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THE LESSONS OF GAUTREAUX

Alexander Polikoff

I've been asked to ruminate about the lessons of *Gautreaux*, and I'm very pleased to be able to share my thoughts on that subject with this gathering.

In the early 1990s, Helen Epstein, a journalist who specializes in public health, wrote an article for the New York Times Magazine in which she said, "Something [was] killing America's urban poor."

The reference wasn't to drugs or gunshot wounds, but to diabetes, stroke, cancer, and the like. "Poor urban blacks," Epstein wrote, "have the worst health of any ethnic group in America, with the possible exception of Native Americans." In 1990, she reported, poor blacks in Harlem were less likely to reach age 65 than men in Bangladesh.

Why was this happening? Epstein asked. Unable to find an answer, she speculated that the "something," causing all that chronic disease among ghetto dwellers, might come down to geography: "Neighborhoods could be destroying people's health."

Supporting her speculation were the health improvements reported by families Epstein had interviewed who, via Section 8 housing vouchers, had been enabled to move out. "If moving out of southwest Yonkers were a drug," she wrote, "I would bottle it, patent it and go on cable TV and sell it."

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Now fast forward a few years to 1995-97, and a survey called the "Adverse Childhood Experiences" or ACE study. The study was initiated jointly by Kaiser Permanente HMO in California and the Centers for Disease Control and Prevention. It was based on detailed interviews with more than 17,000 Kaiser Permanente members.

Participants, who came to Kaiser for non-illness related comprehensive medical exams, were asked about childhood experiences of neglect, abuse, and dysfunction. Then, through the ensuing years, the respondents' health profiles have been steadily tracked.

Nine questions were asked of each participant: did you, before age 18, experience –

- a mother treated violently?
- one or no parents?
- an alcohol or drug abuser in the household?
- an incarcerated household member?
- recurrent physical or emotional abuse in the household? . . . and so on.

Exposure to one of these categories, 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 nine categories of childhood experiences. A score of nine means reported exposure to all nine categories.

Fifteen years after the ACE project began, as of the fall of 2009, over 60 different peer-reviewed articles about studies related to the project had been published. I don't know what the total is now.

The studies are pretty interesting. They show, for example, that a person with an ACE score of four is four-and-a-half times more likely to be depressed in adulthood than a person with an ACE score of zero. A male child with an ACE score of six is 46 times more likely to use intravenous drugs in adulthood than one who scores zero.

Intuitively, it seems obvious that childhood adversity increases the risk of mental and emotional problems in adulthood—that people with high ACE scores would, for example, suffer disproportionately from depression and drug abuse.

What is less intuitively obvious, I think, is that ACE scores have a vast and profound influence, even a half century after childhood, on the development of biomedical conditions such as heart and lung disease, autoimmune disease, cancer, diabetes, hepatitis, and so on.

In fact, ACERS (as they are called) who have a score of six or more, die—on average—two decades earlier than do those with a score of zero.

One of the articles about the ACE study says that it demonstrates “an astonishing correlation between childhood maltreatment and later-life medical illnesses and premature death.” It adds that 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.”

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Now fast forward one more time to March of this year. That’s when an article by Paul Tough called “The Poverty Clinic” appeared in the *New Yorker*. (Tough, parenthetically, is the biographer of Geoffrey Canada of the Harlem Children’s Zone.) The subtitle of Tough's article is, “Can a stressful childhood make you a sick adult?”

Tough tells us about work being done by scientists at several universities in explaining how early trauma creates lasting changes in the brain and the body. It seems that in response to stressful events our brain deploys a complex, interactive system: hormones are secreted, neurotransmitters are activated, inflammatory proteins surge.

As a response to short-term threats this deployment is beneficial, producing emotions we all recognize, such as fear and anxiety, as well as physical reactions such as increased blood pressure and heart rate.

But the researchers are showing that repeated, full-scale activation of this stress system, especially in early childhood, can lead to deep physical changes. At McGill University, for example, a neurobiologist and his colleagues have found that early adversity actually alters the chemistry of the brain through a process called methylation.

Traumatic experiences can cause tiny chemical markers—methyl groups is the name for them—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.

One illustration is that adults in their thirties who had been mistreated as children were nearly twice as likely to have elevated levels of an inflammatory protein in their blood than adults who had not been mistreated. The protein in question has been shown in many studies to be a leading marker for cardiovascular disease.

The researchers also say they have found signs that these methylation patterns can be reduced by parental nurturing. If methylation isn't counteracted, however, its effects can last a lifetime. Adults who have experienced early trauma often show increased aggression, impulsive behavior, weakened cognition, and an inability to distinguish between real and imagined threats.

In short, medical research appears now to be providing answers to the question Helen Epstein couldn't answer two decades ago. The "something" that was killing urban blacks wasn't geography. It was ACERS. Adverse childhood experiences.

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Now let me return to about the time Epstein's article appeared—the early '90s. In those years Susan Popkin, a senior researcher at the Urban Institute, and a number of her colleagues, interviewed many residents of three Chicago Housing Authority developments. In 2000 the Institute published the results of their study in a book called *The Hidden War: Crime and the Tragedy of Public Housing in Chicago*.

The Hidden War found that many children living in the projects surveyed, had been "permanently damaged"—injured in gang wars, broken elevators, or darkened stairwells,

burned by unprotected radiators, poisoned by lead paint. Many others hadn't survived—slain by gangs, or fallen out of high-rise windows with no screens or window guards.

Still more were, and I quote: “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.”

A summarizing statement in *The Hidden War* is that the children were suffering the kind of psychological trauma that comes from “living in guerrilla war zones like Cambodia or Mozambique.”

In her foreword to *The Hidden War*, Rebecca Blank, an economics professor who specializes in poverty issues, writes that the projects Popkin and her co-authors describe have become “synonyms for lost lives.”

I am reminded of James Baldwin, in *The Fire Next Time*, writing to his nephew and namesake 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.”

Thankfully, and over the opposition of many who espouse community development as against housing mobility, the three projects described in *The Hidden War* are no more. They have mostly been demolished and are being replaced with mixed-income communities, developed under the HOPE VI program, that include but are not dominated by public housing.

But many such projects as *The Hidden War* described remain standing and occupied, in low-rise if not high-rise form. Nor is public housing required to create a ghetto. James Baldwin's nephew was not living in a public housing project. He was living in one of the high-poverty, racially-segregated urban enclaves that familiarly characterize every metropolitan area in America.

So what about the lessons of *Gautreaux*? I suggest that they can be boiled down to a single prescription: Get them out of the ghetto.

“Get them out of the ghettos,” says Gary Orfield. “This is the most powerful way.”

“For the ghetto kid,” says Nicholas Lemann, “making it, 99 percent of the time, goes with getting out of the ghetto,”

The “obvious” answer, says David T. Ellwood, is to “move poor people into rich neighborhoods.”

There, in my opinion, in simple, first-grade language, is the simple lesson of *Gautreaux*. Get them out of the ghetto.

Is it an easy lesson to carry out? No, it is not. But for 20 years, the Gautreaux Program showed that it could be done. It is, in my opinion, a lesson we can, over time, implement. And implement at scale.

What is lacking is the learning of the lesson. The acceptance of it. If and when that happens, the rest will follow. If it doesn't—if the lesson isn't learned—the destruction of lives will continue.

Thank you.

Alexander Polikoff, Director of the Public Housing Program at Business and Professional People for the Public Interest, has served as lead counsel in the *Gautreaux* public housing litigation for more than 40 years. He joined BPI in 1970 and served as Executive Director of the Chicago-based law and policy center for almost 30 years. He is the author of three books: *The Path Still Open: A Greater Chance for Peace Than Ever Before* (2009); *Waiting for Gautreaux: A Story of Segregation, Housing, and the Black Ghetto* (2006); and *Housing the Poor: The Case for Heroism* (1978).