

## A MORAL IMPERATIVE FOR HOUSING MOBILITY?

**Alexander Polikoff**

*(A talk delivered on June 17, 2014, in the Brooke-Mondale Auditorium at the HUD Building in Washington D.C., as part of HUD's FHEO Speaker Series. Alexander Polikoff is a senior staff counsel at BPI, Business and Professional People for the Public Interest, and lead counsel in BPI's Gautreaux litigation.)*

Good Afternoon,

I'm very grateful for this opportunity to speak with HUD staff. In the next few minutes I'm going to try to explain, and justify, the use of the word "moral" in the title of my remarks.

I'll begin with an article from over a decade ago by Helen Epstein, a journalist who specializes in public health. Epstein observed that many teenagers in New York City were afflicted with asthma, diabetes, and high blood pressure. Their deaths were not caused by gunshot wounds or drugs, but by disease. "[A] third of poor black 16-year-old girls in urban areas will not reach their 65th birthdays," she wrote. So many poor African Americans in Harlem were dying young from heart disease, cancer, and cirrhosis of the liver that men there were less likely to reach age sixty-five than men in Bangladesh.

"Something [was] killing America's urban poor," wrote Epstein. But she could not explain what that "something" was. Unable to solve the mystery, she speculated that — "neighborhoods could be destroying people's health." Striking health improvements reported by families who had left Yonkers with housing vouchers led her to add that if moving out of Yonkers were a drug, she "would bottle it, patent it, and go on cable TV and sell it."

But even as Helen Epstein was researching and writing, a remarkable study was underway. A huge literature now terms it the "ACE Study." The letters stand for "adverse childhood experiences." The ACE Study was carried out jointly by the Centers for Disease Control and Prevention and a Kaiser HMO in California. It was begun in 1995 and is still continuing. It is based on interviews with over 17,000 Kaiser members receiving annual medical examinations. Each participant was initially asked ten questions about childhood experiences of neglect, abuse, and family dysfunction. Then, through the following years, researchers have been tracking participants' health profiles.

The ten questions were simple ones. Did you, before age 18, experience a mother who was treated violently? Was there an alcohol or drug abuser in the

household? Was there an incarcerated household member? Was there recurrent physical or emotional abuse in the household? And so on through the ten questions. A single one of the ten experiences was counted as one point, regardless of the number of exposures. Thus, an ACE score of zero means no exposure to any of the ten experiences. A score of ten means exposure, at least once, to all ten.

The ACE Study is described as "the largest research study ever done on the effects of childhood abuse, neglect, and other serious stressors on adult mental and physical health." Apart from its size, however, the results of the ACE study are arresting. To illustrate, a person with an ACE score of 4 is over 4 times more likely to suffer 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 than one with a zero score to use intravenous drugs as an adult.

Intuitively, it seems obvious that childhood adversity would increase the risk of mental and emotional problems in adulthood—that people with high ACE scores would suffer disproportionately from depression and drug abuse. What is less intuitive is that ACE scores would have a profound influence on the development of "hard" medical conditions such as heart and liver disease, cancer and diabetes. Yet ACEs, as they are called, with a score of 4 or above are more than twice as likely as those with a score of zero to have heart or lung disease. Those with a score of 6 or above die on average two decades earlier than those with a zero score.

As a direct 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. Compelling as it is, however, the ACE study establishes correlation, not causation. What, if anything, can be said about the latter?

Well, as it happens, in recent years considerable medical research has focused on brain development in the early years of life. At hospitals and universities all across this country and in Canada, researchers are discovering that trauma and stress in the early years create lasting changes in the brain and the body. It seems that when we experience stress our brains trigger a complex series of responses. Hormones are secreted. Neurotransmitters are activated. Inflammatory proteins surge.

As a response to short-term threats, this is a beneficial deployment. It produces the familiar emotions of fear and anxiety, and physical changes, such as increased blood pressure and faster heart rate. But the research is also showing that repeated, full-scale activation of this stress system, especially in early childhood, can result in changes that are not at all beneficial.

For example, one study finds that early adversity actually alters brain chemistry. Traumatic experiences can cause tiny chemical markers to affix themselves to genes that govern the production of stress hormone receptors in the brain. The process disables the genes and prevents 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.

So medical research is transforming the ACE study correlation into causation. It is providing the answer to the mystery that baffled Helen Epstein. The "something" that was killing urban blacks wasn't geography. It was high ACE scores, and the lasting changes in the brain and body that result.

Perhaps, however, that's just semantics. Though Helen Epstein may not have known about the medical research, wasn't her guess about geography right after all? Because we know, don't we, that high ACE scores are likely to be accumulated not only within households -- the focus of the ACE study -- but within the geography of concentrated urban poverty?

While Epstein was writing about kids dying young in Harlem, Urban Institute researchers were writing about kids in public housing projects in Chicago. Many had been "permanently damaged" -- injured in gang wars or poisoned by lead paint. Still more were "victims of the overwhelming social disorganization, 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." They were suffering, said the researchers, the kind of psychological trauma that comes from "living in guerrilla war zones . . ."

For many still living in public housing, these conditions have not changed. Just last year a different Urban Institute study of a sample of families in a different Chicago public housing development revealed that only one-third of the sample's young adults were in school or working, and that the teens were struggling with academic failure, delinquency, and trauma. "[C]hildren are in crisis," this most recent urban institute study concludes.

Nor need we confine our focus to public housing poverty. I invite you to consider two suburban municipalities within Cook County, Illinois, Harvey and Des Plaines, neither the least nor the most troubled in the county. Harvey's poverty rate is 27 percent, almost 7 times the poverty rate of Des Plaines. Harvey has 3 times the unemployment rate of Des Plaines, and its families have less than half the per capita income of Des Plaines families. Harvey schools have test scores 29 percent below the state average while Des Plaines schools score above average. Per pupil expenditures in Harvey are about two-thirds of those in Des Plaines, even though over 90 percent of Harvey's students are low-income as compared to 46 percent in Des Plaines.

Almost 1 in 5 homes or apartments in Harvey is vacant compared to fewer than 1 in 17 in Des Plaines. Harvey has 4 times the Des Plaines infant mortality rate, 5 times the property crime rate, nearly 13 times the teen birthrate, 14 times the violent crime rate, and almost 35 times the homicide rate.

The Hispanic population in both suburbs is about the same. However, reflecting the overlay of race on poverty in our society, Harvey's non-Hispanic population is 75.8

percent black and 10 percent white, while that of Des Plaines is 1.8 percent black and 77.3 percent white.

The ACE study and the medical research show us that a child born this morning in Harvey, who then spends her formative years among its vacant dwellings, within its poorly performing schools, and in its impoverished and violent environment, will with high statistical probability suffer a blighted adulthood. I put it to you that none of HUD's present housing and community development programs will significantly change that likelihood for that child born in Harvey this morning.

"Hundreds of studies," writes William Julius Wilson, "on the effects of being raised in neighborhoods of concentrated poverty and deprivation have been conducted since the 1980s and they suggest that concentrated poverty increases the likelihood of "joblessness, dropping out of school, lower educational achievement, involvement in crime, . . . , non-marital childbirth and unsuccessful family management." "[T]he research reveals," Wilson concludes, " that concentrated poverty adversely affects one's chances in life, beginning in early childhood and adolescence."

Now that's an academic speaking. I am reminded of another writer who is not an academic. I am reminded of James Baldwin, in *The Fire Next Time*. Baldwin, you remember, was writing to his nephew and namesake around the one hundredth anniversary of the emancipation proclamation. What Baldwin wrote to his nephew was that he had been "set down in a ghetto, born into a society in which your countrymen have destroyed and are destroying hundreds of thousands of lives."

Today, fifty years later, in our Harlems, in our Chicago public housing developments, in our Harveys, in vast swaths of severely distressed urban neighborhoods – in places with thirty and forty percent poverty, places that Paul Jargowsky recently told us we have dramatically more of than ever before. . . Now, fifty years later, in these places, are we not continuing to set our young African Americans down in ghettos? And, because of the high ACE scores those children inevitably accumulate in those places, are we not continuing to destroy their lives?

I put it to you that if we are honest we will acknowledge that that is precisely what we are doing. We will acknowledge that daily, weekly, monthly, annually, we are destroying lives, hundreds of thousands of them, just as James Baldwin said we were doing fifty years ago.

So what can we do? What can we as a society, and you as HUD, do to avoid another fifty years of ongoing destruction of children's lives?

First, we must acknowledge societal -- and agency -- responsibility. Decades ago the Kerner Report said it forthrightly: "white institutions created [the ghetto], white institutions maintain it, and white society condones it."The story behind that simple sentence is a multifaceted and painful one that's been told in a number of now-classic studies. I will not retell the story here. I will, however, note that a refresher course is needed at the Supreme Court, where the Justices profess to view our ghettos as what

they call "de facto" creations. Whatever that means, it's apparently intended to absolve governments from the responsibility that is so plainly theirs.

Second, HUD, I suggest, has a special responsibility. Federal housing programs -- mortgage insurance and public housing, to mention but two of them-- were heavily involved in ghetto creation and maintenance. As the Kerner Report also said, "federal housing programs must be given a new thrust aimed at overcoming the prevailing patterns of racial segregation." And a particular HUD program, Housing Choice Vouchers, is one of the most obvious "overcoming" tools at hand. Although other federal housing programs are also candidates for a new thrust, I am going to limit the remainder of my remarks to the voucher program.

Turning then to vouchers, why on earth isn't HUD using them to get children out of harm's way -- out of concentrated poverty neighborhoods and high ACE scores? The Harlem children Helen Epstein was writing about. The children living in guerrilla-like war zones in Chicago public housing. The children being born every day in the Harveys of our nation. Years ago Gary Orfield said, "get them out of the ghetto, this is the most powerful way." Nicholas Lemann echoes Orfield. "For the ghetto kid," he says, "99 percent of the time, making it goes with getting out of the ghetto."

But the voucher program has not been getting African American children out of the ghetto. Almost, one might say, the contrary. A recent thoughtful dissertation by Molly Metzger at Northwestern University includes a comprehensive look at HCV studies, both nationally and in selected metro areas, and her own analysis of HCV programs in the 50 largest metro areas. Her findings? The HCV program has resulted in greater, not less, racial and economic segregation. Voucher households are more segregated than a voucher-eligible comparison group. Metzger's disheartening overall conclusion is that the HCV program has reinforced patterns of racial and economic segregation. One chapter of her dissertation is titled, "The Reconcentration of Poverty Through Housing Vouchers." Nor is Metzger alone in her observation. A study by the NYU Furman Center finds that voucher holders live in neighborhoods with higher poverty than unassisted renters.

Why should this be? Why should a program, one of whose goals is to deconcentrate poverty, do the opposite? There are multiple reasons, but let me identify four of them, two conceptual, so to speak, and two programmatic.

The first reason is MTO. When robust Gautreaux income and educational results failed to materialize, MTO cast doubt on the whole housing mobility enterprise. "MTO publications and presentations," Robert Sampson says, "appear to have cast doubt on the general thesis that neighborhoods matter in the lives of poor individuals." That "thesis" is of course the bedrock upon which the entire housing mobility structure rests.

So, MTO was not just a bump in the road. It was a dagger pointed at the heart of housing mobility. Why undertake the challenges of helping children escape severely distressed neighborhoods if moving to better neighborhoods doesn't matter?

Yet we know now that MTO does not show that mobility doesn't work; it does not show that moving to better neighborhoods doesn't matter. "[S]erious problems with the design of [MTO]," says William Julius Wilson, "limit the extent to which one can generalize about neighborhood effects." Wilson concludes, flat-out, that MTO "tells us little about . . . the effect of neighborhood on the development of children and families."

What are these "serious problems" with MTO? One is that the economically booming 1990s were characterized by virtually full employment. Control as well as treatment families could and did find jobs. So, unsurprisingly, the MTO "intervention" did not produce different job results for treatment than for control families.

Another is that most MTO movers stayed in the same school districts. As Sampson says, children in the treatment group attended schools that "differed little" from those attended by children in the control group. So, unsurprisingly, MTO intervention did not produce different school results for treatment as compared to control children.

Still another serious problem is that although MTO was supposed to encourage moves to low poverty areas, most MTO movers wound up in neighborhoods with more than 30 percent poverty, a level, Sampson says, that "the average American will never experience." Not to mention that most MTO families moved only a short distance from their neighborhoods of origin, and into heavily minority areas. Treatment and control families, Sampson writes, not only ended up in very similar disadvantaged communities, they "largely moved to the same exact communities."

And wholly apart from these and other serious MTO implementation problems, two recent studies, one by Sampson called *Great American City*, the other by Patrick Sharkey called *Stuck in Place*, establish conclusively that neighborhoods do matter in the lives of poor families. (William Julius Wilson calls Sampson's work "one of the most comprehensive and sophisticated empirical studies ever conducted by a social scientist.") The two studies may be said to demonstrate that, independent of personal characteristics, living in severely distressed neighborhoods has serious negative effects on residents' -- especially children's -- well-being, and that the effects of neighborhood disadvantage in childhood continue into adulthood.

So, if MTO was ever thought by some to be a reason for not using vouchers to spirit kids out of harm's way, that reason cannot survive the serious problems with MTO's implementation, the ACE study, the medical research on early brain development, and the recent Sampson and Sharkey studies.

The second conceptual reason why vouchers have not been used to get children out of harm's way is that in the persisting debate between so-called place-based remedies and mobility, our public policy has consistently privileged the former and ignored the latter. Perhaps that is because place-based approaches are thought to be politically less chancy and have strong constituencies. The fact is, however, that our 50-year track record of trying to transform or revitalize concentrated poverty neighborhoods is extremely disappointing. In any event, as Sharkey, a proponent of place-based

initiatives, rightly says, our policy "must combine elements from each approach."

(Yet I cannot refrain from noting that mobility has the great advantage over revitalizing of immediacy. Moving families gain instantaneous access to better schools and safer neighborhoods whereas, at best, revitalizing takes a very long time. While families await its far-from-certain benefits, children are accumulating ACE scores likely to blight their adult lives.)

The first of the two programmatic reasons we haven't used vouchers to get children out of harm's way has been the inertia of adhering to the familiar way of doing voucher business. Every voucher administrator should be required to read, "Segregating Shelter: How Housing Policies Shape the Residential Locations of Low Income Minority Families," by Stefanie Deluca, Peter Rosenblatt and Philip Garboden. "Segregating Shelter" makes clear how cruelly ironic for those families is the middle word in the designation, "housing choice vouchers." It explains, plain and simple, why it is that under typical voucher rules so few minority families acquire housing in middle class neighborhoods and so many wind up in high poverty, segregated ones.

The explanation is not rocket science. Instead of being user-friendly, portability is a Rube Goldberg construct that is all but impossible for many families to navigate. Moreover it burdens PHAs with additional work and expense while providing them no offsetting benefits. Instead of providing incentives to PHAs to foster mobility, HUD's SEMAP assessment policy rewards quick lease-up over good location; indeed, it rates as high performers PHAs who earn not a single point for helping families move to low poverty, non-segregated neighborhoods. Instead of FMRS that facilitate mobility, HUD uses a metro-wide FMR arrangement that makes it more difficult. HUD tolerates search time limits that often lead families to take the first unit they can find, and landlord lists that are heavily weighted with properties in high poverty, segregated neighborhoods.

And so on. One cannot but conclude that HUD is content with a system that not only provides minimal support for families who desire to relocate to non-poor, non-segregated neighborhoods, but one that actually frustrates that desire.

Finally, the second programmatic reason we haven't used vouchers to get children out of harm's way, is that HUD fails to require PHAs to provide effective mobility counseling, post- as well as pre-move. As "Segregating Shelter" says, the absence of effective housing search assistance virtually ensures that many families will not seek out housing in middle class neighborhoods. And studies by Margery Turner of the Urban Institute and others, concluding that longer stays in low poverty neighborhoods are associated with significant gains in employment, income, and school success, make it clear that staying out of severely distressed neighborhoods is almost as important as moving out. For many families, staying will only be achieved with effective post-move support. The Thompson program, which is enabling families not only to move from central city Baltimore to surrounding counties but to stay there, is demonstrating what good mobility counseling can accomplish.

So here are four reasons that help explain why, as Molly Metzger says, the

voucher program has reinforced, not broken, patterns of segregation. But none of the explanations amount to justifications. If we have a way to get children out of harm's way, to enable them to move with their families from places like Harvey to places like Des Plaines, and given that that we are talking about nothing less than avoiding the destruction of lives, is it not a moral imperative to do what must be done to restructure the voucher program?

There are of course many families who, for understandable reasons, can't or won't take advantage of a mobility opportunity. But for the non-negligible number who do desire to get their children into safer neighborhoods and better schools, to avoid those high ACE scores and the blighted adulthoods likely to ensue, there is -- I submit -- an unanswerable moral case for making that realistically possible.

Can it be done? Of course it can. Rewrite the handbook! The Thompson program in Baltimore is seeking to enlist the Baltimore housing authority in a plan to offer targeted vouchers and mobility counseling to all families with children under age 8 living in high poverty neighborhoods in Baltimore. Why should HUD not set aside, say, half of its vouchers nationally for what I will call a Thompson-style initiative? Target them for use in true opportunity areas? Prioritize them for families with young children living in the concentrated poverty census tracts of urban America? Provide participants with comprehensive support, post- as well as pre-move? Streamline -- that is, regionalize -- administration. Realistically enable those parents who wish to do so to spirit their children out of harm's way? Why should at least half of our vouchers -- these scarce societal resources -- not be set aside for use in this life-saving way?

And even with the other half, why should HUD not proscribe their use in, say, census tracts with poverty rates of 40 percent or more? How can HUD justify using precious housing subsidy dollars to place children directly in harm's way? What about the ancient maxim, first, do no harm?

Years ago Brent Staples, devoting one of his *New York Times* columns to what he called "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."

So I put it to you that, given what we now know, there is no excuse for not making it happen. HUD can and should make it happen. Otherwise, in the language of James Baldwin, HUD will continue to be complicit in the ongoing destruction of hundreds of thousands of lives. That, I believe, can fairly be called a moral imperative.

Thank you.

# # #