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# Growing up in poverty and pollution

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BY LESTER GRAHAM



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Nurse Brittany Puhl and Zariah Reed.

*Lester Graham Michigan Radio*

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In Michigan, thousands of kids suffer with diseases that are worsened by poverty and pollution. It's a combination that's costing society far more than most people know.

What issues do health experts think are causing these problems? Why haven't policy-makers come up with the money to fix these problems? What is the price of allowing these problems go ignored? We'll answer these questions in this hour long documentary, Growing Up in Poverty and Pollution.

### **Poverty's hold on asthma**

We're at the C.S. Mott Children's Hospital at the University of Michigan.

Eleven year old Brianna Allgood is being tested by a machine called a spirometer. It measures her breathing.

Brianna has asthma. Sometimes she has difficulty breathing. Most of us would have a hard time imagining what that's like.

"It feels like your chest starts tightening and you're like and you can't really breathe much air," Brianna said.

Vickie Elliot is Brianna's grandmother. She says she finds herself checking in on Brianna – a lot – just to make sure she's breathing okay.

"Having a child like that in the home is scary because anything could happen," Elliot said.

Brianna is luckier than some kids with asthma. Her family can get her to the clinic. They now know how to treat the asthma.

Elliott says it's made a difference.

"We've seen a huge improvement in the last couple of years. She's not been in the hospital as much," Elliott said. "This year – knock on wood – she hasn't been there yet and we're praying to God that she doesn't."

She had been in the hospital three or four times a year until the family fully understood what they had to do.

Making sure Brianna takes her twice-daily medicine and has a rescue inhaler with her at all times helps make sure the asthma is controlled. But, medical personnel say making sure

kids get their medication and take it correctly can be difficult for some families especially if they don't understand how dangerous asthma is.

Karla Stoermer Grossman is a nurse in the Children's Asthma Wellness program at Mott Children's Hospital. She says too many families simply accept that their children will have to get emergency help for their asthma.

"I've had many, many patients that have told me that, well, you know, little Billy has to be hospitalized three to four times a year and that's just the way he is. You're never going to make a difference," Stoermer Grossman said. "When we are really able to get that patient's trust and that family's trust to have them come to clinic visits every three months as we ask them to do, we are able to decrease those hospitalizations to almost zero."

But, to get to zero some families need help.

That's where people like Mary Kim come in.

After kids are treated and given medications, Kim visits for follow-up help – checking to see if there are asthma triggers in the home, seeing if everyone understands how to use the medication. Today we're visiting Jovon White.

Jovon's mother, Lavetta White, says when she was at the hospital with him, besides being worried about her son, being bombarded with medical terms and explanations, she was given a prescription and medication instructions. It was all a bit much.

"Being at the hospital, you know, you're with the doctors and the nurses, you know, and they're in an out and you can only absorb so much. Then when you come home, it's kind of, you know, gone," said Lavetta. "You don't remember what they told you from, you know, all these instructions when you left. So, it was very helpful to have her to come here and, you know, do everything hands on and show us, you know."

So, Mary Kim works with Jovon so he understands the difference between the two inhalers he's been given to use.

The Flovent controller and the albuterol rescue inhalers can cause some confusion. The inhalers look similar. And like a lot of families, Mary Kim says the Whites benefit from the reminder.

"A lot of parents just maybe get a little overwhelmed. There's a lot of different names for these medications," Kim said. "And, to think that talking to them once within five minutes, ten minutes doesn't always work. Some people do, but some people don't."

Kim says the other trick is to make sure kids take their medication. When they're feeling okay, it's sometimes easy to forget. She says she had a private chat with Jovon.

“He started telling, like, in the bedroom I said, ‘Are you taking your medication every day?’ He went, ‘Sometimes I forget.’ I go, ‘That’s okay. Which dose are you forgetting?’ So, that’s all I try to say. ‘Is it the morning one or the night one?’ So, mom and dad have to remind him. There’s no way any of my kids can do this on their own. They need someone to remind them.”

The Whites live in an apartment. That makes it more difficult to get all the possible asthma triggers corrected. The apartment complex is not likely to replace all the carpet with hardwood floors, or put special filters on the furnace. So, they do what they can.

For some families, it can get even more complicated.

Back at Mott Children’s Hospital Karla Stoermer Grossman says sometimes families are dealing with domestic violence issues, personal protection orders, sometimes Child Protective Services is involved.

And in some cases it’s simply the chaos of living in a high crime area as one family explained to her.

“It was very difficult for them to take daily medications because there’s a lot of violence in their neighborhood. So, there was a time when they actually – you had to hide in the bathroom all night because there was bullets being shot all over the place,” Stoermer Grossman said. “And, you know, you’re not going to think about taking medications if you’re worried about a bullet coming through your window.”

And sometimes the healthcare system itself can get in the way.

Stoermer Grossman says there are times the medical professionals know a child needs medication for asthma and they need it right now. But, they can’t get it.

“The Medicaid insurances often don’t let you prescribe certain medications because of the cost. And, none of the asthma medications currently out there are generics,” Stoermer Grossman said.

“So, we have problems in that the insurances require prior authorization which take time. You have to jump through multiple hoops.”

Not much can be done about the insurance companies, or living in a high crime area, or about family dynamics. But, in some Michigan counties there is help for some of the other

issues. Wayne Children’s Healthcare Access Program goes into homes to identify some of the problems that might be aggravating children’s asthma.

Joanna Jackson works with the program through a non-profit called Clear Corps. She says it’s important in the Detroit metro area because children there are twice as likely to have asthma.

“About 20% of Detroit’s children have asthma and it’s definitely an environmental issue. A lot of the homes that we work in we see a lot of hazards that contribute to children having asthma or having those symptoms where they could develop asthma.”

Jackson says mold and moisture issues, along with rodents, are part of the problem.

The feces and body parts of cockroaches, rodents and other pests can be asthma triggers. Fixing moisture problems that cause mold or mildew can be relatively cheap, but too often families don’t have the money to fix them or they live in rental units and can’t get the problems fixed. They also can’t afford the special pillow cases or bed coverings to deal with allergens. It’s all just too expensive.

“Children in poverty are at risk because they don’t have the resources to rid their homes of things like mold and moisture, so it does take a lot of other referrals to help our families to decrease the asthma symptoms in the home,” said Jackson.

That’s where this aid helps make a lot of difference. But, not every county in Michigan offers this kind of help to the families with asthmatic kids.

Besides these in-home environmental issues, there are often problems outside. People living in low-income areas often live near highways and factories. There is diesel fuel exhaust, particulate matter coming off of tires, and they’re often closer to smokestack pollution. Going outside for some fresh air can be trouble for a kid with asthma because for them there is no fresh air.

In Lansing, the Michigan Department of Community Health is aware of these problems and more. John Dowling works on asthma policy issues. He says poverty also means it can be difficult to get proper and regular treatment for some kids.

“You can also have issues of access to care; maybe they don’t have access to transportation, so it’s difficult to make it to doctor’s appointments, it might be difficult for them to get to a pharmacy to get the proper medications if they have those prescriptions,” Dowling said.

“Many might not have a primary care physician. And, we do see a lot of folks relying on the emergency department for their care.”

And while the Michigan legislature has recently increased funds for all of these issues, Dowling said the state, counties, and cities like Detroit aren't doing enough to make sure kids with asthma get all the care they need.

Dr. Toby Lewis at C.S. Mott Children's Hospital is a leading expert on asthma in the state. She says there are sometimes temporary federal research grants to evaluate programs, but it's never enough.

"Funding for the types of grassroots programs that would really make a difference day-to-day in families' lives," Lewis said. "There's really no stable funding source."

Dr. Lewis says Medicaid and private insurance on their own are not enough to meet all the needs to help kids with asthma or other ailments.

"So, there's really not much public health safety net available anymore for all sorts of public health problems of which I would include asthma as a major one," Lewis said.

And so many kids living in poverty in cities and in rural communities go without diagnosis of their asthma or they go without proper treatment.

That costs lives.

**From 2004 through 2006, 30 percent of Michigan's asthma deaths were in Wayne County.**

Asthma is a life-threatening disease. Kids sometimes die from it if they're not treated.

From 2004 through 2006, there were 393 asthma deaths among children and adults in Michigan. 30 percent of asthma deaths were in Wayne County.

And the experts say every one of those deaths was preventable.

That is a high cost for something as simple as follow-up teaching on the proper way to use medication or making sure a home is cleared of the things that trigger asthma attacks.

### **Why lead poisoning is robbing children of their future**

There's one kind of pollution that researchers believe rob kids of their future like no other. Scientists have found evidence it diminishes their intelligence, distracts them from concentration needed for school, causes behavioral problems, and even increases the likelihood they'll end up in prison.

This toxin's damage is known. We even know how to protect children from being exposed to it. Yet tens of thousands of Michigan children are poisoned by lead every day.

Jessica Jeffries is showing us her upper floor apartment of this two-story house in Detroit.

As we're looking at it right now, the walls have splotches of white paint here and there. The steps we climbed are newly tiled. There are new doors and door jams. And there are new windows. These were funded in part by grants to help prevent lead poisoning.

It would be impossibly expensive to get all the lead out of an old house. Decades of painted walls and window sills are coated with lead paint. Lead in paint wasn't banned until 1978. This house was likely built in the 1920s.

Paul Kelley is with Clear Corps. That's a non-profit organization that is part of the lead abatement effort in Michigan. He says the way you stop lead exposure is to seal it up.

The white splotches on the walls seal up places where there was cracking in the paint surface. The windows were replaced because the up-and-down friction stirs up lead dust. Lead is heavy so it ends up on the floor – where little kids spend a lot of time. Lead tastes sweet. So a toy with lead dust or a little chip of lead paint tastes almost like candy to a toddler.

Outside, Kelley shows me trim boards around the windows with cracked and peeling paint in a sort of alligator hide pattern. They actually call it alligatoring. It's a tell-tale sign of lead paint.

“They will be enclosed completely with aluminum. They'll caulk all the seams so that it's completely closed so nothing can chip or peel or fall on the window sill or the porch floor once it's completed.”

Paint on the outside of the house deteriorates faster. Years of chipping, then scraping the paint for repainting and so on means there's a lot of lead in the soil near the house. That will be covered up with wood chips or mulch. Even with that done, Jessica Jeffries says she's not going to let her little girl play in the dirt outside.

With good reason. She got the scare of her life when she found out her three-year-old daughter was lead poisoned.

She was driving to Ann Arbor when she got the call telling her a blood sample had revealed the little girl had a really high lead level in her blood and she should rush her to the hospital.

“I was scared out of my mind. I never heard anything like it,” Jeffries said. “It was new to me.”

Her little girl had a lead level in her blood that was eleven times higher than the Centers for Disease Control currently considers the threshold level.

“I was really scared especially when they told me what can happen,” Jeffries said. “You know, she could have been brain damaged, she could have died – anything. Even now she has to be monitored because these signs can come up later in her life.”

Some aspects of lead poisoning can be irreversible, last a lifetime.

Jeffries been living with her mother in the downstairs apartment while the work to reduce lead exposure in her apartment has been going on. She says she’s grateful to God and to the Clear Corps program for helping stop her daughter from being poisoned further.

“You know, it’s like a new start, making me feel safe that I can go upstairs with my kids not having to worry about them picking up paint that’s been peeling and things like that. I know that all the hazardous things are gone from up there and we’re just looking forward to moving back upstairs.”

A lot of parents of kids who’ve been lead poisoned are like Jessica Jeffries. They just didn’t know anything was wrong.

Dr. Matthew Davis is a Professor of Pediatrics and Internal Medicine at the University of Michigan. He’s also the Chief Medical Executive within the Michigan Department of Community Health.

He says it can be hard for parents to detect lead poisoning in their kids.

“Often times the symptoms of lead poisoning can be difficult to see and that’s what makes testing lead through blood tests so critically important and to have it be done on a routine basis for kids,” Davis said.

He says just over ten years ago more than 30% of kids who were tested for lead in Michigan exceeded the current threshold used by the Center for Disease Control. Today less than five percent test above the threshold. But, in recent years the number of kids getting tested for lead poisoning has declined. And even at the peak of testing, the vast majority of kids were not tested.

Davis says they’re working on that. He also says the state government is doing more about lead abatement in houses.



“Just last year the state legislature contributed more money towards the efforts for lead abatement. That is a critical step forward in terms of trying to do more in Michigan to try to protect children from the hazards of lead poisoning,” Davis said. The governor’s current budget also proposes that additional money for lead abatement.”

But that increased funding level means out of the tens of thousands of older homes in the state that are poisoning kids every day, only 160 will be fixed each year.

“The challenge is that we have thousands upon thousands of especially rental units, but houses in general built before 1978 that have substantial quantities of lead paint and lead paint dust. Those thousands of houses and units really need to be addressed and the dollars that have been put forward by the legislature and other sources to this point are doing something, but not yet enough,” Davis said.

“If we’re serious about really reducing lead poisoning and lead exposure to kids to zero in this state, we have to contribute substantially more to the effort of what’s called lead abatement which is getting the lead paint out of those houses,” he added.

Davis says the return on each dollar used on lead abatement is massive. Here’s why:

Lead poisoning can diminish IQ. That means kids won’t meet their full potential in school or in the workforce, meaning lower incomes.

Lead poisoning is also associated with kids being more inattentive, hyperactive, disorganized, and having problems following directions. It’s also linked to behavioral problems, including bullying, fighting, vandalism, setting fires, and theft.

In fact studies over the last few years found inmates with the highest lead level exposure in childhood were among those who committed the most violent crimes.

Researchers are now theorizing the big drop in crime rates around the nation the last couple of decades could be attributed in part to the phase out of leaded gasoline which was then the highest contributing factor to lead poisoning in children.

If lead exposure to children is reduced to zero, schools might have fewer discipline problems, fewer students in more expensive special education programs, fewer days missed, and – more than likely – less crime, fewer people in prison. In the end, the researchers say each dollar spent could mean anywhere between 17 to 50 dollars in taxes saved.

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special education programs, fewer days missed, and – more than likely – less crime, fewer people in prison.

Davis hopes to improve the rate of screening kids for high blood lead levels while he's with the Department of Community Health.

Many times screening starts right here on this bus.

Nurse Brittany Puhl is giving grade-school student Zariah Reed a shot.

This bus is a clinic on wheels.

“We are on a pediatric mobile clinic which is parked at Dixon Elementary,” said Dr. Elliot Attisha, a doctor with the Henry Ford Health System.

“We received our first mobile clinic in a partnership with Children’s Health Fund back in the fall of 2010 and just this past October we added a second mobile unit which has allowed us to add additional schools to the route,” Attisha said.

They saw about three-thousand students last year.

You remember the mother of that little girl who found out her daughter had high blood lead levels – Jessica Jeffries? She found out because she had a check-up for her daughter on this bus we’re in right now.

Dr. Attisha says testing for lead in blood is not required. But it is encouraged. The earlier the better for kids who are at risk.

But it will take a lot more than chance screenings to find the kids most at risk.

The house in which Jessica Jeffries lives is just one of thousands of older homes where lead is a problem. Many of these houses are rental units. Under federal law a landlords don’t to do anything if they’re unaware of a lead issue. So, there’s an incentive to know nothing. At least one other state encourages landlords to let state inspectors in, make a list of what needs to be done and if the landlord does the work, the state rules the landlord has no liability if a tenant sues because of lead poisoning.

Landlords in Detroit say the work is too expensive, that they’d never get their money back. It can cost anywhere from a couple of thousand dollars to \$15,000, depending on the number of windows in the rental unit.

But the Wayne County Prosecutor's office has been going after landlords who knowingly rent lead contaminated units. And it's not just the family living in the unit right now – it's every family that will live there.

And there are a lot of apartments and houses where there is still lead paint.

Mary Sue Schottenfels is the Executive Director at the non-profit Clear Corps which administers some of the lead abatement grants.

"94% of the houses in Detroit were built before the late 1970s and we presume that all those houses have lead," Schottenfels said.

She says federal and state funding even at its highest has never been enough to tackle the problem in the way it should be.

**"94% of the houses in Detroit were built before the late 1970s and we presume that all those houses have lead."**

"The massive amount of funding we would need has never been on the table and certainly now is not on the table because people do not think this is a serious issue," Schottenfels said.

That's mainly because many people and policy makers have the idea when lead paint was banned, the problem disappeared. It's not as bad as it once was, but the number of kids still being poisoned by lead could be in the hundreds of thousands in Michigan alone.

"We have a strong commitment to trying to get the city, state, and feds to understand that they've got to confront this issue now because we've still got probably sixty to seventy thousand homes that are full of lead in the city," Schottenfels said. "Grand Rapids and those other large urban areas are in the same position with the houses in those targeted areas."

So, the solution would seem to be test a lot more kids for lead poisoning. But one researcher says you've got to be smart about it or you're just wasting money.

Dr. Marie Lynn Miranda is the Dean of the University of Michigan's School of Natural Resources and the Environment. She's done extensive research on lead exposure of children. She says with a little work, health departments can be much more effective.

"I would argue it's not a particularly good use of resources using money to screen everybody because there's a substantial number of children who simply don't live in circumstances where we would reasonably expect that there would be lead exposure," Miranda said.

Kids who live in houses built since 1978 are probably not at risk. The paint on those houses would not have contained lead. Miranda helped design a targeted lead screening model for Durham County, North Carolina. It used data to identify older houses in poorer neighborhoods and places where pockets of kids had already been found with higher lead levels in their blood. They turned that information over to the health department.

“So, they spent that same level of resources on their surveillance program, but under this new situation they went out into the communities that had the most houses with high likelihood of biologically available lead exposures,” Miranda said. “They went out door-to-door. So, they had a 600% increase in the capture rate of children with elevated blood lead levels with a zero percent increase in cost.”

Six times as many kids suffering from lead poisoning were found with the same amount of money.

And Miranda says these kinds of models can be used not just to identify kids who have already been exposed to lead, but to prevent exposure.

“We know from birth records where moms are going home with their babies,” said Miranda. “So, we know we could do immediate look-ups to have a sense of what’s the likelihood there would be lead exposure there.”

Mothers could be taught how to lower the risk of lead exposure and the houses could be targeted for lead abatement work.

It would take some research in most cities, but in Detroit’s case, that work’s already been done.

Randall Raymond is a consultant. He’s worked to identify where students with high blood lead levels live in Detroit.

“I’m a geographic information specialist and we did a very thorough statistical analysis of the city of Detroit based on the 169,000 records of blood lead that we had,” said Raymond. “And there’s some very significant areas in the city of Detroit that are incredibly high risk for exposure to lead.”

Raymond got interested in the blood lead levels of Detroit students because he was part of research that was released last year.

Last year, reports surfaced that there was a strong link between young children’s lead levels and how they performed on MEAP tests.

Randall Raymond was then with the Detroit Public Schools. Working with the Detroit Health Department and researchers at the University of Michigan researchers cross-referenced the blood lead levels in students' medical records with their academic scores on the Michigan Education Assessment Program, the MEAP test given to third through ninth graders. They released their findings in the American Journal of Public Health.

“Well, what we found was that in all subjects tested on the state MEAP test was that the higher the students blood lead level the lower they scored on the MEAP test,” said Raymond.

This kind of research had been done in other places, but this was the biggest study ever of its kind.

But, the researchers went further. It was never published or reported, but they also looked at an even bigger sample later using another test.

So, the link between lead levels in kids' blood and how well they did on standardized tests was further bolstered even after considering all the factors that affect performance such as poverty and race.

The correlation between lead levels and test scores has been shown. We know where the concentration of kids who have high blood lead levels live. And yet, policy makers have done almost nothing with this information.

We're still not reaching out to those communities door-to-door to encourage blood testing.

Also, this damage to kids in school is not something we can teach around. We need to find other ways to reach these kids, to help them learn despite this lead poisoning damage. That's going to take some research into new teaching methods.

Why isn't the state taking this more seriously? Why isn't it spending a lot more money to identify kids who've been lead poisoned and fixing their houses? Basically because a lot of people just don't think about it. In fact younger parents and younger legislators often have never heard of this problem.

Wesley Priem is the section manager at the Michigan Department of Community Health. He says since lead was taken out of gasoline and banned in paint, people just don't seem to know or remember lead is still a problem.

“I've been running this program for 20 years. I'm still amazed at how many people are unaware of lead hazards,” Priem said.

“The message has to go on being repeated and re-emphasized throughout our country about these dangers that are still lurking in our homes, but they have forgotten about them,” Priem added.

It takes years to get familiar with all the challenges facing the state. By the time most legislators get up to speed on the importance of this one issue, the lead poisoning problem, they’re often close to being term-limited out of office. People like Priem have to start the education process all over again with a new crop of newbie legislators.

At the rate the state of Michigan is dealing with this toxin, we’re going to continue to poison many more generations of our poorest children in their own homes.

### **How the environment links to violence**

In doing the research for this documentary, one of the things I kept running into is studies indicating living in poverty and being around violence have an effect on the health of children. For example, the American Academy of Pediatrics found asthma is aggravated by living in a violent or high-crime area. The Environmental Health News reports there’s a growing body of research which suggests the stress of living in poverty might fundamentally alter the way the body reacts to pollutants. The report says that’s especially true for young children.

Parents say their kids deserve to grow up in a better environment.

Crime can affect kids psychologically and physically. But just living in poverty leads to its own kind of violence against kids.

Dr. Carl Taylor is a Professor in the Department of Sociology at Michigan State University. He’s conducted extensive research aimed at the reduction of violence involving American youth.

“Sometimes I’m just startled,” Taylor said. “I go in the homes where there’s no heat, there’s no electricity, even the stress of not eating, not having enough food, you can smell the odor coming from bad sewers or no sewers, no running water, you have chipped paint, lead paint. You see it. So you’re going into homes where you just, absolutely you’re just knocked out.”

And living like that, children living in some of the worst of conditions, can’t help but have an effect on all aspects of their lives.

“How do you learn when you’re constantly stressed, you’re uptight, you’re worried about what’s going to happen next?” Taylor said.

Taylor says too often people know the news stories about the violence and the crime in poverty stricken areas and look away. But, Taylor says we cannot write off the kids or we'll see all the same problems in the next generation.

"I think that – strongly, I say this very strongly – that the stress that we're talking about on these children, it annihilates them; it handicaps them; it paralyzes them," Taylor said.

"If someone did a broader study to see how many of these kids make it – and define 'make it' as being able to pursue a meaningful life beyond what they've come up with – I bet it's damn scary."

**"The stress that we're talking about on these children, it annihilates them; it handicaps them; it paralyzes them."**

A number of studies in the last two years have come to this conclusion: Childhood poverty and chronic stress affect these kids into adulthood. One study looked at MRI scans of adults who grew up in poverty. They found scars on the brain – evidence of the profound stress of poverty.

I went to one of these high-crime areas to see how people cope.

I met up with Mark Covington. He's the Founder and Chairman of the Georgia Street Community Garden and Georgia Street Community Collective – a community center he and some neighbors started.

The Georgia Street neighborhood is like a lot of neighborhoods in Detroit. Yes, there are abandoned homes, falling in on themselves. People have dumped trash in the yards or vacant garages. But in between that blight are homes with neatly kept lawns. The day I was there people were making repairs on the homes, kids were playing in the yards.

The community center has a hall with a kitchen, a library and computers for kids after school. Across the street is an orchard and garden. And behind the building is a park-like yard with picnic tables. Next to that they're raising goats and turkeys, ducks and chickens.

Mark Covington says, yeah, people consider his neighborhood a high crime area, but that's not the way he sees it.

"Honestly, most of the major crimes like murder and stuff, they happen – don't get me wrong, we get some spread out – but, they happen, like, somebody comes in here and dumps a body or something. It's like somebody in our neighborhood got killed," Covington said.

He said he looked up crimes for the neighborhood in April. A break in, an assault, and two cars were stolen.

Now, I grew up in a small town with about the same number of people as Covington's neighborhood. I told him, if four crimes like that happened in a month in my hometown, people would be calling it a crime spree.

"I mean, I was actually kind of happy that it was only four," Covington replied. "So, I guess we do get used to it."

Covington works with the kids in the Georgia Street neighborhood quite a bit, so I asked what kind of effect crime and violence and poverty have on them.

"You know, we have, like, open discussions on Fridays. During those conversations you never hear them bring up poverty or the abandon houses or stuff. That's not the stuff that they talk about," Covington said. "They talk about more like bullying and, you know, what's going on TV and stuff like that. And, I'm wondering are they so used to it that they don't even think about it."

There are theories that talking about TV or celebrity gossip is a way to escape – if only temporarily. But, that doesn't mean the kids are successful in escaping their grim reality.

One study has suggested that as many as one-third of kids who live in violent neighborhoods have Post Traumatic Stress Disorder – the same PTSD that soldiers in combat experience.

We looked around the garden plot and Mark Covington told me about teaching the kids and neighbors about planting and tending the garden. As we're just chatting about squash, and garlic, and greens, people are driving by honk and waving. A Detroit city worker stopped to make sure everything was okay. With my microphone shoved in Covington's face, I guess it looked like I could be accosting him. Once he realized I was just a reporter, he smiled, waved, and drove on. The Georgia Street neighborhood seems friendly when you're with Mark Covington.

One of the kids who visits the community center often is Demario Alexander. He's 14.

"I help the animals every time I can or, like, I help Mark with what he's got to do sometimes. I'm not really a gardener person. I just like animals."

I asked Demario how safe he felt walking around the neighborhood.



“I know a lot of people around here, so I’m really not scared. Nothing’s actually going to happen to me. And, like, if something was to happen to me, I know what houses I can go to and they’re kind of close by,” Demario said.

The fact he’d already figured out which houses were safe if something happened could be telling. It’s safe, if you know where you can run.

This is the idea of normal here.

But there are neighbors who say, ‘We can do better, live better.’ People who remember how the neighborhood used to be before jobs went away and middle-class working folks left. They don’t see the abandoned houses and this level of risk as normal. And they want change.

A couple of young guys walking down the street shouted out to Mark, asking about when he would need some help in the garden. Cortez Lawrence and Mike Shelton are both 22. I asked them what it was like growing up here. Cortez spoke first.

“It’s like stress, because you’ve always got to look over your shoulder. But, certain people don’t have to look over their shoulder.”

I took that to mean, he’s looking out for his neighbors. Mike Shelton agreed.

“Got to take just one person, two people to build up community. Then more people, they’ll come to it,” said Shelton. “And, then that’s going to help other people that is stressing see that everybody else still happy, still living in the same in the same community that they living in to pick them up.”

While he was talking, he kept nodding in Mark Covington’s direction. Covington is humble about his work here, but he told me a story that I thought was revealing.

It was about a woman, a neighbor, who kept calling him on his cell phone.

“And she’s say, like, ‘Are you at the center or in the garden,’ and I’m like, ‘Yeah,’ you know, like, why does she keep calling me? So, one day we were finally together and I asked her why she kept calling me and asking me if I was in the garden and she was like, ‘I’m not walking through the alley if nobody’s out there,’ and I was like, oh, okay. You know.”

That alley, actually a path that cuts through the garden, is used all the time by the neighbors. Apparently, when Mark Covington and his volunteer crew are there, people feel more at ease – like an older woman who lives near the garden.

“She’ll come out and sweep her sidewalk and whatever and she’ll do a little stuff with her flowers. And, she says she looks out to see if we’re out there and that’s when she comes out to do her work,” Covington said.

And that’s something I’ve heard in some other so-called high crime neighborhoods. When there are one or two families who strengthen the neighborhood, the whole neighborhood does better.

They’re concerned about the people around them. And that kind of caring is infectious. A little decency goes a long way.

Dr. Carl Taylor says extreme poverty makes it hard to think about others when you’re struggling just to eat, or to get heat, or trying to find a way to avoid having the power turned off.

But it will be difficult if not impossible for these neighborhoods to be restored unless more people can get jobs, afford to think beyond their own front porch, start caring about their neighbors and the kids growing up there.

In the meantime, Taylor says policy makers have to start caring more. They have to realize there are kids in these neighborhoods who are suffering.

“I want them to treat that as if was their own child. And that’s a tall order,” Taylor said. Because, I think part of the problem is that with this media entertainment industry that drives images, that the image –let’s be honest- of ‘others’ and African-Americans are very much a part of that, but it’s also Latinos, Asians, ‘others’ is so damned that you don’t see your child. That’s the problem.”

Taylor says these kids should not be condemned to live these lives because of poverty or because their parents are hooked on drugs or in prison. In Michigan there are something like 56,000 kids with a parent in prison.

“Is our mission to make them live in hell and to suffer this hell? And the answer seems to be, ‘Yes. Too bad. They shouldn’t have did it. I can’t save the world.’ These are the things that I’m hearing,” Taylor said.

But, Taylor says we all pay a price for ignoring them. We pay in higher crime rates. We pay in more tax dollars to keep people in prison.

According to Kids Count – Michigan, more than half a million children under the age of 17 – almost 25% of Michigan children – live in poverty.

In Detroit, more than 57 percent of kids live in poverty.

“You know, poor kids get screwed, man. And then they don’t just go away,” Taylor said.

“And then you want to know why they do these heinous things. I think it’s because of neglect and we ignore them. And they’re saying, ‘You are not going to ignore me.’”

### **Getting cities and the state to care**

Kids know when things are not working right. They have an idea about what’s right, the way things ought to be.

Kids are not aware that the stress of living in a high crime area can aggravate asthma, or being in poverty makes it more difficult to get treatment.

They don’t know those older houses might be exposing them or maybe the kids next door to a toxin because peeling paint used decades ago is full of lead.

They don’t realize that the stress of worrying about keeping safe, not getting hurt, hoping there’s food and shelter will overtax parts of their young brains to the point it will leave scars they’ll carry for life.

They do know they want to be safe and healthy.

And so much of that is up to adults they don’t know, people who work in capitals such as Lansing and Washington, D.C.

Health experts know that asthma is aggravated by air pollution and triggers inside the house.

Industry resists tighter pollution controls. They say the costs threaten jobs, even though some of that pollution threatens lives.

Some elected leaders say Michigan can’t possibly afford the cost of fixing up all the homes where children live at risk, despite the health concerns and the long-term savings if we prevented things such as lead poisoning and reduced asthma attacks.

Michigan agency officials say the legislature needs to be educated. Department of Community Health spokesperson, Angela Minicucci says you have to talk to your legislators.

“We have a legislature that may not know all the issues going on in their communities and we have to rely very strongly on the community to educate their elected officials on the issues that really, truly are impacting the health of the citizens there,” Minicucci said. “And that is a constant struggle with every program we deal with in DCH.”

But, really, not that many people talk to their legislator. And it's not often a poor person gets the chance to be heard by a legislator.

There are advocates working and reminding elected leaders that these issues are about keeping kids safe and healthy.

Gilda Jacobs is with the advocacy group Michigan League for Public Policy which reminds legislators that kids can't control the environment in which they're growing up.

"The challenge is to get policy makers to understand that what they don't want for their kids, they shouldn't want for any kids," said Jacobs.

But, Jacobs, a former legislator, is aware that there is a gap between the experiences of most of the legislators and the people in these poorest neighborhoods. She says it's a difference of class and often a difference in race.

"Quite honestly, I don't think that the legislature has been focusing on the importance of going into many of these urban areas that are predominantly African-American and helping those kids change the trajectory of their lives," Jacobs said.

Jacobs says most of the legislators are solidly middle-class or wealthy and most of them are white. Few have had to struggle with extreme poverty while having no choice but to live in a high-crime area.

"Even those legislators that live in high poverty rural areas don't make the connection," said Jacobs. "So, it's really a stretch to get somebody who comes from western Michigan or northern Michigan to care about kids that are living in Saginaw, or Muskegon, or Benton Harbor, or Detroit."

While the legislature has been increasing efforts to fund programs to reduce lead poisoning and lower asthma rates in the state, there are tens of thousands of kids still at risk. There are hundreds of thousands of kids living in poverty.

Dr. Carl Taylor at Michigan State University says it's a matter of whether ideologies overwhelm compassion.

"Are we really people who are going to not support families who are in stress? That's really what we have to make a decision. I don't know how easy that's going to be," said Taylor.

The health issues we've covered are really just among some of the most obvious and disturbing our poorest children face. There are many more.

But we don't see them. There's no 'Breaking News' on TV about thousands of houses in Detroit lead-poisoning children. It happens every day. The fact that children in Detroit are twice as likely to be affected by asthma doesn't seem to generate much outrage. The fact that another generation of poor kids will be literally be scarred for life is not likely to be the leading issue in the election year debates we'll be seeing this year.

But then kids can't vote. And the poor don't vote in big numbers. And certainly they don't make campaign contributions.

So – who is going to care?