

HOUSING VOUCHER MOBILITY: AN OVERLOOKED FAIR HOUSING ISSUE

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Sadly, forty-five years after the Fair Housing Act became law, our society is still plagued with unacceptably high levels of residential segregation.¹ For children growing up in high-poverty

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1. Though racial segregation in major metropolitan areas has declined each decade since 1970, researchers attribute much of this change to population shifts from more segregated areas in the Northeast and Rust Belt to the less segregated Sun Belt; declining segregation does not translate to enhanced integration. Edward Glaeser & Jacob Vigdor, *The End of the Segregated Century: Racial Separation in America's Neighborhoods, 1890-2010*, 66 CIVIC REPORT 1-2, 6 (Manhattan Institute 2012) available at http://www.manhattan-institute.org/pdf/cr_66.pdf. For example, according to one recent study that tracked family moves between 1977 and 2005, of the 9,940 moves that black families made, only 5% were to predominately white neighborhoods, and 17.7% were to multi-ethnic neighborhoods. Kyle Crowder, Jeremy Pais & Scott J. South, *Neighborhood Diversity, Metropolitan Constraints, and Household Migration*, 77(3) AMER. SOC. REV. 325, 336 (2012), available at

<http://www.asanet.org/documents/journals/pdfs/asr/Jun12ASRFeature.pdf>. See also ROLF PENDALL ET AL., JOINT CENTER FOR POLITICAL AND ECONOMIC STUDIES, A LOST DECADE: NEIGHBORHOOD POVERTY AND THE URBAN CRISIS OF THE 2000S, 3 (2011), available at <http://www.jointcenter.org/research/a-lost-decade-neighborhood-poverty-and-the-urban-crisis-of-the-2000s> (explaining that in the decades since the passage of the Fair Housing Act and the implementation of federal programs to revitalize poor urban neighborhoods, "areas identified as racial 'ghettos' in 1970... have lost one-third of their populations and have grown even more impoverished since 1970. Even with this serious decline in population, most of these neighborhoods retain higher population densities than other neighborhoods in their metropolitan areas. But now, many additional neighborhoods in their metropolitan areas have high poverty rates and low levels of racial or ethnic diversity. Segregated, high-poverty neighborhoods have not only persisted, but spread, even as the old ghetto has thinned out.").

urban areas today, the consequences are in some ways worse than they were when Senator Mondale famously proclaimed “that the reach of the proposed law was to replace ghettos with truly integrated and balanced living patterns.”² This article will discuss those consequences and suggest how we might do something about them, even as we continue to work toward integrated and balanced living patterns by other means.

In the early 1990s, Urban Institute researchers succinctly described the situation of children growing up in several of Chicago’s public housing developments as victims of overwhelming social disorganization. They explained that many of these children were “abused or neglected by drug-addicted parents, . . . arrested or incarcerated for their involvement in the drug trade, or permanently traumatized by the stress of coping with the constant violence and disorder.”³

Ten years later, Helen Epstein, a journalist who specializes in public health, observed that many teenagers in New York City were afflicted with asthma, diabetes, and high blood pressure. Discussing the deaths of these youngsters, which were not caused by gunshot wounds or drugs but by disease, Epstein noted that “[a] third of poor black 16-year-old girls in urban areas will not reach their 65th birthdays.”⁴ So many poor African Americans in Harlem were dying at young ages from heart disease, cancer, and cirrhosis of the liver that men there were less likely to reach age sixty-five than men in Bangladesh.⁵

Epstein concluded that something was killing America’s urban poor, but she could not determine exactly what that something was. Unable to solve the mystery, Epstein speculated that what was causing such high rates of chronic disease might come down to geography. “[N]eighborhoods could be destroying people’s health,” she thought.⁶ Improvements reported in the health of those families who had been able to move away with housing vouchers supported Epstein’s hypothesis. “If moving out of southwest Yonkers were a drug,” Epstein wrote, “I would bottle it, patent it, and go on cable TV and sell it.”⁷

Xavier Brigg’s book on race and housing in metropolitan America is called *The Geography of Opportunity*.⁸ Epstein’s article

2. *Trafficante v. Metro. Life. Ins. Co.*, 409 U.S. 205, 211 (1972).

3. SUSAN J. POPKIN ET AL., *THE HIDDEN WAR: CRIME AND THE TRAGEDY OF PUBLIC HOUSING IN CHICAGO 2* (Rutgers Univ. Press 2000); see also *id.* at 27, 178 (discussing the crime prevention efforts in housing developments).

4. Helen Epstein, *Ghetto Miasma: Enough to Make You Sick?*, N.Y. TIMES (Oct. 12, 2003), <http://www.nytimes.com/2003/10/12/magazine/ghetto-miasma-enough-to-make-you-sick.html?pagewanted=all&src=pm>.

5. *Id.*

6. *Id.*

7. *Id.*

8. THE GEOGRAPHY OF OPPORTUNITY: RACE AND HOUSING CHOICE IN

could have been called “The Geography of Death.”

These urban conditions are not improving; in fact, they are probably getting worse. A recent Urban Institute study of families living in Chicago public housing reveals that only one-third of young adults living in housing developments are in school or working, and teens in these developments struggle with academic failure, delinquency, and trauma.⁹ “[C]hildren are in crisis,” this most recent report concludes.¹⁰

Though none of this is particularly new or surprising, there is one thing that has changed. In recent years, researchers have become better able to understand what that something was that so mystified Helen Epstein. Some years ago, Kaiser Permanente and the Centers for Disease Control and Prevention began a survey called the Adverse Childhood Experiences (“ACE”) Study. The ACE Study was based on interviews with over seventeen thousand Kaiser members who were being given comprehensive medical exams.¹¹

Researchers questioned ACE participants about childhood experiences of neglect, abuse, and dysfunction. Each participant was asked whether, before age eighteen, he or she had experienced: a mother treated violently by a spouse or boyfriend, one or no parents, an alcohol or drug abuser in the household, sexual, physical or emotional abuse, and so on, through ten such questions about adverse childhood experiences. Throughout many following years, researchers carefully tracked participants’ health profiles.¹²

Exposure to any one of the adverse childhood experiences, regardless of the number of incidents, was given one point. Thus, an ACE score of zero means that the participant reported no exposure to any of the ten categories of adverse experiences. A

METROPOLITAN AMERICA (Xavier De Souza Briggs ed., 2005).

9. SUSAN J. POPKIN ET AL., URBAN INSTITUTE, CHA RESIDENTS AND THE PLAN FOR TRANSFORMATION 4 (Jan. 2013), *available at* <http://www.urban.org/UploadedPDF/412761-CHA-Residents-and-the-Plan-for-Transformation.pdf>.

10. *Id.* at 1.

11. See Mary Sykes Wylie, *As the Twig Is Bent*, 34.5 PSYCHOTHERAPY NETWORKER MAG. 54, 54 (2010), *available at* <http://www.psychotherapynetworker.org/magazine/recentissues/1107-as-the-twig-is-bent> (providing a brief description of the ACE Study and its origins). See also Vincent J. Felitti & Robert F. Anda, *The Relationship of Adverse Childhood Experiences to Adult Medical Disease, Psychiatric Disorders, and Sexual Behavior*, in THE IMPACT OF EARLY LIFE TRAUMA ON HEALTH AND DISEASE: THE HIDDEN EPIDEMIC 77, 77-85 (Ruth A. Lanius et al. eds., 2010) (discussing the ACE Study by its lead investigators); *Adverse Childhood Experiences (ACE) Study*, CENTERS FOR DISEASE CONTROL AND PREVENTION, <http://www.cdc.gov/ace/index.htm> (last visited Apr. 23, 2013) (presenting a basic overview and citation index to studies on ACE outcomes).

12. Wylie, *supra* note 11, at 57.

score of ten means reported exposure, at least once, to all ten.¹³

The ACE Study results are arresting. They indicate, for example, that a person with an ACE score of 4 is 4.6 times more likely to suffer from depression as an adult than a person with an ACE score of zero. A male child with an ACE score of 6 is 46 times more likely to use intravenous drugs in adulthood than one with a score of zero.¹⁴

Intuitively, it seems obvious that childhood adversity increases the risk of mental and emotional problems in adulthood—that people with high ACE scores would suffer disproportionately from, for example, depression and drug abuse. What is less intuitively obvious is that ACE scores would have a profound influence, for as long as half a century after childhood, on the development of “hard” medical conditions such as heart and lung disease, cancer, and diabetes. In fact, “ACERS”, as they are called, with a score of six or more, die on average two decades earlier than those with a score of zero.¹⁵

Numerous peer-reviewed articles about the ACE study collectively conclude that it demonstrates an astounding correlation between childhood adversity and many of the mental, physical, and social disorders that plague adults in our society. Indeed, as result of the ACE Study, childhood adversity and its lifetime effects on health and well-being are often cited as America’s most important public health issue.¹⁶

In March 2011, *The New Yorker* published an article by Paul Tough, “The Poverty Clinic: Can a stressful childhood make you a sick adult?”¹⁷ Tough discusses studies which indicate that early trauma creates lasting changes in the brain and the body. The studies explain how, in response to stressful events, our brain deploys a complex, interactive system in which hormones are secreted, neurotransmitters are activated, and inflammatory proteins surge. As a response to short-term threats, this deployment is familiarly beneficial, producing emotions such as fear and anxiety, and physical reactions such as increased blood pressure and heart rate. The studies also indicate, however, that repeated, full-scale activation of this stress system, especially in early childhood, can result in significant physical changes.¹⁸

For example, one study found that early adversity actually alters the chemistry of the brain. Traumatic experiences can cause

13. *Id.*

14. *Id.*

15. *Id.*

16. *Id.* at 57-58.

17. Paul Tough, *The Poverty Clinic: Can a Stressful Childhood Make You a Sick Adult?*, THE NEW YORKER (Mar. 21, 2011), http://www.newyorker.com/reporting/2011/03/21/110321fa_fact_tough.

18. *Id.*

tiny chemical markers to affix themselves to genes that govern the production of stress hormone receptors in the brain. The process disables these genes, preventing the brain from properly regulating its response to stress. Adults who have experienced early trauma often show increased aggression, impulsive behavior, weakened cognition, and an inability to distinguish between real and imagined threats.¹⁹ Moreover, adults in their thirties who had been mistreated as children were nearly twice as likely to have elevated levels of an inflammatory protein than adults who had not been so mistreated. Many studies have indicated that this protein is a leading marker for cardiovascular disease.²⁰

In short, it appears that medical research is now providing answers to the question that Helen Epstein could not answer two decades ago. The “something” that was killing urban blacks was not geography. It was adverse childhood experiences.

Fifty years ago, James Baldwin, writing to his nephew and namesake in *The Fire Next Time*, told him that he had been “set down in a ghetto . . . in which your countrymen have destroyed and are destroying hundreds of thousands of lives.”²¹ The recent studies show that what Baldwin wrote was not metaphor. As surely as lung cancer and diabetes destroy lives, we as a society are destroying lives by setting children down in ghettos.

It is also clear that society has chosen to ignore this ongoing destruction of lives. A recent book tells the story of the one moment in our history when someone in a position to do something about it really tried. George Romney, father of Mitt, a rogue Secretary of HUD in Richard Nixon’s cabinet, sought to deny federal funds to communities that excluded the poor and people of color. George’s boss promptly cut him off at the knees.²²

With this single, aborted exception, society has only pretended to be concerned about the ongoing destruction of lives in our high-poverty urban neighborhoods, by doing what was once called “gilding the ghetto” (through Urban Renewal, Model Cities, Community Development Block Grants, Enterprise Zones, Empowerment Zones, Choice Neighborhoods, and most recently Promise Zones, not to mention countless largely privately-funded community development or community revitalization efforts).²³

19. *Id.*

20. *Id.*

21. JAMES BALDWIN, *THE FIRE NEXT TIME* 5-6 (Modern Library 1995) (1963).

22. CHRISTOPHER BONASTIA, *KNOCKING ON THE DOOR: THE FEDERAL GOVERNMENT’S ATTEMPT TO DESEGREGATE THE SUBURBS* (Princeton Univ. Press ed. 2008).

23. See, e.g., Richard Rothstein & Mark Santow, *The Cost of Living Apart, THE AMERICAN PROSPECT*, <http://prospect.org/article/cost-living-apart> (last visited Aug. 22, 2012) (citing the views of Daniel Patrick Moynihan, White House Domestic Policy Coordinator at the time of the enactment of the 1968

The report card on most of these efforts, after fifty years, is distinctly underwhelming. Even in the rare instances of partial success, gilding a ghetto takes a very long time, and children grow up really fast.²⁴

I invite you to consider two municipalities within Cook County, Illinois, neither the most nor the least troubled: Harvey in the southern part of Cook County, and Des Plaines in the northwest part of the County. With a poverty rate of 27%, Harvey has almost 7 times the poverty rate of Des Plaines. Harvey also has 3 times the unemployment rate (over 20% as against just under 7%), and its families have less than half the per capita income of Des Plaines families, about \$14,000 versus \$30,000.²⁵ Harvey schools have test scores 29% below the state average, while Des Plaines schools score above average. Not surprisingly, per pupil expenditures in Harvey are about two-thirds those in Des Plaines, even though over 90% of Harvey's students are low-income as compared to 46% in Des Plaines.²⁶ Almost 1 in 5 homes or apartments in Harvey is vacant compared to fewer than 1 in 17 in Des Plaines.²⁷ Harvey has 4 times the Des Plaines infant mortality rate,²⁸ 5 times the property crime rate,²⁹ nearly 13 times the teen birthrate,³⁰ 14 times the violent crime

Fair Housing Act, that attempting to ameliorate African American problems solely through programs to improve conditions in low-income areas is simply "gilding the ghetto.").

24. Numerous studies disclose that even after decades of stupendously hard work and much achievement, jobs may still be scarce, neighborhood schools still problematic, poverty still widespread, and crime and drugs still unvanquished. See, e.g., JON C. TEAFORD, *THE ROUGH ROAD TO RENAISSANCE: URBAN REVITALIZATION IN AMERICA, 1940-1985*, 8 (1990) (discussing the failure of many revitalization projects to alleviate poverty and crime). One of community redevelopment's most enthusiastic supporters, writing about what is arguably one of its most notable successes, the South Bronx, acknowledges that the poverty rate there did not decline, that employment was mostly unchanged, and that "substantial racial segregation and isolation will continue." GROGAN & PROSCIO, *COMEBACK CITIES: A BLUEPRINT FOR URBAN NEIGHBORHOOD REVIVAL*, 55 (Westview Press 2000).

25. *Community Facts: Des Plaines City, Ill.*, U.S. CENSUS BUREAU; *Community Facts: Harvey City, Ill.*, U.S. CENSUS BUREAU, http://factfinder2.census.gov/faces/nav/jsf/pages/community_facts.xhtml (last visited Feb. 1, 2013).

26. *Northern Illinois University*, ILLINOIS INTERACTIVE REPORT CARD, <http://iirc.niu.edu> (last visited Mar. 4, 2013).

27. *Community Facts*, *supra* note 25.

28. *Ill. Dep't Pub. Health, Data System Report: 2006 Infant Mortality Rates in Des Plaines & Harvey, Ill.*, ILL. PROJECT FOR LOCAL ASSESSMENT OF NEEDS (IPLAN), <http://app.idph.state.il.us> (last visited Mar. 4, 2013).

29. FBI, *Crime in the United States 2011*, UNIFORM CRIME REPORTS, <http://www.fbi.gov/about-us/cjis/ucr/crime-in-the-u.s/2011/crime-in-the-u.s.-2011> (last visited Mar. 4, 2013).

30. *Community Facts*, *supra* note 25.

rate, and almost 35 times the homicide rate.³¹

The Hispanic populations in Harvey and Des Plaines are about the same. Reflecting the overlay of race on poverty in our society, Harvey's non-Hispanic population is 75.8% black and 10% white, while that of Des Plaines is 1.8% black and 77.3% white.³²

The ACE Study and recent medical research indicate that a child born today in Harvey, who spends her formative years among its vacant houses, within its poorly-performing schools, and in its impoverished and violent environment, will with high statistical probability suffer a blighted adulthood. That is, if she survives to see adulthood.

Which of our fair housing and community development programs will significantly change that likelihood for the child born in Harvey this morning? The honest answer to this rhetorical question is none.

So what *can* we do? Is there not something we can do to reduce the numbers of lives being destroyed every day, day after day, every ongoing week and month and year?

Some years ago, Brent Staples, devoting one of his *New York Times* columns to what he referred to as "butchery" in our ghettos, asked us to remember how Britons shipped their children out of London during the blitz. "What American cities need," Staples wrote, "are evacuation plans to spirit at least some black boys out of harm's way before it's too late."³³

Staples is not alone in his suggestion. Says Nicholas Lemann, "The way up was not through community development. It was through getting out."³⁴ David T. Ellwood says that the "obvious" answer is to "move poor people into rich neighborhoods . . ."³⁵

One may respond that it is easy to *say* get them out of the

31. FBI, *supra* note 29.

32. *Community Facts*, *supra* note 25.

33. Brent Staples, Op-Ed., *Confronting Slaughter in the Streets*, N.Y. TIMES (Nov. 5, 1993), <http://www.nytimes.com/1993/11/05/opinion/editorial-notebook-confronting-slaughter-in-the-streets.html>.

34. Nicholas Lemann, *The Origins of the Underclass*, THE ATLANTIC ONLINE (July 1986), <http://www.theatlantic.com/past/politics/poverty/origin2.htm>.

35. DAVID T. ELLWOOD, POOR SUPPORT: POVERTY IN THE AMERICAN FAMILY 228 (1989) (explaining, "[e]very convincing analysis of the ghetto I have read suggests that isolation and concentration are a large part of the problem. It would seem that the obvious solution to that problem is integration. One should move poor people into rich neighborhoods and send black children to better schools elsewhere in the city."). Owen Fiss of Yale Law School, argues for a program large enough "to relocate all residents of the ghettos who choose to move." OWEN FISS, A WAY OUT: AMERICA'S GHETTOS AND THE LEGACY OF RACISM (Joshua Cohen, et al. eds. 2003). About one in four African Americans and one in six Hispanics in metropolitan areas live in high-poverty census tracts (at least 30% poverty), contrasted with one in twenty-five non-Hispanic urban whites. ROLF PENDALL ET AL., *supra* note 1, at 2-3.

ghetto, but it is hard, perhaps even impossible, to *do*. However, for the non-negligible numbers of families who are willing to try, it is not impossible to do. It is not impossible to use a creative housing voucher mobility strategy to enable non-negligible numbers of children, born each day in places like Harvey, to move to and spend their formative years in places like Des Plaines.

The ongoing, day-by-day destruction of lives in the Harveys of our urban areas is an overlooked but critical fair housing issue. Until society acknowledges the true nature of that issue, and turns its full energies to addressing it, we will be engaged in a kind of intellectualizing about fair housing and the obstacles to achieving it, while just outside our doors, so to speak—another generation of young people's lives are being blighted or destroyed.