

HOUSING MOBILITY AND SURGERY

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If you are unlucky enough to encounter a severe medical problem, say one calling for major surgery, you don't expect the treatment to be easy or painless. You know it will involve discomfort and pain, and procedures that don't guarantee perfect results in all cases.

Of course you accept the treatment, with its unpleasantness and risk, because you know that not addressing your medical problem may result in even more discomfort, pain, and risk. Indeed, if the problem is serious enough, you know that life itself may be at stake.

Now draw an analogy between encountering a severe medical problem and growing up in a bad neighborhood—one with high rates of crime and violence, run-down housing, failing schools, few stores or jobs. Research about “adverse childhood experiences” (ACE for short) tells us that there is an astounding correlation between adverse childhood experiences, such as physical abuse or an incarcerated household member, and encountering in adulthood such medical afflictions as diabetes, lung cancer, and heart disease.¹

In other words, research tells us that if you grow up in a neighborhood where, for example, gangs, violence, and substance abuse are common, you have a much greater likelihood of suffering serious medical problems as an adult than someone who doesn't grow up in such circumstances.

Standing alone, this conclusion is pretty unsurprising. Back in 1963, well before research on ACE was conducted, James Baldwin wrote to his nephew and namesake in *The Fire Next Time* that he was “set . . . down in a ghetto” in which his countrymen “have destroyed and are destroying hundreds of thousands of lives.”² A book about public housing in Chicago in the early 1990s describes children as “traumatized by the constant stress of coping with the violence and disorder.”³

Research also tells us that the “major surgery” of moving from a bad to a good neighborhood can, in many cases, ameliorate the ACE problem, even though—as with surgery—discomfort and pain may be involved, and good results are not guaranteed in all cases. One example involves two groups of African American families in the Chicago area, roughly similar in income and employment, schooling, family composition, and so on, who participated in a program that enabled them to move with federal rent subsidies to new neighborhoods. A group of “city movers” moved to mostly African American neighborhoods in Chicago with relatively high poverty, close to other very high-poverty neighborhoods. The second group, “suburban movers,” moved to predominantly white suburban neighborhoods of low poverty, far from high-poverty neighborhoods.⁴

Studies of the two groups showed that, compared with city movers, the children of suburban movers were more likely to be (1) in high school, (2) in college-track classes, (3) in four-year colleges, and (4) either in school or working.⁵ Though some of the suburban movers did

encounter serious racial harassment, these dangers were not comparable to those of the city neighborhoods from which they had come. Of her own son one suburban-moving mother said that but for the move, “He would be on drugs, dead, or in a gang.”⁶

These observations are set down on the eve of the Fifth National Conference on Assisted Housing Mobility, to be held in Washington, D.C., in June 2012. The Conference is a gathering of persons engaged in or researching “housing mobility” programs that are designed to assist low-income families to move with housing subsidies from high-poverty to lower-poverty neighborhoods.

Practitioners in these programs sometimes encounter criticism having to do with the discomfort and pain involved in moving out of one’s home neighborhood. An example is a book that compares the moving experience to plants that are yanked from the ground and go into a period of “root shock” that causes the entire plant to droop, possibly to die.⁷ Of course, this is not really an argument against needed “surgery.” It is an argument *for* compassionate surgical procedures, an argument against yanking and *for* “compassionate transplanting” through compassionate mobility programs.

Another criticism of housing mobility exemplifies the familiar caution against allowing the best to become the enemy of the good: because housing mobility programs depend upon enlisting families sufficiently motivated to volunteer, they will never be large enough to “noticeably affect overall settlement patterns” and end concentrated urban poverty by themselves.⁸ Self-evidently, this is not an argument against facilitating compassionately the needed “surgery” for those who do volunteer.

Mobility programs are also said to harm neighborhoods by enabling the most motivated of their residents to decamp, leaving their neighborhoods with even greater concentrations of disadvantaged families.⁹ This criticism founders on a moral shoal. Should we ignore the ongoing destruction of lives because someone decides that others will be worse off if those lives are saved? (Should we not have enacted the Fair Housing law because it enabled some of the most motivated residents to escape the segregated neighborhoods in which they lived?)

Every action begets a reaction. The reactions to housing mobility programs are notable, however, for how often they ignore the programs’ rationale of saving children’s lives. It is as if the discomfort, pain, and risk of needed surgery were considered in meticulous detail, but with barely a mention of the serious medical problem the surgery was intended to address.¹⁰

¹ For a brief description of the ACE Study see “Twig is Bent,” by Mary Sykes Wylie, in the September/October 2010 issue of *Psychotherapy Networker* magazine, pp. 55-58, www.psychotherapynetworker.org. For a more complete description see the chapter by Vincent J. Felitti and Robert F. Anda (lead ACE Study investigators), “The Relationship of Adverse Childhood Experiences to Adult Health, Well-being, Social Function, and Healthcare,” in *The Impact of Early Life Trauma on Health and Disease: The Hidden Epidemic*, eds: Ruth A. Zanius, Eric Vermitten, and Clare Pain (Cambridge University Press, 2010). See also the website of the Centers for Disease Control and Prevention on the ACE Study, <http://www.cdc.gov/ace/index.htm>.

² James Baldwin, *The Fire Next Time*, (Modern Library, 1963), pp. 5-6.

³ Susan J. Popkin, Victoria E. Gwiasda, Lynn M. Olson, Dennis P. Rosenbaum, and Larry Buron, *The Hidden War: Crime and the Tragedy of Public Housing in Chicago*, (Rutgers University Press, 2000), p. 178.

⁴ For a description and the origins of the "Gautreaux Program," see Alexander Polikoff, *Waiting for Gautreaux: A Story of Segregation, Housing, and the Black Ghetto* (Northwestern University Press, 2006), pp. 230-48. Studies of the Gautreaux Program are summarized in James Rosenbaum and Leonard Rubinowitz, *Crossing the Class and Color Lines* (University of Chicago Press, 2000).

⁵ *Crossing the Class and Color Lines*, p. 12.

⁶ *Id.*, p. 168.

⁷ Mindy Thompson Fullilove, *Root Shock: How Tearing Up City Neighborhoods Hurts America, and What We Can Do About It* (Ballantine, 2004). See also by Fullilove, "Be It Ever So Humble," Shelterforce Online, Issue #138, November/December 2004.

⁸ "The Reality of Deconcentration," Edward G. Goetz, Shelterforce Online, Issue #138, November/December, 2004, pp. 4-5. The alternatives to mobility advanced by Goetz include inclusionary zoning and eliminating exclusionary zoning, *id.*, pp. 8-9, desirable but politically problematic initiatives that are less likely than housing mobility to be scaled up sufficiently to affect "overall settlement patterns." The article is based on excerpts from Goetz's book, *Clearing the Way: Deconcentrating the Poor in Urban America* (Urban Institute Press, 2003). In his book Goetz argues that although the nation's approach to urban poverty should include mobility programs, these should be accompanied by a broad antipoverty agenda that includes community rebuilding. For a response to this argument, see *Waiting for Gautreaux*, pp. 373-75.

⁹ "The Reality of Deconcentration," p. 5.

¹⁰ A symposium on the pros and cons of housing mobility programs (predating, however, widespread awareness of the ACE Study) appears in the newsletter of the Poverty & Race Research Action Council: Vol. 13, No. 6, November/December 2004; Vol. 14, No. 1, January/February 2005; and Vol. 14, No. 2, March/April 2005.