cliché. I recently spoke before a downtown organization that had done lots of street furniture—and had plans for even more—but also had a 30 percent vacancy in downtown office buildings. In another city, a mayor complained to me he couldn't get his facade-focused downtown manager to grasp the value of putting more people on the streets.

Downtown didn't decline because it wasn't nice-looking. It stopped being nice-looking because it declined. Businesses and property owners no longer had the will-

ingness, or the means, to make aesthetic improvements. But many downtown programs figured they could somehow get the cart to pull the horse.

If downtowns decayed because their activities went elsewhere, then the solution is simple:

*Re-activation.* Bring back businesses and other activities that attract large numbers of people, not just once in a while but all the time. That in turn brings back workers, customers, sales, property values, and tax receipts. And after that happens, the place starts looking better as a by-product.

That means the central question downtowns should ask is: Who could make money downtown, and what will it take to convince them they can? Some smart downtowns have done just that and are actively recruiting or incubating retailers and other businesses and attractions.

The next time an issue arises in your downtown, try this question on for size: Is this situation a disorder or merely a symptom of one? If a symptom, what's the real cause? And how can we deal with that cause — instead of just making the symptoms go away?

Because that annoying light on the dashboard is trying to tell us something.

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