

WEALTH, PLACE, AND HEALTH

Federal housing policy has enabled housing discrimination and hardened residential segregation, imposing negative health consequences on minority communities and creating health disparities that fall along racial lines.

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Introduction:

Inequality is well established in the United States and has been a feature of this society since its inception in the 17th century. In Memphis for example, from the campus of Rhodes College you can drive 10 minutes to south Memphis or north Memphis and run into poverty and crime saturated communities. These highly concentrated communities of poverty and crime and others like it across this country are a result of systemic racism. This paper will suggest early 20th century federal housing policy underwrote the “urban ghetto” by displacing and concentrating minorities into these areas, and that consequences of this continued segregation of urban housing include negative health outcomes in the black community. I will look to examine the implementation of federal housing policy in Memphis, and look at the health outcomes of the Orange Mound neighborhood in Memphis a historically predominantly black residential community to show the effects of institutional racism.

Racism describes a system of advantages based upon race: systemic racism is when an institution enacts the practice of racial bias within an institution that allows for one-group advantages at the expense of others. Scholars have argued that systemic racism in the U.S. goes back to the 17th century where white on black oppression as the substantial foundation of this society.¹ Systemic racism has operated in such a way that has led to our current state of emergency, the formation of urban “ghettos” failing central public school systems, health disparities, and the current form of mass incarceration are all direct results of systemic racism. A by-

¹ Feagin, Joe. “Racist America: Roots, Current Realities, and Future Reparations,” *Routledge*. (2014)

product of systemic racism is the systemic violence like negative health outcomes, and other conditions that have plagued the urban poor. Systemic racism has done more damage and created a bigger race divide in American culture than slavery did, and we can see the results of that in the school to prison to pipeline, systems of mass incarceration, and high rates of negative health outcomes in poor communities. Racial biases within our federal government policy can be seen in the past practice of housing discrimination, leading to the formation of residential segregation, and maintaining these communities of concentrated poverty. These housing conditions for those on the lower end of the socioeconomic spectrum create higher risk for negative health outcomes, than in affluent communities.²

Housing discrimination has created very specific health disparities across the United States, including high rates of chronic illnesses; the removal of financial resources and the underfunding of schools have made economic mobility virtually impossible. The discrepancy in negative health outcomes has swept areas of concentrated poverty much like policies related to urban renewal and slum clearance process that disproportionately affected African American neighborhoods in the middle of the 20th century.

Of the leading 15 causes of death, black people are more likely than their white counterparts to die from eight of the 15. In fact the leading cause of death among the black population is heart disease, a somewhat preventive health ailment. Interestingly enough the leading cause of death among white people is suicide; in fact white people are more than twice as likely to die from suicide than their black

² Yinger, John. "Housing Discrimination and Residential Segregation as Causes of Poverty," *Harvard University Press*. (2001): 278

counterparts. The inequality comes into play here, cardiovascular and or heart disease deaths are the number one killer within the United States, while suicide is the tenth largest killer.³ I believe the fundamental reasoning behind this trend of black people dying from diseases at higher rates than their white counterparts is in our history of this nation; by looking at the history of failed policies, and government programs that allowed for one group of people to mobilize and climb up the economic ladder, while keeping another group in the same social class and monetary deprived lifestyles.

Throughout the history of this nation, there have been injustices that prevented upward mobility at the expense of others.⁴ Since the election of President Obama in fall of 2008, there has been talk of a post racial America. However, events such as the shootings of Michael Brown, Tamir Rice, and Freddy Gray by police have brought racism to the forefront of mainstream media and the majority of America has been put on notice that in fact we clearly are not as a nation post racial. Racism is a major part of the American history and continues to affect the daily lives of minorities especially those in the pockets of concentrated poverty within majority of the inner cities across this nation.

Overt racism is ever present in the current state of residential segregation across the United States. This system came into place, and has sustained itself in light of civil rights movement ending approximately 50 years ago simply because

³ Heron, Melonie. "Deaths: Leading Causes for 2010." *National Vital Statistics Reports* 62. No. 6 (2013): 1-97, http://www.cdc.gov/nchs/data/nvsr/nvsr62/nvsr62_06.pdf

⁴ Alexander, Michelle. "The New Jim Crow: Mass Incarceration in the Age of Colorblindness," *The New Press*. (2012): 35

legislation doesn't rid the system of racism. Racism never left; it just changed its face a bit; instead of enslaving people, federal policy was created in order to prevent minorities from achieving the American dream. Policies that were racially biased like "separate but equal" that isn't really equal in the first half of the twentieth century have since changed their delivery. Presently we can see this in regard to the war on drugs that implements minimum mandatory sentencing for non-violent crimes, that disproportionately targets African Americans resulting in racist policing in urban low-income communities; and ultimately leading to the 10 to 1 crack laws that charge blacks and urban poor much more harsh.⁵ Policies such as these and institutions dramatically affect African Americans and other minorities more than others and have disrupted the family structure. A result of said policies is why more African American men in jail, than were enslaved in 1850, when in fact there is statistical data that shows blacks and white use and sell drugs at the same rate.⁶ In fact among youth whites are five times more likely to use drugs, yet 38 percent of the people whom are arrested for drugs are blacks.⁷ So if the war on drugs was really to get rid of drugs then there would be on average 160 thousand more white men arrested every year for drug crimes, but that's not the case; essentially that is institutional racism.

Residential segregation currently is a by product of policies that have failed impoverished minorities, and created these pockets of concentrated poverty in the

⁵ Clear, Todd, et al. "American Corrections," *Cengage Learning*. (2012): 89

⁶ Orcutt and Rudy. "Drugs, Alcohol, and Social Problems," *Rowan and Littlefield Publishers*. (2003): 176

⁷ Drucker, Ernest. "A Plague of Prisons: The Epidemiology of Mass Incarceration in America," *New Press*. (2011):198

inner city since the great migration of the early 20th century. Furthermore the result of said policies have caused extreme health disparities on these communities across the United States, ultimately prematurely killing its inhabitants while moralizing them for their actions that ultimately out of their control. Many people carry the ideology that American dream is reality for most people statements like “if one group can make it out why cant they all, and these people are choosing to live this way because they don’t work hard enough.” People are viewing these situations as individual achievement by blaming the victim all the while ignoring the systemic racism that has created these circumstances. The people who go around with these false ideologies of the ghetto don’t in fact realize that these people don’t choose that lifestyle it’s resorted to out of a survival, necessity, and circumstances all of which is a consequence of failed policies, and local government implementation of these policies.

Institutional racism allows for a policy to be racist without ever mentioning race or discrimination. There is no need for a sign that says, “Don’t allow blacks.” Instead provisions in the policy that won’t allow for minorities to receive the benefit. The New Deal, Housing Authority Act (Title I), and the Fair Housing Act were social programs that were designed to alleviate poverty. However blacks were discriminated against and ultimately unable to take advantage of these programs. For example when the Social Security Act was passed in 1935 as part of the New Deal, had a provision that didn’t allow for domestic and agricultural laborer to receive social security, this was approximately 75 percent of the African American

workforce; it wasn't until 1954 that this provision was changed.⁸ Housing policies essentially created the middle class and allowed for the American dream to be in reach for more people than ever before, home ownership was available to more people but there was a bias in the policy that prevented blacks from taking advantage of these benefits effectively creating a divide between the two groups of people. In the 50s and 60s government programs like urban renewal, slum clearance, redlining, zoning laws and the lack of affordable housing, apartment construction during the rise of white flight, and suburbanization has caused these divides in race, class and socioeconomic mobility within urban America.

As the Jim Crow era was coming to an end institutional racism took on a new face. What appeared to be an equal society on the exterior, was in fact whole new set of laws being passed that implied racial bias in them, such as poll tax, literacy test, and grandfather clause.

The segregation and discrimination in the housing market is another example of systemic oppression maintained by policies, and local governments. Residential segregation isn't an accident nor is it based on decisions from colonial times; these practices have been reaffirmed until this day. As a result health disparities have been imposed on the urban poor that are most harshly felt by the black impoverished community; resulting in higher instances of chronic preventive diseases in these communities. There is data that shows that a black family is three times more likely to be denied a mortgage than a white family; or that a black child is five times more likely to die from asthma than a white child; all of these are

⁸ Hilfiker, David. "Urban Injustice: How Ghettos Happen," *Seven Stories Press*. (2002):

byproducts of a system that has failed these individuals and allowed for the inequalities to continue to build up and manifest on the urban poor which is mainly occupied by black people.

Negative health outcomes of minorities is in itself systemic racism, the fact that the average life span of an African American is 75 years roughly the same of a white American in 1979; while the white American has a life expectancy of 79 years.⁹ African Americans also are more prone than their white counter parts in heart, and cardiovascular disease, asthma, childhood obesity, hypertension, and type II diabetes than their white counterparts.¹⁰ Studies show that health is interconnected with wealth and in this country there have been policies that have allowed for one group of people to obtain wealth and prevented the other.

Ultimately these health disparities are attributed to systematic oppression, and racial biases in policies that formed neighborhoods of concentrated poverty. Although historically it wasn't just policy that caused this to occur, racist practices in the housing market and local government involvement like redlining, and zoning in addition to slum clearance and urban renewal has displaced millions of black families and crippled them from accumulating wealth. This is a study of how national policies have formed these pockets of concentrated poverty, and how as a result of concentrated poverty, and government policies health disparities have been infringed upon these individuals. This study is how federal policy on housing has affected Memphis and the housing patterns within the city of Memphis of the

⁹ Arias, Elizabeth. "United States Life Tables: 2009," *National Vital Statistics Report*. (2014):5-6

¹⁰ Simpson and Yinger, "Racial and Cultural Minorities," *Springer Science & Business Media*. (2013): 222

mid 20th century to the present. I also will investigate the historical housing trends of a predominately residential black Memphis neighborhood, looking at their health outcomes in the wake of these discrepancies.

What is a Health Disparity?

Health outcomes can vary on a lot of different circumstances; as a result we have social determinants of health, which are a major piece of this study. According to the national library on medicine a health disparity is described as the differences among a group of people affect how frequently the group get sick, how often this happens, and how often the disease causes death; these differences can be categorized by (1) race and ethnicity, (2) residents of rural or urban areas, (3) women, children and elderly and finally (4) persons with disabilities. A health disparity can be attributed to a chain of events signified by differences in environment, access to utilization of and quality of care, health status, and a particular health outcome that is scrutinized.¹¹ The concept of a health disparity includes an ethical judgment of which conditions are considered unfair or avoidable. Unsafe, unhealthy work and living environments is just a couple of the many examples that contribute to the underlying causes of inequality that can be viewed as avoidable.

Many inequalities that exist in the United States are by products of policy implementation that has resulted in circumstances that could have been avoided. Therefore health disparities exist because people have unequal access to resources

¹¹ Pokras-Carter Olivia, Baquet Claudia. "What Is A Health Disparity," *The Public Health Reports* 117. (2003): 427

like health care, quality education, clean air and water, and finally are forced to live and work in unhealthy environments. As societies pass the epidemiological transition the main threats to health shift from infectious diseases to “life style” choices, like cancer and diabetes.

In 1953 the leading cause of death in Memphis was Heart Disease, and African Americans still had a 1.66 times better chance of dying from such an ailment, than their white counterparts.¹² The infant mortality rate was very similar to what we see now; a black child was 1.39 times more likely to die in their first year life than their white counterparts. In 2004 this divide has increased, an black infant is 2.7 times more likely than their white counterparts to die in their first year of life. In Shelby County the rate of infant mortality for black children is three times higher than that of white children.¹³ These trends aren't a result of bad genes; but rather a consequence of systemic oppression, in which one class is allowed the choice in where they can live, and more often than not are able to live a healthier, longer life.

How are Place and Health Related?

I don't believe that anybody wants to be obese and die of heart attack at the age of forty, yet when you cant afford certain healthy options and there is policy that has prevented you gaining monetary value to rise out of your impoverished state, then your options are pretty limited. It isn't that easy to just move to a safer

¹² Dowdy, Wayne. “Tobey Collection: Department Administration of Health,” *Memphis Mayors Papers*. (1999)

¹³ Data Source: Tennessee Department of Health, Office of Policy, Planning and Assessment, Division of Health Statistics. Birth and Death Certificate Data , 2000-2013

neighborhood, make healthier choices especially when your immediate surroundings are poverty, and risky behaviors that is going to have an influence on them and more often than not if your around these circumstances long enough you'll succumb to some of those same behaviors.

Where you live is a strong indicator of your health, by the way of what you has access to, the culture you're influenced by and ultimately the ability of mobilization your able to have based on these circumstances.¹⁴ As Americans we like to believe that we are the captains of our own fate, and living a healthy life is only about choice. You choose to eat healthy, exercise and engage in healthy activities. But what about when you can't afford the luxury of exercising because your neighborhood isn't safe, or cant afford the healthier food option at the local grocery store? What about if the local market doesn't have fresh alternatives and you have no way of getting to the farmers market across town? These all play a role in the health outcomes of these populations with limited resources.

Ultimately place is one of the social determinant of your health, and arguably the most important. In poor neighborhoods there are fewer grocery stores and of the grocery stores that are present there are fewer healthy food options available than more affluent neighborhoods.¹⁵ Of the few grocery stores that do have healthy food options like fresh fruit, and vegetables; they charge higher prices for healthy food option. Therefore in these areas of concentrated poverty the availability or decision to make a healthy choice in buying groceries is made unavailable simply

¹⁴ Carr and Kutty. "Segregation: The Rising Cost For America," *Routledge*. (2008): 199

¹⁵ Duenwald, May. "Good Health is Linked to Grocer," *New York Times*. (2002)

because it isn't economically feasible to purchase. For example a family that is in poverty and economically strapped having to choose between a hand of bananas when you can get a cheaper more calorie heavy unhealthy option for a much cheaper price; is more likely going to take the unhealthy choice. Which leads to high rates of obesity, cardiovascular and heart disease and other chronic illness that could be avoided.¹⁶

When living in areas of concentrated poverty the choices you have are very limited, along with limited choice of living arrangements. A great portion of these individuals live on a food desserts, where there are very limited if any fresh foods available and if so its inferior in quality, as a result there are a lot of fast food restaurants serving food that is energy dense and low in nutritional value. Instead healthy organic food markets, and grocery stores these communities are filled with corner stores, that pack their counters with non perishable long shelf life items that are much cheaper thus making the choice for healthy food that much more difficult. Memphis is not unique to this, areas like Frazier, Orange Mound, and Hollywood could all be considered food desserts, and these communities are filled with underprivileged residents.¹⁷ These factors make it a lot harder to participate in healthy eating habits, and increase the likelihood of developing diabetes, cardiovascular disease, and obesity.

¹⁶ Barboza, David. "Rampant Obesity: A Deliberating Reality for the Urban Poor," *New York Times*. (2000)

¹⁷ Moody, Emily. "The Implementation of Community Gardens to Address Interconnected Problems Related to Food Deserts in Urban Memphis, Tennessee," *Academia Edu*. (2013): 159

Social environments also play a role influencing behavior, whether the community is healthy or not so healthy it will influence its members. Tobacco and Alcohol companies target their advertising to central city minority neighborhoods; this increases likelihood of participating in such activities.¹⁸ For instance if you grow up in an area where all you see adults smoking and drinking all the time, then once your of age or get the opportunity, this simply the individual being a product of their environment. A lot of the time people who under a lot of stress turn to activities like smoking, and eating junk food which can later lead to obesity, type two diabetes, and heart disease.

Living in poor neighborhoods tends to limit the amount of physical exercise done by its inhabitants because often times their aren't any recreation centers, parks and other outlets available to the community, which is another attribute leading to obesity. Because of these circumstances most children are forced to play in the street, and this presents whole other set of safety issues where traffic is always present. This is only a problem if the low-income neighborhood is safe enough that the children can be outside. In some communities that have high rates of crime, children are more vulnerable to chronic ailments because of limited physical activity allowed, fear of crime prevents children from playing outside, often times they are locked in the house after school as a safety precaution. Now a simple solution to that is if you reduce crime you can play outside; a key mechanism to that most ignore is the interlocking connection of crime and poverty. Concentrated poverty is a direct result of structural inequity, and that concentrated poverty is

¹⁸ Polednak, Anthony. "Segregation, Poverty, and Mortality in Urban African Americans," *Oxford University Press*. (1997): 119, 122

attended by hopelessness and desperation, all of which are a prime breeding ground for violence.¹⁹

Air quality is also very poor in low-income areas. Traffic especially trucks pollute the air as do hazardous industry and waste site, that are near or in these areas of concentrated poverty.²⁰ Black and low-income communities are more likely to be exposed to dumps than their middle class white counterparts.²¹ Homes in low-income areas are often older; more crowded and have an abundant amount of health and safety code violations. A byproduct of these conditions has caused high rates of asthma to occur in these communities. Asthma is a disease that causes the swelling and constriction of the lungs, making it very difficult to breathe. Asthma attacks can be triggered by allergic reactions to smoke, tobacco, dust, and cold air. Air pollution can be linked to asthma rates that have sky rocketed in the last 15 years. Between the year 2001 and 2009 the number of people suffering from asthma rose from 20 million to 25 million. In fact the asthma rate rose most among black children, at almost 50% between 2001 and 2009.²²

Lead poisoning is another health disparity imposed on low-income communities. Brain damage from lead is irreversible and studies have shown that exposure to high concentrations of lead lowers IQs and has dramatic effects on children's' psychological development. Although lead paint was banned in 1973, a lot of the homes in low-income areas are older and the paint on the walls has a lead

¹⁹ Blow, Charles. "Black Lives and Books of the Dead," *New York Times*. (2015)

²⁰ Johnson, Kamba. "Big Stack Attack," *City Limits*. (1999): 5

²¹ Bullard, Robert. "Dumping in Dixie: Race, Class and Environment Quality," *Westview Press*. (2000)

²² "Vital Signs: Asthma," *Center For Disease Control*. (2011)

base, or have lead pipes. This is especially dangerous for toddlers and infants who are very likely to put anything in their mouth especially in homes where the paint is crumbling off the walls. A study done in 1998 by the U.S. Department of Health and Human Services found that children in low income areas are seven times likely to have elevated lead levels in their blood, compared to children in more affluent environments.²³

Prior to desegregation in Memphis if you were white you could go to any hospital and you would be served, all through the city General, St. Josephs, Gartley Ramsey, Methodist, and Baptist. Whereas if you were black you were restricted to General Hospital and if you lived not near the hospital it was unlikely that if you went into labor that you could make it the hospital across town. Currently in these communities blacks don't have the same access to prenatal care that more affluent neighborhoods do, which attributes to the divide in infant mortality rate. Lack of education, use of alcohol and tobacco also are contributors to this epidemic.

Presently in this era of colorblindness and structural inequalities in the event that an individual does get sick, and needs to be treated the availability in regards to distance of the nearest clinic or hospital and quality of that service must be factored in. People are more likely to receive recommended medical care when the facilities are accessible to where they live, because there close enough or there is reliable transportation whether public or private to get them there.²⁴ Now there is this invisible hand that keeps the undesirables out, therefore there is no need to have a

²³ "Health, United States, 1998," *U.S. Government Printing Office*. (1998)

²⁴ Cubbin, Catherine. "Where We Live Matters For Our Health: Neighborhoods and Health," *Commission to Build A Healthier America*. Issue:3 (2008)

sign that says “no minorities.” Instead place the hospital far away from the ghetto, and make it harder for the individuals to have access to the help, and send the undesirables to a hospital that doesn’t have the social or political infrastructure to provide the best care possible.

All of these negative health outcomes are consequences of systemic oppression that is grounded in white supremacy. White supremacy built the ghettos and created these circumstances for these people to fend for themselves, and now the by-product is death via negative health outcomes.

The Great Migration

Since the emancipation proclamation policies and legislation in place that have actively discriminated, displaced, and oppressed African Americans. The great migration of the twentieth century saw a transformation of what urban living looked like, as African Americans whom were predominately in rural areas made the transition to the central city in hopes of economic mobility, and also escaping from racial terrorism that had plagued this group of people since colonization and American slavery.

Aside from African Americans desire for freedom, jobs, and social justice; they were succumbing to an emergence of new patterns of race, class and ethnic relations in American culture, society and politics. The central city provided a new hope for blacks, an alternative from sharecropping, disenfranchisement and racial injustices that the rural south had imposed on them. Although majority of those whom migrated went to northern cities in seek of higher wages, a lot migrated to industrial industries in the south whom could offer wages as high as \$2.50 a day,

compared to \$0.75 to \$1 doing agricultural work. Between 1900 and 1920 more blacks migrated to southern cities than northern ones; the swift influx of blacks migrating to northern cities happened during the second great migration post World War II.²⁵

After the great migration of African American into the central city, racism and its manifestation took on a whole new face. Instead of holding blacks essentially in an economic stagnant dilemma via sharecropping, and domestic work, the federal government had to take a different route in preventing blacks from obtaining wealth. This was even more drastic because there was no overt sign that displayed racist intentions, the racism and its implementation was covert within policy.

Housing Policy

White flight in the central city has led to the current system of residential segregation. White families fled blighted inner city neighborhoods; in seek of exclusionary housing options. This resulted in families living in low-density economically segregated suburbs that were able to keep blacks out because of exclusionary zoning laws.

Prior to the New Deal that created the National Housing Act of 1934 created the Federal Housing Administration (FHA) there was no middle class, and the majority of Americans rented their homes. In fact the only way to get loans for housing was if you could provide 80% down payment. The FHA made credit more available for lenders for home repairs, and construction to make better housing available to low and working class families. However this policy was racially biased

²⁵ William Trotter Jr, Joe. "The Great Migration," *OAH Magazine of History*. (2002)

because, initially the federal government refused to insure loans for blacks largely confining them to housing in the cities and keeping them out of the new American dream of suburbanization. Federal policies known as redlining prevented black families from buying houses on real mortgages, and instead forced a lot of black families to get homes on contract from real estate speculators.²⁶ The lending practices were scams, the owner held on to the deed until the house was paid in full, and the black family paid monthly installments. Not only were these families not able to collect housing equity while paying for the home, if a family missed a single payment they forfeited their down payment, all their monthly payments, and could be evicted immediately.

Later comes the Housing Authority Act is passed in 1949, which provided federal financing for slum clearance programs, increased funding for public housing projects, this shaped the way federal government wanted to shape growth in major cities after World War II. Instead the ripple effect was that these policies created the areas of concentrated poverty for African Americans known as the “ghetto”, by not ensuring that the programs were available to all groups.²⁷

For the first thirty years the FHA program that allowed for banks to give loans for home ownership was essentially exclusionary for whites, where 98 percent of loans were given to the white working class. Blacks were actively discriminated from this program, and other social programs that ultimately prevented them from accumulating wealth. Between 1934 and 1969, the percentage

²⁶ Coates, Ta-Nehisi, “The Case For Reparations,” *The Atlantic*. (2014)

²⁷Hirsch, Arnold. “Searching for a ‘Sound Negro Policy’: A Racial Agenda for the Housing Acts f 1949 and 1954,” *Housing Policy Debate 11, No. 2*. (2000): 393-442

of families owning their homes increased from 44 to 64 percent.²⁸ Later on in the 1968, President Lyndon B Johnson get the fair housing act passed as part of the agenda on the Civil Rights era; the Fair Housing Act or Title VIII although passed legislation that made it so that home loaning institutions could not keep denying loans to black people, by stating that the refusal to sell, and rent of a property to a person because of color, race, religion, sex and nationality was unlawful. So on paper it should be equal now that all people can get loans; not exactly there was no regulation, and loaning institutions were still discriminating against minorities. Then the law is revisited in 1988, and ultimately amended forcing there to be some meaningful regulatory practice into housing discrimination. Prior to Title VIII, an estimated 120 billion dollars in housing equity had been earned, based on loans that were backed by tax payers money including black tax payers who were denied these loans for the first thirty years of the this loaning institutions. Federal policies like these helped further the wealth gap between whites and blacks is at its biggest divide it has ever been since freeing of slaves in 1865. The average white family has twelve times the wealth of the average of black family. Since blacks were denied mortgages and forced to live in the housing projects their ability to accumulate wealth based on housing equity was denied for at least a generation if not more.

Although policy played a major role in keeping blacks out of white spaces, there were more overt forms of racism that were employed like acts of terrorism through violence, arson and threats were ever present when a black family moved into a white neighborhood. In Memphis, on June 29th, 1953 their was a house bomb

²⁸ Hilfiker, David. "Urban Injustice: How Ghettos Happen," *Seven Stories Press*. (2002): 5

in south Memphis because a black family moved in on a Olive street, which was considered a white street.²⁹

Local government enacted racial redlining practices and zoning laws that allowed for restrictive covenants on deeds that forbade homeowners to sell to blacks, Jews and Latinos. Since racial zoning was forbidden, the exclusion was based on socioeconomic status against families of low income, of which economic discrimination will operate against any disadvantaged minority. The nature of zoning is such that its difficult to disentangle its control over physical development and land use, but you can clearly see its influence over the economic status of perspective residents and its use to discriminate against specific ethnic or racial groups.³⁰ Language in public statements like “preserve the character of the community by maintaining high standards” although no use of race, the platform for discrimination of low-income members that one group fits this discrimination more often than their counterparts.

Another strategy imposed was the idea of integrating communities lowers property values, eventually bringing the accumulation of wealth via housing equity to a halt. With this ideology in place it causes a self-fulfilling prophecy, being that when that happened majority of whites in the neighborhood move out, and take the resources with them. White flight led to the current system of residential segregation, and ultimately led to draining of resources from the central city, leaving the inner city to starve for resources. As white flight was happening local

²⁹ “West TN Historical Society Papers” : 108-114

³⁰ Hawley and Rock. “Segregation in Residential Areas: Papers on Racial and Socioeconomic Factors in Choice of Housing,” *National Academy of Sciences*. (1973): 96-97

government and city planners prevented apartment construction and affordable housing units in order to exclude the undesirables. When the rise of suburbanization happened as desegregation implemented first our public schools, then all public places there had to be a new form of separation. As the programs like urban renewal happened, and black neighborhoods were destroyed they were placed in temporary rental housing units, the neighborhoods and housing was not replaced. The Housing Act 1954 allowed for the government to fund public housing in order to combat slum clearance. By 1957 across the United States an estimated 125 thousand families had been displaced of which 70 percent were black or Hispanic.³¹ As the white affluent community moved out to the suburbia, there was no way for the black community to do that because these temporary housing units weren't placed in the suburbs and the federal government wouldn't approve loans for a mortgage to move into the white space.

Inner city working class black people who were initially kept out of affluent neighborhoods by acts of overt racism and discrimination through red lining, and zoning are now being kept out by raising rent, mortgage, steering undesirables into non profitable areas of the central city in order to ensure, these affluent areas remain that way, and property values aren't put in jeopardy.³² A neighborhood in which African Americans lived could not receive FHA funding, banks decided who they would give loans to based on FHA policy. Even if a black family was economically stable to get a loan the majorities used this gatekeeper mechanism to

³¹ Halpern, Robert. "Rebuilding the Inner City: A History of Neighborhood Initiatives to Address Poverty in the United States," *Columbia University Press*. (1995): 68

³² Squires, Gregory, "From Redlining to Reinvestment," *Temple University Press*. (2011): 134

ensure the others don't inhabit this land. Most such families are kept from full and open access to the main market that is presumably reserved for majority families with the economic social, and ethnic status to full advantage of it.³³ Although these policies are not exclusionary to the black community, other minorities faces discrimination in housing market; however the effects of negative stereotypes are greatest affected by the African Americans because they tend to be perceived in the most unfavorable terms.³⁴

During the 1990s the federal government started encouraging cities to tear down their public housing projects and replace them with mixed income developments. A result is that the cities don't have to replace each unit that they destroyed causing more displacement.

Most recently the crashing of the housing bubble in the middle of the 2000s decade that affected millions of people losing their homes, and the obscure lending practices know as redlining that was being done to African Americans. As the housing market continued to expand from the late 1990s to the middle of the 2000s, we saw that although there was enforcement of equality in home loaning institutions, however a new form of institutional racism surfaced. This new form of institutional racism was similar to the practice of getting a home on contracts that was common in other parts of the country like Chicago³⁵, however this form of

³³ Hawley and Rock. "Segregation in Residential Areas: Papers on Racial and Socioeconomic Factors in Choice Housing," *National Academy of Sciences*. (1973); Daniels, R., and Kitano H.H.L. "American racism: Exploration of the nature of prejudice," *Prentice Hall*. (1964)

³⁴ Iceland and Wilkes. "Does Socioeconomic Status Matter?: Race, Class, and Residential Segregation," *Social Problems* (2006) Vol. 53:2

³⁵ Coates, Ta-Nehisi, "The Case For Reparations," *The Atlantic*. (2014)

oppression is called reverse redlining. Lending institutions would give out sub prime loans to African Americans with a higher interest rate, reducing the amount house equity earned over the time of paying off your home because of the ideology that the borrower would be a higher credit risk. Similar practices seen in redlining of the earlier 20th century are in fact being reincarnated. These sub prime loans were targeted towards black families especially black women; whom even when they qualified for prime mortgages with a lower interest rate were given a sub prime loan. These loans were set up for people to default and lose their homes, when there was evidence that the borrower would have been able to keep up with the payments had it not been for the more expensive sub prime payments. This contributes to the housing bubble crashing in 2006, therefore leading to start of the biggest financial crisis in United States since the Great Depression of the late 1930s.

Currently there is an argument on the segregation of housing more based in socioeconomics as opposed to race, and there are some truths to that. Upper and middle class whites are seemed increasingly disposed to accept black neighbors of similar socioeconomic status, but this still doesn't relieve the conditions of which most blacks live and the institution that put them there.³⁶ Historically in housing patterns we see, especially after the Fair Housing Act is passed if a black families moves into the area, whites move out and starts the self-fulfilling fallacies of lowering property values.

³⁶ Hawley and Rock. "Segregation in Residential Areas: Papers on Racial and Socioeconomic Factors in Choice of Housing," *National Academy of Sciences* (1973): 127

Therefore the connection between housing ownership, wealth and now health is one that has allowed for one group a whole host of advantages, while displacing another group. These federal government policies have allowed for the average white family to generate wealth for generations, have a surprisingly abundant amount of choices in educational institutions, health outcomes, and choice in housing. While the other group, have been restricted to areas of concentrated poverty, the federal essentially created the “urban ghetto” with these policies and now the consequences are being seen in the health outcomes, of these communities.

The Effects on Memphis

Throughout the mid 1940s and early 1950s there were 149,297 new people housed in Memphis. Memphis was seen as the model city in regard to the addressing housing needs a national news article had a headline that read “Best Housed City I the U.S., say builders.” In 1953 29% of Memphis residents had lived in a house built since World War II, of those 34% were rental properties.³⁷

Prior to this Memphis had a housing shortage after the second great migration and in the early 1950s Memphis addressed housing issue by building segregation housing projects. Lauderdale Courts, Lamar Terrace, Hurt Village were white projects, and Dixie Homes, Foote Homes, Lemoyne Gardens, Clearborn Homes were for Blacks, and however as time progressed the whites that occupied these homes moved out and were able to purchase homes, while the black patrons remained for majority of the mid 20th century. Memphis housing policy was kind of

³⁷ Dowdy, Wayne. “Tobey Collection: Home Builders Associaton1953,” *Memphis Mayors Paper*. (1999)

unique to other cities like Baltimore, Chicago, and New York. Instead of implementing the red lining practice, it used the strategy of zoning to create segregated communities.³⁸

Like other major cities in Memphis there were a lot of substandard homes and with that came health issues, like lack of sewage, and malaria infestation. This system of residential segregation starts with the City Planning Commission of the late 1930s, where Max Furbringer is urging Mayor Overton to do this program of slum clearance and get federal funds. Furbringer believes that by removing blight, it would solve unemployment, and have vast economic improvements.³⁹ Mayor Overton succumbs to the slum clearance idea and has entire neighborhoods demolished. Mayor Overton initially wanted to address the malaria problem that he then wanted to remove areas of blight. After communication with the surgeon general:

“According to Western Union Memphis requested U.S. Public Health Services send plane to Memphis for spraying and dusting purposes. Also that adequate program is inaugurated with relief forces to rid this area of the vast economic and health loss caused by Malaria.”⁴⁰

The surgeon general response was they couldn't provide aid to clearing up the infestation of malaria mainly because their services were unsuited the unemployment relief and public health services. Of which Mayor Overton contacts the superintendent of health Dr. Graves who suggest slum clearance in order to get

³⁸ Silver and Moeser. “The Separate City: Black Communities in the Urban South, 1940-1968,” *University Press of Kentucky*. (2015): 62

³⁹ “Overton Collection, City Planning Commission: Slum Clearance” *Mayors Papers*. (2000)

⁴⁰ Dowdy, Wayne. “Overton Collection: Health Department Malaria Control,” *Memphis Mayor Papers*. (1999)

the services. However there was no interest in rebuilding these communities, once cleared. Later the program, destroyed communities like the Foote Homes neighborhood, and it was replaced with project housing rental properties during Mayor Tobey's tenure. The site of the initial all white housing project Lauderdale Homes that was on the site of cleared black community. A huge opponent of the slum clearance program was Rev. T.O. Fuller who was an ally of former Mayor Crump, because his church was in a slum area. The Memphis housing authority in 1937 started low rent housing, as they believed low rent housing provided for "preservation of the American ideals."⁴¹ This program however had provisions when moving into these housing units such as the lease could be terminated immediately at will by the Memphis Housing Authority, giving the tenant no security as to how long they can expect to live in the unit. The state of New York Insurance sent a letter to Mayor Chandler stating before any funds could be distributed for the new housing, they had to make sure it was safe investment, and cities needed to implement slum clearance programs, and restrict blight from expanding, therefore maintaining the value of their investments.⁴² So essentially what was done, federal and private institutions gave the city an ultimatum enact slum clearance in order to remove blight, or no funding would be distributed. Members of the community whom were displaced had no other option other than moving into these project homes, if you were in the slums but what they didn't realize what they were giving up; when moving these people to these housing projects instead using this as a

⁴¹ Dowdy, Wayne. "Overton Collection: Housing Authority 1937," *Memphis Mayor Papers*. (1999)

⁴² "Chandler Collection: City Planning Commission 1940," *Memphis Mayor Papers*.

temporary housing project and allowing people to regain their land that was cleared, it further created the wealth divide. Especially since on the rise of the Federal Housing Act is passed and 98 percent of black families will be denied loans, therefore they can't get a mortgage and are stuck in these project homes.

There was an issue of poorly constructed homes through out Memphis, and this was addressed until Mayor Tobey instilled a housing shortage program and rise of racial tensions within residential areas. The bombing on Olive Street in 1953 sparked the housing segregation project that was used to alleviate the housing shortage for the time being. This program however didn't include increased housing opportunity for black home ownership; by placing people in housing projects the Memphis Housing Authority prevented black people from now owning homes.

Tobey's solution to form the Urban Rehabilitation Study committee that suggested a 10 year plan to improve 37,000 substandard homes and also include a housing improvement development lawyer Fred Davis that was appointed by Tobey. The director could levy fines against property owners who did not meet standards set by the city commission. Before the end of 1954, 2790 homes had been inspected and 500 owners issued permits, and 52 homes were demolished. This local government program allowed for the segregation to continue and desegregation in the schools, and public spaces seemed to be happening across the country; they used other mechanism of restricting blacks from moving into white neighborhoods such as this.

Thus it took more than just federal policy, but local government helped ensure that residential segregation remained. This has displaced many families and

prevented them from gaining housing equity for at least two to three generations. Focusing on housing projects as a solution instead of a step between slum and decent home a generation of blacks were condemned to live in an area cut off from resources and eventually infested with crime and poverty.

Later in the post civil rights era, although housing segregation and discrimination is still occurring, there is a shift in urban ghetto formations. The rise of upward mobility, there are middle class black people moving out of these housing projects, and congregating in other parts of Memphis. As this is happening the rise of White Flight begins, and there is a shift in the dynamic of what urban living looks like, and also the areas of concentrated poverty that are now the “ghetto” begin to harden. An example of urban sprawl in Memphis would be the neighborhood White Haven in 1970 the population was 99 percent white, as of 2010 the population 91 percent African American, also there has been a shift and the hardening of poverty for some areas of Memphis.

Although the Fair Housing Act was passed more public housing projects were being built between 1970 and 1975 the number of housing projects increased from nine to 22.⁴³In the mid 1990s the HOPE VI program funded the demolition of all major Memphis public housing projects except Lauderdale Courts.⁴⁴ These units were replaced with mixed income housing units, that don’t have to replace each housing unit that’s destroyed leading to a lot of displacement.

⁴³ Phillips, Luretha, “HOPE IV Properties,”

⁴⁴ Dries, Bill. “Memphis Finalist For Federal Choice Grants,” *Memphis Dailey News*. (2015)

More recently in 2011, the city of Memphis filed a suit against lending institution Wells Fargo for obscure lending practices. Wells Fargo participated in reverse redlining by giving out predatory loans, and sub prime mortgages, steering African Americans into loan products that caused foreclosures, vacancies and increased government cost.⁴⁵ As of 2010, on average white homeowners have 1.9 times the income of the average African American in Shelby County.

Orange Mound Neighborhood

Although the majority of black neighborhoods in the inner city are formed based on urban renewal, and displacement. Although this neighborhood in Memphis has quite a different story, in its formation, housing patterns, and but has similar health outcomes.

Orange Mound was initially the site of a plantation owned by Deaderick family, when he passed the land was bought by a city planner by the name of E.E. Meacham, and developed this land as a residential area for African Americans. Orange Mound got its name from a large Osage orange hedgerow that extended from north to south on the eastern side of the Original Deaderick plantation.⁴⁶ Meacham sold the lots that were anywhere from 25 by 100 four feet dwellings that could be purchased for around \$40, and allowed for the chance of vibrant black neighborhood to occur. ⁴⁷ It took years before municipal services like water and

⁴⁵ Martin, Adrew. "Judge Allows Redlining Suits to Proceed," *New York Times*. (2011)

⁴⁶ "How Orange Mound Got Its Name," *Memphis Orange Mound History*. (1949)

⁴⁷ Killingsworth, Jay. "Orange Mound Collection," *Memphis and Shelby County Room*. (2012)

sewage systems were provided for this community, but for the first half a century this community was self-sustaining.⁴⁸

What makes Orange Mound so unique is that this was neighborhood that was predominantly residential and had a high volume of homeowners that were African American. Orange Mound was a viable community, affluent middle class, middle class, working class, and poor all lived in relatively close proximity together. Social organizations were intact, and informal networks kept neighbors in touch with one another. While businesses, schools, volunteer organizations and churches supported the community. Most people held jobs, single families were not the norm, level of violence was low, and education was highly valued. Some of the houses were actually revamped with loans from Memphis Housing and community development that was federally funded through HUD. Majority of the people were industrial workers, but there was good amount of black professionals as well. The FHA also funded a housing complex in Orange Mound in 1947, under the 608 plans.⁴⁹

The Orange Mound community operated much differently than other predominately African American communities in the early 20th century. In a sense it was like a city completely separate from Memphis and for the most part didn't engage in facing oppressive systems that was Jim Crow, and segregation. Conformity was the norm, they voted for the Crump administration during his rein in Memphis and essentially avoided the hand that allowed them prosper. The residential segregation that took place mainly affected the professional blacks of the earlier half

⁴⁸ Davis, Justin. "Interview," *Key Informant* (2015)

⁴⁹ Anderson, Alfred. "Big Apartment Development For Negroes," *Memphis Housing Orange Mound Collection*. (1947)

of the 20th century since they were not allowed to live in other more affluent parts of Memphis, and in some cases didn't want to.⁵⁰ The community had many independent businesses like a funeral home, a few movie theatres, markets, barbershops, and churches. In the late sixties and early seventies, Orange Mound had the second highest concentration of African Americans outside of Harlem.

However after the civil rights movement this neighborhood saw a shift and in a way took a turn for the worst. As what appeared to be black mobility and the desegregation and integration of schools happened, more people left this community for search of better more affluent neighborhoods, and with them they took their resources, ideas, and a piece of the community.⁵¹ This form of urban sprawl in the rise of suburbanization was a little different than white flight; although the desire to leave the central city and now the means to do so since suburbia migration was a middle class phenomenon was still influenced heavily by race. The blacks that are leaving the central cities are moving to the adjacent suburbs that experience is not much better since they are inheriting the same kind of deterioration that central cities experience with the first wave of white flight after WWI. Jerry Jacobson a student at Memphis State University (University of Memphis) in the early 80s predicted that Orange Mound wouldn't be existing in 15 years because of the trend that "the community was filled with older residents living in sub standard homes, receiving substandard city services; and what the young people would do is they sell their property, buy a car and move away leaving the old

⁵⁰ Williams, Charles. "African American Life and Culture in Orange Mound: Case Study of Black Community in Memphis 1890-1980," *Lexington Books*. (2013): 112

⁵¹ Russell, Ron. "Youth's Out-Migration' Trend Saps Orange Mound's Vitality," (1981)

people to die.”⁵² This trend incentivizes the idea of converting the area to commercial land. Although there was \$4.7 million spent between 1975 and '78 as apart of the City of Memphis Community Development Program to establish a senior citizen center, pave streets, install badly needed gutters, improve drainage and improve some adequate housing members of the community believed that only scratched the surface of desperate need for better housing for poor and elderly. There was approximately \$200 thousand unspent of federal money, however because of uncertainty with funding from the federal government housing improvements were brought to a halt.

In 1950, 98 percent of the homes in Orange Mound were owned; in 2010 the rate of home ownership had plummeted to 29 percent. The Orange Mound Development Corp. started in the mid 1990s as a resource to help residents gain home ownership, now currently provide help with rental property accessibility, the last home built by the organization was in 2007.⁵³ There has been a shift in family structure, majority of the homes are headed by female single parents, or grand parents, drug crime, unemployment have all taken a toll on this community. Also as upward mobility and urban sprawl occurred this community began to lose resources like the grocery store that was family owned, has been replaced by one Kroger. As poverty increased, crime began to infiltrate the community making it unsafe, which later led to blight including the 22 percent vacant homes and lots. These factors made it undesirable for the young people who may have grown up in this community but don't want to settle there anymore, therefore if they return to

⁵² Russell, Ron. "Youth Out-Migration' Trend Saps Orange Mound's Vitality," (1981)

⁵³ Saine, Michael. "Interview," *Orange Mound Development Corp.* (2015)

Memphis they move somewhere else for their careers. Since 2000, Orange Mound's population decreased by 22 percent.

Recently there have been efforts to restore this community; a host of community gardens, and community center have helped reduce negative influences such as crime, and blight.

Orange Mound a once vibrant community that appeared to be the Utopia of the black American dream, predominately home ownership, mixed socioeconomic class, independent business; now resembles a shadow of its former self. While visiting the community, there are a host of vacant lots, overgrown grass, and boarded up housing. Currently the average income of a family in Orange Mound is below the poverty level; on the other hand just across the tracks in Chickasaw Gardens the average income is of upper middle class to upper class. The dividing line between these two areas is both figurative and literal there is a giant wall and train tracks that separate the two areas in order to ensure that people know which communities is which. The wall is high in enough to prevent either side from seeing the other side. The separation is further exasperated by accessibility between these two communities there is only two tunnels that allow for traffic to go through, and the sidewalk that is parallel to this barrier isn't very pedestrian friendly. Thus giving the aura that the communities are distinct in both their history, and interactions should be limited as much as possible.

Negative Health Outcomes of Memphis

As I've shown so far place is strongly determined by wealth, and they both have ties to health. Currently impoverished communities that are disproportionately populated by African Americans are overwhelmingly affected by the system violence that is these negative health outcomes. Shelby County has the highest rate of Infant Mortality Rate in the state of Tennessee, and it's by far higher than the next county.⁵⁴ African Americans are three times more likely than their white counterparts to have an infant death. Comparatively in Orange Mound that has a 98 percent African American population is experiencing serious health inequities when compared to Chickasaw Gardens neighborhood right across the tracks of Southern Boulevard, whom have only 24 percent population of African Americans and 74 percent White.

Infant Mortality Rate, 2000-2013

	2000-2002	2003-2005	2006-2008	2009-2011	2011-2013
Chickasaw Gardens	11.3	16.1	12	13.3	12.8
Orange Mound	19.2	16.1	19.8	20.3	15.6
Shelby Total	13.5	13.2	12.9	11	9.8

	2000-2002	2003-2005	2006-2008	2009-2011	2011-2013
White	6.5	6.0	5.4	4.4	4.4
Black	18.3	18.0	18.2	15.0	13.2
Shelby Total	13.5	13.1	12.9	11.0	9.8

Data Source: Tennessee Department of Health, Office of Policy, Planning and Assessment, Division of Health Statistics.

Rate of Asthma Deaths Per 10,000 Inhabitants, 2000-2013

Neighborhood	2000-2002	2003-2005	2006-2008	2009-2011	2012-2013
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⁵⁴ Quander, Michael. "Shelby County has highest infant mortality rate in Tennessee," *WREG Memphis*. (2014)

Chickasaw Gardens	0.9	0.7	0.5	0.2	0.2
Orange Mound	1.5	0.3	0.7	0.4	0.4
Shelby Total	0.6	0.5	0.6	0.4	0.4

Race	2000-2002	2003-2005	2006-2008	2009-2011	2012-2013
White	0.4	0.4	0.4	0.3	0.1
Black	0.9	0.8	0.8	0.6	0.6
Asian/Pacific Islander	0	0	0.5	1.9	0.5

Data Source: Tennessee Department of Health, Office of Policy, Planning and Assessment, Division of Health Statistics.

Death Statistical System, 2000-2013

Number of Homicides (Assault), 2000-2013

	2000-2002	2003-2005	2006-2008	2009-2011	2012-2013
Chickasaw Gardens	6.7	6.7	4.1	6.7	4.6
Orange Mound	5.9	5.9	11.2	10.8	8.2
Shelby Total	5.4	4.8	5.4	4.7	3.4

Race	2000-2002	2003-2005	2006-2008	2009-2011	2012-2013
White	1.8	1.9	1.9	1.8	1.0
Black	9.3	8.1	8.8	7.6	5.7
Asian/Pacific Islander	1.3	2.0	2.3	0	1.4

Data Source: Tennessee Department of Health, Office of Policy, Planning and Assessment, Division of Health Statistics.

Death Statistical System, 2000-2013

Diabetes Deaths Per 10,000, 2000-2013

	2000-2002	2003-2005	2006-2008	2009-2011	2012-2013
Chickasaw Gardens	9.5	20.6	18.4	17.7	10.1
Orange Mound	15.8	15.5	12.6	13.4	7.4
Shelby Total	8.4	8.5	7.7	7.6	5.2

Race	2000-2002	2003-2005	2006-2008	2009-2011	2012-2013
White	5.2	5.7	6.0	6.2	3.8
Black	12.2	11.9	9.8	9.6	6.9
Asian/Pacific Islander	0.7	0.7	3.7	0.9	1.4

Data Source: Tennessee Department of Health, Office of Policy, Planning and Assessment, Division of Health Statistics.

Death Statistical System, 2000-2013

Rate of Cardiovascular Deaths Per 10,000, 2000-2013

	2000-2002	2003-2005	2006-2008	2009-2011	2012-2013
Chickasaw Gardens	103.6	94.1	83.9	70.2	45.3
Orange Mound	111.7	108.4	107.0	85.1	62.8
Shelby Total	79.0	73.5	60.2	57.0	38.1

Race	2000-2002	2003-2005	2006-2008	2009-2011	2012-2013
White	90.0	81.1	73.7	69.4	45.8
Black	74.2	71.2	57.3	53.2	35.8
Asian or Pacific Islander	14.6	25.3	10.7	12.6	8.9

Data Source: Tennessee Department of Health, Office of Policy, Planning and Assessment, Division of Health Statistics.

Death Statistical System, 2000-2013

Blood Lead Tests for Children aged 0-72 months, Shelby County, 2013-2014

Blood Lead Level	Number of tests among children aged 0-72 months*	% tests among children aged 0-72 months*
0 µg/dL	1958	7.3%
0.1-4 µg/dL	23703	88.4%
5-9 µg/dL	853	3.2%
10-19 µg/dL	154	0.6%
20-44 µg/dL	51	0.2%
45-59 µg/dL	6	0.0%
60-69 µg/dL	0	0.0%
>70 µg/dL	0	0.0%
Missing	82	0.3%
Shelby County Total	26807	100.0%

Race	Number of tests among Children aged 0-72 months*	Number of tests among Children aged 0-72 months with blood lead level \geq 5*	% of tests among Children aged 0-72 months with blood lead level \geq 5*
African American	3421	604	17.7%

White	901	114	12.7%
Others	61	42	68.9%
Unknown/Missing	22424	309	1.4%
Shelby County Total	26807	1069	4.0%

Data Source: Lead Surveillance and Tracking System of Tennessee, 2013-2014

* These are counts of blood tests and not children, so there can be more than one measurement per child.

Discussion

The data presented is a combination of public health and census tract data, by combining the number of deaths of chronic ailments and population of the area and race from census tract. There aren't any known ways of tracking population for each individual year; therefore I had to use population data from the 2000 and 2010 census in order to find the rate of death.

Initially this data can be misleading, what's really happening is the number of deaths isn't correlated with the rate that these chronic diseases effect their community. The Shelby County Health Department doesn't track health outcomes via census tract, and therefore makes the tracking of chronic illnesses more difficult. The department of epidemiology only tracks health outcomes by zip code, and the zip code for the Chickasaw Garden, there is some overlap with other neighborhoods in Memphis data collected is obscured for the Chickasaw Gardens community, especially for number of homicides, diabetes, asthma, and cardiovascular mortality. The zip code in which this area is being tracked has a significant higher population than the Orange Mound neighborhood, so to get a real since its better to tract the rates per capita, and that will give a more clear understanding of what's really happening. Since 2000, the rate of homicides has been decreasing in Chickasaw

Gardens, however the rate has increased in Orange Mound even though the number of people has gone down. The homicide rate is double in Orange Mound, when compared to Chickasaw Gardens, and Shelby County as a whole.

The Cardiovascular disease rate is significantly higher in Orange Mound as well, but that can be explained by the high rate of homicides, and crime in the community making it unsafe for kids to play outside. Lastly the lack of healthy food options, is contributing factor to the high rates of cardiovascular disease.

What is surprising however is that the rate of Diabetes is higher in Chickasaw Gardens, however as mentioned earlier the tracking has other neighborhoods included one census tract area where approximately 44 percent of the community is below the poverty level, and when looking at the rate of deaths by race, African Americans are twice as likely than their white counterparts and at least three times as likely as their Asian and Pacific Island counterparts to die from diabetes.

The high levels of lead in children are a bit higher in African American children than their White Counterparts, however the rate is much higher in other minorities. The small population of other minorities in Shelby County can explain this, yet this is still a problem that needs be addressed by making sure all people have up to date adequate housing.

Finally the mortality rate caused by asthma in both areas is relatively low, however, it twice as high in Orange Mound than in Chickasaw Gardens, but affects White inhabitants at a higher rate than African Americans.

Conclusion

The policies that were racially biased in the 1930s through the 1960s helped set up the wealth divide between whites and blacks, and formed these areas of concentrated poverty. As resources were removed from the central cities and blacks were kept out of the housing market, and prevented from obtaining wealth, their white counterparts continued to thrive and moved farther and farther away as the civil rights movement pushed their agenda in the mid to late 1960s. Afterwards there was a shift and blacks were able to own their homes on paper, however no real enforcement to prevent discrimination was enacted until twenty years later, and to this day there are still acts of discrimination in the housing market today. To take the most lenient stance you could say that whites had a 50-year head start in acquiring wealth, of which now they benefit from by having better schools in their neighborhoods, safer communities, resources, and better health outcomes. In Memphis, although those policies and housing discrimination looked a little different than other major cities in the mid 20th century; the results are still the very much similar to other major cities across the United States. Orange Mound neighborhood provides a great example as to what happens when resources are removed from the community and the crippling affect it has on the neighborhood.

Thus, the systematic violence can be compared to that of a genocide that is these negative health outcomes, imposed on impoverished communities is a consequence of federal policy. In the past few weeks president Obama has submitted a plan to alleviate residential segregation by providing affordable housing in affluent communities, and also improve housing stock in low income areas, this is response to recent outcries of systemic racism seen in riots in Baltimore, Ferguson,

and New York. The affordable care act has made it so that majority of Americans can have health insurance; however now the questions remains how do we close the health gap that's been established. Therefore I am hopeful that in my lifetime we'll have programs that address poverty, and housing discrimination allow for real integration, and can close the health gap ultimately eradicating health disparities; but I'm also a bit skeptical of how these new plans make cause displacement and continue to perpetuate this cycle of inequalities.