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South-Central Los Angeles: Anatomy of an Urban Crisis

**Permalink**

<https://escholarship.org/uc/item/4149t7pm>

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**Publication Date**

1993-06-01

**South-Central Los Angeles:  
Anatomy of an Urban Crisis**

**Lewis Center for Regional Policy Studies**

Working Paper No. 6  
June 1993

Price: \$15.00

This report was made possible  
by a grant from the  
Poverty and Race Research Action Council  
Washington, D.C.

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## Preface

The Los Angeles Rebellion, which broke out over the last days of April 1992, was a short but expressive symptom of a deep malaise at the heart of urban America. As brief as it was, the Rebellion was a predictable outcome of the festering crisis in Los Angeles where deprivation, social marginalization, and powerlessness exist cheek-by-jowl with extraordinary wealth, privilege and opportunity. And while South-Central Los Angeles is the single most concentrated focus of the crisis—just as it was the principal site of the Rebellion—the conditions that define the crisis as such, recur persistently in many other parts of Southern California, and indeed in other parts of the United States at large.

These conditions are not difficult to identify in broad outline. They are represented in the first instance by a large pool of chronically impoverished and underemployed individuals, and by the syndrome of social ills that invariably accompanies this state of affairs (inadequate housing, family breakdown, illiteracy, drugs, violence, etc.). The individuals involved tend dominantly to belong to various racial and ethnic minorities, a circumstance which intensifies the problem by seeming to separate it from the concerns of mainstream society, and worse still, by tempting non-minority groups to view the causes of the problem as being intrinsically "racial" or "ethnic" in character. Moreover, the often competing interests of the Afro-American, Latino, and Asian groups who are most closely associated with South-Central Los Angeles have made it difficult to build a united political front of inner city residents and allied organizations. The isolation of these groups is then magnified by spatial ghettoization, which exacerbates the vicious circle of negative synergies alluded to above.

The chapters that follow lay out a detailed bill of specifics as to the nature and causes of the crisis, together with various policy recommendations for dealing with some of its most troubling aspects.

**P** In Chapter 1, Ong describes the depth and range of economic deprivation in both South-Central Los Angeles and other parts of the wider metropolitan area. The chapter documents the high levels of unemployment, falling incomes, and the huge deficit of skills that are the main sources of the crisis as a whole.

**P** Leavitt and Heskin then take up the issue of the housing situation in South-Central. They provide detailed documentation of the inadequate shelter, overcrowding, exorbitant rents, and limited access to mortgage finance, that help to mark out South-Central Los Angeles as a zone of deprivation. They also provide a diagnosis of many of the essential failures of those public agencies that are ostensibly most concerned with the problem.

**P** Brown *et al.* describe a number of alarming failures of public health and health care delivery in Los Angeles. They indicate that over 2.7 million people in Los Angeles have no health insurance whatever, and they provide a disturbing catalog of the incidence of disease, neglect, violence, and addiction among the poor.

**P** Darby *et al.* point to the striking breakdown of education in Los Angeles in general and South-Central in particular. Education in the inner city is vitiated by a school system that is in effect defeated at the outset by underfunding, overpacked classrooms, and high levels of crime around individual schools. The problem is compounded by the need to serve an increasingly multi-racial and multi-ethnic clientele. Predictably, drop-out rates and illiteracy are soaring.

**P** In Chapter 5, Estrada and Sensiper bring the proceedings to a conclusion with a discussion of the many different social cross-currents and the concomitant difficulties of

political mobilization that mark South-Central. Estrada and Sensiper discuss the importance of unified political representation for South-Central, and they highlight the work of the Coalition of Neighborhood Developers as a promising experiment in local political consensus-building and activation.

Individually and collectively, these five chapters present a grim portrait of life in South-Central Los Angeles and other places like it, and they constitute a remarkable indictment of mainstream society for its indifference and neglect. The indictment is all the more distressing because the crisis has been such a durable feature of large metropolitan regions in the United States over such a long period of time. Some three decades after the Watts Riots, things have only gone from bad to worse. The dynamic of job loss in inner city areas has intensified, skills continue to be eroded, and the polarization of urban society between the rich and the poor has become more pronounced. Such jobs as are available to inner city residents are largely in low-wage service and sweatshop sectors. In turn, employers in these sectors have exacerbated the problem by their practice of preferential hiring of the most marginalized and powerless of workers, thus also helping to fuel and maintain an anarchical process of illegal immigration.

All of the papers presented here offer important suggestions for the formulation of policies and public action to deal with the various problems at hand. Clearly, however, there is no single and clearly-delineated line of attack that will once and for all reverse the pattern of breakdown and neglect alluded to above. Or rather, reversal will come only in the context of long-term local institution-building and intensive federal attacks on the problem of inner city areas at large. Political mobilization of those whose lives are most centrally affected is especially important, for as we have learned from past experience (ranging from the Civil Rights Movement to the Women's Movement), meaningful change is promoted and shaped most effectively by those whose interests are most centrally at stake. In the light of these remarks, the work of the Rebuild LA Committee, as useful and important as it is, will surely be stillborn in the absence of a wider social and political effort to turn the tide of America's inner cities.

This volume of essays and reflections is offered as one small contribution to the task of charting out the difficult road ahead.

Allen J. Scott  
Director  
Lewis Center for Regional Policy Studies

# Chapter One

## **Poverty and Employment Issues in the Inner Urban Core<sup>1</sup>**

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Paul Ong  
with contributions from  
Evelyn Blumenberg and Jianling Li

### **1.1. Introduction**

Economic inequality has been and remains deeply ingrained in Los Angeles.<sup>2</sup> The disparity in income between rich and poor continues to widen with a dramatic increase in low-wage workers and the steady rise in the poverty rate. Not surprisingly, economic inequities coincide with racial and ethnic divisions, leaving African Americans and Latinos disproportionately over represented at the bottom of the economic ladder. Therefore, while many residents bask in the well celebrated Los Angeles charms, others, the poor of Los Angeles, survive in impoverished inner-urban neighborhoods, the very same neighborhoods that exploded into violence on April 29, 1992.

This chapter focuses on employment related issues in the core poverty areas of Los Angeles Metropolitan area. The analysis relies on data from both published and unpublished sources, including information from the decennial censuses. We start by examining the broader process of economic polarization in Los Angeles within which the specific employment problems are embedded.

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<sup>1</sup> Parts of this paper are also included in Ong and Blumenberg (1992). This research was partially funded by grants from the Ford Foundation and the Poverty and Race Research Action Council. The author alone is responsible for the contents of this paper.

<sup>2</sup> Los Angeles, as referred to in this chapter, is the Los Angeles-Long Beach MSA (Metropolitan Statistical Area), which includes only Los Angeles County. The county covers 4,080 square miles, houses a population of approximately 8.6 million persons in 1988, and includes 84 incorporated cities. The City of Los Angeles is the largest city within the MSA, with approximately 3.4 million persons.

## 1.2. Economic Polarization and Growing Poverty

Like the rest of the nation, Los Angeles has not escaped the problem of increasing income inequality despite economic growth in 70s and 80s.<sup>3</sup> The growth of income inequality is tied to increased earnings polarization in the labor market. The median earnings for male full-time, year-round workers (in 1990 dollars) dropped from a two decade high of \$35,270 in 1973, male earnings fell to a 1989 low of \$30,500.<sup>4</sup> It is not surprising, therefore, that the collapse in male earnings translated into a polarization of income. The percentage of male full-time, year-round workers earning less than \$20,000 a year has almost doubled, growing from less than 13 percent of all workers in 1969 to approximately 25 percent of all workers in 1989.<sup>5</sup> As of 1989, approximately 300,000 full-time, year-round men earned less than \$20,000, with approximately 61,000 of these men earning less than \$10,000 per year. Conversely, the percentage of workers in the middle income categories, from \$20,000 to \$50,000 has declined. At the upper end of the wage distribution, the percentage of male workers has risen from 17 percent to 19 percent.

Broad structural changes have played a minor direct role in altering the distribution of earnings. Schimek (1989) attributes only 5 percent of the increase in low-wage work to the redistribution of jobs by broad industrial sectors. However, this may understate the effect of economic restructuring on low-wage work failing to capture the growth in low-wage jobs within, not just across, sectors of the economy. Moreover, the restructuring process may influence the earnings distribution more indirectly through a demographic recomposition of the labor force. Schimek (1989) finds that changes in the gender and racial composition of the Los Angeles workforce explained 40 percent of the increase in low-wage work with racial changes the single most important predictor. We will return to the role of race in the subsequent section.

Not surprisingly, the bifurcation of the wage distribution and the growth in low-wage workers translated into growing income inequality and rising poverty rates. Patterns of inequality can be measured by the income going to the poorest fifth of all families as a percentage of the income going to the richest fifth. For both years, this percentage was lower in Los Angeles than in the nation. (See Table 1.) For Los Angeles, the decline in this percentage took place during the 1970s, while the decline for the nation occurred throughout the 1970s and 1980s.

Rising poverty accompanied growing income inequality. In 1969, the poverty rate for Los Angeles was 2.8 percent lower than that for the U.S. This quickly changed as Los Angeles' poverty rate continued creeping upward while the poverty rates for the nation remained stable. By 1979, the poverty rate for Los Angeles was one percent higher than that for the nation. And, as of 1989, the Los Angeles poor had grown to over 15 percent of the population.

Popular images of the poor focus on the single welfare mother; however, the empirical reality for Los Angeles reveals a poverty population notable for its diversity. Men comprised 43

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<sup>3</sup>Nationally, these findings are reported by Harrison and Bluestone in their book *The Great U-Turn* (1988); similar findings for Los Angeles are reported by the Research Group on the Los Angeles Economy (1989).

<sup>4</sup>We focus here on the wages of male, full-time, year-round workers. This approach avoids the argument that income polarization is the outcome of the recent entry into the labor market of low-wage female workers.

<sup>5</sup>These figures are based on the 1989, 1990 and 1991 Current Population Survey; they include all men over the age of 16 who worked more than 34 hours per week and 49 weeks per year.



percent of the poor in Los Angeles. And while female-headed households were more likely to be poor than other types of households, they constituted a small proportion of all families. Moreover, despite the image of the welfare mother, most families in poverty were not dependent on government assistance for their survival. Only a quarter of the adult poor in Los Angeles collected any form of public welfare assistance, including income from such programs as Aid to Families with Dependent Children, General Assistance, and Medi-Cal.<sup>6</sup>

The economic changes and rising poverty described above were related, but in a complex and dynamic fashion. A substantial proportion of the growth in poverty was driven by an expansion of the number of the working poor. The percentage of the poor who worked full-

**Table 1. Income and Poverty in Los Angeles**

|                       | L.A.<br>1969 | L.A.<br>1989 | U.S.<br>1969 | U.S.<br>1989 |
|-----------------------|--------------|--------------|--------------|--------------|
| Per Capita<br>Income  | 15,492       | 16,149       | 12,549       | 14,420       |
| Med. Family<br>Income | 37,072       | 39,035       | 32,740       | 35,225       |
| Income<br>Ratio       | 11.8%        | 7.8%         | 13.8%        | 10.3%        |
| Poverty Rate:         |              |              |              |              |
| Decennial<br>Census   | 10.9%        | 15.1%        | 13.7%        | 13.8%        |

All income statistics are in 1989 dollars.  
Sources: 1990 Census, Current Population Survey.

time, full-year increased from 8 percent in 1969 to 9 percent in 1989; over a third of those in poverty had worked some amount over the previous year.

The working poor suffered from both the lack of education and job skills (what has become known as “human capital”) and diminishing employment opportunities. Certainly, the entry of unskilled immigrants with little formal education contributed to rising poverty levels. Unfortunately, as studies have demonstrated, human capital investments are necessary but not sufficient in alleviating poverty. Poverty, like the increase in low-wage work, was also driven by broad shifts and fluctuations in the economy. The significant decline of the middle-wage sector established a new labor market structure with fewer avenues of upward mobility. In previous decades, some individuals could eventually move into better paying jobs; however, more recently many avenues for upward mobility were closed.

<sup>6</sup>Of this percentage, only 13 percent received Aid to Families with Dependent Children (AFDC).

### 1.3. Racial Inequality

While the presence of ethnic minorities in Los Angeles predates the last two decades, it is over this period that Los Angeles emerged as a majority non-white city (see table 2). The demographic metamorphosis of the region during this period was as dramatic and far reaching as the industrial restructuring described above. In 1970, 71 percent of the city's population was non-Hispanic white or Anglo; the remaining 29 percent of the population was divided among Latinos (15 percent), African Americans (11 percent), and, finally, Asian Pacific Islanders (3 percent). By 1980, the Anglos population dropped to 53 percent and fell once again in 1990 to only 41 percent. Large scale immigration from Latin America and Asia coupled with a moderate growth in the African American population expanded the numbers of Latinos, Asians, and African Americans throughout the 1970s (Muller and Espenshade, 1985). Immigration continued to reshape the demographics of Los Angeles into the 1980s as the percentage of Latinos and Asians swelled.<sup>7</sup> By 1990, Latinos comprised 36 percent of the Los Angeles population; African Americans and Asians constituted 11 percent respectively. The demographic revolution of Los Angeles is not over; if current trends continue, by the end of the century, Anglos will fail to comprise even a plurality of the region's population.

**Table 2. Population by Ethnicity for Los Angeles**

|                            | 1970 | 1980 | 1990 | 2000 |
|----------------------------|------|------|------|------|
| <b>Persons (thousands)</b> |      |      |      |      |
| Anglo                      | 4885 | 3849 | 3619 | 3385 |
| Black                      | 747  | 929  | 993  | 1070 |
| Latino                     | 1024 | 1918 | 3230 | 4805 |
| Asians*                    | 234  | 645  | 1021 | 1664 |
| <b>Percent</b>             |      |      |      |      |
| Anglo                      | 70.9 | 52.4 | 40.8 | 31.0 |
| Black                      | 10.8 | 12.7 | 11.2 | 9.8  |
| Latino                     | 14.9 | 26.1 | 36.4 | 44.0 |
| Asians*                    | 3.4  | 8.8  | 11.5 | 15.2 |

Source: 1970 and 1980 statistics are estimated from the Public Use Microdata Samples; the 1990 numbers are taken from the Summary Tape File 1A; 2000 Projections are drawn from Urban Research Section, Los Angeles County, 1992

Los Angeles' transformation into a multiethnic, world-class city was built on ethnic and racial inequality. Minorities were consistently pulled into the region to fill the growing supply of low wage jobs, jobs often dismissed by white workers for their lack of status, their dangerous work

<sup>7</sup>The African American population experienced a net increase of only 50,000 people during the 1980s. Increasing out migration of African Americans since the 1960s has reduced the level of net immigration (Johnson and Roseman, 1990).

conditions, and their low pay. Over the last few decades, minority workers were disproportionately employed as domestics, as operators in low-wage, non-durable manufacturing industries, and in the growing service industries as janitors and busboys. Only African Americans made some occupational progress, gaining access to higher wage manufacturing and government service jobs.

The occupational positions of racial and ethnic minorities translated into enduring earning disparities, particularly with respect to Latinos. Although the earnings gap between African Americans and their non-Hispanic white counterparts persisted into the 1990s, it consistently narrowed over this period. By 1989, African American men earned 69 percent of the median earnings of non-Hispanic white men and African American women earned 91 percent of non-Hispanic white women's median earnings. For Latinos, the unfortunate story was one of growing inequality. The income of Latinos has steadily dropped so that by 1989, Latino men and women earned 46 and 50 percent of the median earnings of non-Hispanic white males and females. Among male, full-time, full year workers, we find that Latinos comprise two-thirds of all male workers earning less than \$10,000; non-Hispanic whites comprise over three-quarters of all those making above \$50,000.

The decline in relative income can be attributed partially to the influx of unskilled immigrant labor to the region; traditionally, immigrants have entered the bottom tier of the labor market. In previous decades, the entry of immigrants into the labor market had only a temporary effect on the income distribution as immigrants eventually moved into better paying jobs (Morales and Ong, 1991). More recently economic mobility for Latino immigrants, in particular, has diminished. Opportunities for advancement among Latinos who had lived in the United States for five to ten years grew worse; this group of men earned one-third less in 1980 than in 1970, indicating that during the 1970s labor market integration slowed for Latinos (Forsyth, 1988). By 1980, recently arrived Mexican men earned 50 percent less than Latinos who had immigrated over 20 years ago; moreover, these new arrivals took longer to catch up to the earnings of their more assimilated counterparts.

**Table 3. Labor Market Outcomes by Race, 1989**

|   | Anglo  | Black  | Latino | Asian  |
|---|--------|--------|--------|--------|
| <b>Percent With Less Than a High School Education</b> |        |        |        |        |
| Male  | 10     | 21     | 60     | 13     |
| Female  | 11     | 21     | 59     | 20     |
| <b>Full-Time, Full-Year Employment Rate*</b>          |        |        |        |        |
| Male  | 72%    | 63%    | 58%    | 64%    |
| Female  | 56%    | 58%    | 48%    | 57%    |
| <b>Median Annual Wage Earnings*</b>                   |        |        |        |        |
| Male  | 35,000 | 24,000 | 16,000 | 24,000 |
| Female  | 22,000 | 20,000 | 11,000 | 18,000 |

All data is for persons ages 25 - 64.

\*Minimum of 100 hours of work in 1989.

Source: Estimates from 1990 PUMS

Immigration alone cannot explain growing racial disparities; U.S.-born minorities made little economic progress during the 1960s and 1970s (Van Houten, 1989). Holding constant for education, work experience, and racial/ethnic status, the model indicates that being African American and male reduced wages by 35 percent in 1979, up from 30 percent in 1969 (Van Houten, 1989). Affirmative action programs of the 1970s aimed at reducing discrimination against African Americans appeared to have had little appreciable effect on closing the racial gap; on the contrary, discrimination against African Americans is rising not diminishing (Ong and Blumenberg, 1992). The same study also suggests that U.S.-born Latinos face labor market discrimination; being a U.S.-born Latino costs workers 10 percent in annual earnings.

Racial inequality is also reflected in terms of family income. As of 1989, the median family income of African Americans was 62 percent of that of non-Hispanic whites. Latinos fared slightly better than African Americans due to differences in the number of wage earners per family. The median family income among Latinos was 66 percent that of non-Hispanic white families.<sup>8</sup>

Race and ethnic inequality is further highlighted with the variation in poverty rates among groups. Despite the attention placed on the poverty status of African Americans, in recent years, Latinos have been the fastest growing ethnic group among the poor. Historically, the poverty rate among African Americans has dwarfed that of all other ethnic and racial groups. However, sometime during the 1980s, this ceased to be true, as Latino poverty climbed and as poverty among African Americans slightly declined. An overwhelming 58 percent of the poor are Latino, 20.5 percent non-Hispanic white, and 13.4 percent African American. These numbers reflect not only the growth in the number of Latinos in Los Angeles but also the rapid increase in Latino poverty (see table 4).

**Table 4. Poverty Statistics for Los Angeles**

|         | Persons Below Poverty<br>(in thousands) |      |      | Poverty Rate |      |      |
|---------|---|------|------|--------------|------|------|
|         | 1969                                    | 1979 | 1989 | 1969         | 1979 | 1989 |
| Total   | 753                                     | 985  | 1301 | 11.1         | 13.4 | 15.1 |
| Groups: |   |      |      |              |      |      |
| Anglo   | 378                                     | 288  | 229  | 7.8          | 7.5  | 6.6  |
| Black   | 180                                     | 215  | 203  | 24.2         | 23.2 | 21.2 |
| Latino  | 169                                     | 388  | 744  | 16.6         | 19.2 | 22.9 |
| Asian   | 26                                      | 94   | 125  | 11.2         | 14.6 | 13.2 |

1969 and 1979 statistics are estimates from the Public Use Microdata Samples. The Asian category for these two years includes a small number of persons who were classified non-Latino "other". 1989 statistics are from the 1990 Census, with estimates for the Anglo population derived by subtracting out the number of estimated white Latinos.

<sup>8</sup>The median family income for Anglo families was \$42,000; for African American and Latino families it was \$26,000 and \$27,800 respectively.

## 1.4. Inner Urban Poverty

The overlapping economic and racial inequalities described above have a geographic form, where a sizeable proportion of poor minorities reside in what the Census Bureau call high-poverty areas, that is, census tracts where at least a fifth of the residents fall below the poverty line. In Los Angeles County, most high-poverty tracts are concentrated in neighborhoods surrounding and within the central business district (CBD, a.k.a. downtown). In East-Coast metropolises, the appropriate term would be the inner city, but in Los Angeles the equivalent does not reside neatly within one city. For analytical purpose, we label this area as the inner urban poverty core, or the core for short. The core includes 281 tracts meeting the Census Bureau's definition, and an additional five tracts that fall slightly below the one-fifth cutoff but whose inclusion makes the area geographically contiguous. We do not include three CBD tracts where urban renewal and gentrification have produced an island of relative affluence. The result of our definition is shown in Map 1, which outlines the inner urban poverty core along with some key landmarks.

The core is enormous, covering 105 square miles. It cuts across city boundaries, taking in parts of the City of Los Angeles, Inglewood, and Compton, and the unincorporated area of East Los Angeles. Within Los Angeles City, the core includes parts or all of the communities of Hollywood, Koreatown, Pico-Union, Adams, and South Central. The total population, according to the 1990 census, is over 1.6 million, and if this area was a city, it would rank fifth nationally, slightly behind Houston but ahead of Philadelphia. The core houses only 18.4 percent of the County's total population, but houses 38.0 percent of the County's poor. Not surprisingly, it is also the area where the violence of the 1992 riots/rebellion was concentrated.

The population is ethnically diverse. At 62 percent of the total population, Latinos comprise the single largest ethnic/racial group. This is not surprising since, as documented earlier, the majority of L.A. County's poor are Latinos. African Americans make up 22 percent of the population, Asian Pacific Americans make up 8 percent, and Anglos (non-Hispanic whites) 7 percent. Relative to the rest of the County, Latinos and African Americans are over-represented in the poverty core, and Asian Pacific Americans and Anglos are under represented, with Anglos being the most under-represented. While they comprise 7 percent of the population in the poverty core, they comprise nearly half of the population in the rest of the County.

This racial imbalance is the product of several factors. Racial segregation and concentration are partially the result of the differences in income distribution across ethnic and racial groups. (See Ong and Lawrence, 1992, for detailed discussion of the overall racial residential patterns.) For the rapidly growing Latino population, the core not only offers the low-income housing they could afford, but also offers Hispanic-based cultural and social institutions. For many African Americans, however, segregation is also the result of housing discrimination, which persists despite decades of fair-housing laws. Finally, there has been an exodus of Anglos, who had made up a sizeable share of the population in several of the neighborhoods two decades ago.

The ethnically diverse population is not evenly distributed throughout the core. Instead, many neighborhoods are clearly identifiable by race and ethnicity. Most tracts in the northern and eastern halves have a Latino majority population, while many of the tracts in the south-western corner are majority African American. A third of the people reside in more mixed neighborhoods, but some of these are undergoing a transition to be predominantly Latino. While these three types

of neighborhoods face some similar underlying problems, there are also crucial differences that are better understood by dividing the analysis by neighborhood types.

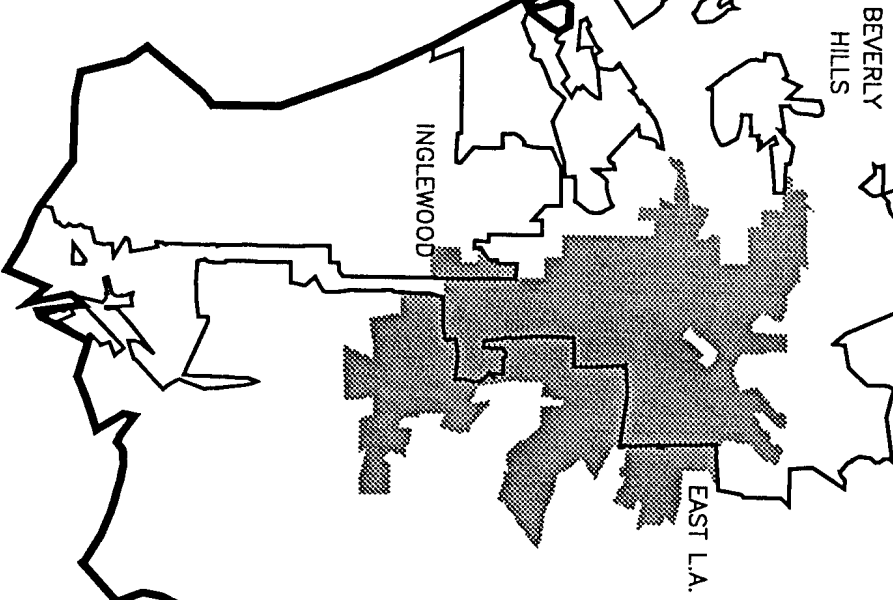
A census tract is classified as a Latino tract if 60 percent of the population is Latino, and an African American tract if 60 percent is African American. The third category, which we call the Mixed tracts for convenience, contains the remaining tracts in the poverty core. In the following analysis, we find that for many statistics, the outcomes are ranked in an orderly fashion, with Latino and African American tracts at the two ends and the Mixed tracts in between. In these cases, we can limit the discussion to the two extreme types for convenience.

Table 5 provides basic demographic information for the three categories of core tracts, along with the corresponding information for the rest of the County. Obviously, variations in ethnic/racial composition among the three types of neighborhoods is determined by the way we created the categories. However, it is interesting to note that the Latino tracts are much more ethnically and racially homogenous than the African American tracts. Unlike the other two categories, the Mixed tracts contain a fair number of Anglos and Asian Pacific Americans.

There is considerable variation in terms of nativity. Foreign-born individuals comprise a large majority in Latino neighborhoods, and a sizeable minority in Mixed neighborhoods. In both neighborhood types, approximately one in six or one in seven are recent immigrants (those in the country five years or less). These are essentially communities of immigrants and their children. At the other end of the distribution by nativity are the African American tracts, where U.S. born individuals make up over three quarters of the population, a higher proportion than for the rest of the county.


There are two other important demographic characteristics. The residents of the poverty core are younger than people in the rest of the County. While the median age for the latter in 1990 was 31 years old, the medians for the Latino, African American, and Mixed tracts were 25, 26, and 26 respectively. Roughly a third of the residents in the poverty core is under the age of 18. The other notable demographic characteristic is the prevalence of female-headed families. In African American tracts, over four out of ten families fall into this category. The proportions are smaller for the Latino and Mixed tracts, but are nonetheless significantly higher than for the rest of the County. Moreover, the proportion of families headed by single males is almost twice as high.

# INNER URBAN POVERTY AREA



 CITY OF L.A.

 INNER URBAN

 L.A. COUNTY

**Table 5: Demographic Profile**

|                               | <b>TOTAL</b> | <b>POVERTY CORE</b> |              |              | <b>REST OF L.A. COUNTY</b> |
|-------------------------------|--------------|---------------------|--------------|--------------|----------------------------|
|                               |              | <b>LATINO</b>       | <b>AF AM</b> | <b>MIXED</b> |                            |
| <b>Total Population, 1990</b> | 1,627,307    | 843,688             | 200,066      | 583,553      | 7,235,857                  |
| <b>Ethnic Distribution</b>    |              |                     |              |              |                            |
| % Anglos                      | 7.2%         | 4.6%                | 1.3%         | 13.0%        | 48.6%                      |
| % Hispanic                    | 62.1%        | 82.1%               | 27.2%        | 45.1%        | 30.5%                      |
| % Black                       | 22.4%        | 7.1%                | 69.7%        | 28.3%        | 8.7%                       |
| % API                         | 7.6%         | 5.4%                | 1.1%         | 12.9%        | 11.5%                      |
| % Others                      | 0.8%         | 0.8%                | 0.7%         | 0.7%         | 0.7%                       |
| <b>Nativity</b>               |              |                     |              |              |                            |
| % Foreign Born, All Persons   | 49.9%        | 58.2%               | 21.6%        | 47.7%        | 28.8%                      |
| % Recent Immigrants           | 17.2%        | 19.2%               | 6.8%         | 17.8%        | 8.0%                       |
| <b>Age</b>                    |              |                     |              |              |                            |
| 1-17                          | 32.2%        | 34.2%               | 33.2%        | 29.0%        | 24.9%                      |
| 18-24                         | 14.7%        | 15.6%               | 12.0%        | 14.4%        | 11.3%                      |
| 25-44                         | 33.1%        | 32.6%               | 39.8%        | 35.1%        | 35.6%                      |
| 45-64                         | 12.8%        | 11.6%               | 15.8%        | 13.6%        | 18.0%                      |
| 65+                           | 7.1%         | 6.1%                | 9.3%         | 7.8%         | 10.2%                      |
| <b>Med Age</b>                | 25           | 25                  | 26           | 26           | 31                         |
| <b>Household Size</b>         | 3.55         | 3.98                | 3.33         | 3.13         | 2.79                       |



**Table 6: Poverty and Work**

|                                  | POVERTY CORE |          |          |          | REST OF     |
|----------------------------------|--------------|----------|----------|----------|-------------|
|                                  | TOTAL        | LATINO   | AF AM    | MIXED    | L.A. COUNTY |
| Poverty Rate                     | 31.2%        | 30.8%    | 31.2%    | 31.8%    | 11.5%       |
| Med. Family Income               | \$20,563     | \$20,516 | \$21,704 | \$20,278 | \$ 43,309   |
| Med. Household Income            | \$19,546     | \$20,046 | \$19,675 | \$18,932 | \$ 38,321   |
| Per Capita Income                | \$ 7,131     | \$ 6,264 | \$ 8,035 | \$ 8,074 | \$ 18,177   |
| Poverty Below 75%                | 21.3%        | 20.8%    | 21.4%    | 22.1%    | 7.7%        |
| 75% - Poverty Line               | 9.8%         | 10.0%    | 98.0%    | 96.0%    | 3.7%        |
| 100 - 150%                       | 19.1%        | 20.9%    | 15.1%    | 18.0%    | 8.3%        |
| 150 - 199%                       | 14.5%        | 16.0%    | 12.1%    | 13.3%    | 8.5%        |
| 200% +                           | 35.2%        | 32.4%    | 41.6%    | 37.0%    | 71.8%       |
| Unemployment Rate                | 12.1%        | 11.9%    | 14.0%    | 11.9%    | 5.8%        |
| Employment Ration                | 63.2%        | 65.2%    | 58.4%    | 61.8%    | 76.9%       |
| % FT - FY (full-time, full year) | 44.2%        | 42.9%    | 48.9%    | 44.6%    | 55.7%       |
| Hourly wages                     | \$ 8.73      | \$ 7.88  | \$ 10.33 | \$ 9.45  | \$ 16.69    |
| Yearly Earnings                  | \$13,685     | \$12,443 | \$16,285 | \$14,647 | \$ 27,626   |
| <b>Employment Sector</b>         |              |          |          |          |             |
| % of Self-Employed               | 5.4%         | 4.8%     | 4.5%     | 6.5%     | 8.7%        |
| % of Private Employed            | 84.3%        | 87.4%    | 74.0%    | 82.9%    | 79.1%       |
| % of Public Employed             | 10.3%        | 7.7%     | 21.5%    | 10.6%    | 12.1%       |

## 1.5. Poverty and Work in the Core

Although the three categories of neighborhoods are demographically diverse, they share a common set of economic conditions. The poverty rates for the three categories are very close—31 to 32 percent—nearly three times the rate for the rest of the County. Median family income and median household income follow a similar pattern. For all three categories, the medians are less than half that for the rest of the county. The discrepancy is even greater in per capita income, with Latino tracts having the lowest average.

The problem of poverty and low-income is linked to the labor market. Unemployment rates in the core are over twice as high as that for the rest of the County. Even this glaring discrepancy understates the difficulty of finding work because the unemployment rate includes only those actively seeking work. Persons who have become discouraged because of a paucity of meaningful employment opportunity are not counted as being unemployed. Since this is more likely for the residents of poor, minority neighborhoods, the official definition of the unemployment rate understates the discrepancy between the core and the rest of the County. We include estimates of the employment ratio for the population between the ages of 20 to 64.<sup>9</sup> The greatest difference is between the African American tracts and the rest of the County, 17.5 percentage points. Using the employment ratio for the whole County as a bench mark, we estimate a joblessness rate (which includes the unemployed and discouraged workers) of 27 to 28 percent, twice as high as the unemployment rate.<sup>10</sup> Joblessness is indeed at crisis proportion in these neighborhoods. Although the employment ratio is higher in Latino tracts, it is nonetheless lower than for the rest of the County. Even among those employed, employment is less stable. This can be seen in the proportion who work full-time, full-year. While a majority of workers in the rest of the County enjoy this status (56 percent), only a minority of the workers in the core do (44 percent).

Along with joblessness and unstable employment is a problem of low wages and earnings. The average hourly wage of workers who are residents of African American tracts is only 62 percent of the average hourly wage of workers residing in the rest of the County.<sup>11</sup> The corresponding percentage for annual earnings is even lower, 59 percent, because employment is less stable in African American neighborhoods. As bad as wages and earnings are in African American neighborhoods, they are worse in Latino neighborhoods, which on an hourly basis is only 47 percent of the level for the rest of the County, and 45 percent on an annual basis.

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<sup>9</sup> These estimates are made from the 1990 Census data on the employment status of those 16 and older. To derive estimates for the 20 to 64 age group, we excluded those 16 to 19 years old from the employment data, and then we adjusted the total population by excluding the elderly population. Because there is no information on the employment status of the elderly, we made the assumption that all elderly persons were not in the labor market.

<sup>10</sup> This is done by first estimating the employment ratio for the 20 to 64 age population by gender and five-year age grouping for the whole county using the Los Angeles sample from 1989, 1990, and 1991 Current Population Survey. These rates then are applied to each census tract to derive a hypothetical number of employed workers. We used the unemployment rate for the rest of the County to derive a hypothetical labor force. The number of jobless persons is the difference between the hypothetical labor force and actual number of persons employed, and the joblessness rate is the number of jobless persons divided by the hypothetical labor force.

<sup>11</sup> Average hourly wages and annual earnings are calculated from 1990 Census data on total wage and self-employment income, weeks of work, and hours worked in a typical week. Because weeks and hours are reported as categorical data, we generally used the midpoints for our calculations. However, in some categories, we used points other than the midpoint because the underlying distribution tends to be skewed in one direction.

The employment problems facing residents of the poverty core are key factors in the high poverty rates. With pervasive joblessness and low wages, many are unable to make a decent living, which places them and their families in poverty. However, the above analysis reveals a key difference. While joblessness is most prevalent in African American tracts, wages and earnings are lowest in the Latino tracts.

## 1.6. Causal Explanations

There are multiple causal factors for joblessness and low wages. One key element is low human capital, particularly in the form of education (see table 7). Over half of the adult residents (25 and older) in the poverty core do not have a high school diploma, which is twice the rate for the adult residents in the rest of the County. At the other end of the educational attainment scale, the proportion of the adult residents in the rest of the County with at least a bachelor's degree (25 percent) is three times higher than the proportion for adult residents in the poverty core (8 percent). Educational attainment is lowest in Latino neighborhoods, where over two-thirds do not have a high school education and fewer than one in twenty have a bachelor's degree. In the labor market, low levels of educational attainment directly translate into lower wages and earnings.

The barriers facing workers in Latino and Mixed tracts are compounded by a lack of English-language skills. In Latino neighborhoods, 45 percent of all persons between the ages of 18 and 64 either do not speak English well or do not speak English at all. The problem is not as severe in Mixed tracts, but nonetheless, over a quarter have very little or no English speaking ability. These high figures are not surprising given the large number of immigrants, many of whom have been in this country for only a few years. Even those who have been here longer may have limited English language ability because there have been too few adult English language programs targeted to the working poor. The language problem generates two adverse impacts: 1) it makes it difficult for immigrant workers to market the skills and education they acquired abroad, and 2) it isolates them into a narrow low-skill segment of the economy where labor crowding drives down wages.

There are additional barriers for female heads of families, who must bear the sole burden of raising children alone. In the poverty core, over 55,000 women fall into this category, and female-headed families account for 28 percent of all families with children. In African American neighborhoods, the percentage is even higher, 46 percent of all families with children. Although the percentage is lower in Latino tracts, 23 percent, it is still at a problematic level. The combination of limited employment opportunities, low wages, and the lack of affordable day care has forced a majority of these females to rely on welfare which does not provide enough benefits to lift the family out of poverty.<sup>12</sup> The proportion of single mothers using welfare varies across neighborhood type, with African American tracts having the highest rate (over three quarters) and Latino tracts having the lowest rate (less than half). What is amazing is not the high proportion on welfare but the large number of single mothers who work despite poor employment prospects.

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<sup>12</sup> According to unpublished data from California's Department of Social Services, there were over 32,000 adult females on the Family Group segment of Aid to Families with Dependent Children, a program for single parents.

**Table 7: Education Levels**

|                                  | TOTAL  | POVERTY CORE |        |        | REST OF<br>L.A. COUNTY |
|----------------------------------|--------|--------------|--------|--------|------------------------|
|                                  |        | LATINO       | AF AM  | MIXED  |                        |
| <b>Education (25+)</b>           |        |              |        |        |                        |
| W/O High School Degree           | 58.2%  | 68.9%        | 44.5%  | 48.9%  | 24.7%                  |
| High School Degree               | 18.1%  | 15.1%        | 23.9%  | 20.0%  | 21.2%                  |
| Some College                     | 16.0%  | 11.4%        | 24.4%  | 19.3%  | 29.1%                  |
| 4 or More Years of College       | 7.7%   | 4.7%         | 7.2%   | 11.8%  | 25.1%                  |
| <b>English Ability (18-64)</b>   |        |              |        |        |                        |
| % No English                     | 35.8%  | 45.3%        | 14.9%  | 29.3%  | 11.8%                  |
| % Spanish Only                   | 32.5%  | 43.3%        | 14.6%  | 23.3%  | 9.0%                   |
| % Asian Only                     | 2.5%   | 1.7%         | 0.3%   | 4.2%   | 2.1%                   |
| % Other- Language Only           | 0.8%   | 0.3%         | 0.1%   | 18.0%  | 0.7%                   |
| Female Headed Family             | 55,324 | 24,144       | 11,163 | 20,017 | 148,554                |
| % of All Families with Kids      | 28.0%  | 22.6%        | 46.3%  | 30.1%  | 17.8%                  |
| Estimated % FHH on AFDC          | 58.2%  | 46.1%        | 77.7%  | 62.0%  | 37.4%                  |
| <b>Youth 16-19</b>               |        |              |        |        |                        |
| % Not in School, w/o H.S. Degree | 27.4%  | 29.6%        | 23.3%  | 25.2%  | 14.5%                  |
| % Not in School, Not Working     | 20.0%  | 19.2%        | 22.1%  | 20.8%  | 11.1%                  |

A deficiency of human capital and the large number of single mothers are not the only causes of low wages and poor employment opportunities. Although we do not have the required data to estimate the impact of racial discrimination, it is likely that the residents of the poverty core experience a higher cost of not being Anglo than the cost of employment discrimination discussed in the first half of this paper.

Racial discrimination also acts through the housing market. Many African Americans with low skills and low educational attainment are trapped in neighborhoods that have lost thousands of blue-collar jobs over the last quarter century of economic and urban restructuring (Soja et al., 1983; Ong and Blumenberg, 1992). Although these jobs have been replaced, particularly in the central business district, the new jobs are highly polarized. Some require high-skills and extensive educational training, while others are menial positions with poverty-level wages which are held largely by Latinos. As a consequence, a spatial and skills mismatch contributes to joblessness of many African Americans.<sup>13</sup>

Although many Latinos also live in segregated neighborhoods, they do not suffer, or at least not to the same degree as African Americans, from a spatial and skills mismatch. Many inner-urban Latino neighborhoods have jobs-to-workers ratios that are at least on par with the ratio for the

<sup>13</sup> See Kasarda (1988) for discussion of this general phenomenon.

County as a whole, and experience levels of commercial and industrial investments that are also at parity (Ong, 1989). However, limited educational attainment, English-language skills, and marketable experience confine many Latino workers to the menial, low-paid jobs.

The employment problems discussed above are being reproduced in the younger generation. Over a third of those between the ages of 16 and 19 are not enrolled in school, an indication of a high drop out rate from high school and a low rate of attendance in post-secondary institutions. Among those not in school, 79 percent do not have a high school diploma and 56 percent are not working. Overall, 20 percent of all youths in the core are neither in school nor working, which is nearly twice the rate experienced by youths in the rest of the County. Acquiring limited educational attainment and work experience during the late teen years is likely to doom many of the core's youth to low-wage work or to the ranks of the jobless as adults.

### **1.7. Realistic Scope for Change**

Many employment problems in the core can be ameliorated, if not altogether eliminated, given the necessary resources and political will. The April riots/rebellion created a sense of urgency to rebuild and transform Los Angeles into a more just society. Despite the earnest efforts and commitments of those jolted into action, the reality is that change will not come soon or easily.

We can begin understanding the almost overwhelming scope of the challenge of fighting poverty in the core by looking at the number of new jobs needed by residents. We offer one set of estimates based on 1990 census data. If the objective is to provide enough work for those actively seeking work so that the unemployment rate falls to parity with the rest of the County, then 42 thousand jobs would be required. This, however, does not address discouraged workers. Expanding job opportunities would encourage those outside the labor force to enter or reenter the labor market, causing the unemployment rate to drop more slowly than if there were no expansion of the labor force.

An alternative estimate of the number of jobs needed is based on increasing the employment ratio to match that observed for the whole County. This approach, which takes into account those who are current not actively looking for work, leads to an estimate of 120,000 jobs, nearly three times higher than the simple unemployment-based target. Given that the unemployment rate for L.A. has increased dramatically since 1990, the number of jobs needed is likely to be considerably higher.

One can reasonably question the accuracy of our estimates, but we do believe that they correctly point to the enormous magnitude of the challenge. The estimates indicate that joblessness cannot be solved with the programs that currently have a realistic chance of being implemented over the next year or two. The challenge is even more daunting because we have discussed only the problem of joblessness. The problem of the working poor is just as important and just as massive.

The efforts to rebuild and transform have become economically and politically more difficult over the last few months because of the lingering recession, which is redirecting public interest to a broader concern. The economic woes facing Los Angeles have grown with a deep, prolonged business downturn that has driven unemployment to double digit levels. The economic contraction is driven by both a national cyclical downturn and long-term forces such as the decline of military spending, increased international competition, and the flight of businesses to escape local regulations and taxes. According to the UCLA Business Forecasting Project (1992), Los

Angeles will not experience economic recovery until 1993, well after improvements occur in the national economy; but even by the end of 1994, forecasters estimate that the unemployment rate will remain as high as 8 percent.

Although the downturn has hurt low-income minorities, it has also adversely affected middle and upper income Anglos, directly through layoffs and indirectly through the depressed real estate market. In our electoral system, it is this latter group that still holds political power. Faced with the bleak economic prospects and declining tax revenues, elected officials will increasingly turn their attention to fixing the local economy as a whole and to meeting the concerns of the middle-class at the expense of addressing the problems of the inner urban poverty core. This is not a scenario that we want, but it is a scenario that is unfolding.

Despite these formidable obstacles, there is nonetheless still an opening for action. It is crucial to take advantage of the window of opportunity created by the riots/rebellion. Before the sense of urgency wanes and the memories of the violence fade, we must put into place program designs and policies that will generate long-term benefits and take advantage of economic growth when it returns.<sup>14</sup> This includes formulating an appropriate set of manpower strategies.

### **1.8. Intervention Strategies**

Combating the employment problems in the core requires a diversity of strategies on both the labor demand and labor supply side. Job creation through new investments has been the focus of the post-riots/rebellion efforts. This is particularly true for Rebuild L.A., which claims to be negotiating with 68 major corporations to bring new projects into the inner-city. There are questions about the extent to which these corporations are participating (Brooks and Weinstein, 1992), but job creation in itself is a crucial element in an agenda to rebuild and transform Los Angeles.

The impact of investment driven job creation depends not only on the number of jobs but also the types of jobs. Because it is desirable to create high-wage jobs, the discussion has been centered around attracting investments that create a demand for high-skilled labor associated with "good" jobs. There is, however, an unfortunate trade-off. Few of the most disadvantaged residents would qualify for these positions. Although some residents would be able to fill high-quality jobs, these would be primarily workers who are currently underemployed. As past experience with economic development programs indicate, many of the better positions would ultimately be filled by people from outside the community. The net outcome is an inverse relationship between the quality of jobs and the share of the positions that can be filled locally. On the other hand, creating jobs that match the existing mix of skills results in an expansion of low-wage employment. In fact, the prevailing wage level of such new positions would be lower than the observed low-wages reported earlier because jobless individuals tend to have lower educational attainment and fewer skills than the employed. It is unclear how many jobless persons would respond to offers of low-

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<sup>14</sup> The history of other urban economies shows that even the worst downturns were eventually followed by a recovery that overcame structural problems. A primary example of this is New York City, which in the 1970s went through one of most severe economic and fiscal crises of modern times. The City underwent a remarkable turnaround in the 1980s. However, there is also another lesson to be learned from NYC. Although the urban economy has recovered, economic inequality appears to be worse now than two decades ago.

wage work. For example, single mothers who must forego their welfare benefits would find themselves worse off with these jobs after paying for transportation, child care and other work related expenses (Smolensk et al., 1992). For others, the low wages would be so demeaning (coupled with limited or no upward mobility) that the jobs would be unattractive.

To overcome the uncomfortable trade-off, a job-creation strategy, which works on the demand side, must work in conjunction with supply-side programs that provide training to greatly improve educational and work-related skills. The programs that would be most effective vary across neighborhoods and social groups. For immigrants, English-language training is one of the most important approaches. This enables them to search for and secure work beyond an ethnically confined labor market. For those who had acquired substantial education and relevant job experience prior to migrating, knowing English would make their skills more marketable in the Los Angeles economy. For U.S.-born, there is a need for programs help people complete their basic education and to acquire vocational training.

The effectiveness of any training program depends on implementation. Evaluations of past manpower programs show that while there are failures and abuses, there are also successes (Levitan and Gallo, 1992). The public school system is the appropriate place for some programs, and on-the-job training is more appropriate in other instances. Non-profit organizations have and should continue to play a key role in providing entry-level training.<sup>15</sup> Finally, manpower programs cannot be a one-time affair. Continual training and upgrading are vital to any effort to combat poverty because they are necessary for future upward mobility and remaining marketable in an increasingly competitive global economy.

For the most marginalized population in the core, it will take more than new job opportunities and training programs. Some face additional barriers that requires greater social service support. Single mothers, for example, must have affordable child care services. For others, the problems are as difficult to surmount. Extremely socially alienated youths have acquired a set of highly ingrained destructive behaviors that will require enormous counseling and other services to overcome.

## **1.9. Concluding Remarks**

Developing an appropriate set of employment programs and policies is only a part of an agenda to fighting poverty and the underlying racism. There must also be the types of institutional changes spelled out by the special panels convened by the State Senate and the State Assembly (Weinstein, 1992). Although these proposals are beyond the scope of this paper, we do believe that fundamental to any institutional changes are those that promote grass-roots organizing and shifts decision-making power to the neighborhood. We must also reform several public institutions if we want to avoid the reproduction of poverty across generations. This includes improving the education system in inner-urban neighborhoods, reforming welfare programs to provide both greater financial support and better opportunities to find meaningful employment, and stopping the criminalization of a whole generation. These are not new ideas—they have been and will continue to elements of needed social change.

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<sup>15</sup> An example of this is a major new training center being developed by the Opportunities Industrialization Centers/USA and being financially supported by Chevron, with the potential for other corporate sponsorship (Ford, 1992).

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## Chapter Two

# Housing and Community

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Jacqueline Leavitt and Allan Heskin

### 2.1. Introduction

In this paper we have been asked to examine the intersection between housing and community issues in South Los Angeles. The two, housing and community, intersect both in the statement of the problem and its solution. In both cases Los Angeles is extreme. The city has the unfortunate distinction of ranking among the country's leaders in the severity of housing problems. In the case of affordability and overcrowding Los Angeles is seen as having the worst problem in the United States and in the case of conditions, among the worst.<sup>1</sup> Outside Skid Row, South Los Angeles ranks at the top in each of these categories. At the same time Los Angeles and its neighborhoods are struggling to learn how to respond to a decade of extraordinary ethnic transformation. Again South Los Angeles has been among the most impacted neighborhoods. In this period of transformation, reformulating discourse in the civic arena about the meaning of community deserves a high priority. Without addressing issues of community, approaching permanent solutions to the housing dilemmas will be made even more difficult.

The problems are dramatically clear; the solutions are not. Many issues are presented in South Los Angeles by the absentee ownership of the majority of private sector rental housing, a far lower than average rate of homeownership, and little private sector housing development activity. More issues come with the presence of a high concentration of large public housing and subsidized developments in close proximity to each other, and the development and rehabilitation by a very active community-based non-profit sector of an increasingly significant amount of housing.

Difficult questions regarding housing and community need to be addressed in an open and candid manner. How healthy is the private rental sector? Should steps be taken to attract more private sector housing development? How should the city approach the public sector housing? Should the city seek to increase the percentage of homeownership? Should the community-based non-profit development sector be encouraged further? Even more difficult are the questions of community. How does the city as a whole, and the communities involved, respond to the ethnic transformations? Underlying all these questions is the fundamental one of where resources will come from in order to effectuate whatever policy or policies are selected. Should the private sector, the public sector, or the communities themselves be looked to as lead actors, independent developers, or as collaborators?

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<sup>1</sup> Mark Sheft and Paul A. Leonard, *A Place to Call Home: The Crisis in Housing for the Poor, Los Angeles, California* (Washington D.C.: Center on Budget Priorities and Low Income Information Service, 1992).

Who should set the agenda, which communities should be represented, and how will decisions be made?

The answers to housing problems lie in the intersection of policy and adequate resources. The locus of answers to multilingual community formation are not so clear, and we know less about how to do this. Communication among different groups is exceptionally difficult, but steps to reduce the gap could be initiated with resources to provide readily available, quality translation. The cultural differences must also be bridged. Building cross-cultural community relations takes time. How much time we have before we have another civil explosion is not at all clear. In the paper that follows we will look first at the current situation in Los Angeles, then focus on South Los Angeles. In the next section, current policies and resources will be examined before we turn to the final section on recommendations the city might take.

## 2.2. The Los Angeles Situation

Housing is multifaceted but three areas make Los Angeles notorious in the nation: affordability, overcrowding, and the physical condition of the property. Although Los Angeles is seen in most of the world as a mecca for single family home ownership, 60 percent of the city's units and 54 percent of the county's are rental.<sup>2</sup> Both renters and owners are suffering in the current housing market although the low income renter is clearly in the deepest trouble except for the homeless. Homelessness is another unfortunate area of notoriety for the city. In 1991, an estimated 114,000 to 183,000 people were homeless at some point during the year with in excess of 30,000 people homeless at any given time.<sup>3</sup>

In 1990 the median gross rent in the City of Los Angeles was \$603 per month and \$623 in the county. The average rent burden in 1990 was 23 percent in the city and 21 percent in the county.<sup>4</sup> On the surface these figures are encouraging. What they actually mean, however, is that many higher income renters are in quite an acceptable situation and lower income renters are in an unacceptable situation. About 75 percent of affordability problems affect low income renter households.<sup>5</sup> Fifty-two percent of low income renter households, people who make 80 percent of the county median or less, pay more than the accepted norm of 30 percent of their income for rent.<sup>6</sup> A low income family of four has an annual income of \$34,800 or less. A low income single person makes less than \$24,350.<sup>7</sup>

The situation is even more serious if we look only at poor renters, those making less than \$10,000 per year. We find that a staggering 90 percent of Los Angeles County's poor renters pay more

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<sup>2</sup> Terry A. Hayes, Associates, "Draft Master Environmental Assessment, South Los Angeles Sub-Region, Housing," report prepared for the City of Los Angeles, Department of Planning, July 1992, pp. 3.15-13.

<sup>3</sup> "Draft Housing Element, an Element of the General Plan of the City of Los Angeles," December 19, 1991, p. III-20.

<sup>4</sup> Hayes, "Housing," p. 3.15-11.

<sup>5</sup> Dowell Myers, "Housing Los Angeles: Affordability, Overcrowding, and Achievement of Home Ownership," prepared for the Housing Preservation and Production Department, January 1993, p. 2.

<sup>6</sup> "Draft Housing Element," III-9.

<sup>7</sup> "Comprehensive Housing Affordability Strategy," (CHAS), City of Los Angeles Housing Preservation and Production Department, November 1991, p. 9.

than 30 percent of their income in rent.<sup>8</sup> This compares to a 56 percent nationwide figure for poor renter households.<sup>9</sup> Even if you take the higher figure of 50 percent of income in rent, the number of households severely rent burdened is so extensive as to make it a commonplace occurrence. The problem is particularly acute with seniors who make up 13.5 percent of the city's population, and who are on fixed incomes with access to few services.<sup>10</sup> One hundred and fifty thousand families and senior citizens are forced to pay over half of their income on rent in the City of Los Angeles.<sup>11</sup>

Overcrowding, where more than one person lives in a room, was thought to be a condition of the past. Repeated studies of homelessness reveal doubling-up as the precipitating move from living inside to the street. Los Angeles clearly leads the nation when it comes to overcrowding.<sup>12</sup> Over 200,000 units in the city are overcrowded. The problem is greatest with the poor. Twenty-four percent in the county are overcrowded, compared to just 8 percent nationwide.<sup>13</sup> The average household size in the city has also grown, from 2.61 persons in 1980 to 2.86 persons in 1990.<sup>14</sup> It is now the highest since 1940. If we look at the severely overcrowded, more than 1.50 per room, 22 percent of the households meet this test.<sup>15</sup> Such overcrowding has health ramifications, including higher rates of tuberculosis and respiratory infections.

When it comes to conditions, we find that 13 percent of the poor households in the county live in housing with moderate or severe deficiencies compared to 6 percent nation-wide.<sup>16</sup> This is true even though the city's building stock is on average relatively young: 39 years for single family homes and 36 years for apartments.<sup>17</sup> All the measures when taken together—affordability, overcrowding, and conditions—leave Los Angelenos, particularly the renters, in significantly worse shape today than in the last decade.

Homeowners also have their share of problems. The most dramatic figures in Los Angeles relate to the cost of buying a home. Homeowning is largely unattainable for people who are now renters. In 1990 the median home value in the City of Los Angeles was about \$251,898 and \$240,000 in the county, out of reach for most residents.<sup>18</sup> Under conditions that existed in 1991, a low income family of four could only afford to pay \$87,000 for a house. A moderate income family of four,

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<sup>8</sup> Sheft and Leonard, p. 4.

<sup>9</sup> Sheft and Leonard, p. 13.

<sup>10</sup> "Draft Housing Element," p. II-4, p. III-16.

<sup>11</sup> CHAS, p. 10.

<sup>12</sup> See Milton Greenblatt and Marjory J. Robertson, eds., *Homeless: A National Perspective*, (New York: Plenum Press, 1992).

<sup>13</sup> Sheft and Leonard, p. 5.

<sup>14</sup> "Draft Housing Element," p. II-4.

<sup>15</sup> Myers, p. 22.

<sup>16</sup> Sheft and Leonard, p. 6.

<sup>17</sup> CHAS, p. 10.

<sup>18</sup> Hayes, p. 3.15-11.

making 120 percent of the median, \$50,400 per year, could only afford a \$126,000 house.<sup>19</sup> Long-term ramifications are also affected by the drop in homebuyers among people in the younger age groups. With lower incomes in general, this group cannot afford downpayments even if they can obtain loans.

When we look at what owners are spending on housing we find that the average mortgage payment has climbed from \$401 in 1980 to \$1,137 in 1990. Among owners, 40.6 percent in 1990 compared to 27.4 percent in 1980 are spending more than 25 percent of their income on housing.<sup>20</sup> This increased housing burden combined with the decline in the economy, has given rise to a nearly unprecedented rise in defaults and foreclosures. In June of 1992, 1,135 foreclosures of real estate loans occurred in Los Angeles County, a record 50 foreclosures per day, mostly of homeowners.<sup>21</sup>

Los Angeles has in the past been notorious for its failure to respond to the federal government's withdrawal from providing affordable housing. When funds were available, the city was famous for its lack of aggressiveness in seeking and spending funds. It was not until 1988 when the Mayor's Blue Ribbon Commission on Affordable Housing was formed that the city began to seriously address the already dramatically difficult problem.<sup>22</sup> The City Housing Preservation and Production Department (HPPD) estimates that during the latter part of the 1980s the population was increasing at an average of 26,000 families annually while less than an average of 12,000 new units were built each year.<sup>23</sup> Overall, from the 1980s to 1990s, the population grew at a rate of 17.5 percent and the number of housing units grew at only a rate of 9.3 percent.<sup>24</sup> The historic lack of local initiative is expressed in the remarkably low number of public housing units, 8,603 in a city of Los Angeles' size.<sup>25</sup> This supply of housing is supplemented by privately held subsidized units. However, the number of these units in the Los Angeles area increased by only 15,100 in the fifteen years between 1974 and 1989, up from 41,900.<sup>26</sup> Currently 60,000 families are on the various public housing waiting lists alone.

One figure that is seen as a hopeful sign by some is a growing vacancy rate. In 1990, the accepted figure was that just less than 5 percent of the rental units were vacant. This figure has grown to over 6 percent in 1992.<sup>27</sup> Some see this as a sign that the market will soften and the housing problems will lessen. This is not necessarily so. The vacancies tend to be at the high end of the market and short of market catastrophe cannot fall to meet the demand at the lower end. Meeting the needs of debt service makes rent substantially inelastic on the down side. In the Great Depression,

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<sup>19</sup> CHAS, p. 9.

<sup>20</sup> Julie Shiver, Jr., "Through the Roof," *Los Angeles Times*, June 21, 1992, pp. D1, 7, p. D7.

<sup>21</sup> *Daily Commerce*, August 6, 1992.

<sup>22</sup> See Blue Ribbon Committee for Affordable Housing, *Housing Los Angeles: Affordable Housing for the Future*, prepared by the Housing Coordinator, City of Los Angeles, 1988.

<sup>23</sup> CHAS, p. 2; during the course of this writing, the HPPD name was changed to the Department of Housing.

<sup>24</sup> Hayes, "Housing," p. 3.15-3.

<sup>25</sup> Annual Report of the Housing Authority of the City of Los Angeles, p. 13.

<sup>26</sup> Sheft and Leonard, p. 9.

<sup>27</sup> Department of Water and Power, Multi Meter Vacancy Rate, January 1986-March 1993.

the city had extraordinarily high vacancy rates, foreclosures on rental housing, and massive homelessness. While we are not yet at the same point as the depression figures, that experience demonstrates we should use caution in seeing the solution in increasing vacancy rates.

### **2.3. Diversity, Community, and Housing**

Los Angeles has become increasingly multicultural. While this is true, it is important to note that multiculturalism existed in the very beginnings of the city. The founders of Los Angeles were predominantly of African-American (from Latin America) and Native American heritages. One founder of Asian descent was identified as a "chino," and two had European backgrounds. Eleven members were women. Using 18th century terminology, the ethnicity of the women settlers is described as either "Indian" or "Mulatto." The early historical documentation shows that six of the eleven marriages among the "old families" of Los Angeles were multiracial partnerships.<sup>28</sup>

Los Angeles of today, fueled by an extraordinary international immigration of more than three quarters of a million people in the 1980s, has become one of the country's most ethnically diverse cities. The result of this immigration is that currently 40 percent of the city's residents are foreign born with 49.9 percent speaking a language other than English at home.<sup>29</sup> In 1990 Los Angeles had become 39.9 percent Latino, 37.3 percent Anglo, 13.0 percent African-American, 9.2 percent Asian, and 0.6 Native Americans. This is a dramatic change from 1980 when the city was 48.3 percent Anglo, 27.5 percent Latino, 17.0 percent African-American, 6.6 percent Asian, and .3 percent Native Americans.<sup>30</sup>

These figures, as powerful as they are, hide an even greater diversity within each of the ethnic groups. For example, the Latino population includes people from many parts of Mexico and the many nations of Central America, South America and the Caribbean. Mexicans are still the major group but make up less than 80 percent of the Latino population in the county. Rising numbers of immigrants are from elsewhere. For example, more than 250,000 are from El Salvador.<sup>31</sup> The Asian population is equally diverse with people from many places, all of whom are quite distinct in language, culture, and tradition. In 1990, Los Angeles County's largest groups among the Asian and Pacific Islanders were Chinese, Filipinos, Japanese, and Koreans. Each nation and sometimes each region within a nation has sent people with distinct cultural identities, linguistic dialects, and stylistic preferences. While recent immigrant status creates a level of commonality among peoples, it is an enormous mistake to miss the fact that differences exist within the immigrant portion of the ethnic populations.

To a large extent the city has avoided dealing with the issues this diversity creates. Some groups are dispersed across the metropolitan area, but more usually, segregation exists. A study in 1989, conducted by Douglas Massey, Director of the Population Research Center at the University of

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<sup>28</sup> Cynthia Y. Bokura, et. al., "Nickerson Gardens Neighbors Leading the Way: Resources for Community Action," an unpublished comprehensive project report at the U.C.L.A. Graduate School of Architecture and Urban Planning, 1991, pp. 1-6.

<sup>29</sup> "Draft Housing Element," p. III-15.

<sup>30</sup> Hayes, "Population," p. 3.14-16.

<sup>31</sup> Steven P. Erie, Harold Brackman, James Warren Ingram III, "Paths to Political Incorporation for California's New Minorities," California Policy Seminar Research Report, University of California, 1992.

Chicago, ranked Los Angeles eighth among the nation's most segregated cities.<sup>32</sup> It has been estimated that over 75 percent of African-Americans and over 50 percent of Latinos would have to move into Anglo neighborhoods in order to achieve full integration.<sup>33</sup> This seems unlikely since between 1984 and 1989 the number of complaints to the Fair Housing Congress of Southern California based on claims of racial discrimination were higher than in any other category.<sup>34</sup> Number two was discrimination against families with children, followed by discrimination because of national origin.

The impact of such diversity on the city and community formation is exacerbated by variations in housing among groups. Most dramatic is the overcrowding problem. Forty-one percent of poor Latino families live in overcrowded housing compared to 13 percent of Anglos and 12 percent of African-Americans. A major shadow housing market exists in the city, particularly among Latinos. Some 42,000 units (some estimates are as high as 50,000) in garages or other similar accommodations are home to 200,000 people.<sup>35</sup> The overcrowding and the extraordinary use of all type of structures as dwellings units result in very high densities in parts of the city. This is true especially in the lower income areas. The County of Los Angeles has only 8 persons per hectare while the city averages 29 persons per hectare. South Central has 60 persons per hectare.<sup>36</sup>

While segregation is the overall pattern, some areas have a pattern of great diversity. The diversity and the extreme rate of population transformation common in such areas have worked against the formation of strong geographic communities. Great variations in language and culture translate into difficult daily transactions from grocery shopping to finding appropriate services. The city has no program to address the need for multilingual communication and has itself just barely begun to acknowledge the multiple language needs of residents of the city in its publications and presentations. Anecdotal evidence was telling when a former deputy mayor, a Latina, expressed surprise that the announcement of her appointment was not being routinely translated for Spanish language newspapers. Nowhere is this need for universal communication more clearly expressed than in the interaction among the very recent ethnic changes of the City Council itself.

Many of the lower income areas of the city are more likely to have a mix of ethnicities and disparities, a fact that has proved particularly troublesome to policymakers. The city lacks any approach to either relieving the sense of loss existing residents experience as newcomers move in or in easing the needs of immigrant populations. As a result, the city leaves two impressions: on the one hand, that already disadvantaged African-American leaders have the sole responsibility to meet the needs of the immigrants; and, on the other hand, that the needs of disadvantaged Chicanos, whose families may have been in Los Angeles for generations, must take a back seat to the needs of African-Americans and recent immigrants. The actions of many African-American churches and non-profit organizations after the events of April showed their willingness to meet the needs of immigrants. While groups have been looking for means to reach out to other ethnic immigrants, the city's devolving the responsibility has to be addressed. Whether under city sponsorship, or not, negotiation has to take place between both lower income and entrepreneurial immigrants and the African-American

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<sup>32</sup> "Draft Housing Element," p. IV-19.

<sup>33</sup> "Draft Housing Element," pp. IV-17-IV-18.

<sup>34</sup> "Draft Housing Element," p. IV-18.

<sup>35</sup> CHAS, p. 10.

<sup>36</sup> Hayes, "Population," p. 3.14-28.

population if a sense of community is to be the outcome. The complexity of this problem has only been scratched in the aftermath of common trauma. Indeed, a symptom of the complexity lies in the labelling of the area where civil unrest took place. South Central became any place in the city where fires and looting occurred.

#### **2.4. South Central + South East = South L.A.**

South Los Angeles has been defined in many ways. We use the boundaries from south of the Santa Monica Freeway to the Imperial Highway and from Van Ness/Arlington on the west to Alameda on the east. This is the approximate combination of two planning areas for the city's bureaucracies, South Central and South East. The city's boundary line between South Central and South East is the 110 Freeway that runs north-south.<sup>37</sup> The term South Los Angeles is not a popular name but is more widespread after being used to describe the heart of April's unrest. Many people who use the term South Central for the entire area call this larger area Watts although Watts is a comparatively small area within the larger confines. Residents of the area often refer to small geographic neighborhoods rather than the area as a whole with terms such as Watts, Vernon Central, Vermont Slauson, Crenshaw or the like.

A drive through South Angeles is a trip into Los Angeles' physical past. A strong grid pattern extends in a relatively flat terrain in both areas. As in an earlier period, small single family houses dot the neighborhoods. Their modest scale is not yet overshadowed by condominiums. The housing stock is old. The average building age for single family dwellings is 60, and for apartments 48 years.<sup>38</sup> Forty-seven percent of all units were built between 1940 and 1959, a response to the influx of people attracted by war jobs. Thirty-eight percent of the housing was built prior to 1940.<sup>39</sup>

For virtually all indicators, conditions are worse for people in South Los Angeles than in the city or the county taken as a whole. Renters far outnumber owners in South Los Angeles, 67.9 percent to 32.1 percent.<sup>40</sup> The proportion of owner occupiers dropped even more in this subregion than it did in the city. In the past decade, the rate of population growth, 22.2 percent, far outstripped the 4.4 percent growth in the housing stock.<sup>41</sup> Household size also grew substantially, in both areas, from 2.9 persons per unit in 1980 to 3.4 in 1990.<sup>42</sup> Forty-four percent of all households in South East and 33 percent in South Central are living in overcrowded conditions.<sup>43</sup> Twenty-five percent of the units in South Los Angeles are severely overcrowded.

People who live in South Los Angeles are among the poorest in the metropolitan area. In

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<sup>37</sup> "South Central Los Angeles Plans;" "South East Los Angeles Plans," a part of the General Plan of the City of Los Angeles Department of City Planning.

<sup>38</sup> "Draft Housing Element," p. III-17.

<sup>39</sup> Hayes, "Housing," p. 3.15-16.

<sup>40</sup> Hayes, "Housing," p. 3.15-13.

<sup>41</sup> Hayes, "Housing," p. 3.15-3.

<sup>42</sup> Hayes, "Housing," p. 3.15-7.

<sup>43</sup> Myers, p. 36.



1990, the median household income for the entire South Los Angeles subregion was \$16,949, second lowest in the city to Central City (\$12,773).<sup>44</sup> Median household income declined in relation to the city and the county. For example, household poverty increased in South Los Angeles from 27 percent in 1965 to 30.3 percent in 1989. The poverty rate is double that of the 15 percent in the city and almost triple that of the 11 percent nationwide.<sup>45</sup>

The median gross rent was \$460 in South East (where the public housing developments are located according to the city's terminology) and \$493 in South Central. In each area, about 58 percent of renter households are paying over 30 percent of their income for rent.<sup>46</sup> The pressure on South Central tenants is expressed in its having the second highest rate of eviction actions per tenant household, second only to Skid Row, in the city.<sup>47</sup> The median value of owner occupied units was the lowest in the city, \$95,974 in South East, followed by \$121,291 in South Central. Indicative of how poor households are in South East, a little more than 37 percent of owners pay over 30 percent of their income for their housing; in South Central 33.5 percent of owners fall into this category.<sup>48</sup> The shadow housing market is also extensive in South Los Angeles. Significantly, a far higher percentage of South Los Angeles' rental stock is in single family detached units than in either the city or the county. At 26 percent, South Los Angeles compares to 14 percent in the city and 20 percent in the county. South East has a higher percentage (33 percent of total rental) than does South Central (22 percent).<sup>49</sup> Whether it is tenants, landlords, or owners the situation is serious.

Six of the city's twenty-one conventional public housing developments are located here. The total of 3,280 units represents 38 percent of all public housing units the Housing Authority of the City of Los Angeles (HACLA) operates and 2.3 percent of the total housing stock in the South Los Angeles subregion.<sup>50</sup> In May, 1993, 15 new units of public housing opened in South Central, the first in ten years. In addition there are 141 federally assisted developments comprising 6,733 units in the area.<sup>51</sup> As of the end of 1982, Council District 8, which includes parts of South Central Los Angeles, had 25 prepayment buildings with 1,671 units.<sup>52</sup> Together public and subsidized housing make up 5 percent

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<sup>44</sup> Hayes, "Population," p. 3.14-10.

<sup>45</sup> "Briefing Book: Commercial Corridors in South Central Los Angeles," Housing Preservation and Production Department, November 1992, p. 31.

<sup>46</sup> Selected 1990 Census Data by Planning Area, City of Los Angeles."

<sup>47</sup> Allan D. Heskin and Kevin A. Donaldson, "Study, Residential Evictions in the Ethnicity and Gender," UCLA Graduate School of Architecture and Urban Planning, January 1993.

<sup>48</sup> City of Los Angeles (the first half of 1991): "Selected 1990 Census Data."

<sup>49</sup> U.S. Bureau of Census, "Census of Population and Housing: Summary Tape File 1A," 1990.

<sup>50</sup> Hayes, "Housing," p. 3.15-17.

<sup>51</sup> HPPD, South East and South Central Plan Area Inventory, By Government Assistance Type, May 14, 1993.

<sup>52</sup> Fathia Macauley, "Section 221(d)(3) and 236 Programs vs. the Emergency Low Income Housing Preservation Act and the Low Income Housing Preservation and Resident Homeownership Act: What have they done for you lately?," unpublished paper, UCLA Graduate School of Architecture and Urban Planning, December 8, 1992; HPPD "Prepayment Inventory," August 28, 1992.

of the total housing stock of about 145,000 units.<sup>53</sup>

Much of the federally assisted housing is in jeopardy. The owners have the right to prepay the subsidized loan and eliminate their obligations to abide by federal regulations that keep the housing affordable. Citywide, 157 developments with 10,569 units are at risk. Within South Los Angeles, 34 developments are potentially at risk, comprising 1,947 units.<sup>54</sup> Twenty-two buildings are in Council District 10, including 16 which are located within three blocks of each other. (This District includes two nonprofits, Ward Economic Development Corporation and Esperanza Housing Corporation.)<sup>55</sup> The city is working on a plan to address potential losses from the affordable housing stock, but the size of the inventory makes it difficult to fully address the problem. Just contacting all the buildings and informing the tenants of the issues about prepayments and their options is a daunting task.

Citywide the question of the future of both public and subsidized housing is a significant issue. To some the answer is to transform this housing stock into housing owned by the residents. This approach raises a number of questions. Residents of assisted housing have first option to buy if the owner chooses to sell. The federal government provides 95 percent of the financing if tenants elect to buy, but local government is the most likely source for the other 5 percent. If a significant number of owners decide to sell, this could put pressure on the limited local funds available with the likely result that ethnic groups will be pitted against each other.

The federal government has also been encouraging the transfer of public housing to the residents. The residents of several South Los Angeles developments are considering taking advantage of the program. The Housing Authority and some affordable housing advocates are leery about the sale of this stock to the residents because of the long term possibility that units may be lost from the affordable housing stock. Others see public housing as transitional facilities for people to pass through on their way out of poverty. This position is controversial with others, among whom are longtime residents working to improve the development with a vision of community in mind and see ownership as a step in that direction. They also wonder how public housing can be transitional when affordable housing units are in short supply.

South Los Angeles experienced a mere 0.1 percent increase in single family housing between 1980 and 1988, compared to the city's 0.4 percent; and only a 2.8 percent increase in multifamily units compared to the city's 12.7 percent.<sup>56</sup> The South East area was among the lowest regarding growth in new construction.<sup>57</sup> This does not bode well for residents looking for privately sponsored housing to be available in the near future. There is evidence that the problem is in part the absence of income in the community to support the development of housing. Even in the face of the shortage, with incomes declining and evictions rising, vacancy rates grew in South Los Angeles from 5.2 percent in 1980 to 6.6 percent in 1990.<sup>58</sup> There are far more vacant dwellings for rent, 5,422, than for sale,

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<sup>53</sup> Draft of Census Data as of August 1991.

<sup>54</sup> Housing Preservation and Production Department, October 31, 1992, cited in Macauley.

<sup>55</sup> Macauley.

<sup>56</sup> Hayes, "Land Use," p. 3.15-10.

<sup>57</sup> HPPD, "Housing Unit Permits by Planning Area, 1979-1988."

<sup>58</sup> Hayes, "Housing," p. 3.15-10.

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The Sewer Permit Allocation Environmental Impact Review estimates that the combined areas that make up South Los Angeles have the capacity to add 201,702 units, or put another way, only 71 percent of the residential capacity is built out.<sup>60</sup> Three hundred vacant acres exist in South Los Angeles of which 120 are zoned commercial.<sup>61</sup> The City's Housing Preservation and Production Department states that over 1,200 vacant residential sites are currently available in South Los Angeles.<sup>62</sup> Given the current zoning, 18,900 units could be built at maximum density.<sup>63</sup> It is doubtful that the private market will move quickly to capitalize on this without incentives; nor will any gains be permanent if economic growth does not take place that raises the incomes of residents.

Other problems compound the issues. Even when growth took place in the past, it is likely that the South Central homebuyer paid more for his or her mortgage than people in non-minority and higher income neighborhoods. For example, between October 1987 and December 1988, one study found that banks only made 3 percent of loans; savings and loans made 35 percent, but mortgage and finance companies handled the majority.<sup>64</sup> The clear public and private disinvestment lends credence to residents' widespread belief that redlining is practiced here. The Western Center on Law and Poverty confirmed that savings and loan associations make fewer and smaller loans in African-American and Latino neighborhoods, even when residents have comparable incomes to Anglo neighborhoods. About 2.5 loans are made per building in upper income communities compared to every one loan per building in low income neighborhoods.<sup>65</sup> The Communities for Accountable Reinvestment (CAR) also found that branch banks and their easier access to residents "are inequitably concentrated in low income and minority communities."<sup>66</sup> As of May 1992, South Central had seven times as many check cashing establishments as bank branches.<sup>67</sup>

The homebuying situation is even more critical for African-Americans in the city. Studies by the Communities for Accountable Reinvestment and the *Los Angeles Times* reveal that African-Americans "are rejected for home mortgage loans more than members of other ethnic groups at every level studied—from families earning \$35,000 or less to those making \$100,000 or more."<sup>68</sup> The

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<sup>59</sup> "1990 Census Aggregate by MEIR," August 2, 1991.

<sup>60</sup> Hayes, "Land Use," p. 3.13-11.

<sup>61</sup> "Draft Housing Element," p. III-26.

<sup>62</sup> HPPD, "List of Vacant Residentially Zoned Parcels in South Central Los Angeles," May 1992.

<sup>63</sup> "Draft Housing Element," p. III-27.

<sup>64</sup> Gilda Haas, "Testimony before the Subcommittee on Housing and Community Development and the Subcommittee on Consumer Affairs of the U.S. House of Representatives, Banking, Finance, and Urban Affairs, May 7, 1992, p. 22.

<sup>65</sup> Cheryl Geiser, notes for "Briefing Book."

<sup>66</sup> Haas, p. 23.

<sup>67</sup> Haas, p. 27.

<sup>68</sup> Robert A. Rosenblatt, Dwight Morris, and James Bates, "Blacks Lead in Rejection for Home Loans," *Los Angeles Times*, September 6, 1992, A1, 26, 27; A26.

widest disparity between Anglos and African-Americans approved for mortgage was in the highest income brackets. The biggest banks make fewer loans and are more likely to reject African-Americans. The *Los Angeles Times'* study revealed a gap between the dollar amount lent at the county level and South Los Angeles, a trend evident prior to the Simi Valley verdict acquitting the four Los Angeles policemen of beating Rodney King.

South Los Angeles began to change racially and ethnically in any numbers in the forties. In the most recent decade, Latinos increased by 146.7 percent in this one area, double the sizable increase the city experienced as a whole. At the same time, the African-American population underwent a dramatic shift. They had been the largest group in 1980 at 67.2 percent. In 1990, at 52 percent, Latinos were the majority ethnic group, followed by 43.1 percent African-American, 2.7 percent Anglo, and 1.7 percent Asian.<sup>69</sup> This distribution is not even across South Los Angeles. In 1990, South Central was predominantly African-American with 57.2 percent, compared to South East with 24.7 percent; and 40.6 percent Latino compared to 66.9 percent respectively. Between 1980 and 1990, South East experienced a slight increase in White non-Hispanic persons while South Central lost people in this category; South East showed an increase in Asians while no change was recorded for South Central.<sup>70</sup> The ethnic mix varies dramatically in the six public housing developments. In 1991, at Avalon Gardens, African-Americans were about 85 percent of the population; at Hacienda Village, 82 percent; at Imperial Courts, 88 percent; at Jordan Downs, 74 percent; and at Nickerson Gardens, 62 percent. In 1992, Imperial registered the sharpest decline in African-Americans at 10 percent. Only at Pueblo del Rio, which is closest to the downtown area, is the proportion more representative of the multiethnicity that characterizes the subregion. In 1991, Pueblo's population was 46 percent Latino, 32 percent African-American, and 20 percent Asian, primarily Cambodian. In 1992, the respective percentages showed an increase to 51 percent Latinos and a decrease to 29 percent African-Americans, and 18 percent Asian.<sup>71</sup>

Although other age statistics were not yet available at the time of writing, the elderly population grew 1.7 percent from 1980 to 1990 in South Los Angeles.<sup>72</sup> It is likely that African-Americans, predominantly women, are aging in place. This is borne out in the ethnic distribution of school children. From 1981 to 1990, the numbers of Latino students from elementary through senior high school more than doubled in total, and increased almost five times in senior high school. The number of African-Americans students declined by more than one and a half times in all grades.<sup>73</sup>

Two community plans cover this area: the South East District and the South Central District Plans; they were developed in tandem in the early 1970s. By the mid-eighties, new state guidelines required zoning be consistent with a general plan. The current zoning has a dedicated maximum capacity of 6,165 single family units and 79,100 multifamily units in South East, and 25,500 single family and 59,850 multifamily in South Central.<sup>74</sup> As of 1991, South East had about an equal number

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<sup>69</sup> Hayes, "Population," p. 3.14-16.

<sup>70</sup> Hayes, "Population," p. 3.14-18.

<sup>71</sup> "1991 and 1992 Annual Reports of the Housing Authority of the City of Los Angeles."

<sup>72</sup> Hayes, "Housing," p. 3.15-20.

<sup>73</sup> Hayes, "Population," p. 3.14-25.

<sup>74</sup> "Summary of Land Use, South East and South Central Plans."

of single family and multifamily units, at a little over 31,000; South Central had 42,000 multiple family units compared to about 35,000 single family units.<sup>75</sup> With both district plans out-of-date, the city began to update the plans. Amidst criticism about the inadequacy of community involvement, and the uprising, a lot by lot land use survey was begun and is in the process of being finished. The intent is to have "massive" public input up front and to work with community based non-profits, but the City Council has yet to appoint a Citizens Planning and Advisory Committee to implement this goal.

## 2.5. Local Government Resources

Besides the City Council, a number of different agencies influence the housing situation and policy in Los Angeles. The three main agencies are the Housing Preservation and Production Department; the Community Redevelopment Agency; and the Housing Authority of the City of Los Angeles. Prior to July, 1990, the Community Development Department (CDD) included housing programs. After that date, the Housing Preservation and Production Department was formed, combining several Community Development Department divisions. Additionally, the Building and Safety Department, the Planning Department, the Fire Department, the Mayor's Office, and the City Attorney's Office are active in either regulation or policy areas. Other departments such as those dealing with environmental and disability issues are involved in housing as well.

Housing programs have gone through many transformations and types of financial packages vary widely. The major sources of funding for housing activity are from various federal and government programs, tax increment funds generated through redevelopment, foundations, and private investors and lenders. The Housing Authority receives operating and other subsidies from the federal government to operate public housing and Section 8 certificates and vouchers to help tenants subsidize their rent. Different forms of government subsidized housing with either for profit or non-profit owners were developed with interest subsidies and rent subsidies in the past. CDD relied primarily on federal interest and rent subsidies together with Community Development Block Grant (CDBG) funds and tax exempt financing, and in some cases, the proceeds of real estate syndication in both new construction and rehabilitation activity. The Department reports it has assisted in the building of 12,229 units. Some 19,490 units are reported as rehabilitated. Of these units, 14,869 were rehabilitation of single family homes.<sup>76</sup> Other than CDBG, most of the programs CDD relied on are either eliminated or greatly restricted today. And, it should be noted that CDD's single family rehabilitation programs have been criticized both for their high administration costs and lack of targeting to lower income people.

The current Community Development Department also allocates resources to address homelessness. The County Department of Social Services (DPSS) plays a role here by providing funds that can be applied to housing provision: General Relief (GR) to single individuals and childless couples and Aid to Families to Dependent Children (AFDC) to families. Political pressure has reduced the AFDC funding from \$633 to \$625, and would have been greater had Proposition 165 been passed; GR cuts were postponed until after the election. Regardless, even at the higher levels, a person or family cannot find adequate shelter.

HPPD administers about \$74 million in the federal CDBG and HOME (a housing block grant

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<sup>75</sup> "Selected 1990 Census Data by Planning Area."

<sup>76</sup> Materials from HPPD.

that replaces earlier programs) funds which are to be used for both new construction and rehabilitation. In addition, HPPD has coupled its funds with federal tax credit programs and a variety of housing programs authorized by state housing bonds (whose funds are now exhausted). The prognosis is not promising for the immediate future. Gary Squire, head of HPPD, anticipates that total funds available to his agency for next year will be cut by a third.<sup>77</sup> The reverberations will be extensive given that the city admits it is not meeting the need now.

The total annual housing funds controlled by the CRA have been between \$120-\$140 million in recent years. Historically CRA has focused more on the development of moderate and market income housing. CRA claims to have participated in the production of 24,200 units citywide. Of these, 11,621 were for low and very low income individuals and families. An additional 6,046 units were for moderate income individuals and families, and the rest, 6,533, were market rate. Under extraordinary pressure since the late eighties, CRA has shifted its emphasis to lower income housing. Even more recently the city and state budget crises have resulted in a reduction in CRA housing funds. Only a small portion of the CRA's housing funds, those in the Housing Trust, are protected. For the 1992-93 fiscal year, the CRA has budgeted \$155 million for housing; of this amount only slightly more than a third, \$63 million, is in the Housing Trust.<sup>78</sup>

The CRA's definition of South Central includes both South East and South Central Los Angeles (South Los Angeles). The Community Redevelopment Agency has four redevelopment areas in South Los Angeles: Hoover (1966 and 1983 expansion), Adams-Normandie (1979) and Normandie 5 (1969) in South Central, and Watts (1968) in South East.<sup>79</sup> The CRA's proposed expansion of the Watts Redevelopment area was successfully fought by community activists who objected to the lack of an in-depth public participation process. According to the CRA, as of July 1992, 991 units of new construction and 354 rehabilitated units/beds were in the planning/construction stage in South Central. Since 1988, 305 units of new construction and 235 rehabilitated units/beds were completed here. Of its on-going projects, 337 units of new construction are sponsored by community development groups.

## **2.6. Community Based Rebuilding**

### **Community Development Corporations (CDCs)**

Only a few community groups were actively seeking to rebuild after the 1965 Watts Rebellion. Today far more groups are available to act. Over the past decade, about fifty different community based development groups have formed citywide. Among these are thirteen groups in South Los Angeles. They include the two older established groups, The Watts Labor Community Action Committee (600 units in Watts and Willowbrook, including 100 leased to own) and Westminster Neighborhood Association (130 units), and eleven newer groups: Canaan Housing Corporation; Community and Human Resources, Inc.; Concerned Citizens of South Central Los Angeles (40 units, 75 planned); Drew Economic Development Corporation (48 units); Dunbar Economic Development Corporation (41 planned for Dunbar North and Colquitt Place); Esperanza Community Housing Corporation (10 units); FAME [First AME] Housing Development Corporation (56); Greater Bethany

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<sup>77</sup> Presentation by Gary Squire at Coalition of Neighborhood Developers meeting, February, 1993.

<sup>78</sup> Presentation by Gary Squire at Coalition of Neighborhood Developers meeting, February, 1993.

<sup>79</sup> Hayes, "Land Use," pp. 3.13-14-15.

Housing Development Corporation; Neighborhood Housing Services (over 800 units rehabbed); Vermont/Slauson Economic Development Corporation (40 units); and Ward Economic Development Corporation (211 units).<sup>80</sup>

With little private sector activity in South Los Angeles, the development corporations have become the major focus of much of the city's housing programs in the area. Before the civil disturbance many of the non-profit community based development corporations had formed a trade association entitled Coalition of Neighborhood Developers (CND). After the disturbance this group with the aid of LISC (Local Initiatives Support Corporation) was invigorated and expanded to include related organizations to address community needs and rebuild their neighborhoods. Ten neighborhood clusters were formed to work on local issues and committees were set up to address wider concerns. Half of the groups are in South Los Angeles. In each of the areas, the coalition members are bringing more groups and individuals together to work on neighborhood plans. Funders are providing \$25,000 for each of the ten teams, a portion for the initial neighborhood planning effort, and the remainder for leadership development to take the plan beyond paper.

### **Public Housing Developments**

The concentration of public housing developments in South Los Angeles makes them an important housing resource and, because of their size and population mix, enclaves in which the idea of cross cultural community can be explored. Resident activity to improve public housing has substantially increased in the past seven years. Towards this end leaders have been able to draw on technical assistance from the Community Economic Development Unit of the Legal Foundation of Los Angeles, UCLA Graduate School of Architecture and Urban Planning (GSAUP) and others. Representatives from each development (two from the larger ones such as Nickerson Gardens) meet in a citywide Housing Authority Resident Advisory Council (HARAC) to mount campaigns, for example, to question Authority regulations for evictions and tenanting, to recommend leasing guidelines, and to form a citywide construction company to employ tenants. Individual developments have received HUD funding to develop feasibility studies for resident management. In South Los Angeles, Nickerson Gardens and Jordan Downs formed Resident Management Corporations (RMCs) after they received training and tenants graduated from management classes. Pueblo Del Rio is collaborating with Concerned Citizens of South Central on a HOPE planning grant for resident management. The Pueblo residents will soon form a RMC. At Imperial Courts, residents are overseeing a large comprehensive modernization program that will address physical problems in units that the Authority has undermaintained for years.

In the late eighties, Jordan Downs residents actively fought to protect their community. Leila Gonzales-Correa, a former Housing Authority executive director, authorized a nighttime distribution of leaflets announcing the impending sale of Jordan Downs and the availability of Section 8 vouchers. This galvanized residents who saw public housing as their permanent home and community and did not believe they could find decent units with the Section 8 vouchers. Subsequently, with intervention from the State of California, the units were not sold. Jordan Downs received a \$14 million grant to repair units as well as other funds for improvements, such as in the children's tot lot areas.

As a result of their own actions, residents at Nickerson Gardens have also received outside funding for two of their fifteen tot lot areas. The funding was instrumental in leveraging other funds. In 1992, Nickerson Gardens resident leaders administered a \$400,000 Economic Empowerment

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<sup>80</sup> "Briefing Book," pp. 45-49; interviews with CRA; various sources differ in unit count for groups.

Demonstration Grant as well as \$1.4 million for job training slots from the State. They applied directly to HUD for a HOPE grant in order to convert Nickerson into limited equity co-ops and a mutual housing association. The Nickerson proposal was controversial among the housing establishment of the city. Some see public housing as a transitional facility for the poorest of the poor to enter, stabilize their lives, and move on. The residents supporting the purchase wanted to stabilize, stay put, and improve the community.

## **Churches**

Churches have traditionally been a source of emotional support for poor people, and in South Los Angeles the hundreds of small and large religious institutions have gone further. Some are in development, producing new units while others run homeless relief programs. Even a cursory look at churches reveals a variety of food programs, substance abuse programs, summer jobs for youth, medical/utility assistance, and housing development. Although the most widely publicized is First AME, other ethnic churches have programs that range from starting housing programs to operating food banks.

## **2.7. Recommendations**

After the 1965 Watts Rebellion, a burst of activity occurred in housing. When it died down, few improvements had been made. CRA's assisted housing production program completed only 458 units in Watts.<sup>81</sup> The Community Development Department's HOME program as of April 30, 1985, only completely rehabilitated 358 units with 35 units shown as under construction in Watts.<sup>82</sup> HACLA spent those years largely under a cloud regarding the integrity of its administrators. Only two primary local community based non-profits existed: the Watts Labor Community Action Committee (WLCAC) and Westminster Neighborhood Association. In the past few years, we are fortunate that the level of activity in housing has picked up. This gives us more to work with, but this time the city needs a far more systemic response to the problems if permanent changes are to occur.

### **1) Governmental Coordination**

The City of Los Angeles has a long history of multiple uncoordinated efforts at community development and housing. The creation of HPPD, the Affordable Housing Commission, and the City Council's Housing and Redevelopment Committee have been major steps in the right direction. All the problems have not, however, been solved. While CRA and HPPD talk and try to coordinate their policies more than they have in the past, HACLA and the City Attorney's office are not necessarily on the same wave length.

- A) **HACLA's Role:** In South Los Angeles HACLA is a major player. It has not, however, been a major player in the housing and community development reforms that have taken place in the city. From its very beginning, HACLA was something apart from other local agencies. For example, Mayor Bradley's charge to the Blue Ribbon Committee, whose report contributed heavily to the city's current policy direction, specifically excluded HACLA. Acting largely on its own, HACLA and its

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<sup>81</sup> "Housing Plan Element of the General Plan, 1986," p. 55a.

<sup>82</sup> "Housing Plan Element, 1986," p. 58.



commission are charting a direction with regards to its large complexes and an enlarged development role for HACLA.

A reinvigorated HACLA is certainly a welcome addition, but an independent HACLA could retard as well as enhance city efforts. Examples of potential problems follow:

1. HACLA has decided to become a competitor for scarce local housing resources from CRA and HPPD. CRA and HPPD have focused much of their funding activity in South Los Angeles on the emerging community based CDCs (community development organizations). HACLA could be seen as a competitor to these organizations. While competition can be a very positive addition, it can, if not managed well, also become a source of friction, something this city does not need more of at this point. HACLA also has major NIMBY problems in South Los Angeles while the CDCs have much less of this problem. Working together might benefit each.
2. HACLA's properties are located in the areas in which the development corporations operate. The CDCs have formed the Coalition of Neighborhood Developers to produce community plans in these areas. In one case, one of the CDCs, Concerned Citizens of South Central is working directly with one HACLA development, Pueblo del Reo. The relationship between the residents, HACLA and the CDC is not clear. We recommend that HACLA, the RMCs (or the Resident Advisory Councils), and the CDCs need to be brought together to discuss their various roles in South Los Angeles to their mutual benefit. Without this, given the current conditions at many of the HACLA developments, the Authority can easily be viewed unfavorably as absentee owners.

B) **City Attorney's Role:** Attorneys play a key role in the development and implementation of housing policy through reviewing contracts, drafting legislation, and enforcing laws. Among the many obligations of the City Attorney, housing questions, outside of slum properties, have not been high on the list of priorities. As a result, expertise in a rapidly changing field is not being developed. The lack of focus and expertise often delays projects and legislation. We recommend that in order to move housing policy forward more rapidly that either a special section of the City Attorney's office be devoted to housing and community development issues or the city agencies be allowed to hire their own attorneys, either in whole or in part.

2) **Ownership of the Community**

South Los Angeles suffers from a lack of community ownership. Twenty-six percent of the single family stock is rented out and it is estimated that 70 percent of the overall rental stock is absentee owned. This lack of ownership contributes to the disorganization of the community. This makes it hard, if not impossible, to feel capable of influencing events in their neighborhood. A number of steps should be taken to strengthen the ownership base in South Los Angeles.

A) **Non-Profit Development Corporations:** South Los Angeles is blessed by a significant number of relatively new but proven non-profit development corporations. Their quality is measured in the high level of activity over a short period of time. In parts of South Los Angeles their development work has already made a noticeable improvement in the physical character of the neighborhoods they serve, leading to new

and affordable housing units and a constructive presence among community people. It was clearer than ever after April 29th that the non-profits could respond immediately to the crisis in a direct way. Some of the non-profits became centers for disaster relief. At the same time, the staff in the non-profits felt the urgency of the rebuilding. All that is holding them back from increasing their work are resources that will permit them to hire the same type of dedicated and committed staffs they now have. Increased resources would mean not having to worry about year-to-year funding for staff expenses, nor as a concomitant of that, writing proposals or soliciting volunteers to fill the staff gaps. Other states and localities have taken this step. A collaborative of foundations has addressed this problem by providing multiyear staff support to a limited number of the corporations. We recommend that either alone or in collaboration with the voluntary sector serving Los Angeles, the City of Los Angeles should build on this effort by providing funding for non-profit development corporations. This funding should cover at minimum the salaries of an executive director, bookkeeper and organizer. Groups could be funded for three to seven year periods, the minimum time that housing experts concede is necessary to move a project from an idea through occupancy and to provide the on-going assistance after occupancy. Given the urgency of the need in South Los Angeles, funds should not be awarded on a competitive basis but through applications to HPPD and can be repeated until such time as the non-profit can demonstrate that its development portfolio is able to absorb the costs of such staff.

- B) **Homeownership Conversion:** Converting existing single family and multifamily housing to ownership would be a real plus for South Los Angeles. In some cases, this could be accomplished by fully implementing the reforms in private lending set out in 3)A) below. In other instances subsidy and technical assistance are necessary. There are an array of forms of ownership that might be appropriate for various situations, including fee simple ownership, limited-equity cooperatives, mutual housing associations, and land trusts. While many of the existing city programs can be applied to these forms, given the low level of ownership in South Los Angeles, consideration should be given to special programs to support these efforts. The low level of ownership and its impact on the community should also be made part of the equation in determining the city's position on conversion of the HACLA developments to resident ownership.
- C) **Vacant Lots:** As noted, there is a great deal of vacant land in South Los Angeles, particularly single family lots. The city should consider expanding efforts at land banking to facilitate scattered sites for new construction developments, possibly for individual or collective ownership as discussed above. While it is theoretically possible for developers to do this themselves, land assembly by a government or non-profit entity with government support would greatly facilitate the process.
- D) **Public Housing Conversion:** South Los Angeles has the highest concentration of public housing developments in the city. Nonetheless, each of the developments needs to be seen as a unique community with different resident profiles and needs and varying levels of organization and orientations. At the same time, despite recent changes, years of official neglect and undermaintenance by the Housing Authority of the City of Los Angeles has created a reservoir of resident commitment to managing themselves. It is not uncommon to hear public housing resident leaders speak of their

abilities to do no worse than HACLA and evidence exists to show that they can do much better. At first informally and now formally resident leaders have created a shadow management which in some developments is emerging as resident management corporations, dual management contracts with the Housing Authority, and proposals to convert ownership from the HACLA to the residents.

In the past ten years, conversion to ownership has received national attention as the Reagan/Bush administration has promoted sales. Although it is generally admitted that the past two administrations have been motivated by a desire to get government out of providing housing, the goal of resident management (and in some cases ownership) has been positively adopted by resident leaders. The biggest difficulties that have arisen affect the residents and city government in different ways. At the city level, the federal government's requirement, endorsed by housing activists, is that replacement housing be provided so that a stock of permanent low income housing is available to succeeding generations. This requirement raises problems concerning NIMBYism about public housing as well as land use, rezoning issues and code enforcement. At the resident level, a number of issues exist including the economic ability of residents to afford to purchase and the ability of resident leaders to provide sufficient in kind funds to sustain their proposals for conversion to ownership. Also at issue are the needs of the resident leaders to respond to the multicultural populations in public housing.

We recommend the city support public housing residents who choose to convert to ownership. This is largely in the area of administrative oversight and should take the form of active involvement by the Mayor's housing coordinator in monitoring HACLA to ensure that the agency is providing relevant and accurate data to residents, including timely information from HUD that the residents need in order to make informed decisions. We recommend that the City study ways to provide in kind services, including translators for interpretation that will facilitate the work of the resident leaders. Further we recommend that the Mayor's office hold periodic meetings with the resident leaders from each development and the heads of HPPD, HACLA, and the CRA to guarantee that replacement housing strategies are worked out in an open manner.

- E) **Prepayment Buildings:** South Los Angeles is one of the centers of prepayment buildings. The city has a strong program to save these buildings. However, the problem is increasing in magnitude and may require additional resources. Preserving the affordability of this housing is a very high priority. Because the federal government provides 95 percent of the financing for the buildings, their preservation is particularly cost effective. From a local point of view, this policy could ensure the availability of a significant supply of affordable housing.
- F) **Rent Stabilization:** While conversion to ownership of the large number of rented single family houses is the preferred option, short of this, a serious review of the city's rent stabilization ordinance with regard to these properties is in order. The ordinance exempts single family homes and what it refers to as "two on a lot." Two on a lot refers to two unconnected homes on a single parcel as opposed to a duplex, two connected units, which the ordinance covers. The exemption is meant for people with a single rental property or who live in a home and rent out an accessory unit, but also exempts owners who own many single family homes or rent out both homes on a

parcel. The exemption not only results in no rent regulation, but also means the tenants of these units are not protected by the just cause to evict provisions of the ordinance. Both to provide protection to these renters and as part of a program to encourage conversion of these homes to ownership, this issue should be reopened. At most the ordinance should be limited to exemption of individuals who own single units for rent.

### 3) **Private Sector's Role**

- A) **Lending in South Los Angeles:** The lack of available financing has had a devastating impact on South Los Angeles. Activity is taking place in government, community based organizations, and the private sector to address this problem. All these efforts should be supported. The city has been paying increasing attention to playing a role in enforcing the federal Community Reinvestment Act (CRA) which requires banks to invest in communities from which they take deposits. Compliance with the CRA is becoming part of the criteria for selection of financial institutions to hold city deposits and the city may begin to employ the device of linking deposits to further encourage compliance. The community based organizations through Communities for Accountable Reinvestment have led the way and recently have moved beyond compliance action by securing a charter for the South Central People's Federal Credit Union which covers fifty square miles of South Los Angeles. Rebuild LA (RLA) has been working with several banks to create several community banks modeled after the South Shore Bank in Chicago. RLA should structure the community banks to ensure community control. Particular attention should be paid to creating loan products and underwriting criteria that meet the needs of people who have historically been denied opportunities to access credit. In the housing area this is important because the lack of reliable credit has contributed heavily to the number of rented single family homes. The number of and increase in "equity rip offs" by "loan sharks" in South Los Angeles further exacerbates the problem.
- B) **REO Properties:** The increasing default and foreclosure rate in South Los Angeles has led to a growing number of housing units held by financial institutions in their real estate inventories, known as REOs. Consistent with the city's Community Reinvestment Act activity, a concerted effort should be made to make the REO properties available to the residents of the buildings and the CDCs. Such an effort includes both establishing a program in HPPD and in CRA redevelopment areas, the agencies to assist, when the economics makes sense, in the possible purchase of the property. Also, the possibility of amending existing financial regulations to require the granting of a first option to residents and local CDC's should be investigated.
- C) **Safeguarding Valuable Land:** For a variety of reasons that include financial abandonment and service disinvestment, South Los Angeles has remained relatively untouched by the types of development that have characterized other parts of the city. This development has ranged from mansionization in Bel Air to condominiums in other parts of town. While mansionization may not be imminent in South Los Angeles, it is likely that condominiums and other forms of multiple dwelling buildings will be proposed in the future. Fueling of such ideas has occurred prior to and after the events of April 29th. In some cases, the ideas of mixed use development have been promoted reaching an apogee with the comment of out-of-town experts that parts of South Los Angeles could be like Rodeo Drive in Beverly Hills. Thinking about mixed use and

higher density have characterized the views of the architectural and urban planning community as well. Although the schemes may be well motivated and in some cases reflect discussions with some members of the South Central community, taken together the ideas are absent any connections to the community leaders, residents, and nonprofits.

The land in South Los Angeles is valuable precisely because it is the most undeveloped of any in the city. The people in South Los Angeles recognize its value. They are aware of the close distance to downtown, although at the moment the skyscrapers may loom like an unattainable City of Oz to the vast majority of people living in poverty in South Los Angeles. South Los Angeles is a visible reminder of the days when overdevelopment did not create massive traffic problems. The single family structures create a human scale that should not be sacrificed. Decisions about future land use should not be made in the downtown office buildings but should be tied to input and control through a community planning process.

- D) **Community Planning Boards:** Diverse groups in the city have endorsed the idea of community review boards. The intent is to decentralize the planning process in an effort to increase participation at the grassroots level. Nowhere is this needed more than in areas where people feel disempowered. A community planning board can act as a forum for informed debate long before the issues come before the City Planning Commission. A community planning board, meeting in the neighborhood, permits easier accessibility to residents. A land use review procedure would ensure that any private or public developments that come into the neighborhood would be debated openly. Such a procedure would put developers on notice that they will have to clarify each project as to its advantages and disadvantages to the community. Each developer will be required to provide materials in different languages, and to present the information accompanied by maps and graphics.

We recommend that the city establish Community Planning Boards. This will require the city to fund (or provide in kind) office space, and salaries for a director and secretary as well as paying for typical office expenses.

Chapter Three  
**Inequalities in Health:**  
**"The Sickness in the Center of Our Cities"**

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### **3.1. Introduction**

The "sickness in the center of our cities," described in 1965 by the McCone Commission report on the Watts riots,<sup>1</sup> aptly portrayed the physical and mental health conditions of Los Angeles, as well as its social ills. In 1992, large gaps in health status and conditions remain between Los Angeles' wealthiest and poorest residents, between the minority but still dominant Anglo population and disadvantaged ethnic groups, very much as they did in 1965. Inequities in health status and the conditions that affect health parallel the disparities in wealth between the haves and the have-nots in Los Angeles. Alarming disparities pervade all major areas of public health concern, including access to medical care and the quality of care that is available, primary and preventive care, prenatal care, violence, substance abuse, and chronic illnesses. In this chapter, we describe the health conditions in Los Angeles' inner cities, the services and programs available to meet existing needs, and public policies that are needed to address unmet health needs.

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<sup>1</sup> *Violence in the City — An End or a Beginning?* Report of the Governor's Commission on the Los Angeles Riots, John A. McCone, Chairman, December 2, 1965.

### 3.2. Health Insurance and Access to Health Care

Inequities in health insurance coverage and access to health care services exacerbate nearly every inequality in health status. More than 2.7 million children and adults in Los Angeles — one out of every three nonelderly residents of the County — have no private health insurance, Medicaid, or Medicare coverage. Los Angeles has the highest uninsured rate (32% of all persons under age 65) among the major metropolitan areas in the U.S. — far higher than the rates for California (23%) or the nation as a whole (18%).

Latinos are far more likely than members of any other ethnic group to be uninsured. In Los Angeles County, 49% of Latinos are without any health insurance coverage, compared with 27% of Asians, 17% of African-Americans, and 19% of Anglos.<sup>2</sup> The uninsured include 863,000 children under age 18 and 164,000 women of childbearing age.

Nearly half of the uninsured — 445,000 children and 727,000 adults — are medically indigent, people who are poor or near-poor (below 150% of the federal poverty level) and therefore must rely entirely on public or charity sources for their medical care. The elimination in 1982 of 250,000 medically indigent adults from Medi-Cal (California's Medicaid program), including 80,000 Los Angeles County residents, left only 8% of the nonelderly population covered by the program in 1990.<sup>3</sup>

The loss of manufacturing jobs in Los Angeles undoubtedly has contributed to the county's rising uninsured rates, as these jobs have been replaced by jobs in the retail and service sectors of the economy. Workers in Los Angeles and the rest of California are less likely than other U.S. workers to receive health benefits through their own jobs because California's economy channels more workers into part-year employment and into small firms and industries that are much less likely to provide health benefits. A larger share of the state's employment is in industries that are less likely to provide coverage to their employees, and the number of workers employed in these low-coverage industries has been increasing faster than the number in high-coverage industries. Thus, 16% of the state's full-time full-year employees remain completely uninsured, compared to only 10% for the U.S. as a whole.<sup>4</sup> Many of the manufacturing jobs that remain in the Los Angeles labor market do not provide health benefits. Three-fourths of all California garment industry workers reside in Los Angeles, and two-thirds of these workers are completely without health insurance. The lack of employer-sponsored health insurance coverage in retail and service sector jobs helps to explain Latinos' higher uninsured rates. Latinos are more likely than other ethnic groups to be employed in small firms or industries that do not traditionally provide health insurance.<sup>5</sup>

As a result, only 38% of Latinos in Los Angeles are covered by employment-based health

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<sup>2</sup> Uninsured rates and numbers of persons are estimates based on analyses of March 1990 Current Population Survey by E. Richard Brown, UCLA School of Public Health.

<sup>3</sup> California Department of Health Services, Center of Health Statistics, *Health Data Summaries for California Counties*, 1990.

<sup>4</sup> Brown ER, Valdez RB, Morgenstern H, Cumberland W, Wang C, Mann J, *Health Insurance Coverage of Californians in 1989*. Berkeley: California Policy Seminar, University of California, 1991.

<sup>5</sup> Wyn R, Brown ER, Valdez RB, Yu H, Cumberland W, Morgenstern H, Hafner-Eaton C, Wang C, *Health Insurance Coverage of California's Latino Population and Their Use of Health Services*. Berkeley: California Policy Seminar, University of California, March 1993.

insurance, obtained through their own or a family member's job, compared to 53% of African-Americans, 55% of Asian Americans, and 63% of Anglos. Thus, much of Latinos' higher uninsured rates are due to their disadvantaged positions in the labor force.

### **3.2.1. Inequalities in insurance coverage burden the uninsured and the insured**

Among the third of Los Angeles' nonelderly residents who are uninsured, access to primary care is inadequate. Poor access results in reduced use of health services, which may adversely affect health status. Those who lack health insurance are far less likely than the insured to seek *all* types of preventive and primary medical care, including immunizations for children, prenatal care, Pap smears, blood pressure screenings, and even physician care when they have serious symptoms.<sup>6</sup>

An uninsured individual must often wait until a health problem becomes severe enough for him or her to gain entry into the health care system through the emergency room of a public or private hospital. The use of hospital emergency rooms and trauma centers by the uninsured burdens hospitals with substantial uncompensated costs, and adversely affects the insured population. Care to uninsured patients is a major fiscal burden on County hospitals and clinics; the County estimates that 83% of the nearly 4 million emergency room and clinic visits and 181,000 hospital admissions in fiscal year 1991-92 were for uninsured patients. County hospitals and clinics in Los Angeles provided \$588,633 million in care to uninsured patients in 1991.<sup>7</sup>

Private hospitals, which provide at least emergency care to the uninsured, also suffer substantial financial burdens from uncompensated care costs. Private hospitals provided an estimated \$507,013 million in care to the uninsured in 1991.<sup>8</sup> Unlike New York, Maryland, Massachusetts, and New Jersey, California does not have a system for reimbursing hospitals for the charity care they provide. Many private hospitals, faced with high uncompensated care costs, have closed the doors through which uninsured patients enter their facilities. In the 1980s, for example, several private hospitals in Los Angeles County either reduced or completely eliminated their intensive care burn units, leaving only three burn centers with a total of only 12 intensive care beds for burn patients in all of Los Angeles County in 1989.<sup>9</sup> Because emergency departments provide the main access to private hospital care for the uninsured, many private hospitals in Los Angeles County have closed their emergency rooms and trauma centers. Since 1980, private hospital emergency rooms have declined from 103 to 85, and private hospital trauma centers, from 20 to only 10.<sup>10</sup> Together with the trauma centers operated by three County hospitals, only 13 trauma

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<sup>6</sup> Freeman HE, Blendon RJ, Aiken LH, et al., "Americans Report on Their Access to Health Care," *Health Affairs*, 1987; 6:6-18; Woolhandler S, Himmelstein DU, "Reverse targeting of preventive care due to lack of health insurance," *Journal of the American Medical Association*, 1988; 259:2872-2874.

<sup>7</sup> OSHPD Quarterly Reports, analyzed by the Hospital Council of Southern California.

<sup>8</sup> Ibid.

<sup>9</sup> Spiegel C, "Options Fading Fast for L.A. County Burn Victims," *Los Angeles Times*, August 4 1989, Part I, pp. 1, 3, 39.

<sup>10</sup> *Closing the Gap*, Report to the Los Angeles County Board of Supervisors by the Task Force for Health Care Access in Los Angeles County, November 24, 1992.



centers remain to care for the 9 million residents throughout Los Angeles County's 4,000 square miles.<sup>11</sup>

### **3.2.2. Maldistribution of health services reduces health care access of low-income communities**

Lack of insurance is not the only cause of poor access to health care. Like the rest of the nation, Los Angeles has a two-tiered system of health care. The *private* tier serves mainly those with private insurance; the *public* tier serves those who lack adequate private insurance coverage, including the uninsured and those covered by Medi-Cal who, despite their coverage, have very limited choice of provider.<sup>12</sup> Private physicians' offices and private hospitals are located mainly in more affluent communities in Los Angeles. Medical care, and especially primary health services, are much less available in many low-income and disadvantaged neighborhoods of the county, compounding access problems for residents of those areas, even if they have Medi-Cal or private insurance coverage.

Residents of many low-income, predominantly minority communities face severely limited access to physician services. Overall, Los Angeles County has enough physicians to care for its population, but these physicians are maldistributed, geographically as well as by specialty. Anglo middle- and upper-class neighborhoods in Los Angeles County have far higher ratios of physicians to population than do poor African-American and Latino communities. The wealthy community of Beverly Hills, for example, had approximately one practicing physician for every 125 residents in the period 1984 to 1986, while poorer El Monte had a ratio of 1 physician for every 2,216 residents.<sup>13</sup> This maldistribution exists for primary care physicians and across all specialties.<sup>14</sup>

### **3.2.3. County health services are under funded and over crowded**

For most uninsured and Medi-Cal patients, access to County clinics and hospitals is limited by their geographic distribution, their underfunding and their overcrowding. The Department of Health Services operates only six County hospitals, six comprehensive health centers, and another

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<sup>11</sup> Lu E, "Closure to Leave 1 Trauma Unit for San Gabriel Valley," *Los Angeles Times*, November 1, 1988, Part II, pp. 1, 3; Dallek G, "Don't Get Sick Downtown: A Health Care System Collapses," *LA Weekly*, February 24-March 2, 1989, pp. 33, 40; and Spiegel C, "Debate Continues on Future of Besieged Trauma Center," *Los Angeles Times*, August 22, 1989, Part II, pp. 1, 8.

<sup>12</sup> Leslie JA, and Pridgen JA, *Disparities in Wealth and Health - A Comparison of Two Study Areas in Los Angeles County*, UCLA School of Public Health, March 1992, p.1; See also Hadley J. "Physician Participation in Medicaid: Evidence from California." *Health Services Research* 1979; 14:266-280.

<sup>13</sup> California Office of Statewide Health Planning and Development, *Characteristics of Physicians Licensed by the California Board of Medical Quality Assurance*, July 1984 through June 1986, July 1988.

<sup>14</sup> Brown ER, Dallek G, "Changing Health Care in Los Angeles: Poverty Amid Affluence, Competition Leading to Crisis," in *Changing U.S. Health Care: A Study of Four Metropolitan Areas*, Ginzberg E, Berliner HS, and Ostow M (ed.), Boulder, CO: Westview Press, (in press).

40 public health centers with very limited medical services — to serve a target population of some 1.2 million low-income uninsured persons and another 800,000 persons whose only coverage is Medi-Cal. These County facilities are perpetually underfunded, understaffed, and usually overcrowded, further restricting access to and quality of care for those who have no place else to go for care.<sup>15</sup> County hospitals typically operate at 90-100% occupancy, compared to less than 55% occupancy rates for private hospitals in the county. The waiting time in County urgent-care clinics and emergency rooms *averages* more than 6 hours, discouraging even the most persistent and desperate patients from obtaining needed care.<sup>16</sup> Patients seeking appointments in County clinics must wait at least several weeks even for urgent medical needs.

The McCone Commission's conclusions, in its report on the causes of the 1965 Watts riots, about problems of access to health care in disadvantaged Los Angeles neighborhoods sounds depressingly familiar today:

. . . the number of doctors in the southeastern part of Los Angeles is grossly inadequate as compared with other parts of the city. . . the hospitals readily accessible to the citizens in southeastern Los Angeles are also grossly inadequate in quality and in numbers of beds. . . The Commission recognizes that the motivation of patients to take advantage of the available medical facilities is an important factor in health conditions, but it appears that the facilities in the area are not even sufficient to care for those who now seek medical attention.<sup>17</sup>

Based on its findings, the Commission recommended that the County build a new, comprehensively equipped hospital in the area, as well as increase the availability of public health and preventive medical facilities in the area. Based in large part on the McCone Commission recommendations, the County developed Martin Luther King, Jr. (MLK) hospital to meet the underserved health care needs of the South Central Los Angeles population.

While MLK proved to be an important point of access in the area, severe deficiencies in access to and quality of care still persist in disadvantaged regions of the County. MLK and other County health facilities do not have enough staff or equipment to treat the current volume of patients they serve. Capital expenditures in County hospitals are significantly lower than for private facilities; the County's rate of investment in its hospitals is less than one-tenth of the annual capital investment of the average private California hospital.<sup>18</sup> The overcrowding, long waiting periods, inadequate staffing, and deterioration of equipment and infrastructure have caused severe problems in the quality of care provided by County hospitals in Los Angeles. It is not uncommon for women to deliver in hallways of County hospitals, or for emergency rooms to be "overflowing with

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<sup>15</sup> Brown ER, Dallek G, "Changing Health Care in Los Angeles."

<sup>16</sup> Baker D, Stevens CD, Brook RH. "Patients Who Leave a Public Hospital Emergency Department Without Being Seen by a Physician," *Journal of American Medical Association*, 1991; 266:1085-1090.

<sup>17</sup> *Violence in the City - An End or a Beginning?* Governor\*s Commission on the Los Angeles Riots, John A. McCone, Chairman, December 2, 1965, pp.73-74.

<sup>18</sup> Gates, "Fiscal Year 1989-90 Budget Policy Issues." in Brown ER., Dallek G, "Changing Health Care in Los Angeles," p. 13.

patients needing critical care beds, who often wait as long as three days in the emergency room."<sup>19</sup>

MLK hospital has had some of the worst problems with the quality of its medical care. MLK had one of the fifty worst Medicare mortality rates in the nation, and 37% more newborn deaths than would be expected after controlling for patient characteristics.<sup>20</sup> In June 1989, a survey of MLK by the State and the national hospital accrediting agency found such serious deficiencies that the hospital was threatened with loss of its accreditation. The State also cited MLK because of a major breakdown in several areas of patient care, including quality assurance, infection control, nursing, and dietary services. In order to save their accreditation at a three-month follow-up inspection, MLK had to close four wards and hire 200 additional employees.<sup>21</sup> Founded when South Central Los Angeles was populated predominantly by African-Americans, MLK also has been criticized for not changing quickly enough to serve the large Spanish-speaking Latino population that now comprises about half the South Central population.

In addition to the barriers raised by limited geographic availability and overcrowding, County health facilities have presented financial barriers to many prospective patients. In the face of significant budget shortfalls, the County in 1981 instituted a new policy requiring the uninsured to make substantial copayments for clinic, outpatient, and inpatient services in County facilities. These copayments ranged from \$35 for a public health center visit, to \$60 for a County hospital emergency room visit, to \$800 for a normal baby delivery.<sup>22</sup> Although the County instituted an ability-to-pay (ATP) plan for uninsured patients who are unable to pay the County's charges, the ATP plan has been inconsistently and inadequately implemented, leaving large numbers of poor Los Angeles County residents uninformed that they may be eligible for free or reduced-cost services. An evaluation of the ATP program in 1989 found that 38% of County patients said they never received an ATP notice. Poor Latino immigrants are affected most severely by the County's charge policy. An evaluation of patient telephone inquiries to County health facilities found that information about the ATP program was provided to the caller during only 17% of all inquiry calls, and in only 6% of calls by Spanish-speaking callers.<sup>23</sup> Such communication barriers, combined with a fear of applying for public assistance among newly legal and illegal immigrants, leave poor

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<sup>19</sup> Dallek G, *The Quality of Medical Care for the Poor in Los Angeles County's Health and Hospital System*, Legal Aid Foundation of Los Angeles, June 1987; Western Center on Law and Poverty, *The Quality of Medical Care for the Poor in Los Angeles County in 1989 and the Impact of Reduced Indigent Health Care Funding*; and Spiegel C, "Hospital: A Crisis in Critical Care," *Los Angeles Times*, September 3, 1989, Part I, pp. 1, 34-36.

<sup>20</sup> Steinbrook R, "Infant Death Rate Highest at King Hospital," *Los Angeles Times*, November 6, 1989, pp. A1, A22; Steinbrook R, "5 California Hospitals Ranked High in Medicare Deaths," *Los Angeles Times*, January 15, 1989, Part I, pp. 3, 33.

<sup>21</sup> California Licensing and Certification Division, State Department of Health Services, "Statement of Deficiencies and Plan of Correction," Los Angeles County/USC Medical Center, July 10, 1989; California Licensing and Certification Division, State Department of Health Services, "Statement of Deficiencies and Plan of Correction," Martin Luther King Medical Center, June 28, 1989; Garcia KJ, "Turnaround by King Hospital Rescues Funds," *Los Angeles Times*, December 19, 1989, pp. A1, 17; Garcia KJ, "Panel Delays Vote on King Hospital Accreditation," *Los Angeles Times*, January 13, 1990, pp. B3, 8.

<sup>22</sup> Los Angeles County Department of Health Services, *How to Get No-Cost or Low-Cost Medical Care at County Hospitals and Clinics*, July, 1989.

<sup>23</sup> Arthur Young, *ATP Policy Compliance Monitoring Project Final Report*, April 27, 1989. See also Cousineau MR, Brown ER, Freedman JE, "Access to Free Care for Indigent Patients in Los Angeles: County Policy Implementation and Barriers to Care," *Journal of Ambulatory Care Management*, 1987; 10(1):78-89.

Latinos at a substantial disadvantage in utilizing the county ATP system.

### 3.2.4. Poor health care access results in poor health

Thus, a combination of access barriers — the lack of health insurance coverage, financial barriers to care, the unavailability of public or private doctors and hospitals in many poor areas, and overcrowding at County facilities — severely compromises the health status of many low-income, minority residents of inner-city regions in Los Angeles. Poor access to ambulatory care services eventually translates into increased use of hospital emergency rooms, avoidable hospital admissions, and ultimately increased mortality rates for conditions that could have been effectively treated through primary care services. Residents of low-income, predominantly African-American and Latino communities are far more likely than more affluent residents to be admitted to hospitals for conditions that are preventable and for conditions that can be readily treated in an ambulatory-care setting. When compared with adult residents from relatively affluent areas of Los Angeles, adults from low-income areas were:

- P 17 times more likely to be hospitalized for hypertension
- P 9.6 times more likely to be hospitalized for diabetes
- P 9 times more likely to be hospitalized for respiratory infection
- P 6.3 times more likely to be hospitalized for heart failure
- P 6 times more likely to be hospitalized for bronchitis/asthma
- P 3.8 times more likely to be hospitalized for kidney/urinary tract infections
- P 3.7 times more likely to be hospitalized for pneumonia.<sup>24</sup>

Poor *children* living in predominantly Black and Latino areas also lack adequate access to primary care services, as reflected by increased hospitalization rates for conditions which could otherwise be averted by appropriate ambulatory care. When compared to children from higher-income areas, poor children from predominately African-American and Latino communities were:

- P 15 times more likely to be hospitalized for pneumonia
- P 7 times more likely to be hospitalized for bronchitis/asthma
- P 3-4 times more likely to be hospitalized for middle ear infections.<sup>25</sup>

Since these conditions, being easily treatable and preventable, are sensitive to the availability of adequate preventive and primary services, these findings reflect a deficiency in the provision of these services. As a result of the unavailability of these services, simple conditions are left untreated and rapidly progress to grave consequences. Compounding the gravity of the situation is that treatment for these conditions is often sought in the hospital emergency rooms at a greater cost to the patient or their insurance, usually Medi-Cal. According to County physicians who staff the emergency rooms, as many as 2 out of 3 visits could have been treated at a primary

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<sup>24</sup> Valdez RB, Dallek G, "Does the Health System Serve Black and Latino Communities in Los Angeles County?" Thomas Rivera Center, January, 1991.

<sup>25</sup> Ibid.

care clinic, and many more could have been avoided with parental education or phone guidance.<sup>26</sup> Most importantly, the quality of care given in an emergency room is not as thorough or insightful as that given by a regularly seen provider and little follow-up is conducted.

### **3.2.5. Public Policy**

The disproportionately high rates of preventable disease within disadvantaged communities will continue to climb unless steps are taken to provide accessible primary health care to the millions of Los Angeles residents who lack adequate health insurance coverage or who live in medically underserved areas. The Los Angeles County Task Force on Access to Health Care, established in 1992 by the Board of Supervisors, estimates that it would require an additional 4 million physician visits a year to fill the gap between the amount of care now received by the uninsured in Los Angeles and the volume of care they need.<sup>27</sup> That would require nearly doubling the number of visits provided to the uninsured by all County and private hospitals in Los Angeles County.

Clearly a preferable alternative to charity care — whether provided by County facilities at tax payer expense or by private hospitals and paid for by privately insured patients — would be a national health program that provides universal coverage to all residents. To improve access for ethnic minorities in Los Angeles, such a program must extend coverage to all residents, regardless of their legal immigration status. Excluding "illegal aliens" would continue the barriers to care experienced by hundreds of thousands of Latino and Asian immigrants, force them to forego needed preventive care and care for chronic conditions, burden them with untreated communicable diseases and expose others to the spread of such diseases, and continue to dump the costs of uncompensated care onto county taxpayers and the private facilities. If coverage is to improve the actual use of health services, it must provide equal access to private physicians and hospitals, regardless of whether a person's coverage is subsidized by the government or paid with contributions from employers and their employees. The costs of such coverage and its consequences for the economic and labor-market competitiveness of Los Angeles would place such reforms beyond the capability of any one metropolitan area. Fortunately, President Clinton appears committed to enacting universal coverage, but how well the "managed competition" proposal being advocated for the new Administration will meet the coverage conditions required by Los Angeles' diverse population is still unclear.

Finally, even with universal coverage and equal financial access to the private market for health services, currently underserved areas of Los Angeles will be left with a residue of too few hospitals, physicians and other health services. To ensure that universal coverage actually provides access to health services, it will be necessary to invest public funds in developing community clinics, attracting private providers, and expanding and improving hospital facilities in these areas.

## **3.3. Children's Health and Welfare**

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<sup>26</sup> Los Angeles Roundtable for Children, *Health Services for Children Los Angeles County*, Draft Report, January 1993.

<sup>27</sup> *Closing the Gap*, November 24, 1992. These estimates have been adjusted for the uninsured population's age and gender distribution.

The health status of Los Angeles' children has improved dramatically over the past two decades, but not all groups have shared equally in that progress. Sharp disparities persist in both health and the use of services according to family income, ethnic background, parental education, and geographic location. This is as true in Los Angeles as it is for the nation. Many forms of disease prevention and health promotion are demonstrably effective, especially for children and pregnant women, but still are neither widely available or adequately used even when available. This is exemplified in rising rates in Los Angeles of vaccine-preventable diseases such as measles and controllable diseases such as tuberculosis. Furthermore, the profile of child health needs has changed significantly over the course of the century, partly as a result of success in combating infectious disease, and partly because new problems have emerged. However, the organizational, administrative, financial, and professional training aspects of our health care system today have not been adapted to cope with new and emerging health problems — such as developmental delays, learning problems, drug use, child abuse and neglect, and teen pregnancy — which have intertwined psychological, environmental, social, and behavioral components.

It is also widely recognized that health care is only one factor that contributes to the health of our children. Families play a critical role in creating a safe and nurturing home environment that can promote the health and development of children and prevent adverse health outcomes. However, the current health care system insufficiently recognizes and supports this role. Nor has the system acknowledged or adequately responded to the health implications of the changing composition and circumstances of the Los Angeles family. Communities also bear significant responsibilities for promoting safe neighborhoods, family friendly environments, and providing those resource that families can call upon in times of need. However, many low-income families living in impoverished communities plagued by violence, drug and alcohol abuse, and insufficient resources are finding it increasingly difficult to provide the type of environments that can promote a child's health and development and prevent disease, disability and dysfunction.

In Los Angeles, these issues are confounded by the diversity and magnitude of the child population, creating a challenging task in developing health services that are appropriate for the needs of this multicultural community. The child population of Los Angeles grew by 15% during the 1980s from 2 million to 2.3 million in 1990. Of the 2,326,110 children in Los Angeles County, 73% are children of color (50% Latino, 11% African-American, and 11% Asian/Other). The Latino population has been the fastest growing, increasing from 28% of the total population in 1980. Unique issues affect these various ethnic groups — issues which must be addressed and recognized in planning health services for these populations.

Poverty has become a powerful organizing framework for understanding the risks to children and families.<sup>28</sup> Poverty subjects children to profound and pervasive risks as a result of the physical consequences of deprivation, the stress and violence that often accompanies compromised family relationships, and what David Hamburg has referred to as the overriding pall of having a depreciated status in a social environment.<sup>29</sup> As opposed to most other industrialized countries, lower incomes in the United States are much more strongly associated with poor health and poor developmental outcomes because many of our social policies exacerbate rather than minimize the

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<sup>28</sup> Gabarino J, "The Meaning of Poverty in the World of Children," *American Behavioral Scientist*; 1992; 35:220-237. Wise P. "The Social Context of Maternal Child Health Reform" in *A Pound of Prevention: The Case for Universal Maternity Care in the U.S.* (ed.) Kotch J, Blakely CH, Brown SS, Wong FY. American Public Health Association Press, 1992.

<sup>29</sup> Hamburg D, *Annual Report of the Carnegie Foundation*, 1986.

effect of poverty on access to appropriate remedies.<sup>30</sup> Furthermore, our traditional definitions of poverty based on family income levels does not capture the toll that impoverished environments take on human relationships and the ability of families to substitute in human terms what they cannot buy. The deprivation of poverty is eroding both the material and relational foundations of many families and severely compromising the development of our nation's children.<sup>31</sup>

The number of Los Angeles' children living in extreme poverty increased between 1980 and 1990 by 22%, from 350,000 to 430,000. The increase in childhood poverty over this decade has been attributable to an increase in the number of single-parent families and the growing inability of two-parent families to earn enough to keep themselves out of poverty. Poverty increased most dramatically among minority families who are less likely to receive adequate health care and more vulnerable to a whole host of conditions from poor nutrition to child abuse. The impact of poverty on children's health and development is not necessarily a direct effect of insufficient monetary resources, but is often mediated through the cumulative impact of other social conditions such as crime, family structure changes, substandard housing, violence and drug and alcohol use.<sup>32</sup> The multiple and compounded threats of impoverished environments place children at double and triple jeopardy for higher rates of illness, maltreatment and academic failures. The relationship between poverty and children's health has been demonstrated by studies that find increased frequency and intensity of adverse health outcomes in relationship to poverty (Tables 3.1 and 3.2).<sup>33</sup>

**Table 3.1: Relative frequency of health problems in low-income children compared to other children**

| <b>Health Problems</b> | <b>Frequency</b> |
|------------------------|------------------|
| low birth weight       | double           |
| teenage births         | triple           |
| delayed immunization   | triple           |
| asthma                 | higher           |

<sup>30</sup> Bronfenbrenner U, "Ecology of the family as a context for human development research perspectives," *Developmental Psychology*, 1986; 22:723-742.

<sup>31</sup> Gabarino 1992. Gabarino points out that in the past, over 90% of basic child health and child care was provided by this non-monetarized economy based on family and neighborhood relationships. As family structure and economic changes shift, for example, child care from the non-monetarized to the monetarized economy, we begin to realize how expensive high quality child care is. Gabarino argues that much of our current economic analysis is flawed because it ignores the ecology of evolving family structures and the importance of this non-monetarized economy.

<sup>32</sup> Coulton CJ, Pandey S, "Geographic Concentration of Poverty and Risk to "Children in Urban Neighborhoods," *American Behavioral Scientist*, 1992; 35:238-257.

<sup>33</sup> Smeeding T, Torrey BB, "Poor children in rich countries," *Science*, 1988; 242:873-877; National Center on Child Abuse and Neglect, *The national incidence study of child abuse and neglect: Report of findings*, Washington DC, US Department of Health and Human Services, 1981; Starfield B, "Child Morbidity Comparisons, Clusters, and Trends," *Pediatrics*, 1991; 88; Rosenbaum S, "Child Health and Poor Children," *American Behavioral Scientist*, 1992; 35:275-289.

|                      |               |
|----------------------|---------------|
| bacterial meningitis | double        |
| rheumatic fever      | double-triple |
| lead poisoning       | triple        |

**Table 3.2: Relative *severity* of health problems in low-income children compared to other children**

| <b>Health Problems</b>                   | <b>Severity</b>  |
|--|------------------|
| neonatal mortality                       | 1.5 times        |
| post-neonatal mortality                  | double-triple    |
| child deaths                             |                  |
| <b>P</b> due to accidents                | double-triple    |
| <b>P</b> disease related                 | triple-quadruple |
| complications of appendicitis            | double-triple    |
| complications of bacterial meningitis    | double-triple    |
| % with chronic condition limiting school | double-triple    |
| severely impaired vision                 | double-triple    |
| severe iron deficiency                   | double           |

Adapted from Starfield (1991)<sup>34</sup>

The poor status of children's health and health programs in Los Angeles County is illustrated by increases in communicable diseases such as measles, disparities in hospitalization rates for ambulatory-sensitive conditions according to geographic locale, increasing numbers of families that are losing their children to the foster care system, and persistently high levels of infant morbidity and mortality.

### **3.3.1. Under-immunization and Communicable Diseases**

As discussed earlier, inadequate access to primary and preventive health care services can result in unnecessarily high rates of otherwise preventable or controllable conditions. Nothing is more indicative of the disparities in access to such care than the proliferation of vaccine-preventable communicable diseases, such as measles, among children from disadvantaged Latino and African-American communities.

Between 1987 and 1990, the measles case count rose from 128 cases to 4,050 cases. At

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<sup>34</sup> Starfield B, 1991.



the height of the measles epidemic, Los Angeles County accounted for 35% of the nation's total number of cases.<sup>35</sup> Between 1988 and 1991, 41 young children died from complications associated with measles infections. In recent years, these measles outbreaks have been concentrated in predominantly poor areas and minority populations. Compared with the Anglo population, there were 9.6 times the number of measles cases within the Latino population, and 7.2 times the number of measles cases within the African-American population.<sup>36</sup> Under-immunization has been associated with a multitude of circumstances that often characterize disadvantaged populations, including living in the inner-city, minority race, poverty, and having a predominately Spanish-speaking caretaker.<sup>37</sup>

Early vaccination is the primary means by which to combat the high rate of measles transmission that has occurred in the County since 1987. It is estimated that approximately 85% of measles cases in the age group 16 months-4 years in Los Angeles County are preventable. As such, the current measles outbreak is symptomatic of a dramatic failure of our health system. In an effort to promote early immunization, in July 1988 the Los Angeles County Department of Health Services (DHS) lowered the recommended age of measles-mumps-rubella vaccination from 15 to 12 months. Since this change, it seems that the proportion of children vaccinated before 16 months of age has been steadily increasing.<sup>38</sup> However, the rate of measles vaccination in the County is grossly inadequate, particularly among minority populations. Several studies conducted by the DHS have demonstrated that for many inner-city Latino and African-American children the rates of immunization are less than 50% at 24 months of age. The task of immunizing Los Angeles County's children is shared by the DHS and private sector providers. The inability to immunize children in Los Angeles is a failure of both sectors. Inner-city children have extremely limited access to private-sector child health providers, most of whom are increasingly retreating from the Medi-Cal marketplace due to inadequate reimbursement and administrative hassles. For uninsured children, access problems are even worse; it seems apparent that the public system for child immunizations is also failing. Dramatic increases in the cost of vaccines, in some cases by more than 4500%, have made immunizing children all the more costly.

The incidence of tuberculosis, another communicable disease, has also shown a dramatic increase among Los Angeles County children. The incidence rate for tuberculosis in children age 0-5 years doubled from 9.37 cases per 100,000 in 1985 to 18.9 cases per 100,000 in 1991. Likewise, for children age 5-14 years, the rate doubled from 3.38 cases per 100,000 in 1985 to 6.6 cases per 100,000 in 1991.<sup>39</sup> Tuberculosis particularly affects populations who face adverse living conditions, such as homelessness and overcrowding. Certainly, the growth in the numbers of homeless children and children living in poverty has contributed to the dramatic increase in tuberculosis cases among children. If tuberculosis is to be effectively controlled, the social conditions of poverty, homelessness, and substandard housing must be adequately addressed.

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<sup>35</sup> L.A. County Immunization Program, 1991.

<sup>36</sup> MMWR, 1989a; Communicable Diseases Report, 1991.

<sup>37</sup> Ewert DP, Thomas JC, Chun LY, Enguidanos RC, Waterman SH, "Measles Vaccination Coverage Among Latino Children Aged 12 to 59 Months in Los Angeles County" A Household Survey," *American Journal of Public Health*, 1991; 81:1057-1059.

<sup>38</sup> Ewert, et al. 1991.

<sup>39</sup> Annual Report for 1991, Los Angeles County TB Control.

### 3.3.2. Inappropriate Hospitalizations

As previously discussed, poor access to ambulatory care services leads to inappropriate hospital admissions for avoidable conditions which could have been effectively treated with appropriate primary care services. Children from low-income, predominantly African-American and Latino communities are substantially more likely than children from more affluent Anglo communities to be hospitalized for readily treatable conditions, such as pneumonia, bronchitis, asthma, and ear infections. If the availability of primary care services were expanded within inner-city communities, these children would not need to delay treatment until eventually hospitalization or emergency room care becomes necessary for otherwise easily preventable and controllable conditions.

### 3.3.3. Oral Health

Although children's oral health has improved during the past 10 years, non-Anglo children remain about two and one-half times as likely as Anglo children to suffer dental disease. Among non-Anglo children, about 30% of teeth affected by decay are either missing or still decayed, compared to about 12% for Anglo children. Among 14 to 17 year olds, 41% of non-Anglos suffer from periodontal disease, compared to 16% of white adolescents.<sup>40</sup> In California, 25% of children bear 80% of all tooth decay; these children are predominately from low-income and ethnic minority populations.<sup>41</sup>

Regular dental care, a major factor in maintaining oral health, is not readily accessible to low-income children in Los Angeles County. National surveys have consistently shown that 65-70% of all 6-17 year olds have had at least one dental visit within the previous year.<sup>42</sup> However, dental care utilization rates are much low for low-income children in Los Angeles County. Only 23.6% of Medi-Cal users between the ages of 6 and 17 in Los Angeles County saw a dentist one or more times in 1991.<sup>43</sup> The majority of these visits were for emergency treatment, so the percentage of children receiving primary preventive dental care or early treatment for tooth decay is much lower. In the Child Health and Disability Program, the utilization rate was only 13%. Of all dentists in Los Angeles County, 64% did not see any Medi-Cal patients in the last year for which data are available. Only 24% of Los Angeles County dentists treated 10 or more Medi-Cal patients, while only 14% of dentists treated over 50 Medi-Cal patients.<sup>44</sup>

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<sup>40</sup> U.S. Congress, Office of Technology Assessment, *Children's Dental Services Under the Medicaid Program--Background Paper*, OTA-BP-H-78 (Washington, DC: U.S. Government Printing Office, October 1990).

<sup>41</sup> Freed J, "Report on Oral Health in Los Angeles County," UCLA School of Dentistry, September 8, 1992.

<sup>42</sup> Freed J, "Updated Report on Oral Health of Children in Los Angeles County," UCLA School of Dentistry, January 8, 1993; Hayward RA, Meetz HK, Shapiro MF, and Freeman HE, "Utilization of Dental Services: 1986 Patterns and Trends," *Journal of Public Health Dentistry*, Summer 1989; 49:147-152.

<sup>43</sup> *Report MR0634*, State Medi-Cal Office, as cited in Freed J, January 8, 1993.

<sup>44</sup> Freed J, September 8, 1992.

In the South Health District of Los Angeles County, there are four County facilities registered with Los Angeles County Dental Society which offer Denti-Cal (part of Medi-Cal) and low-cost services for uninsured patients. The average waiting time for an appointment in these County facilities is from one to two months. Most County facilities offer reduced-rate cleaning, filling and extraction services to children between the ages of 5 1/2 and 18 1/2 only; no County facilities offer caps, crowns, or root canal services.<sup>45</sup>

In addition to regular self-care and dental visits, community water fluoridation is the most effective and efficient means of preventing dental caries in children and adults, regardless of race or income level. The American Association of Public Health Dentistry reports that when compared to fluoride-deficient communities, communities with fluoridated water exhibit:<sup>46</sup>

- P 50-60% less dental decay in persons of all ages
- P 6 times as many children free of dental decay
- P 75% fewer extracted permanent first molars in children
- P 95% fewer cavities in children's upper front teeth
- P lower dental bills for repairing teeth with dental decay.

In spite of the proven benefits of fluoridated water, Los Angeles County is the largest metropolitan area in the United States that does not fluoridate its water supply.<sup>47</sup> While public agencies and private providers need to improve access to dental services and education about dental self-care for high-risk disadvantaged populations, the County should commit itself to fluoridating drinking water as part of a comprehensive plan to improve the oral health of *all* residents of Los Angeles County.

### 3.3.4. Child Abuse and Neglect

Perhaps the most important measure of the health and function of our families is the level of child abuse and neglect. Los Angeles County has more abused children than any other city in the nation, and consequently supports the largest number of foster children. While approximately one in every 27 children in the United States lives in Los Angeles County, about one in every 12 foster children in the U.S. lives in Los Angeles County. For children from ethnic minority populations, the incidence of abuse and neglect is even greater. While African-American children represent 11% of the total child population, they represent 46.4% of the protective services population.<sup>48</sup> African-American babies are also 3.5 times more likely than Anglo or Latino children to be born with drug withdrawal symptoms. These statistics reflect the inability of families to cope with the overwhelming stresses imposed on them by an unforgiving environment that includes a lack of child care resources, strained family relations, inadequate neighborhood resources, and insufficient

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<sup>45</sup> Leslie and Pridgen, *Disparities in Wealth and Health*, pp. 47-48.

<sup>46</sup> *Healthy Los Angeles 2000 Data Sourcebook*, p. ORAL-3.

<sup>47</sup> *Healthy Los Angeles 2000 Data Sourcebook Summary*, p. 19.

<sup>48</sup> Gates and Crowell, 1992.

social supports.

There is a pressing need for effective intervention programs aimed at reducing the stress and anxiety levels of parents through effective support systems. These interventions can include child-parent support sessions, home visitation for assessment and counseling, child development education and counseling for parents, and other educational, vocational and support services within the context of regular comprehensive primary care.

### **3.3.5. Infant Mortality and Morbidity**

During the decade of the 1980s the infant mortality rate for Los Angeles County decreased overall from 12 to 8 deaths per 1,000 live births. During this period, indicators of the receipt of timely prenatal care showed some improvement, with more than 43,000 women receiving prenatal or delivery services from a public facility in 1990. Much of this improvement is directly attributable to the effort and resources that went into improving the delivery of perinatal services over the past decade.

Nevertheless, prenatal care services in Los Angeles County remain less than adequate, particularly for African-American and Latina mothers. The overall decline in infant mortality in the County is largely attributable to the decline in infant mortality within the Anglo population. As discussed in more detail below, teenage childbearing, delayed prenatal care-seeking, infant mortality, and low-weight births persist at alarming levels within disadvantaged populations.

### **3.3.6. Teen Pregnancy**

Like other health and social issues, adolescent pregnancy in Los Angeles County is particularly high among young, economically disadvantaged minority women. Within this population, high unintended pregnancy rates, as well as a growing number of births to adolescents, point to the need for accessible, affordable, and culturally sensitive family planning services.

Although sexual abstinence or the proper use of contraceptives can prevent nearly all unwanted pregnancies, the majority of sexually active teens do not use contraception. In Los Angeles County, it is estimated that 62% of sexually active high school students reported never having used birth control.<sup>49</sup> Contraceptive use varies with a number of demographic factors. Older teens are more likely to use contraceptives than younger teens. Anglos are more likely to use contraceptives than non-Anglos. Affluent teens are more likely to use contraceptives than economically disadvantaged teens. In a recent survey of low-income women in Los Angeles County, 30.5% of women aged 18-20 who were at risk for unwanted pregnancy reported not using any contraception, while only 19.8% reported having some knowledge of where to obtain low-cost contraceptives.<sup>50</sup> Anglos at risk for unwanted pregnancy were twice as likely to use a contraceptive method than either African Americans or Latinas who were also at risk for unwanted

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<sup>49</sup> *Healthy Los Angeles 2000 Data Sourcebook*, p. FAM-2.

<sup>50</sup> "An Assessment of Contraceptive Need in the Inner-City," *Family Planning Perspectives*, 1990, 22(3):122-127.

pregnancy.<sup>51</sup>

Although public funding for family planning services has improved access over the last several decades, cutbacks and restrictions imposed by the Reagan and Bush Administrations reversed many of these gains. As is the case nationally, Los Angeles County women who receive family planning services from *private practitioners* are characteristically higher income, Anglo, older (not teen-agers), and tend to have health insurance. Conversely, publicly and privately funded *clinics* provide free or sliding-scale fee services to a clientele that tends to be poor, young, and disproportionately African American and Latina.<sup>52</sup> While the federal government provides the largest proportion of public funds used for family planning in the U.S., California uses its own funds for family planning clinic services. With a persistent budget crisis in California, the squeeze on public funding for contraceptive services diminishes the quality and scope of services provided in family planning clinics, leading to additional unintended pregnancies among the low-income and minority populations who depend upon those clinic services. Ironically, the resulting births and abortions in turn increase the demands on an already overburdened health and welfare system.

### 3.3.7. Teen Childbearing

Although high unintended teen pregnancy rates reflect a need for more effective contraceptive education as well as improved access to affordable family planning services, not all adolescent childbearing is unintended, particularly among disadvantaged minority teens. Overall, a disproportionate share of births in Los Angeles County involves very young mothers. In Los Angeles County in 1990, 12% of all live births were to mothers under the age of 20 — compared to 9.6% of births in Alameda County, and only 8.2% in San Francisco County.<sup>53</sup> In 1987, women under the age of 18 in Los Angeles gave birth to nearly 7,500 infants, including 365 births to girls under the age of 14.<sup>54</sup> In addition to poor access to family planning services, low perceived risk, and inadequate knowledge of safer sex practices, cultural and economic factors contribute substantially to the disproportionately high rate of childbearing among young minority mothers in Los Angeles County.

In Los Angeles County, a disproportionately high percentage of births to teens are to Latinas and African-Americans, whose poverty rates are much higher than the rates for Anglos or other ethnic groups.<sup>55</sup> This raises some important concerns about the economic and cultural determinants of adolescent childbearing. In disadvantaged inner-city communities such as South Central Los Angeles, having a child is frequently perceived by young women as an attractive option in a life otherwise devoid of economic opportunity.<sup>56</sup> The fact that non-marital childbearing among

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<sup>51</sup> Ibid.

<sup>52</sup> Upchurch DM, "Family Planning and Teen Pregnancy," summary report, 1992.

<sup>53</sup> Oreglia A, Canary D, *Health Data Summaries for California Counties: 1992 Report*.

<sup>54</sup> Leslie and Pridgen, *Disparities in Wealth and Health*, p.59.

<sup>55</sup> Leslie and Pridgen, *Disparities in Wealth and Health*, pp.59-60.

<sup>56</sup> Upchurch DM, Women's Health lecture, UCLA School of Public Health, Spring 1992.

African-American women in Los Angeles County occurs more frequently than marital childbearing is largely due to the high unemployment rate of African-American males in the County; marriage to an African-American male is often seen as an economic liability for low-income pregnant African-American teens. Faced with a substandard educational system as well as bleak future employment and economic opportunities, the relative emotional and economic attractiveness of having a child can be quite appealing to disadvantaged teens. As minimal as they may be, AFDC, welfare, and health benefits afforded to single teenage mothers are often more than what they could attain by choosing to delay childbearing and attempting to find economically sustaining work.<sup>57</sup>

Nevertheless, politically popular welfare reform proposals aimed at slashing benefits in order to deter childbearing are ill conceived. It is the lack of economic opportunity and a prevailing sense of hopelessness, not the existence of welfare benefits, that is largely responsible for the attractiveness of childbearing among disadvantaged minority teens. Furthermore, economically disadvantaged single mothers who would prefer working rather than receiving welfare payments risk losing their health benefits in order to obtain low-paying jobs with no affordable child care opportunities. Policies aimed at improving educational and job opportunities, increasing wages, and making health care and child care accessible *and* affordable are critical to the goal of reducing the number of births to adolescents, particularly among disadvantaged ethnic populations.

### 3.3.8. Maternal and Child Health

The most important factors adversely affecting maternal and child health in Los Angeles County today are teen childbearing, poor or no prenatal care, and exposure to drugs and alcohol during pregnancy. While delayed childbearing is also a maternal and child health concern, it is generally associated with higher maternal education, income, and labor-force participation levels, as well as early seeking of prenatal care services. Conversely, teen childbearing is not only a health risk in itself, but it is also associated with low maternal education and income, drug exposure during pregnancy, and poor prenatal care.

Pregnancy itself is a significant health expenses for many families, and the cost can easily exceed the financial means of the economically disadvantaged. While prenatal care is essential to the health and well being of the mother and child, a substantial portion of Los Angeles County women, particularly teens, do not receive this necessary care during the crucial early months of pregnancy. In California, 1 in 14 children are born to mothers who received *no* prenatal care, and 7% of these children are born sick or disabled enough that they are immediately transferred to intensive care (at an average cost of \$19,000 per length of stay).<sup>58</sup> Delayed prenatal care occurs at a higher rate in Los Angeles County than in California as a whole. In 1990, 29.4% of Los Angeles County mothers did not begin prenatal care until after their first trimester, compared to 27.7% of California mothers.<sup>59</sup> Latino and African-American women are more likely to receive less prenatal

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<sup>57</sup> Duncan GJ, Hoffman SD, "Welfare Benefits, Economic Opportunities, and Out-of-Wedlock Births Among Black Teenage Girls," *Demography*, 1990; 27:4:519-535.

<sup>58</sup> Leslie and Pridgen, *Disparities in Wealth and Health*, pp. 48-49.

<sup>59</sup> Oreglia A, Canary D, *Health Data Summaries for California Counties: 1992 Report*.

care or late care as compared with Anglo women.

**Table 3.3. Prenatal Care by Ethnicity of Mother, Los Angeles County, 1988**

| Ethnicity        | Prenatal Care in 1st Trimester | Inadequate Prenatal Care* |
|------------------|--------------------------------|---------------------------|
| All Races        | 71%                            | 7.1%                      |
| Anglo            | 81%                            | 5.2%                      |
| African-American | 68%                            | 8.5%                      |
| Latina           | 63%                            | 9.0%                      |

\* inadequate prenatal care defined as either care beginning in 3rd trimester *or* no care at all  
 Source: *Healthy Los Angeles 2000 Data Sourcebook*, p. MAT-1B.

Ethnic disparities in seeking prenatal care are largely a factor of cost, accessibility, differences in information regarding the importance of care, and differences in the *source* of care. African-American and Latino women use County facilities at a disproportionately high rate compared with Anglo women. In Los Angeles County, rates of inadequate prenatal care (third trimester or *no* prenatal care) are particularly high among women who deliver their babies through the County hospital system, as well as among disadvantaged ethnic populations in general. In the first half of 1988, 27-30% of women delivering at Martin Luther King (MLK) received *no* prenatal care at all, compared to the over 80% of pregnant women living in more affluent areas of Los Angeles County (such as the Westside and Malibu) who receive prenatal care beginning in their first trimester.<sup>60</sup> While 25% of all pregnant women in Los Angeles in 1988 did not receive prenatal care in their first trimester, the rates among African-American and Latino women were 32% and 38% respectively.<sup>61</sup> In poor neighborhoods of South-Central Los Angeles, less than 60% of women begin prenatal care during the first three months of pregnancy.<sup>62</sup>

One of the primary reasons that low-income women do not receive prenatal care is the County's charge policy. One survey showed that over 57% of women who delivered at DHS hospitals without having received prenatal care said that the care was "unaffordable."<sup>63</sup> Long waiting periods are another major deterrent to seeking prenatal care at County facilities. In a 1987 study of waiting times to obtain a prenatal intake appointment at 25 County clinics, 18 clinics had waiting periods of 4 weeks or longer, 10 had waits of 6 weeks or longer, and 5 had waits of 8 weeks or longer.<sup>64</sup> Although the County

<sup>60</sup> Brown ER, Dallek G, "Changing Health Care in Los Angeles," p. 20.

<sup>61</sup> Scott J, "Rise in Infant Deaths Laid to Drugs, Prenatal Neglect," *Los Angeles Times*, February 3, 1990, pp. A1, A33.

<sup>62</sup> Spiegel C, "Prenatal Care: Less Costs More," *Los Angeles Times*, November 8, 1987, Part I, pp. 1, 20.

<sup>63</sup> Mazely S, *Perinatal Research Project: A Profile of the Obstetrical Patient Los Angeles County Health Care System*, November 19, 1987.

<sup>64</sup> Dallek, *The Quality of Medical Care for the Poor in Los Angeles County's Health and Hospital system*.

authorized additional funds to reduce the waiting period for *initial* prenatal care appointments to a two week maximum, in order to successfully meet this goal (in all but 7 of the 40 clinics in 1989) the County took personnel away from other needed services, overbooked by 40%, and reduced the rate of *follow-up* prenatal visits. The DHS system is overwhelmed by the huge number of pregnant uninsured women in Los Angeles County. According to DHS director Robert Gates, in fiscal year 1988-1989 DHS hospitals delivered 3,000 more babies than the system is designed to "safely" handle.

Poor access to prenatal care, along with high rates of crack cocaine use in poor minority communities (where there are few drug treatment programs for drug-addicted mothers) have predictably resulted in high rates of low-birth weight births and newborn deaths. In 1990, California ranked 36th out of 50 states in the percentage of women receiving late or no prenatal care, and Los Angeles County ranked in the worst sixth of California counties for low birth weight and inadequate prenatal care.<sup>65</sup> In Los Angeles County between 1987 and 1988, the percentage of babies born weighing less than 5.5 pounds increased by 17%; in 1988 13.7% of African-American babies were low birth weight, a 32% increase from the previous year. Also from 1987 to 1988, the County's infant mortality rate (deaths per 1,000 live births) increased 17% among Latinos (from 8.2 to 9.6) and increased 29% among African-Americans (from 16.3 to 21.1), while it actually *declined* 12% among Anglos (from 10.0 to 8.8).<sup>66</sup>

As maternal age increases, the percentage of low birth weight babies decreases dramatically (11.7% for <15 year olds, 7.7% for 15-19 year olds, and 6.4% for 20-24 year olds)<sup>67</sup> while quality and continuity of prenatal care increases with age. This trend points to the importance of both reducing adolescent childbearing *and* improving knowledge about and access to prenatal care for young teenage mothers. Young mothers not only need to be better informed about the importance of prenatal care, but they also need to be integrated into a accessible, affordable system of such care. Today, approximately one third of California's babies are born in counties which have no public hospitals offering maternity care. In spite of the clear importance of prenatal care to the health and well being for both mother and child, California to date has invested relatively little state aid in this preventive service. In 1987, only \$12 million of California's \$37 billion budget (.03%) was earmarked for maternal and child health services.<sup>68</sup> Yet prenatal care is a very cost effective investment. For every \$1 spent on prenatal care, \$1.70 is saved in Medi-Cal payments for children hospitalized in their first year of life. Given the substantial benefit of prenatal care in reducing poor birth outcomes, particularly among young and poor minority mothers, it is critical that policies be developed to increase the number of available and affordable prenatal care services, especially within disadvantaged communities.

### 3.3.9. Insurance and Access to Care

If you are a child from an economically disadvantaged or minority family, and living in an area of Los Angeles County that has insufficient health resources, you are at risk for poor health outcomes.

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<sup>65</sup> Scott, "Rise in Infant Deaths Laid to Drugs, Prenatal Neglect."

<sup>66</sup> Ibid.

<sup>67</sup> *Healthy Los Angeles 2000 Data Sourcebook*, p. MAT-8.

<sup>68</sup> Leslie and Pridgen, *Disparities in Wealth and Health*, p. 50.



Under-immunization, the spread of communicable diseases, and increasing rates of child abuse and neglect are all indicative of a health and social welfare system that is not functioning properly.

The barriers to care faced by the children of Los Angeles are akin to those already discussed — an under-funded, fragmented service delivery system, a lack of physician providers, and a growing number of families without health insurance. In Los Angeles County, 33% of all children are completely uninsured, while an additional 16% have Medi-Cal as their only source of coverage.<sup>69</sup> Children who are uninsured are less likely to receive adequate health services, including routine preventive care and immunizations, and are more likely to receive disjointed care in less than optimum settings. Uninsured children are disproportionately from low-income families, with half of the uninsured living in families under 200% of the poverty level.<sup>70</sup> African-American children are twice as likely to be uninsured, and Latino children are over three times as likely compared to Anglos. Many children with chronic medical problems also face a lack of coverage, with 20% of disabled children, and 40% of disabled children from poor families, lacking health insurance coverage.<sup>71</sup> Even children covered by public insurance under the Medicaid program face enormous barriers obtaining the services they need. While Medicaid has opened the door to the health system for many poor children, that opening is very narrow, and it leads to a deficient health care system far different than that which is accessible to children from higher-income or privately insured families. In many low-income communities, the lack of appropriately trained pediatric providers to care for children is becoming as acute as the lack of obstetricians to care for their mothers. Several studies have documented the increasing restrictions that many providers are placing on their receipt of Medicaid covered patients.<sup>72</sup> A recent survey of members of the local Southern California chapter of the American Academy of Pediatrics indicates that "75% of pediatricians have either closed their doors to Medi-Cal patients or are limiting the numbers they will see."<sup>73</sup>

Increasing the numbers of providers in inner-city communities, and making public or private health insurance more available to families, would go a long way towards removing most of the access barriers that currently exist. However, most health insurance coverage is very limited in scope and does not permit access to many important non-medical services, including preventive care, developmental services, mental health and counseling services, drug and alcohol treatment services, and other non-traditional forms of care. In 1989 only 45% of employer-based health insurance plans covered immunizations. Private health insurance plans often restrict coverage of mental health, developmental, and drug and alcohol treatment services that are essential to an increasing number of children in Los Angeles County. Currently, it is estimated that only one in five Los Angeles children who need mental health services, and only one in eight Los Angeles adolescents who need drug or

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<sup>69</sup> *Closing the Gap*, November 24, 1992.

<sup>70</sup> Select Committee on Children, Youth, and Families, *Health Care Reform: How do Women, Children, and Teens Fare?*, Hearing before the 102nd Congress, Session 2, Washington: U.S. Government Printing Office, 1992.

<sup>71</sup> *Ibid.*

<sup>72</sup> Yudkowsky BK, Cartland JD, Flint SS, "Pediatrician participation in Medicaid: 1978-1989," *Pediatrics*, April 1990; 85(4):567-577.

<sup>73</sup> Kutnik I, District Chairman, Letter to all District IX members of the American Academy of Pediatrics, November 1992. While this is largely a reimbursement issue it also has to do with other factors related to reimbursement.

alcohol treatment services, are receiving them.<sup>74</sup> Child health advocates warn that many proposals aimed at expanding health insurance coverage are too narrowly focused on traditional medical problems and neglect the range of services that are increasingly important to children, especially to high-risk poor children with special health care needs.<sup>75</sup>

### **3.3.10. Public Policy**

First and foremost, the County needs to establish a clear public policy acknowledging the right of all children to receive comprehensive preventive and primary personal health care. This policy should reflect a standard of care for children and youth that recognizes that children are not just small adults, but rather are a population with unique health needs. Los Angeles County needs to develop a substantial network of community based preventive care programs, particularly within disadvantaged regions of the County where access to primary care is grossly inadequate. These community based programs should be capable of providing not only immunizations and other traditional primary care services, but also services for developmental, behavioral, learning, and family problems, such as violence or drug abuse. The scope of services provided should reflect the special needs of families who are at high risk due to abuse and neglect, homelessness, severe emotional difficulties, and chronic illness. Programs which address these special needs should be the outpatient equivalent of secondary and tertiary inpatient services, and might take the form of multidisciplinary child and family service centers.

The current system of health care for children is extremely fragmented. By integrating resources from both the public and private sectors, it is possible to coordinate and integrate the health care services available within the County. The use of federal Title XIX funds should be maximized for the purposes of coordinating health services, developing new family service centers, and creating primary care networks. Improving Medi-Cal eligibility and administrative procedures, and expanding the use of Medi-Cal's Child Health and Disability Prevention Program (California's equivalent of Medicaid's Early and Periodic Screening, Diagnosis, and Treatment Program), would also aid in reducing the barriers to primary health care currently faced by Los Angeles' most economically disadvantaged children.

## **3.4. The Elderly and Long Term Care**

The elderly are often overlooked during discussions of economic development and inner city revitalization. Because most elderly are no longer in the labor force and are not participants in visible social problems such as gang violence, their specific health concerns are often not brought to the forefront. Yet the elderly face considerable problems across most major areas of health concern in Los Angeles County, problems that are exacerbated for low-income elderly and persons of color.

As the immigrant population in Los Angeles ages, persons of color will comprise an increasing proportion of the elderly population. According to 1990 census data, 15% of the total population age

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<sup>74</sup> Select Committee on Children, Youth, and Families, 1992.

<sup>75</sup> McManus MA, Fox HB, Newacheck PW, Wicks LN, "How will children and pregnant women fare under current national health insurance proposal?" *American Journal of Diseases of Children*, 1992; 146:1376-1380.

65 and over in Los Angeles County are Latino, 10% are African-American, and 9% are Asian-Pacific. Thus, over one-third of all elderly in the County are from racial and ethnic minorities, a proportion that will continue to grow in the coming years.

The elderly from the heavily minority Central District (Council Districts 4, 13, 10, and 9) of Los Angeles have the poorest quality of life indicators. According to information from a 1985 Los Angeles Area Agency on Aging (AAA) needs assessment survey of persons age 55 and over, older residents of the Central District, which comprises one-quarter of all older persons in Los Angeles, have worse social indicators than the city wide average. Older persons living in the Central District have lower life satisfaction, poorer housing (only 32% report homes as excellent or good places to live compared to 81% city wide), are more likely to live alone (33% versus under 25% city wide) are more likely to live in an apartment (41% versus 28% city wide), and rely more heavily on public transportation (34% versus 28% city wide). These social indicators, which measure the disparities in the day-to-day quality of life for Los Angeles' older population, also have ramifications for health care. In addition to the social undesirability of poor housing, such housing complicates the problems faced by elderly who develop disabilities and chronic illness. Living alone is a particular problem for elderly who develop disabilities and need assistance with their daily activities. Those living alone are the most likely to use paid services in the home, as well as to end up in a nursing home.<sup>76</sup>

### **3.4.1. Income**

Income is one of the most important concerns to the elderly in Los Angeles County, particularly given the high cost of living in Los Angeles.<sup>77</sup> Recent reductions in Supplemental Security Income (SSI) have exacerbated these concerns for Los Angeles' low-income aged population. In response to fiscal pressures, in 1992 the state of California reduced its portion of the joint federal and state SSI payment by up to \$37. At least 10,000 elderly were not only dropped from the SSI rolls, but also lost their Medi-Cal cards as a result of the benefit cut, forcing them to complete the administratively difficult process of qualifying for the "medically needy" program every three months if they have high medical expenses. These changes particularly affect minority elderly. Minority elderly are disproportionately dependent on Social Security and SSI as their sole source of income, so they are especially vulnerable to reductions in SSI. Anglo elderly are much more likely to have investments and private pensions that provide additional economic support in old age.

### **3.4.2. Nursing Home Care**

Nursing home care is the most expensive and intensive form of long-term care. Nursing home residents typically suffer from cognitive disabilities and/or severe physical limitations. In 1986, approximately 8.2% of Los Angeles County nursing home residents were African-American and 7.2% were Latino. (In the city of Los Angeles, 12.2% were African-American and 6.2% were Latino.) In contrast, 10.1% of all elderly in Los Angeles County were African-American and 10% were Latino. This lower use of nursing home services by racial and ethnic minorities is similar to national trends.

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<sup>76</sup> Los Angeles Area Agency on Aging, *City of Los Angeles Senior Needs Assessment Final Report*, 1985.

<sup>77</sup> Ibid.

While cultural preferences play some role in influencing nursing home use, there are other substantial barriers to their use by low-income and minority elderly. Perhaps most important is the economic disincentive for nursing homes to accept low-income elderly who are on Medi-Cal.

In 1989, Medi-Cal rates were approximately \$60 per day in Los Angeles County, well below Medicare's average rate of \$70-\$75 per day and the \$67 to \$100 per day nursing homes charge private-pay patients. The wide variation in payment creates a substantial access problem for Medi-Cal patients who are effectively put at the end of the list for available beds. Although the majority of all nursing home beds in the County are used by Medi-Cal beneficiaries, nursing homes routinely give preference to private-pay and Medicare patients. Many Medi-Cal patients are initially admitted to nursing homes as private-pay patients, and only later convert to Medi-Cal after spending down their resources to qualify for the program.<sup>78</sup>

The problems with Medi-Cal affect the continuity of care for the elderly. As cost containment measures have reduced hospital length of stays, nursing homes play an even more important role in the coordination of care and discharge planning of patients. But finding placements for poor patients is difficult. According to one Westside hospital discharge planner, "it is with great rarity that my co-workers and I are successful in placing these [Medi-Cal] patients locally." Another discharge planner called the lack of Medi-Cal beds a "human tragedy."<sup>79</sup>

Although most nursing homes in Los Angeles are Medi-Cal certified, many will not accept new Medi-Cal patients. A study of nursing homes in the Santa Monica area, for instance, found that although 15 of 22 nursing homes were Medi-Cal certified, most refused to take new Medi-Cal patients.<sup>80</sup> This forces the placement of Medi-Cal patients in nursing homes far removed from their community and their physicians, as the following case study demonstrates:

"Mr. and Mrs. D. are in their 80's. Mr. D. has dementia, possibly early Alzheimer's Disease. He has a secondary diagnosis of a previous heart attack and respiratory problems. Mrs. D. has been caring for him at home with little relief for the past 3 years. . . The husband has Medi-Cal and must be placed in a nursing home that accepts Medi-Cal. Mrs. D.'s only transportation is the bus, and she wanted to visit her husband daily. No nursing home in the Santa Monica area would admit Mr. D. because he was Medi-Cal qualified only. He was placed in a facility in downtown Los Angeles, and Mrs. D. was devastated. She can only make infrequent visits to her husband. The patient's physician of many years was unable to follow him at the facility."<sup>81</sup>

Discrimination against Medi-Cal patients also extends to those already in a facility. Until a change in state law in 1987, it was not uncommon for nursing homes to de-certify their Medi-Cal beds, transfer all their Medi-Cal patients, fill up the newly freed beds with private-pay patients, and then re-certify

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<sup>78</sup> Brown ER, Dallek G, "Changing Health Care in Los Angeles."

<sup>79</sup> Oppenheim E. et al., *Problems with Placement of Medi-Cal Patients in Nursing Homes in the Santa Monica Area*, a joint report from the Santa Monica Area Health Action Coalition and the Commission on Older Americans of the City of Santa Monica, 1987.

<sup>80</sup> Ibid.

<sup>81</sup> Ibid.

once the facility had significantly reduced its Medi-Cal load.<sup>82</sup> Moreover, nursing homes are allowed to place new patients in a Medi-Cal patient's bed if the patient is hospitalized for more than seven days. Medi-Cal patients who have lived in a home for years may find themselves suddenly transferred to a new nursing home following hospitalization.<sup>83</sup>

### 3.4.3. Community-Based Long-Term Care

Community-based services are designed to help functionally disabled elderly remain out of nursing homes and in their personal residences, as most prefer. The inadequacy of home health care services is therefore another critical concern for Los Angeles County's elderly population. Home health care services can be difficult to obtain for Medi-Cal patients. Medi-Cal not only significantly underpays for home health visits; it also sets up administrative hurdles before authorization for home health services can be obtained. Very few home health agencies accept Medi-Cal patients, and some limit the number of Medi-Cal patients they will take. The lower reimbursement rate paid by Medi-Cal relative to other payers, and the increased acuity of care required by Medi-Cal patients, contribute to the problems with home health coverage that Medi-Cal patients experience.<sup>84</sup>

Reductions in the In-Home Supportive Services (IHSS) program has further exacerbated the difficulty most elderly face in obtaining home health services. The IHSS program, which funds personal care attendants for the aged and disabled, suffered a 12% budget cut as a result of the 1992 fiscal crisis in California. The 12% cuts were implemented across the board rather than selectively. Consequently we would expect that the most impaired, and therefore the most dependent on supportive services, will be forced to seek nursing home care. The arbitrary way in which the reduction in in-home supportive services was implemented should be modified so that those most at risk of institutionalization would not have their assistance reduced.

Overall, the long-term care system remains fragmented in Los Angeles, as it is elsewhere in the country. A typical example of the fragmentation is the overlap of three programs, all of which provide similar in-home supportive services. The County Department of Health Services administers the IHSS program, community-based organizations administer the Multi-Service Senior Program (MSSP), and the Area Agencies on Aging (AAAs) administer Title III supportive services. The different levels of program administration and service provision make it difficult even to determine the total in-home resources available, or the extent to which gaps in service provision are created by such a disjointed system. Actually obtaining the appropriate needed services can be daunting.

### 3.4.4. Public Policy

Since the most common health problems in old age are chronic illnesses, the inequalities in

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<sup>82</sup> Blum S, *New and Continuing Impediments to Improving the Quality of Life and the Quality of Care in California's Nursing Homes*, a report of the Commission on California State Government Organization and Economy, 1987.

<sup>83</sup> Oppenheim et al., *Problems with Placement of Medi-Cal Patients*.

<sup>84</sup> Interview with Sharon Grisby, Visiting Nurse Association of Los Angeles, January 1989 interview.

long-term care services are the most pressing concerns to address. Because age, however, is an imperfect indicator of disability status, long-term care program enhancements and reductions should take into account levels of *need*, rather than age. As it is often difficult to establish services in economically depressed areas, it is particularly important to foster programs provided by community based organizations in those areas.

Financial barriers to services for the elderly will continue as long as there are multiple payers of services, and as long as those with limited incomes must rely on a program with the lowest payments. The ideal solution to the financial discrimination that exists in long-term care is to move towards a single-payer system, or to establish a rate setting process that eliminates the differences in payments based on insurance type. A more politically feasible, yet bureaucratically complex, solution would be to require long-term care providers who are Medi-Cal certified to admit Medi-Cal clients as a certain proportion of their new clients.

In addition to the financial constraints, the fragmentation of the long-term care system impedes the appropriate use of services. Whenever possible, similar programs should be administered by a single agency. For example, bureaucratic duplication could be eliminated by allowing MSSP agencies to administer IHSS and Title III services for their clients. The difficulty in matching long-term care services with needs also reflects the need for a strong case management program. All chronically ill persons should have access to a case manager; case management can not only direct the chronically ill to appropriate services, but can also help reduce the use of inappropriate services. As our health care system comes to increasingly rely on managed care, we need to make sure that case management is a part of that system.

Enhancing the availability of long-term and respite care services should not be seen as only benefiting the elderly. Most chronically ill elderly persons in the community depend on the assistance of family members in their daily lives. Disabled African-American and Latino elderly rely the heaviest on family for care. Assistance to disabled elderly benefits their family caregivers by supplementing, although rarely replacing, their help. In addition, expanding long-term care services in low-income communities could provide many low and moderate-skill jobs to adults in those communities. To the extent that services are provided by community based organizations, these services also help indigenous organization grow, develop community leaders, and provided a base for addressing other community needs.

Given current constraints on resources, policies should be implemented first in areas where they will have the most impact. The elderly in the heavily minority, economically depressed Central District of Los Angeles face the highest levels of social and health problems, as well as the greatest barriers to care. Thus it would be appropriate to target this region for community based long-term care demonstration projects.

### **3.5. Mental Health, Alcohol and Drug Use, and Intentional Injury**

#### **3.5.1. Mental Health**

One of the most firmly established findings in psychiatric epidemiology is the inverse association between socioeconomic status and rates of mental and emotional disorder; as education, income, and occupational status decrease, the risk of mental and emotional disorder increases. Some theories suggest that this inverse association is attributed to the dynamics of social selection, that is, psychological impairment causes downward social mobility. But this relationship is confined to only select, severe disorders that have too low a prevalence rate to account for the overall relationship. Rather, the dominant dynamic is one of social causation; disadvantaged social and economic status generates conditions that increase the risk of mental and emotional disorder. The causal link between socioeconomic status and psychiatric disorder generally is attributed to two mechanisms. (1) Low socioeconomic status is associated with increased exposure to stress, particularly chronic stress. Chronic stress, in turn, produces mental disorder. (2) Low socioeconomic status is associated with decreased resources for coping with stress, thereby increasing the psychological impact of stress and increasing one's vulnerability to the effects of stress.

The average socioeconomic status of most ethnic groups in Los Angeles is substantially lower than that of Anglos, and ethnic minorities are uniquely exposed to certain stressors, such as discriminatory employment practices and, in many communities, increased risk of personal violence. Each of these factors suggests that the average rates of mental disorder should be higher among disadvantaged ethnic populations. A National Institute of Mental Health study of the lifetime prevalence rate of psychiatric disorder showed no significant differences between Anglos and Mexican Americans within the Los Angeles sample, with the exception of drug-abuse disorders which in fact were more prevalent among Anglos.<sup>85</sup> (Substance use will be discussed in more detail later in the chapter) The age-sex adjusted lifetime prevalence rates for the Los Angeles sample are described in Table 3.4 below. Unfortunately, these data, the only available at the local level, are now a decade old. There were too few African-American subjects in the Los Angeles study sample to yield accurate prevalence rates. Data from other sites of this study, however, indicate that lifetime prevalence rates for any psychiatric disorder are somewhat higher (30.5-45.1%) for African-Americans than among Anglos (28.6-34.7%) in the same regions.<sup>86</sup>

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<sup>85</sup> Karno, Marvin, et. al. "Lifetime prevalence of specific psychiatric disorders among Mexican Americans and non-Hispanic Whites in Los Angeles," *Archives of General Psychiatry*, 1987; 44:695-701.

<sup>86</sup> Robins LN, Helzer JE, Weissman MY, Orvaschel H, Gruenberg E, Borke J, Regier D, "Lifetime Prevalence of Specific Psychiatric Disorders in Three Sites," *Archives of General Psychiatry*, 1984; 41: 949-958.

**Table 3.4. Age and Gender Adjusted Lifetime Prevalence Rates  
by Ethnic Group and Disorder, Los Angeles**

| Disorder                            | Ethnic Group |                  |
|-------------------------------------|--------------|------------------|
|                                     | Anglo        | Mexican-American |
| Substance Use Disorders             | 22.0%        | 18.4%            |
| P Alcohol abuse-dependence          | 14.8%        | 17.3%            |
| P Drug abuse-dependence             | 13.2%        | 3.7%             |
| Schizophrenia /<br>Schizophreniform | 0.9%         | 0.5%             |
| Affective Disorders                 | 11.0%        | 7.8%             |
| Anxiety Disorders                   | 13.6%        | 14.5%            |
| Antisocial Personality<br>Disorder  | 3.0%         | 3.6%             |
| Total / Any Disorder                | 35.2%        | 34.6%            |

Source: Karno M, et. al. "Lifetime prevalence of specific psychiatric disorders among Mexican Americans and non-Hispanic Whites in Los Angeles," *Archives of General Psychiatry*, 1987; 44:695-701.

Overall, the data indicate that the lifetime risk of developing a diagnosable psychiatric disorder is quite high; the types of disorder most likely to occur are affective disorders, substance use disorders, and some anxiety disorders. Researchers speculate that the lack of significant differences in prevalence between Anglos and Mexican-Americans may be due to social and cultural resources within some ethnic minority groups that may offset the impact of socioeconomic disadvantage.

While recent studies of mental disorder prevalence rates in Los Angeles have not indicated significant ethnic differences in need, studies of the use of mental health services have consistently found ethnic disparities. The National Institute of Mental Health study also looked at mental health service use, and its findings were consistent with the results of many others similar studies: (1) most instances of psychological disorder go untreated, (2) if treatment is obtained, it is most likely through general medical services rather than through psychiatric specialty services, and (3) ethnic minority groups are even less likely than Anglos to obtain treatment for psychiatric disorders. Mexican Americans are particularly unlikely to receive needed treatment.

The County's capacity to meet the mental health needs of the medically indigent population is severely limited. Throughout the 1980s, Los Angeles County's mental health system for the poor was unable to provide an adequate level of services. As with the County's acute medical care system, reductions in the number of County-funded mental health clinics has left the system with a gross shortage of mental health personnel and inpatient beds. Consequently, the County system is unable to provide even the most basic mental health services to those in need.<sup>87</sup> In 1989, a shortfall in State

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<sup>87</sup> Brown ER, Dallek G, "Changing Health Care in Los Angeles," pp. 22-23.



health-care funding led the County Board of Supervisors to close five Department of Mental Health clinics and cut services at seven others.<sup>88</sup> Due to limited services, only the most severely mentally ill have any access at all to County-funded outpatient care. A 1988 Grand Jury report found that 50% of those seeking admissions to mental health beds in Los Angeles County are routinely turned away.<sup>89</sup>

Exposure to traumatic events and chronic life adversity increases the risk of psychological disorder. In addition to acute problems, chronic exposure tends to produce chronic or recurrent mental and emotional disorder. Although research often assumes implicitly that exposure to stress is random and inevitable, socially disadvantaged groups appear to be disproportionately exposed to stress and to be especially vulnerable to the harmful effects of this exposure.

### **Public Policy**

Two policy recommendations are self-evident. First, excess exposure among disadvantaged populations should be reduced through the alleviation of social and economic inequality. To the extent that chronic exposure to the stresses of unemployment, poverty, violence, and racism increases the risk of mental disorders, we can expect the prevalence of these disorders to decline only when such conditions are improved. Second, the high vulnerability to stress should be alleviated through the adequate provision of resources that reduce the impact of exposure. In addition to policy recommendations aimed at reducing the prevalence of mental disorder, mental health treatment and prevention services must be made more available and accessible to disadvantaged groups.

The recent civil unrest in Los Angeles has notable implications for the mental health status of the disadvantaged populations most affected by the unrest. The Los Angeles riots resulted in the direct exposure of inner-city residents to traumatic and potentially life-threatening circumstances. This exposure will undoubtedly produce an elevation in psychological disorder, especially Post-Traumatic Stress Disorder (PTSD). Also, the destruction that accompanied the unrest has resulted in substantial housing, employment, community, and/or financial dislocations for some inner-city residents. These secondary stressors threaten to become chronic stressors. Thus specific policy recommendations to address riot-related mental health should include (1) readily available treatment for those suffering PTSD-like reactions, and (2) special efforts to curtail the spread of secondary stressors associated with the civil unrest. It should be noted, however, that the social and economic conditions that contributed to this civil unrest are precisely those conditions that increase the risk of at least some forms of mental and emotional disorder. The need to relieve the disparate social and economic conditions within Los Angeles' inner-city neighborhoods is paramount.

### **3.5.2. Alcohol and Drug Use**

Alcohol abuse and illicit drug use are both prevalent in Los Angeles County. According to the 1991 National Household Survey of Drug Abuse (NHSDA) in six metropolitan areas in the United

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<sup>88</sup> Simon R, "Some Money Restored, but Two Mental Clinics Will Close," *Los Angeles Times*, September 27, 1989, Part II., pp. 1, 8.

<sup>89</sup> Braun S, "County Mental Centers Reject 50% of Cases, Study Finds," *Los Angeles Times*, June 1, 1988, Part II., p.3.

States, Los Angeles ranked number one in illicit drug use; 8.5% of Los Angeles' general population admitted to being users.<sup>90</sup> An estimated 5% of Los Angeles County residents are problem-level drug users, while an additional 7% are alcoholics or alcohol abusers.<sup>91</sup> The Los Angeles County Office of Alcohol Programs estimates that in 1990 over 600,000 persons over the age of 14 in the county suffered from alcohol-related problems, including alcoholism and alcohol abuse.<sup>92</sup> While specific numbers of drug addicts and drug abusers are harder to estimate, there is widespread agreement that drug use and abuse are epidemic in the county and that cocaine use, particularly "crack" cocaine, has been rising fast.<sup>93</sup>

In the NHSDA Los Angeles sample, lower socioeconomic areas had a higher rate of illicit drug use, at 8.8%, while the rest of the metropolitan statistical area had a rate of 7.9%. Among adults, the 18-25 age group had the highest drug use rate (15.5% admitted use in the past month), followed by the 26-34 age group (12.2%) and the 12-17 age group (9.6%). Unlike most other health problems, the NHSDA data found that the highest rates of illicit drug use were among Anglos, at 11.3%, while only 8.9% of African-Americans, and 5.3% of Latinos admitted illicit drug use in the past month. However, higher proportions of ethnic-minority emergency room patients mention the specific use of cocaine, heroin, PCP, stimulants, or marijuana.<sup>94</sup>

Drug and alcohol use are implicated in a number of morbidity and health status indicators for Los Angeles County. Cirrhosis, for example, is the seventh leading cause of death in Los Angeles County. Alcohol has been implicated in approximately half of all homicides in Los Angeles County in 1990, while an estimated 65% of domestic violence and 70% of spouse-batterings in Los Angeles County were related to alcohol use.<sup>95</sup> Although alcohol-involved motor vehicle accident fatality rates in 1988 were lower in Los Angeles County (6.9 per 100,000 population) than in California as a whole (8.9 per 100,000 population), alcohol use remains a major concern because approximately 50% of motor vehicle fatalities — the eighth leading cause of death in Los Angeles County — result from driving under the influence of alcohol.<sup>96</sup> In terms of infant health, nearly 11% of infants born in Los Angeles County every year have been prenatally exposed to alcohol and/or to other drugs. This prenatal substance exposure plays a significant role in the high rate of infant mortality in the county.

Widespread sale of alcohol in low-income minority communities in Los Angeles have contributed to climates of fear and hopelessness and figured in conflicts between African-American communities and Korean merchants following the 1992 unrest. Prior to the 1992, in which many of the liquor stores were destroyed, South Los Angeles had 728 liquor stores for a population of 500,000, a ratio of about 1 store for every 687 persons, compared to a ratio of 1 store per 4,643 persons in the state of Rhode Island. Community leaders and residents claim that street use of alcohol sold in these

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<sup>90</sup> Annon and Anglin, "Update on Illicit Drug Use in Los Angeles County," p.147.

<sup>91</sup> *Healthy Los Angeles 2000 Data Sourcebook Summary*, p.21.

<sup>92</sup> Fiorentine R, Attar Y, *Evaluation of Delivery of Alcohol and Drug Services to Target Populations*, UCLA Drug Abuse Research Center, Los Angeles, November 30, 1992, p.106.

<sup>93</sup> *Ibid.*

<sup>94</sup> *Ibid.*

<sup>95</sup> *Ibid.*

<sup>96</sup> Fiorentine and Attar, *Evaluation of Delivery of Alcohol and Drug Services to Target Populations*

neighborhood liquor stores encourages loitering by people who intimidate residents and "provide a bad environment for children."<sup>97</sup>

Drug-related mortality rates have been consistently higher in Los Angeles County than in the rest of California, although the differential has been declining since the 1970s. In 1987, the drug-related mortality rate per 100,000 population was 7.7 in Los Angeles County, compared with 6.3 for the State.<sup>98</sup> In the same year, the drug-related mortality rate for the entire United States was 3.8 per 100,000 population.<sup>99</sup> Of all drug related deaths in the first quarter of 1991, the greatest percentage involved the use of cocaine (18.3%), followed by alcohol-in-combination (alcohol and other drugs, 14.7%), followed by heroin/morphine (13.6%). Drug-related emergency room admissions in Los Angeles County during the same time period show similar drug category trends, with alcohol-in-combination accounting for 18.9%, cocaine for 16.4%, and heroin/morphine for 6.2%. Similarly, heroin and cocaine use accounted for the vast majority of drug treatment admissions in Los Angeles County.<sup>100</sup>

Demographic patterns in admission rates to drug *treatment* services differ from what might be expected from drug *use* statistics. While demographic patterns of cocaine and heroin *use* in Los Angeles County indicate that whites had among the highest rates of use, treatment admissions are disproportionately high among ethnic minorities compared to indicators of their use. The 1991 NHSDA data showed that Anglos had the highest rates of cocaine use (4.5%), followed by African-Americans (3.6%), followed by Latinos (2.9%). Yet African-Americans accounted for 53% of cocaine-related treatment admissions, followed by whites at 24%, followed by Latinos at 14%. Similarly, among heroin-related treatment admissions in 1991, 46% were Latino, 38% were Anglo, and 15% were African-American.<sup>101</sup> These findings raise some important unanswered questions about the extent to which problem drug use is "hidden" among certain ethnic groups (that is, less completely reported, more likely to be covered up), as well as potential ethnic disparities in the *severity* of drug addiction, and/or higher rates at which members of some ethnic groups may be brought into publicly financed treatment through disparities in drug enforcement.

It is worth noting that over the past two years, 95% of those entering treatment for heroin use stated that they injected the drug. This has important implications for the risk of HIV transmission among heroin users, particularly for those who are not receiving treatment. Of the 14,766 total adult AIDS cases reported in the County as of March 31, 1992, 4.8% were confirmed heterosexual injecting drug users (IDU), while 6.9% were either confirmed homosexual or bisexual IDUs. Among the heterosexual IDU cases, 33% were white, 40% were African-American, and 26% were Latino.<sup>102</sup>

High alcohol and illicit drug use rates in Los Angeles County are undoubtedly tied to the inadequacy of substance abuse treatment services. A recent UCLA Drug Abuse Research Center

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<sup>97</sup> McMillan P, "Petition Drive Against Rebuilding Liquor Stores Gains Momentum," *Los Angeles Times*, July 27, 1992, B1 and B6.

<sup>98</sup> *Healthy Los Angeles 2000 Data Sourcebook*, p. ALC-7.

<sup>99</sup> *Health United States 1991*, U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control, National Center for Health Statistics, Hyattsville, Maryland, May 1992, p. 156.

<sup>100</sup> Annon and Anglin, "Update on Illicit Drug Use in Los Angeles County," pp. 150-153.

<sup>101</sup> *Ibid.*

<sup>102</sup> Annon and Anglin, "Update on Illicit Drug Use in Los Angeles County," p.154.

evaluation of treatment services looked at both the adequacy (the extent to which existing services meet the total need for services) and the equity (the proportional utilization of services by specific subpopulations, relative to indicators of their use) of publicly funded alcohol and drug treatment services in Los Angeles County.<sup>103</sup> This assessment used mainly arrests for alcohol- or drug-related offenses to indicate the relative need for services among particular populations — the best available method for small-area analysis but one that is likely to underestimate treatment needs of populations that are systematically less likely to be arrested for such offenses.

The UCLA study found that, compared with the prevalence of alcohol and drug abuse, treatment services are available to and used by "only a small portion of those who need and could benefit from services."<sup>104</sup> Only about one-third of those with serious intravenous drug problems, and only about one-tenth of those with serious cocaine problems, are estimated to have utilized treatment in Los Angeles County in 1989.<sup>105</sup> Drug treatment programs are particularly inadequate for pregnant women. While overall there are 59 County drug-free outpatient programs, only two of these programs serve women only, and two serve women with children. Of 21 County methadone maintenance programs, only two emphasize treatment of pregnant women. Similarly, of 45 drug-free residential treatment programs (the largest allocation of the County drug service budget), only five are targeted toward pregnant women.<sup>106</sup> In light of the severe consequences of alcohol use and drug use among pregnant women, it also may be more cost-effective to inequitably "overserve" pregnant women and women of childbearing age in alcohol and drug treatment programs. Given the limited accessibility to treatment programs for pregnant women, it would be both economically and socially prudent to improve the adequacy of drug and alcohol treatment programs for women. Most ethnic groups, however, are *not* inequitably underserved. That is, their rates of use by African-Americans, Latinos and Asian Americans are not disproportionately low compared to use by whites (Hispanic and non-Hispanic whites).<sup>107</sup> This assessment may underestimate inequities in treatment because privately funded, privately operated services — more likely to be used by more affluent persons — are believed not to report services provided as fully as county-funded and county-operated services must.<sup>108</sup> Furthermore, prevalence estimates themselves underestimate the substance abuse treatment *needs* of the homeless (as well as among persons with disabilities), who are disproportionately disadvantaged ethnic groups.<sup>109</sup> Because disadvantaged ethnic populations are at greater risk for homelessness and violent crime if suffering from drug or alcohol abuse, it may be more prudent to emphasize meeting the treatment needs of these disadvantaged populations, even if their current service utilization rates are proportional with those of more advantaged population groups.

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<sup>103</sup> Fiorentine and Attar, *Evaluation of Delivery of Alcohol and Drug Services to Target Populations*, p. 59.

<sup>104</sup> Fiorentine and Attar, *Evaluation of Delivery of Alcohol and Drug Services to Target Populations*, p. 173.

<sup>105</sup> Hser and Anglin (1992) as cited in Fiorentine and Attar, *Evaluation of Delivery of Alcohol and Drug Services to Target Populations*, p. 59.

<sup>106</sup> Fiorentine and Attar, *Evaluation of Delivery of Alcohol and Drug Services to Target Populations*, p. 155.

<sup>107</sup> Fiorentine and Attar, *Evaluation of Delivery of Alcohol and Drug Services to Target Populations*, p. 173.

<sup>108</sup> *Ibid.*, p. 69.

<sup>109</sup> *Ibid.*, p. 173.

### 3.5.3. Violence and Intentional Injury

In the minds of many people, gang violence and violent death are associated with Los Angeles, despite the prevalence of gangs and homicide in other cities. Intentional injuries, including homicide, suicide, and non-fatal assaults, are a major concern in urban environments throughout the United States. Homicide, gang activity, child abuse, spouse abuse, and elder abuse combine to make violent and abusive behaviors the leading cause of years of potential life lost in Los Angeles County. Los Angeles has one of the highest injury mortality rates in the United States, with the largest percentage of injury mortalities (27% in 1986) due to homicide.<sup>110</sup>

Homicide rates in Los Angeles are among the highest in California. Between 1989-1990, the average homicide rate per 100,000 population was 19.1 for Los Angeles County, versus 11.5 for California as a whole, 11.8 for San Francisco County, and 14.7 for Alameda County.<sup>111</sup>

In Los Angeles, as in the rest of the country, risk of intentional injury is borne disproportionately by disadvantaged ethnic groups. Homicide, for example, is the *leading* cause of death among young African-American men *and* women. Among Latinos, rates of homicide are lower than among African-Americans, but significantly higher than for Anglos. As shown in Table 3.5 below, profound racial discrepancies in homicide rates, particularly for males, are evident even at very young ages.<sup>112</sup>

**Table 5. Homicide Rates (per 100,000) for Males by Age and Ethnic Group, Los Angeles, 1980-1989**

| Age Group   | Ethnic Group |        |                  |
|-------------|--------------|--------|------------------|
|             | Anglo        | Latino | African-American |
| 0-14 years  | 1.2          | 3.4    | 15.8             |
| 15-19 years | 13.3         | 73.0   | 196.2            |
| 20-24 years | 23.5         | 85.0   | 251.6            |
| 25-29 years | 24.0         | 77.1   | 226.7            |

Source: Injury Prevention and Control Project, Los Angeles County Department of Health Services, *Injury Mortality in Los Angeles County: A Baseline Report, 1989-1990*.

<sup>110</sup> Centers for Disease Control, *Homicide surveillance: High-risk racial and ethnic groups - Blacks and Hispanics, 1970 to 1983*, Atlanta: CDC, 1986.

<sup>111</sup> Oreglia A, Canary D, *Health Data Summaries for California Counties: 1992 Report*, Department of Health Services, State of California, June 1992.

<sup>112</sup> Injury Prevention and Control Project, Los Angeles County Department of Health Services, *Injury Mortality in Los Angeles County: A Baseline Report, 1989-1990*.

Homicides are the leading cause of death for African-American men between the ages of 15 and 34. Overall, the homicide rate among African-Americans is approximately *nine* times that of Anglos, and the rate among Latinos is nearly four times that of Anglos.<sup>113</sup>

A growing majority of homicides in Los Angeles are committed with firearms — more than 90% of all homicides in 1990, according to the Los Angeles Police Department. Firearms are a particular risk for minority youths. Nationally, in 1988 African-American male teen-agers were 2.8 times more likely to die by firearm violence than from all natural causes *combined*.<sup>114</sup> Homicides rates in the predominantly Latino and African-American South Central section occur at a substantially higher rate than in many other areas in Los Angeles County. In 1989, 16% of all confirmed homicides in the county occurred in the police division serving South Central, while over half of the remaining divisions each reported less than 3% of the county totals. Similarly, the South Central police division has among the highest proportions of reported assaults and attempted murders. The South Central region of Los Angeles is characterized by multi-ethnic neighborhoods in transition, low-income families, and public housing projects. High truancy and school dropout rates, as well as high unemployment rates, also characterize the region. South Central is an area of long-term disadvantage. There are few major grocery stores, a paucity of recreation opportunities, and few businesses employing large numbers of workers. Graffiti, much of it the visible "tags" of the area's withering gang violence, is as pervasive as the poverty and despair.

The Los Angeles health districts with the highest rates of homicide (South Central and East Los Angeles) are the same areas with the greatest concentration of gang members. Over 46% of suspected active gangs in the Los Angeles area are concentrated in the South Central area. Los Angeles Police Department (LAPD) statistics indicate that 60% of gang violence in Los Angeles occurs in the approximately 25-square mile community of South Central. The recent truce between the Bloods and Crips, the two major South-Central gangs, may have been successful in reducing gang related violence. Compared with the same period the previous year, from May 1 to June 15, 1992, the number of drive-by shootings dropped from 162 to 85, while the number of gang-related homicides dropped from 26 to 10.<sup>115</sup>

As with other geographic areas, most of the data on homicide in South Central refer to risk *groups* rather than risk *factors*. Thus, we can describe risk associated with immutable characteristics (i.e., gender, ethnicity, age) but not attributes which have the potential of being modified. There is a great need for research to identify risk *factors* associated with fatal and non-fatal intentional injury in South Central and elsewhere. This strategy will help reduce the sense of fatalism associated with intentional injury by concentrating on changeable characteristics of the social environment as well as of individuals and community populations.

### **The violence can be stopped**

Education and regulation, as well as traditional enforcement, may reduce intentional injury. A number of violence prevention activities are currently being conducted in South Central Los Angeles, many of which include the efforts of individuals and community-based agencies. For example, since

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<sup>113</sup> *Healthy Los Angeles 2000 Data Sourcebook Summary*, p. 23.

<sup>114</sup> Injury Prevention and Control Project, Los Angeles County Department of Health Services.

<sup>115</sup> Cotton P, "Violence Decreases With Gang Truce," *Journal of the American Medical Association*, 1992; 268:443-444.

a large percentage of fatal and nonfatal intentional injuries involve the use of alcohol, the Community Coalition for Substance Abuse Prevention Treatment has sought to reduce liquor store proliferation in the South Central area. Following the 1992 riots, in which scores of liquor stores were destroyed, the Coalition organized enormous community pressure to prevent the re-opening of many liquor stores.<sup>116</sup> The alarming homicide rates among minority youths in Los Angeles County, however, will require tougher legislation to control firearms as well as economic development to replace despair with hope.

There is evidence of the development of a broad coalition to prevent violence and intentional injury in violence-torn areas of Los Angeles. Rebuild L.A. and the new California Wellness Foundation are expected to inject new resources into South Central and other areas to support these efforts, but it is too early to know whether these efforts will support, rather than undermine, neighborhood and community efforts. The Los Angeles Police Department's new "community policing" approach, greatly expanded by the new Chief of Police Willie Williams, may also support community-based efforts to stem violence. There is reason for skepticism, however, that the support will be sufficient to attack the underlying factors that contribute to despair, substance abuse, and violence in poor inner-city communities.

### 3.6. Chronic Disease

#### 3.6.1. Cancer

Cancer incidence rates vary considerably by ethnicity, as well as by gender. In Los Angeles County from 1972 to 1987, African-American males had the highest overall cancer incidence rate (465 cases per 100,000 population), followed by Anglo males (397 cases per 100,000). Among women, Anglos had the highest incidence rate (348 cases per 100,000 population), followed by African-Americans (307 cases per 100,000).<sup>117</sup> For both males and females, the incidence rates among Latinos, Chinese and Japanese are 30-40% lower than those for African-Americans and Anglos.

Cancer is the second leading cause of death in Los Angeles County.<sup>118</sup> The overall cancer mortality rate in Los Angeles County (154.3 deaths per 100,000 population) is slightly lower than in the California as a whole (166 deaths per 100,000 population).<sup>119</sup> However, Los Angeles' cancer mortality rates are much higher than those for the entire United States, particularly among African-American males and females; the age-adjusted cancer mortality rate for African-American men and women is approximately 20% higher in Los Angeles County than in the entire United States.<sup>120</sup> African-Americans, followed by Anglos, have the greatest risk of dying from cancer. The cancer *mortality* differences between African-Americans and Anglos are greater than the differences in cancer *incidence* rates. For females, in fact, African-Americans have higher cancer mortality rates than Anglos, even

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<sup>116</sup> McMillan P, "Petition Drive Against Rebuilding Liquor Stores Gains Momentum."

<sup>117</sup> Bernstein L, Ross RK, *Cancer in Los Angeles County - A Portrait of Incidence and Mortality 1972-1987*, The California Tumor Registry, Department of Health Services, State of California, 1991, p. 20.

<sup>118</sup> *Healthy Los Angeles 2000 Data Sourcebook Summary*, p. 3.

<sup>119</sup> Oreglia A, Canary D, *Health Data Summaries for California Counties: 1992 Report*.

<sup>120</sup> *Healthy Los Angeles 2000 Data Sourcebook*, p. CAN-1; *Health United States 1991*, p. 167.

though Anglo women have higher incidence rates.<sup>121</sup> High poverty rates, combined with poor access to treatment and quality of care for the uninsured, are largely responsible for lower survival rates among ethnic-minority cancer patients.

Early detection is one of the most important predictors of successful treatment for most types of cancer. This raises some important concerns about the availability of cancer screening programs in Los Angeles County. There has been some effort to bring cancer screening services to low-income and disadvantaged populations. The American Cancer Society provides a reduced-cost program for women in need of screening mammograms for early breast cancer detection, one of the few prevention programs available to people with limited financial means. Nevertheless, numerous barriers impede use of such preventive services. Cultural, language, and psychological barriers often hinder the use of mammography screening services. A study of mammography utilization rates, for example, found that lack of health insurance, low-income, different concepts of disease and illness, negative interactions with health care professionals, low levels of awareness or priority for preventive health measures, embarrassment, and anxiety all diminish the likelihood that poor women will use available services.<sup>122</sup> Furthermore, access to low-cost County mammography screening services is severely limited. There are only two County clinics in all of Los Angeles County which offer screening mammograms at the reduced fee of \$35 (compared to the usual fee of \$65).<sup>123</sup> Socioeconomic and ethnic differences in access to cancer information, screening services, and treatment largely explain why the breast cancer mortality rate for African-American women is higher than that for Anglo women, even though Anglo women have higher breast cancer incidence rates.

The prognosis for prostate cancer is also greatly improved through early detection and treatment. African-Americans have the highest incidence of prostate cancer in the world.<sup>124</sup> High rates among African-Americans have important implications for screening programs, which are in general perceived to have low cost-effectiveness because of high false positive rates on prostate cancer screening tests. This is unfortunate for African-Americans, for whom prostate screening is much more cost effective due to their high incidence rates. A major obstacle to the utilization of prostate cancer screening services is that treatment for prostate cancer is often accompanied by impotency or incontinence. Given the high rate of prostate cancer among African-Americans in Los Angeles County (140 cases per 100,000 population), it is particularly important to promote screening programs in high-risk African-American populations.

Invasive cancer of the cervix is also best avoided through early detection of cervical anomalies. Screening through regular pap tests is the most effective means to catch and treat cervical cancer in its earliest stages. In Los Angeles County, there are substantial ethnic differences in the incidence of invasive cervical cancer. Latinas have by far the highest incidence (21.7 cases per 100,000 population), followed by African-Americans (17.0) and Chinese (12.4). As with breast cancer, African-American women have the highest cervical cancer *mortality* rates in the county (6.5 deaths per 100,000 population), followed by Latinas (5.5) and Chinese (4.5). The ethnic distribution of invasive cervical cancer again raises important concerns over the ethnic disparities in access to

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<sup>121</sup> Bernstein and Ross, *Cancer in Los Angeles County*, pp. 20-21.

<sup>122</sup> Stein JA, et al., "The Influence of Ethnicity, Socioeconomic Status and Psychological Barriers on Use of Mammography," *Journal of Health and Social Behavior*, 1991; 32:101-113.

<sup>123</sup> Leslie and Pridgen, *Disparities in Wealth and Health*, p. 35.

<sup>124</sup> Leslie and Pridgen, *Disparities in Wealth and Health*, p. 37.



effective screening programs. The link between cervical cancer and certain sexually transmitted infections (genital warts and herpes) also underscores the importance of promoting safer sex practices in high risk populations. Expanding sexually transmitted disease services and family planning in disadvantaged Latino and African-American communities would also increase access to effective screening programs.

Unlike breast, prostate, and cervical cancer, certain lung cancers can be prevented almost entirely by limiting exposure to carcinogens, especially cigarette smoke. Lung cancer is one of the few cancers which has a known and specific etiology. According to a research report from the National Cancer Institute, 92% of the lung cancers found in men, and 79% of lung cancers found in women, are directly attributed to cigarette smoking.<sup>125</sup> Lung cancer is the most frequent cause of cancer deaths in men (31%).<sup>126</sup> Lung cancer mortality rates for Los Angeles County are particularly high among African-American males.<sup>127</sup>

Prevention is by far the most effective way to reduce lung cancer incidence and mortality in all populations. Approximately 20.4% of Los Angeles County residents currently smoke tobacco. Overall, men (24%) have a higher smoking prevalence than women (18%). African-American men and women, however, have equally high smoking prevalence rates (26%).<sup>128</sup> Asian males also have among the highest smoking prevalence rates (24%), while Asian women have the lowest prevalence (8%).<sup>129</sup> It is estimated that approximately 90% of those who currently smoke began smoking prior to the age of 20.<sup>130</sup> The importance of developing effective community and school-based intervention programs to reduce smoking behavior cannot be emphasized enough. Successful anti-smoking campaigns require a cooperative effort between community residents, proprietors, work-sites, and schools in order to spread the educational message and to provide social support for non-smoking behavior.

Although all ethnic and income groups would benefit from increased efforts to prevent cancer, some groups appear to have greater need than others for educational efforts to change habits that are known to contribute to increased cancer risk. In addition, African-Americans' excess risk of dying from cancer of the breast, cervix, and prostate underscores failures in the health care delivery system — failures to provide adequate access to life-saving screening for early detection and appropriate treatment of cancer.

### 3.6.2. Cardiovascular Disease

Heart disease is by far the leading cause of death in Los Angeles County, as it is throughout the country. Major ischemic heart disease mortality rates have been steadily declining over the past 20 years, and the average annual mortality rate from 1983-1988 in Los Angeles County is virtually

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<sup>125</sup> Leslie and Pridgen, *Disparities in Wealth and Health*, p. 38.

<sup>126</sup> Bernstein and Ross, *Cancer in Los Angeles County*, p. 22.

<sup>127</sup> Leslie and Pridgen, *Disparities in Wealth and Health*, p. 39.

<sup>128</sup> *Healthy Los Angeles 2000 Data Sourcebook Summary*, pp. 13-14.

<sup>129</sup> *Ibid.*

<sup>130</sup> *Healthy Los Angeles 2000 Data Sourcebook*, p. TOB-2.

identical to the national rate (179 deaths per 100,000 population).<sup>131</sup> Heart disease mortality among African-Americans (218 deaths per 100,000 population) is, however, slightly higher than among Anglos (200); the rates for both groups are substantially higher than among Latinos (102).<sup>132</sup>

Mortality from strokes, the third leading cause of death in Los Angeles County, has also declined steadily since 1970. Nevertheless, strokes remain a serious concern among African-American men and women, who in some age groups have rates three times that of Anglos. As with heart disease, Latinos in Los Angeles County have rates lower than both African-Americans and Anglos.<sup>133</sup>

Los Angeles County's homeless population is at particularly high risk for most cardiovascular conditions. Health care for the homeless programs in Los Angeles report that homeless patients are twice as likely as those with housing to suffer from chronic conditions, including hypertension, diabetes, and peripheral vascular disease.<sup>134</sup>

Hypertension is a major risk factor for both coronary heart disease and stroke, and occurs disproportionately among African-Americans. Hypertension has been correlated with both race and low socioeconomic status; thus low-income African-Americans are at particularly high risk for developing both heart disease and cerebrovascular disease.<sup>135</sup> Chronic diseases, like high blood pressure and diabetes, can be effectively controlled, first, through diagnostic screening to identify persons with these conditions and, then, with regular medical management and counseling. Effective medical management usually can prevent disabling and fatal deterioration of these conditions as well as preventing episodes of illness that require costly hospitalization.

Cardiovascular disease is one of the few clearly preventable chronic illnesses. Risk factors for cardiovascular disease include high blood pressure (associated with alcohol use, oral contraceptive use, being overweight, and a high sodium diet) and high blood cholesterol levels (associated with a high fat diet, hereditary factors, and hypothyroidism).<sup>136</sup> Furthermore, smoking, diabetes mellitus, lack of exercise, and family history can all contribute to the onset of cardiovascular disease. Prevention is far more cost effective than medical management (hypertension or cholesterol control through the use of drugs, or coronary bypass surgery) for reducing the risk of cardiovascular disease.

Lifestyle, diet, and smoking behavior modification can be very successful in lowering the risk of cardiovascular disease and some cancers. Encouraging children to develop lifelong health-promoting behaviors, and avoiding health-damaging ones, is key to preventing many chronic illnesses. For many disadvantaged inner-city populations, however, the daily, immediate threats of poverty, discrimination, and violence overshadow the more distant long-term threats of chronic illness. Efforts to change the public's health-related behaviors will be taken more seriously by low-income ethnic communities if public health officials demonstrate as much concern about changing the conditions that breed violence and despair, as they do about getting people to stop smoking. Issues of poverty and discrimination need to be adequately addressed in order to foster an environment conducive to the

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<sup>131</sup> *Healthy Los Angeles 2000 Data Sourcebook*, p. HEART 3-4; *Health United States 1991*, p. 163.

<sup>132</sup> *Healthy Los Angeles 2000 Data Sourcebook*, p. HEART 3-4.

<sup>133</sup> *Healthy Los Angeles 2000 Data Sourcebook Summary*, pp. 8-9.

<sup>134</sup> Cousineau M, "Report on Homelessness in Los Angeles County," October 30, 1992, p.2.

<sup>135</sup> *Healthy Los Angeles 2000 Data Sourcebook Summary*, p. 5.

<sup>136</sup> Leslie and Pridgen, *Disparities in Wealth and Health*, p. 41.

development of healthy lifestyle habits.

### 3.7. Communicable Diseases, STDs, and AIDS

#### 3.7.1. Communicable Diseases

The resurgence of communicable diseases such as tuberculosis and measles in Los Angeles is a profound indicator of the dual impact of poverty and social neglect. Not only has Los Angeles allowed many of its most vulnerable citizens to be at risk due to poverty, but it has also allowed its health care system to become inoperable in the face of problems that were potentially controllable decades earlier. Although control of communicable diseases has traditionally been the primary role of local health departments, in Los Angeles County funding for public health programs has generally been less than adequate. In light of the huge medical care burden on the Los Angeles County health care system, public health has been forced to take a back seat to hospital and clinic-based medical care services in the County. As a result, the County's ability to combat the spread of communicable diseases has been severely limited. As discussed earlier in the Children's Health section, inadequate childhood immunization for vaccine-preventable diseases such as Measles, Mumps and Rubella is a growing problem in Los Angeles County, particularly within low-income, predominately Latino and African-American communities. The spread of communicable diseases is equally alarming within certain disadvantaged adult populations in the County. Overall, inadequate funding of communicable disease prevention and control programs is reflected in the disproportionately high rates of communicable diseases such as Hepatitis A and Tuberculosis in Los Angeles County compared with the United States as a whole.

Table 3.6. Incidence Rates Per 100,000 Population, 1990

| Disease           | Los Angeles County | United States | California |
|-------------------|--------------------|---------------|------------|
| Hepatitis A       | 21.2               | 14.2          | —          |
| Tuberculosis (TB) | 23.2               | 9.5           | 15.4       |

Source: *Healthy Los Angeles 2000 Data Sourcebook*, p. IMMUN-38.

As is the case with a great many health indicators, communicable diseases rates are disproportionately high within economically disadvantaged, predominantly ethnic minority communities. Tuberculosis, for example, is primarily a disease of the economically disadvantaged; poverty, deteriorating housing conditions, homelessness, and new immigrant status are all associated with increased risk of TB. In recent years, there have been epidemic rates of TB within homeless, low-income, and new immigrant populations. In 1991, 60% of all new tuberculosis cases were attributed to foreign born persons.<sup>137</sup> Of foreign-born cases, the largest percentages were from Latin America

<sup>137</sup> Halfon N, *Health of children in Los Angeles*, p. 6.

(54%) and Asia (40%). During the past decade, the funding for tuberculosis treatment and control has not kept pace with the growing need for services. In Los Angeles, the average number of contacts per reported case is substantially below the national average.

Hepatitis-A rates are also disproportionately high among ethnic minority populations. The hepatitis-A rate in Los Angeles County is twice as high among Latinos (34.3 cases per 100,000) than for African-Americans (18.7 cases per 100,000) or Anglos (15.7 cases per 100,000). Similarly, although hepatitis-B rates have been steadily declining among all populations in Los Angeles County (the Los Angeles County rate of 5.8 is well below the United States rate of 9.3), rates among Latinos and African-Americans remain disproportionately high. While the hepatitis-B rate among Anglos in the County in 1989 was approximately 4 cases per 100,000 population, the rate among Latinos was nearly double (7 cases per 100,000), and the rate among African-Americans was approximately 10 cases per 100,000.<sup>138</sup>

Education, vaccination (where applicable), and early detection and treatment are crucial for controlling the spread of communicable diseases. As emphasized in the Children's Health section promoting early vaccination is the primary means by which to combat the high rate of measles transmission that has occurred in the County since 1987. Similarly, vaccination and the reduction of high-risk behavior are the two best preventive measures against hepatitis-B; programs to reduce hepatitis B transmission need to be targeted toward predominately Latino and African-American communities, where the rates are highest. To combat the spread of tuberculosis, the best preventive measures are those aimed at infected individuals who are determined to be at high risk for developing disease. Homeless persons, persons with HIV, and persons with unstable or unhealthy social environments are among those at highest risk for developing TB once infected. Currently, over 20% of new TB cases in the County are attributed to people who are homeless, according to TB Control for Los Angeles County.<sup>139</sup> A large proportion of the increase in TB cases in Los Angeles County can be attributed to the growing numbers of people living on the street or in over crowded shelters, the spread of HIV among disadvantaged populations, and an increase in people immigrating from countries where TB is endemic. These special populations need to be heavily targeted for treatment in order to prevent TB disease. Furthermore, prevention policies should focus on ameliorating the high-risk living conditions (i.e. homelessness, over-crowding, and substandard housing) that pervade in Los Angeles County's disadvantaged communities.

### 3.7.2. Sexually Transmitted Diseases

The prevalence of sexually transmitted diseases (STDs) in Los Angeles County is staggering. Population groups at very high risk for STDs (due to high prevalence rates within those groups) include teen-agers, economically disadvantaged ethnic groups, the medically indigent, and homosexual males. It is estimated that approximately 25% of sexually active teens in Los Angeles County will have been treated for an STD by the time they reach age 21.<sup>140</sup> In 1990, the rate of gonorrhea among Los Angeles County 15-19 year olds (579 per 100,000 population) was over *twice* the rate for the County's

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<sup>138</sup> Ibid.

<sup>139</sup> Cousineau M, "Report on homelessness in Los Angeles County," p.2.

<sup>140</sup> *Healthy Los Angeles 2000 Data Sourcebook Summary*, p.29.

population as a whole.<sup>141</sup> Overall, the adolescent population should be a crucial target for effective safer sex intervention programs *and* improved STD screening and treatment services. High STD rates among adolescent women are particularly concerning because these teens are at high risk for a variety of STD-related medical complications, including PID, ectopic pregnancy, infertility, cervical cancer, and chronic pelvic pain.

Ethnic disparities in the incidence of STDs in Los Angeles County are quite disturbing. For example, while overall gonorrhea rates in the County (249 cases per 100,000 population in 1990) have been steadily declining since 1987, gonorrhea is enormously over represented in the African-American population. In 1990 the gonorrhea rate among African-American residents of Los Angeles County (1279.9 cases per 100,000 population) was 23 times higher than the rate among Anglos (56.4).<sup>142</sup> The rate for Latinos (116.9) was over twice as high as that for Anglos.<sup>143</sup> To further compound the problem, the recent rise in antibiotic resistant gonorrhea (now over 25% of all cases), is likely to reverse the five-year downward trend in new cases unless greater steps are taken to promote safer sex practices, improve access to condoms, and increase access to STD screening and treatment services. Given the ethnic distribution of gonorrhea cases in the County, these screening and educational programs need to target high-risk minority populations, particularly in regions where access to reproductive health services is limited.

Although gonorrhea is currently the most commonly reported STD in Los Angeles County, it is not the most prevalent. If an active surveillance mechanism for chlamydia were in place, it is estimated that as many as 150,000 cases in Los Angeles County could be recorded annually.<sup>144</sup> A new California Code of Regulations mandate (Title 17 section 2500) requires that chlamydia be reported effective March of 1989, but funds have not yet been made available to establish an effective chlamydia surveillance and control program.<sup>145</sup> Since untreated chlamydia is a major factor in the incidence of PID, ectopic pregnancy, and infertility, particularly within minority and low-income populations, chlamydia is too potent a condition to ignore. Additional resources are required in order to increase surveillance and reporting of chlamydia so that appropriate screening and control programs can be developed and administered.

As with chlamydia, genital warts are not reportable under state law. Nevertheless, the cause of genital warts, human papilloma virus (HPV), is associated with significant health consequences, including cervical cancer in women and genital cancers in men. In Los Angeles County, invasive cancer of the cervix is twice as common among African-Americans as among Anglos.<sup>146</sup> According to anecdotal reports from County STD clinics serving primarily gay and bisexual men, there has been a significant increase in the number of genital warts cases seen.<sup>147</sup> It is important to establish a

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<sup>141</sup> *Healthy Los Angeles 2000 Data Sourcebook*, p. STD-1.

<sup>142</sup> *Healthy Los Angeles 2000 Data Sourcebook*, p. STD-1.

<sup>143</sup> *Ibid.*

<sup>144</sup> *Healthy Los Angeles 2000 Data Sourcebook*, p. STD-7.

<sup>145</sup> *Ibid.*

<sup>146</sup> *Healthy Los Angeles 2000 Data Sourcebook*, p. STD-14.

<sup>147</sup> *Ibid.*

surveillance system for genital warts in order to monitor the demographics of the condition and to develop appropriate treatment programs. As the success of cervical cancer therapy depends primarily upon early detection, improved cervical cancer screening in STD clinics, particularly those serving high-risk populations, should be a paramount concern.

Despite a steady decline in infectious (primary and secondary) syphilis in Los Angeles County since 1987, syphilis rates remain nearly epidemic, particularly within African-American and Latino populations. In 1990, the rate of infectious syphilis among African-American residents of Los Angeles County (116.1 cases per 100,000) was 19 times that for Anglos (6.0), while the rate for Latinos (18.6) was three times that of Anglos.<sup>148</sup> The extremely high number of *congenital* syphilis cases in the County is also inequitably distributed by ethnicity. In Los Angeles County in 1990, congenital syphilis rates were 28 times higher among African-Americans than among Anglos, and 13 times higher among Latinos than among Anglos.<sup>149</sup> The high rates of primary and secondary syphilis among 15-44 year old African-American and Latina women in the County is largely responsible for these epidemic rates of congenital syphilis. Improved screening programs for syphilis, particularly those directed at disadvantaged groups who do not regularly utilize health services, are required to control high rates of primary and secondary syphilis. Furthermore, increased screening at the time of delivery, greater use of prenatal services, and improved case management are essential for controlling the current congenital syphilis epidemic in the County.

There has been a very strong downward trend in hepatitis B cases since 1985. However, rate decreases have occurred disproportionately in certain ethnic groups. In 1985, Los Angeles County Anglos and African-Americans had the same rate of hepatitis B (approximately 15 cases per 100,000 population). Latinos had a significantly higher rate (22 cases per 100,000 population). By 1989 the rate among Anglos had declined by 74%, the rate among Latinos had declined by 68%, and the rate among African-Americans declined by only 42%.<sup>150</sup> Overall, African-Americans currently have higher hepatitis-B rates than any other ethnic group in the County.

Individuals who are either themselves in high risk groups or who have sexual partners in high risk groups should be the primary target for prevention, screening, and educational programs. The use of latex condoms needs to be heavily promoted in all County clinics. According to a 1991 survey of patients in two large County STD clinics, less than 25% of patients reported using a condom at last sexual intercourse.<sup>151</sup> Since prevention is no doubt the most effective measure to control the spread of STDs, programs that encourage condom use are essential. STD prevention education should also be included in the curricula of middle and secondary schools in Los Angeles County. Currently, Los Angeles County school districts are failing to meet this goal. Nearly three quarters of Los Angeles County schools offer little or no instruction on STD prevention.<sup>152</sup> Effective education needs to be an integral part of a comprehensive plan to improve access to condoms and to expand STD screening and treatment services. Religious and political barriers to such education also need to be addressed.

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<sup>148</sup> *Healthy Los Angeles 2000 Data Sourcebook*, p. STD-8.

<sup>149</sup> *Healthy Los Angeles 2000 Data Sourcebook*, p. STD-13.

<sup>150</sup> *Healthy Los Angeles 2000 Data Sourcebook*, p. STD-16.

<sup>151</sup> *Healthy Los Angeles 2000 Data Sourcebook*, p. STD-17.

<sup>152</sup> *Healthy Los Angeles 2000 Data Sourcebook*, p. STD-19.

### 3.7.3. HIV and AIDS

The AIDS epidemic in Los Angeles County shows no sign of abating. According to the Los Angeles County Department of Health Services, it is estimated that one out of every 200 County residents is infected with HIV, and one out of every 2,000 County residents currently has AIDS.<sup>153</sup> With a cumulative AIDS rate of 926 cases per 100,000 population, the West Hollywood area of Los Angeles County has the highest AIDS rate in the County, and exceeds the San Francisco County rate of 738 cases per 100,000 population.<sup>154</sup> Other regions of Los Angeles County with relatively high AIDS rates include Central Los Angeles (507 cases per 100,000 population), Long Beach (342 cases per 100,000 population), and the East Valley (284 cases per 100,000 population).<sup>155</sup>

The population distribution of HIV infection and AIDS in Los Angeles County parallels that of other STDs, with the exception of the large number of Anglo gay men infected with HIV during the early 1980s who are now being diagnosed with AIDS. As a consequence of increased public awareness and safer sex practices among relatively affluent Anglo homosexual males, the face of the AIDS epidemic has shifted in recent years. Since 1989, the number of newly reported AIDS cases has been steadily *declining* among Anglos, while the number of new cases among Latinos and African-Americans has increased. This ethnic distribution trend is also observed for HIV seroprevalence in Los Angeles County.<sup>156</sup> The AIDS epidemic has shifted from a disease affecting primarily Anglo homosexual and bisexual men, to a disease that is a growing threat among poor minority men and women.

The current heterosexual transmission of HIV in Los Angeles County is predominantly among low-income African-Americans and Latinos. Prior to 1987, 70% of AIDS cases occurred among Anglos. However, between 1987 and 1990, only 57% of new cases were among Anglos, while the percentage of cases among African-Americans and Latinos rose substantially (14% to 19%, and 15% to 22% respectively).<sup>157</sup> An estimated one million undocumented immigrants in the Los Angeles area, many of whom are poorly educated and fearful of contact with government agencies, has been compounded by strong religious and cultural sanctions against discussing homosexuality and sexual behavior, further facilitating the spread of the disease within the Latino population.

Over the past several years there has also been a rapid increase in the number of homeless people who are HIV positive or who have developed clinical signs of AIDS. Shelters are now experiencing increasing demand from people infected with HIV. Results from an anonymous testing program at the Weingart Center in Los Angeles revealed that about 6% of the people who come to the program are HIV positive. Advocates for the homeless claim that the number is twice that high. About 25% of the people in the Homeless Health Care Los Angeles substance abuse program are HIV positive.<sup>158</sup>

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<sup>153</sup> "AIDS in Los Angeles County," *Los Angeles Times*, August 10, 1992, B2, col 1,2 col in.

<sup>154</sup> *Ibid.*

<sup>155</sup> *Ibid.*

<sup>156</sup> *Healthy Los Angeles 2000 Data Sourcebook Summary*, p. 28.

<sup>157</sup> *Healthy Los Angeles 2000 Data Sourcebook Summary*, p. 27.

<sup>158</sup> Cousineau M, "Report on homelessness in Los Angeles County."

AIDS is also rapidly spreading among the heterosexual contacts of HIV infected drug abusers. Although only 4% of AIDS cases in the County occur among women, the rate of infection for women has been rising in recent years. The overall rate for women in Los Angeles County is 6.9 cases per 100,000 population.<sup>159</sup> According to Shirley Fanin, head of the County's Communicable Disease Control Programs, AIDS is spreading particularly among young women, called "strawberries," who exchange sex for cocaine.<sup>160</sup> AIDS among women has major implications for infant health in Los Angeles County, as women with AIDS are the major source of infection for infants with AIDS. The majority (55%) of children in Los Angeles County with AIDS acquired it from their infected mothers. (Another 37% of AIDS children contracted the disease through blood transfusions.)<sup>161</sup>

Denial, apathy, and hostility have played a substantial role in the County's inadequate response to the AIDS epidemic. The Catholic archbishop of Los Angeles has taken a strong stand against the use of condoms. Also, the conservative majority on the Board of Supervisors have twice voted against programs to distribute bleach to IV drug users.<sup>162</sup> Lack of support from the Los Angeles County Board of Supervisors has severely hampered efforts to control the AIDS epidemic. As previously discussed, safer sex education efforts have been substantially hindered by religious and political barriers. Furthermore, it is estimated that less than 20% of the County's STD and family planning clinics provide HIV testing, pre and post-test counseling, and a protocol for partner notification.<sup>163</sup> It is extremely important to increase the availability of such services, particularly in STD clinics, where highest-risk patients are seen. Also, as the face of the epidemic changes, leaving disadvantaged minority men *and* women as the fastest growing populations to be at risk for contracting HIV, it is particularly important to recognize the cultural insensitivity of most existing HIV education programs in order to develop new, culturally appropriate interventions targeted towards previously neglected high-risk populations.

### **Access to treatment**

The AIDS community is perhaps the one organized constituency that has sufficient political clout to get a response to its demands from the conservative majority on the Board of Supervisors, providing a fascinating lesson in the value of organized political advocacy by a special population group that includes relatively affluent, politically active members. In 1989, after organized, sustained, and highly visible political protests by AIDS groups, the County Board of Supervisors voted to open a new AIDS hospice and to completely renovate an AIDS ward at LAC/USC Medical Center.

Nevertheless, Los Angeles County's capacity and willingness to provide health services to current and future AIDS patients is severely limited. In 1989, the County spent only about 10% of the amount that the City of New York spent on AIDS services.<sup>164</sup> As with the rest of the health-care system,

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<sup>159</sup> "AIDS in Los Angeles County," *Los Angeles Times*.

<sup>160</sup> Brown ER, Dallek G, "Changing Health Care in Los Angeles."

<sup>161</sup> "AIDS in Los Angeles County," *Los Angeles Times*.

<sup>162</sup> Brown ER, Dallek G, "Changing Health Care in Los Angeles."

<sup>163</sup> *Healthy Los Angeles 2000 Data Sourcebook*, p. STD-18.

<sup>164</sup> Zonana VF, "AIDS Fight in L.A. at Key Point," *Los Angeles Times*, December 31, 1989, pp. A1, 36, 37.



insurance status determines where people with AIDS can get care. In 1987, 81% of AIDS patient days in DHS facilities were covered by Medi-Cal, whereas 67% of AIDS patient days in Los Angeles private hospitals were reimbursed by private insurance and only 15% by Medi-Cal. In that same year, DHS hospitals had 33% of all AIDS discharges in the County.<sup>165</sup> As with its entire health-care system, the DHS system does not have enough resources to meet the need for AIDS care. When the DHS opened its new 20 bed AIDS unit at LAC/USC Medical Center in September 1989, it was immediately filled to capacity. Waits for an appointment at County outpatient AIDS clinics run as long as eight weeks.<sup>166</sup>

Los Angeles County as a whole suffers from a paucity of providers willing to care for AIDS patients; low staffing levels at the AIDS Project Los Angeles dental clinic force all but emergency patients to wait as long as four months for care; three-fourths of the nurses in the AIDS ward at LAC/USC Medical Center are hired from a registry because the hospital has been unable to recruit staff; and the new DHS early intervention clinic for HIV-infected persons runs at about 75% of capacity because of staff shortages.<sup>167</sup> Clearly, more AIDS treatment resources and services are required to meet the demands of Los Angeles County's AIDS population. Given that as of January 1991 an estimated 34,000-67,500 Los Angeles County residents are currently infected with HIV, the County health care system must plan for the large number of people who will require AIDS-related treatment services over the next decade.<sup>168</sup>

### 3.8. Conclusions

This report documents the alarming disparities that pervade all areas of public health concern in Los Angeles County. Health and social indicators show that the county's low-income and ethnic minority populations face serious inequities across all areas of health, including access to primary, preventive, and long-term care, and the quality of care received. The combination of health-damaging living conditions and poor access to health services increases their risks for adverse outcomes of pregnancy, for preventable childhood illnesses, such as measles, and for communicable diseases, such as tuberculosis. These populations are also at higher risk for such public health concerns as substance abuse, mental illness, and exposure to violence. These disparities should not be allowed to persist. This chapter documents the public policies needed to address the unmet health needs, while the report as a whole provides strategies to alleviate the conditions that perpetuate the sickness in the center of the cities.

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<sup>165</sup> Starr LM, Hospital Council of Southern California, *AIDS Survey Report*, July 7, 1988.

<sup>166</sup> Zonana, "AIDS Fight in L.A. at Key Point."

<sup>167</sup> "The Word They Use is Scary." editorial, *Los Angeles Times*, December 31, 1989.

<sup>168</sup> *Healthy Los Angeles 2000 Data Sourcebook*, p. HIV-11.

Chapter Four  
**Coming to Terms With the Los Angeles Riots  
and Public Education in Los Angeles:  
A Time for Reflection and A Time for Action**

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**4.1. Introduction**

Typically, the privileged of a society have sought to escape involvement with the pain of poverty and oppression by rendering the victims of these conditions "invisible." In America, if a person makes enough money, travels the "right" streets, and lives in the "right" neighborhood that person can almost convince himself or herself that hunger, hopelessness, and everyday life-threatening violence are only creations of the media. In the thinking of the privileged, if these conditions do exist, they exist only for those people who, by some fault of their own or by some genetic flaw within them, are getting what they deserve. The poor and oppressed members of our society are the "invisible" people, and they remain so until some cataclysmic event forces the world to acknowledge their existence. On April 29 and 30, 1992, the "invisible" masses of Los Angeles suddenly became visible and demanded a response from the rest of world.

— from "A Perspective on the Civil Unrest of April 29, 1992,"

— Sylvia G. Rousseau

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No man is an island, entire of itself; every man is a piece of the continent, a part of the main.  
. . . Any man's death diminishes me because I am involved in mankind, and therefore never  
send to know for whom the bell tolls; it tolls for thee. . . .

— from Meditation 17, John Donne

Now is the time to make real the promises of Democracy. Now is the time to rise from the dark and desolate valley of segregation to the sunlit path of racial justice. Now is the time to open the doors of opportunity to all of God's children. Now is the time to lift our nation from the quicksands of racial injustice to the solid rock of brotherhood.

— from "I Have a Dream Speech," Martin Luther King, Jr.

Sylvia G. Rousseau's, John Donne's and Martin Luther King, Jr.'s words remind us of both the importance and the possibilities of the human community. It is perhaps with this commitment to the importance of each child as an integral member of the human community that a discussion of education in urban centers needs to begin. As James R. Macdonald and Susan Colberg Macdonald (1988) remind us: "The qualities of community, of being at one with others and the world, of unity and cooperation, are the very qualities needed for the survival of humanity" (p. 479). And because of the diversity in Los Angeles, inherent in the concept of community needed in Los Angeles are acceptance, respect, opportunities, and meaningful instruction for all students, regardless of their race, socioeconomic background, native language, religion, gender, or sexual preference. Dr. Theodore Mitchell, Dean of the Graduate School of Education (GSE), has expressed his commitment to improving the education of linguistically and ethnically diverse students, K-12, strengthening teacher education programs, and increasing the Graduate School of Education's involvement in the Los Angeles community, especially in the inner city.

Part of the Graduate School of Education's mission is to play a proactive role in opening the lines of communication between university level research and field practice in order to connect teaching, research, and community service, thereby moving theory into practice and practice into theory. This chapter grows out of this mission, and while we recognize the enormous costs in economic terms of the effects of poverty, high unemployment rates, and high dropout rates in South-Central Los Angeles, we are even more concerned with the consequences in human terms. If at times the tone of this chapter seems unduly urgent, we, the authors as action-oriented educators, openly admit right from the beginning that we are champions of children, intensely committed to providing every child in America a safe and promising future. We share Jonathan Kozol's view: "Surely there is enough for everyone within this country. It is a tragedy that these good things are not more widely shared. All our children ought to be allowed a stake in the enormous richness of America" (p. 233). We also share James B. Macdonald and Susan Colberg Macdonald's (1988) commitment to the possibility of a just and loving society: "Human life is experienced in the way we live our everyday lives, our relationships to ourselves and others, our sense of personal belonging in society and the cosmos. We believe this demands a human condition characterized by freedom, justice, equality, and love" (p. 480).

Therefore, while our concerns focus primarily on the educational issues facing Los Angeles before and after the 1992 Los Angeles riots, as educators concerned with the overall welfare of children, we approach these issues as part of the complicated matrix of economic, political, social, and human problems facing Los Angeles. This relationship between the riots and the lack of opportunities in the larger world and the consequences in human terms is articulated by Lonnie Leffall, a senior at Washington Preparatory High School:

On April 29, 1992, the frustrations felt by all blacks, young and old were manifested. The riot that occurred in the greater Los Angeles area was one of the biggest civil disturbances

in American history. The beating of Rodney King and the acquittal of the officers accused was the straw that broke the camel's back. There is no sense in "beating a dead horse," though, because everyone knows why the riots occurred. However, what some may not know about is the racial discrimination and injustices that all blacks still face. The rioting accomplished only one thing. That one thing was getting the attention of the media, the government, and the white community. Nine months later blacks and minorities still live in poverty, still experience police brutality, and still are not given equal opportunities.

In medical parlance, Los Angeles is still facing a code blue. Lives are at stake. Therefore, whenever possible we try to remind our readers that for every statistic about South-Central Los Angeles, there is a human being, full of hope and possibility, often struggling against what must seem like an endless tide of poverty, violence, and lack of opportunity. Therefore, we hope this chapter will not be seen as a study in the traditional sense to be read and neatly shelved. Rather, since it grows out of action-oriented research, we hope that it will serve as an impetus to community, business, state, and national leaders and citizens to work with educators to transform the lives of those of our children in Los Angeles and the rest of the country whose lives are threatened by hunger, poverty, violence, poor health, homelessness, and limited educational opportunities.

To this end, the chapter will examine the complexity of past and present factors that have inhibited the delivery of outstanding educational programs to low-income and linguistically and ethnically diverse students in the Los Angeles area and the possible connections to the Los Angeles Riots. We first discuss demographic shifts and the increasing racial isolation of Los Angeles' inner city schools. We next address the issues of financial equity in Los Angeles schools. We then move to the legacy and implications of this recent history in terms of the effects on students, administrators, and teachers. To conclude, we offer policy recommendations which we hope will contribute to the efforts of reconceptualizing and rebuilding urban education in Los Angeles and other urban centers. In keeping with our emphasis on the human side of these issues, whenever possible we try to include the voices of students, parents, teachers, and administrators.

## **4.2. Racial Isolation Within Los Angeles Schools**

We begin with a broad historical overview of the desegregation issues in the Los Angeles Unified School District, which includes areas of Los Angeles involved in the riots. The public school demographics suggest a pattern of white flight and the political abandonment of urban public schools.

### **4.2.1. "The Loss of the Integrationist Dream" (Orfield, 1988)**

In 1970 the Los Angeles Unified School District went from a predominantly white, non-Latino school system to one in which non-white, racial minority students outnumbered Anglo students. Following the demographic trends of the rest of the country, white, middle- and upper-middle-class parents in the Los Angeles area fled the public school system en masse during the 1960s and 70s, leaving L.A. Unified with a 76 percent "minority" racial composition by 1980. In the last 12 years,

white enrollment has continued to decline to 13 percent of the district total (LAUSD, 1991). Whites still comprise 38 percent of the city's population (U.S. Census, 1990), although this number is also declining as more white families move to suburban settings beyond the city boundaries.

Meanwhile, the non-white and Latino student population in Los Angeles has changed dramatically. For instance, up until the early 1970s, African-American students outnumbered Latino students. Today in LAUSD, Latinos comprise 64 percent of the total enrollment, and African-Americans represent less than 15 percent (LAUSD, 1992). In the last 25 years, many schools have experienced dramatic enrollment shifts — from mostly white and middle-class student bodies to predominantly poor and working-class African-American or Latino. These shifts in the racial make up of schools in the second largest school district in the country and the resulting racial isolation within schools mirror broader demographic changes in the society as immigration rates from Central and South America continue to climb, birth rates for Latinos remain higher than those of African Americans or whites, and whites continue to flee public schools and the city in general. Although recent immigrant children often bring with them different educational needs, especially in the area of English acquisition, which require extra school personnel and resources, they also help to enrich our culturally diverse city and school system. Perhaps the most troubling aspect of the recent L.A. Unified demographic shifts is the on-going abandonment of the public schools by white and wealthy families.

White flight here in L.A. and elsewhere has several devastating effects. First, the withdrawal of white students from urban public schools sends a symbolic message to non-white and Latino students in those schools that they and their schools are inferior and undesirable. Second, initial white flight from urban public schools tends to have a "snowball" effect as white parents begin to perceive urban public schools as places where only non-white children go to school. This leads to a "structure" of racial segregation within the school system that determines the actions and decisions of the majority of white families. Thus, even though individual families may be supportive of racial integration in theory, they are caught within a structure of segregation that offers them only two options — racially segregated public schools or racially segregated private schools. Thirdly, beyond the symbolism, when families with the most financial resources in a community withdraw their children from the public schools, they also tend to withdraw their political and financial support of these schools. Fourth, the symbolism and political retreat from urban public education set in motion a self-fulfilling prophecy of declining quality within the abandoned schools.

By 1988, despite district efforts at both mandatory and voluntary desegregation, L.A. Unified schools remained highly segregated by race. In fact, among the 18 largest urban school districts in the country, LAUSD has the sixth worst racial "dissimilarity index" — a desegregation statistic designed to measure population distributions by race across schools. A dissimilarity index of zero means that schools within a district enroll students of different populations in equal proportion to their overall representation in the district. The index is 100 when each school is completely segregated. L.A.'s dissimilarity index has declined since 1967 when it was 91.3 to 68.8 in 1988. But a dissimilarity index of nearly 70 places L.A. behind such cities as Houston, Detroit, Dallas, and Baltimore in terms of achieving racial balance (Orfield and Monfort, 1992).

Obviously, massive white flight, the decline in African-American enrollment, and the vast increase in Latino enrollment, coupled with distinct housing segregation within the city have made desegregation goals extremely difficult to attain. But opportunities to create a more racially integrated educational system were missed at several points over the last quarter century. For instance, the court case that eventually led to desegregation within LAUSD, *Crawford, et. al. v. Board of Education of the City of Los Angeles*, was filed in 1963 by a group of black and Latino parents who were seeking revision of the attendance zones of two Jordan High School, which was all black, and South Gate High

School, which was all white.

After 13 years of legal maneuvers and court delays, the California Supreme Court, in 1976, found the Los Angeles Unified School District guilty of discrimination against minority students and ordered LAUSD to bring about desegregation in a "reasonably feasible" manner. The Court, however, left the interpretation of "reasonably feasible" desegregation up to local policy makers (Carrillo, 1978). More delays followed, as the white student population continued to decline — from more than 350,000 white students in the mid-1960s to 194,000 white students in 1977 to 164,000 white students in 1978, when a desegregation plan was actually implemented (LAUSD, 1989).

In February of 1978, the state court approved the LAUSD School Board proposed desegregation plan, which included both voluntary and mandatory desegregation options. Mandatory components of the desegregation plan involved pairing all-white schools with either a segregated black or Latino school and combining their enrollments for different grade levels at one school to achieve desegregation. This pairing process resulted in the desegregation of approximately 60,000 of the district's 550,000 students. This mandatory desegregation plan was abolished three years later in 1981. The voluntary, or choice-centered, desegregation components of the plan, which are still in place today, are magnet schools and the Permit with Transportation (PWT) Program. Currently, LAUSD operates 105 magnet schools, or "schools of choice," and allows 10,176 students to transfer to schools in which they are a racial minority through the PWT program each year.

Critics of the mandatory components of the L.A. desegregation plan blamed these student reassignments for the continued white flight in the district during the late 70s. Orfield and Monfort (1992) and others have noted that the pattern of white flight existed long before the plan was implemented and continued after the mandatory plan was abolished. In fact, as Orfield points out, from 1980 to 1988, LAUSD's white enrollment declined from 24 percent to 16 percent.

Few educators or parents would argue in this day and age that African-American or Latino students need to sit next to white students in order to learn. This view — known as the "lateral transmission of values" theory — was espoused in 1960s and 1970s as a sociological rationale for school desegregation. Today, however, educational researchers have a far more sophisticated and less racially and culturally biased view of why racial integration — both between and within schools — should remain a social goal and why racial segregation of children within the educational system inevitably leads to greater inequality, despair, and civil unrest.

More recent research on the long-term effects of school desegregation on African-American students has shown that black students who attend predominantly white schools are more likely to attend predominantly white universities, work in integrated settings, live in racially mixed neighborhoods, and have a wider network of racially mixed friends (see Wells and Crain, 1992). Thus, blacks who attend desegregated schools are more tied into the social and political networks that allow them access to higher status institutions and jobs. This more recent work on the long-term effects of school desegregation offers more sociological as opposed to instrumental reasons — i.e. lack of educational opportunities — why racial segregation within the educational system perpetuates the inequality throughout our society.

There are other, more obvious, reasons to support school desegregation. For instance, research on school desegregation has shown that when educators focus on inter-group relations within racially mixed schools and create environments that mitigate racial or ethnic conflict then students' attitudes toward students of other races improve (see Schofield, 1989). As we move toward a more racially and ethnically mixed society, especially in Southern California, we should rethink ways in which racially mixed schools can have a positive impact on racial understanding and tolerance within the larger society. The current situation in Los Angeles, with large numbers of racially segregated schools,

will likely lead to a society in which people have a very limited cross-cultural perspective. Racial and ethnic fear and prejudice will be perpetuated generation after generation.

#### **4.2.2. Within School Segregation**

Complicating the issue of racial integration within public education in Los Angeles and elsewhere is the sad history of the failure of many white policy makers, educators and parents to allow school desegregation to work in our society. Because of complicated social factors, including racial fear and prejudices, desegregation plans do not always yield positive results for African-American, Latino or white students.

The following is a discussion by Sylvia Rousseau, assistant principal at Washington Preparatory High School, of the failure of desegregation:

Under a system of "separate but equal," Black children across the South, who were "invisible" to White America, traveled miles on foot over unpaved roads to broken down buildings, old discarded books, and teachers who often knew little more than the students, in search of the promise of education. They did the same in the North. Lorraine Hansberry, in the play, *To Be Young, Gifted and Black*, created a metaphor for their hope, in spite of their poverty, when she described Black children who came by the masses to Chicago's public schools in search of an education. She says, "They came, wearing colored socks held up by rubber bands."

In spite of the hostility these children met in the North and the South, many went on to achieve remarkable academic success. These are the exceptions that America points to as examples while forgetting the larger number of those who simply went away with unfulfilled dreams, disillusionment, bearing the seeds of hopelessness that were passed on to the next generation. They remained invisible to the rest of the world, but their rage was real. Simply because of the color of their skin they had been denied the education, which they had been told would be their way out of poverty and the shame of oppression.

Decades later, following dramatic court decisions and legislation designed to right the wrongs of the past, America still has failed to fulfil the promise of education. Today, African-American and Latino children travel great distances in busses away from inner-city schools to formerly predominantly white schools to achieve integration. After riding great distances, they disembark from their busses only to walk into classrooms with the same children who rode busses with them — classes identified for the less capable students and the non-college bound. These children are sorely under-represented in advanced placement classes, higher mathematics, chemistry, physics and foreign languages. Their faces are rarely seen as members of these schools' academic decathlon teams, yet they are highly represented on football and basketball teams — places reserved for the "invisible."

The issue of resegregation within racially mixed schools through rigid tracking practices and the differences in the quality of educational programs or tracks offered in white and wealthy schools as opposed to mostly minority and low-income schools has been a central focus of the work of Professor Jeannie Oakes at the Graduate School of Education. In a recent two-year study examining tracking practices within three high schools in the Los Angeles area, Oakes and a team of researchers at RAND found that differences in the three schools' curriculum offerings stemmed, in part, from the fact that educators in the most affluent, white school thought their students required advanced

academics and highly technical vocational education (such as computer programming languages and computer-assisted drafting). Meanwhile educators in the less affluent, more minority schools felt they could adequately meet their students' needs with greater numbers of lower level academic classes and lower tech vocational courses (such as cosmetology, typing and woodshop) (Oakes, 1991, p. 9).

Most of the high school teachers interviewed by Oakes et al. explained the relationship between race and social class and course assignments in terms of group differences in family support, motivation and interest. While teachers almost uniformly considered Asians to be highly motivated and hard working, and therefore, well-suited to academics, they viewed Latino students much more negatively in terms of their effort and motivation. "Educators at all three schools characterized Latinos as having poor basic skills, low interest in school, and as being culturally disinclined to aspire to post-secondary education" (Oakes, 1991, p. 10). The result was that African-American and Latino students took more low-level academic courses than white and Asian students. Twenty-two percent of the students at the all-minority high school took college prep math in the 11th grade, compared with 45 percent at the more affluent white and Asian schools. In the third, more diverse school, 33 percent of the 11th graders were enrolled in college-prep math.

In terms of *within* school segregation by tracks, Oakes et al. found that in the two more affluent schools, nearly three-quarters of the Asian students participated in college-track math compared to about one-third of the white students. In the third predominantly black and Latino school, about a quarter of the African-American students and fewer than ten percent of the Latino students enrolled in college-track math. And perhaps the most striking finding of the study was that race and social class did relate to students' course taking, even when achievement test scores were comparable. Thus, Oakes et al. conclude that even after controlling for test scores, a student's race or ethnicity was often important in determining the probability of participating in college-prep math and English. "For example, Asian students at one school were more than ten times as likely to be enrolled in college-prep math compared to their Latino classmates with the same math scores" (Oakes, 1991, p. 15).

### **4.3. Financial Equity in Los Angeles Schools**

This section of the chapter examines questions regarding the fairness of resource distributions for public education in California and Los Angeles and their possible connections to the social disturbances in Los Angeles during May 1992. A brief survey of inter-district equity issues suggests that the Los Angeles Unified School District is treated fairly in overall financial allocations, although a case could be made that the needs of its pupils are so great that the district is inadequately supported.

An examination of resource allocations within the Los Angeles district points to spending disparities that have affected riot-torn areas of the city disproportionately. A legal challenge to intra-district spending patterns (*Rodriguez v. LAUSD, 1986*) has brought forth evidence that schools in certain areas of the city, such as South-Central Los Angeles, suffer in various ways from inferior financial support. We do not benefit from empirical evidence describing the degree to which relative deprivation in the schools may have contributed to a sense of social injustice in particular communities; nor do we have evidence concerning the relative importance of such feelings in causing or fueling the May 1992 riots. Nonetheless, it is suggested here that justifiable feelings of undersupport for schools were probable components of a larger condition of perceived social injustice; and that this perception contributed to the violent expressions which followed the King beating verdicts.



### 4.3.1. Background

The United States has witnessed more than two decades of legal and legislative activism for increased equity in the distribution of public educational resources to school children. A good part of this activity has been constitutional challenges to state finance systems shown to allocate resources for education in correspondence to the real property wealth of local communities. The roots of school funding in the local property tax have tended to produce highly disparate patterns of spending across school districts, even where states have taken up a large share of overall school support.

The State of California experienced such a challenge in *Serrano v. Priest* (1970, 1972). This lawsuit culminated in a 1976 State Supreme Court order requiring the state to reduce the dependency of local school spending on property wealth, and to substantially equalize per pupil spending across districts. As a result, by 1992 roughly 95 percent of the state's school districts, including Los Angeles, fell within a \$350 band of state and local spending; expenditure variations among these schools amount to less than 10 percent.

In addition, Los Angeles schools benefit from a host of state and federal categorical programs that direct resources to pupils with special needs (children in poverty and children with specific disabilities for example). While state and local support for Los Angeles has averaged approximately \$4,000 per pupil per year in recent years, additional sources of support have added more than \$2500 per pupil to this average. At least within California, Los Angeles Unified can be considered a relatively high spending and high needs school district. Many would claim that Los Angeles remains unfairly underfunded on the basis of this national comparison as well as because the needs of its pupils go beyond the capacity of categorical resources to address them. High numbers of immigrants, multiple home languages, high incidence of poverty, and low education levels of parents are cited as major hurdles for the city's educators.

### 4.3.2. Intra-District Inequities

The overall treatment of Los Angeles school children *vis-à-vis* resources for education may be arguable. A clearer picture of inequity appears when we consider the distribution of resources to particular schools. A recent legal challenge (*Rodriguez v. LAUSD, 1986*) questioned internal resource allocations in the district, basing the complaint on various violations of state equal protection guarantees. At issue was the demonstrable fact that schools in certain areas of the city were systematically denied access to the resources available to schools in other areas. Moreover, the deprived areas tended to serve high concentrations of African-Americans, Latinos, and recent Asian immigrants. This meant that certain areas of the city, South-Central Los Angeles a leader among these, suffered in various ways from lesser support.

The complaint held that LAUSD distributed all of the following unequally: instructional staff, including experienced teachers, substitute teachers, and emergency-credentialed teachers, curricula, libraries, general facilities, and finances. In addition, over-crowding caused by insufficient instructional space disproportionately affected some students and particular areas of the city. A primary result of district policies, according to the complaint, was that a child residing in a poor or ethnic minority area received an education substantially inferior to that received by children in more affluent areas of the district. In addition, the disparities imposed disadvantages on poor and minority children who frequently have greater educational needs.

For illustrative evidence, the petition drew on analyses by the district's own Independent

Analysis Unit which showed, for example, \$417 per pupil expenditure differences between low and high spending elementary schools (an amount exceeding \$12,000 per classroom). Differences of \$240 and \$297 per pupil were cited for junior high schools and high schools respectively. The analysis went on to show that high spending schools are typically half white in their pupil composition while lowest spending schools are less than one percent white. The ten lowest spending schools have shares of student families qualifying for AFDC (welfare) ranging from 33 to 84 percent; the highest spending schools have AFDC qualification rates ranging from 0 to 11 percent. Facilities statistics were also cited: the schools with the most pupils per acre of school facilities (typically 250 pupils per acre) had practically no white students and high indexes of poverty families; the schools with the fewest pupils per acre (typically 35 pupils per acre) ranged between one-third and two-thirds white and had low incidences of family poverty.

After six years of pre-trial maneuvering, the LAUSD issued a consent decree outlining the steps the district would take to rectify the major points of the complaint; the decree was accepted by the plaintiffs. Without going into the details of the plan, it is worth noting that it involves moving toward a finance system that allocates basic instructional resources directly to schools according to numbers of pupils; in turn, the schools would have more discretion over how the money is spent — such as who is hired to teach. The consent decree also establishes certain facilities norms that would be targets as the district establishes school sites and otherwise manages school enrollment levels. The district appears to face many obstacles in achieving the goals of the decree, among them finances, ability to build schools fast enough to meet enrollment increases, and the collective bargaining contract with teachers.

It is also worth noting that the Los Angeles Unified School District did not acknowledge any intentional wrong doing in its issuance of the decree. After all, more senior teachers cost more and tend to gravitate to less-troubled parts of the city as they are eligible for transfer. And the most crowded schools are crowded because great numbers of families with children have settled into their attendance areas, a matter out of the control of district administrators; moreover, funds for facilities expansion and site acquisition have been extremely limited.

### **4.3.3. Intra-District Educational Equity and Social Unrest**

A policy analyst's report is not required to sense that schools in different areas of Los Angeles are supported differently; and to affected residents, the origins of visible disparities may be of little concern. What citizens see ranges from the placid suburban calm of west San Fernando Valley campuses, to the crime-surrounded, overpacked schools of the inner city. Some schools are painfully overcrowded with neither place nor funds to grow; others have plenty of space for activities. Some are staffed by teachers who pass in through revolving doors for a year or two and then out with a transfer as soon as possible; some of these teachers do not have credentials, but are placed on an "emergency" basis by schools which cannot attract certificated personnel.

If a global sense of social injustice helped to ignite and fuel the riots of May 1992, a contributor to that sense is surely the way people feel about their treatment by public institutions. If citizens in certain areas of the city feel they cannot get adequate responses to police, fire, or rescue calls, or from a road repair crew or the city's school board, a sense of social injustice of some magnitude is a logical consequence.

In the case of school resources, the Rodriguez case documented what the citizens of South Central Los Angeles already knew — that in a variety of ways their children were not benefitting from

the same educational resources as children in other parts of the city. Just how intense were these feelings, and where might they fit in the web of circumstances leading up to the riots? Good answers to these questions await finer sociological analyses than are offered here. We would guess that school inequalities constitute a small part of the larger sense of denied opportunities experienced by many contemporary African-Americans and Latinos. Writing about a high school in South-Central Los Angeles, Danielle McLean, a senior notes the lack of resources: "They [the teachers] are constantly struggling with the school system from books to heat." The student goes on to note that "the inner city schools only have a class set of books." Acutely aware of the educational inequities in her life that may limit her future, she continues:

How do you expect us to do well in school when we can't even take a book home to study from? The books we do have are old and ragged. Sometimes I feel like the school system is saying "damn you," you're from the inner city, you guys don't want to go to college, all you want to do is rob, steal and kill each other. Well school system, you're wrong. There are a lot of us who want to go to college. I wonder if we are going to be prepared when we don't even have books to study from.

Frustrated with people feeling "sorry for those poor kids from South-Central," Danielle goes on to say: "We're tired of people feeling sorry for us. We do not need sympathy. We need action and now. We need somebody who is going to do something about the problem. Not just sit around and feel sorry."

While the riots have been interpreted as a combination of street level justice and opportunism, the perceived "injustice" of the not-guilty verdicts in the King trial seems to be accepted as the immediate catalyst. And we have ample reason to believe that an accumulation of perceived injustices had built up over a great span of time prior to May 1992 for many Los Angeles residents. Perceived unfairness of the city schools was probably among these.

#### **4.4 School Dropouts**

We next turn our attention to questions of school completion in the City of Los Angeles and possible connections to the social disturbances in Los Angeles during May 1992. Two points are developed. First, by all estimates there is a high incidence of dropping out of school in Los Angeles, particularly in South-Central secondary schools where half or more of all students do not complete high school. Second, active debates persist regarding the degree to which dropping out of school should be considered a *cause* of subsequent negative experiences in the lives of dropouts, or instead a *symptom* of social, economic, and educational conditions affecting school leavers both before and after they leave school.

This debate suggests two very different interpretations of possible linkages between dropout behavior and the 1992 Los Angeles riots. On the one hand, school-leaving is argued to cause adverse conditions in the adult lives of dropouts which are plausibly linked to social unrest. On the other hand, dropping out of school may be considered a by-product of social and economic circumstances surrounding school children and their families, conditions which could be tied to expressions of social discontent.

##### **4.4.1 Dropping Out in Los Angeles**

Only recently has the State of California and its school districts attempted to gather and report accurate and reliable school dropout statistics. The difficulty of achieving this was nowhere more apparent than in Los Angeles. Prior to the late 1980s, the district kept track of student attrition over the high school years, based on the number of students beginning 10th grade and the number of diplomas granted three years later. In the areas heavily impacted by the riots, student attrition was as high as 90 percent at some high schools and stood in the 60 to 80 percent range for others. These figures revealed high levels of mobility both out of and into Los Angeles High schools; they also suggested that identifying dropouts reliably would be a challenging task due to the difficulties of determining the whereabouts and school status of such large numbers of departed students.

Using a new statewide dropout definition, school districts including LAUSD began reporting three-year dropout statistics by school for the high school class of 1989. This definition defined dropouts as students who were out of school for 45 school days or more and who had not re-enrolled. The district-wide dropout rate over 10th to 12th grades in Los Angeles high schools was reported to be 35 percent. At high schools in riot-impacted areas, such as Manual Arts (66 percent), Locke (57 percent), and Jordan (50 percent), dropout rates substantially exceeded the district average.

While these figures may seem high, they probably understate true dropout numbers, for a simple reason. To generate dropout statistics, California school officials begin counting enrolled students in the fall semester of 10th grade, the traditional starting grade of Los Angeles high schools. A number of studies have shown that significant numbers of dropouts leave school earlier than the 10th grade, including many who simply fail to show up for the start of high school.

Using the district three-year dropout figures as a conservative estimate, each high school class in Los Angeles loses about 18,000 students to dropping out. About 57 percent of these dropouts are males. Dropout rates district-wide for white and Asian high schoolers are about 25 percent; dropout rates for Latino and black youth are about 36 and 44 percent respectively.

Important footnotes to these group differences are recorded in accumulated research on school dropouts. One is that large scale studies that control first for family socioeconomic status show insignificant differences in dropout rates across ethnic/racial groups. Additional observations have come from research on dropping out in the Latino community. Dropout rates are higher for youngsters who come from homes where English is not spoken. And Latino youth have a tendency to drop out earlier than others, i.e. during and immediately following junior high school. Among the implications of these observations are that inter-group dropout rate differences such as those shown above for Los Angeles, may reflect family economic and educational conditions rather than culture, and actual dropout rates reflecting the full span of the secondary school years, while higher for all groups than the statistics reported in Los Angeles, would be disproportionately higher for Latinos.

#### **4.4.2. Implications of Dropping Out**

One line of thought in the literature on school dropouts is that those who drop out suffer various consequences because they lack the necessary knowledge and skills to succeed as adults. A first consequence of undereducation is more limited access to economic opportunity. This brings personal costs in terms of lower incomes and less rewarding jobs. Society bears costs related to reduced productivity. Undereducation is also argued to lead to other social burdens, among them lower levels of adult literacy, more welfare dependency, added health care costs, and more crime. The following indicators illuminate these relationships:

### **Adult Literacy:**

- P Only 25 percent of young adults (aged 21-25) who have not finished high school score well enough on a national test of document literacy to indicate that they can follow directions from one place to another using a map (Center for Educational Statistics, 1987).
- P Just over 20 percent in the same population showed quantitative skills sufficient to balance a checkbook (Ibid.).

### **Jobs and Productivity:**

- P As of 1985, the male high school dropout can expect to earn \$260,000 less over his lifetime than a graduate; a female dropout sacrifices about \$200,000. The size of the male differential in constant dollars grew by about 25 percent between 1972 and 1985 (Catterall, 1987).
- P The dropouts from a single graduating class in a large urban district were estimated to lose \$200 billion in earnings over a lifetime; one cost to society would be more than \$60 billion in lost tax revenues (Ibid.). (This district was Los Angeles, in a 1985 analysis.)
- P Income deficits linked to undereducation are associated with lost tax collections, or sacrificed capacity of public agencies to provide services. A dollar of foregone income is typically associated with about 30 cents in lost tax collections at all government levels, with federal, state, and local governments typically incurring respective losses of 19, 7, and 4 cents (Catterall, 1987).
- P Work interruptions due to loss of job are almost twice as likely for high school dropouts than completers, and four times more likely for high school dropouts than for college graduates (Department of Commerce, 1985).
- P Such work interruptions are almost 50 percent more likely for Latinos than whites, and almost 100 percent more likely for Blacks than whites (Ibid.).
- P Employment statistics for young Americans show unemployment rates of high school dropouts to be more than double those of high school graduates, for instance 26.7 versus 13 percent during 1986 (U.S. Bureau of the Census, 1987).

#### **4.4.3. Social Service Costs**

In addition to basic economic performance deficits shown in statistics describing earnings, jobs, and unemployment, additional costs have been attributed indirectly to undereducation. It is assumed that some of the costs of programs that are maintained for families with below-subsistence incomes, or to provide basic services for themselves or their children, are attributable to the lack of educational and job preparedness of the adult population. (See Levin, 1972, for a comprehensive treatment of the linkages between education levels and the needs for a variety of social services.) Some indicators suggesting the association of educational risk (through lower achievement and

attainment) to social program costs are the following:

### **Welfare Dependency:**

- P Each added year of secondary schooling was shown in a national longitudinal survey to reduce the probability of public welfare dependency during young adulthood by about 35 percent (e.g. from a probability of 7 percent to 5 percent with one added year of school); (Berlin and Sum, 1988).
- P Entrance rates into the Food Stamp program are more than 3 times higher for those with only some high school than for those who simply graduate. Attaining some college beyond high school cuts the average entrance rate by more than half again. Entrance rates for non-whites are 3.5 times those for whites (Department of Commerce, 1985).

### **Child Health:**

- P Attainment of the diploma has been shown to reduce the probability of having an out-of-wedlock birth by more than 50 percent. The importance of this indicator is shown in the next:
- P Low education among mothers (e.g. non-completion of high school) is a well documented risk factor for various infant health problems. It is a strong predictor of low weight births, which are associated with a host of health and developmental complications. Births to high school dropout mothers account for about 21 percent of all births (U.S. Congress Office of Technology Assessment, 1988).
- P Almost one-third of children living below the poverty level have no health insurance coverage whatsoever. The share of all children without health insurance has grown steadily in the past 10 years and is currently about one child in five (Ibid.).

#### **4.4.4. Costs of Crime**

In addition to the costs of public income maintenance, sustenance, and health programs, our nation's problems with crime are associated with inadequate education and thus can be linked to educational risks. The costs included are the costs of social services surrounding criminal activity — law enforcement, the judiciary, and the penal system — as well as the costs of crime to victims. Levin (1972) estimates that perhaps as much as a fourth of all costs associated with these services could be attributed to undereducation, where undereducation is defined as the non-attainment of high school by substantial shares of young adults. Some indicators suggesting ties between educational disadvantages and the costs of crime are these:

- P In a recent survey of incarcerated felons in Michigan, nearly half had left school before grade 9. Only 8 percent had finished high school (Wright and Rossi, 1985).
- P As of 1985, nearly 60 percent of all jail inmates across the nation had completed less than 12 years of school (U.S. Bureau of the Census, 1987).

- P Blacks are overrepresented in the nation's prisons by a factor of more than 3 to 1. Latinos are overrepresented by nearly 2 to 1 (Ibid.).
- P Attainment of the high school diploma has been shown to reduce the probability of arrest by more than 90 percent (Berlin and Sum, 1988).

References to the costs of educational disadvantages such as those shown and discussed above are familiar entries to the contemporary debates concerning youth considered at risk. We chose candidates for inclusion which represent the critical links drawn out in these debates — lack of economic success, lack of ability to provide for basic family needs, and involvement in crime. Specific indicators covering differing time frames are numerous, and many more than this abbreviated listing could be shown. But they all point in the same direction — that both individuals and society appear to lose on many levels when educational careers are non-productive or when they are cut short.

#### **4.4.5. Is Dropping Out Related to the Riots?**

The previous sections of this chapter show that tens of thousands of youngsters leave Los Angeles schools without graduating each year, that school leaving is most prevalent in the riot-impacted areas of the city, and that the educational deficits represented by dropping out are associated with a variety of serious personal and social costs. The primary argument suggesting that school leaving is implicated in the 1992 Los Angeles riots is that this behavior tends to aggravate economic, social, and personal conditions which plausibly propel such disturbances. High levels of unemployment, low or no personal earnings, dependence on social services, and participating in or simply living in a culture of crime — all would seem to be contributors to the types of alienation voiced at the time of the riots.

That much being said, a fair challenge to the idea that under-education is a cause of social and economic maladies is that the under-education witnessed in Los Angeles and especially in its inner city areas is at least in part a symptom of larger social and economic problems. Dropouts tend to have parents who themselves had little success in school. As implied in a previous section, dropouts have fewer educational resources, both personal and physical, at their local schools. These observations begin to suggest an argument that social conditions may produce school dropouts, rather than the other way around. One student from South-Central articulates the complexity of these issues and the Los Angeles riots:

That morning I woke up to find out that my community was burning and being looted. Was the frustration over the community that overwhelming? Were the unemployment, the drug problem, the crime problem and the high drop-out rate leading to this? We were oppressed and tired. Who could we run to for help? The judicial system had failed us.

Shortfalls of economic success for school dropouts warrant a focused look in the case of riot-torn areas of Los Angeles. Another chapter of this report (Paul Ong, et al. "Poverty and Employment Issues in the Inner Urban Core") shows that many traditional employers have left south Los Angeles over the past two decades. A part of this has been the national decline of heavy manufacturing. American industries no longer need the amount of unskilled labor once demanded. And a part of the

industrial and commercial flight from South-Central Los Angeles appears to be associated with the eroding economic base and the increase of crime.

So the school dropout from inner city Los Angeles drops out to an economically hostile environment. There are few jobs available locally, the job base has eroded regionally for unskilled workers, and the city's sprawled topography and limited public transportation make job seeking a difficult challenge.

#### **4.4.6. Implications**

Educational deficits represented by dropping out of school are prevalent in the communities most directly involved in the Los Angeles riots. Young adults gaining the educational attainments typical of inner city Los Angeles youth face great difficulties in their lives; they are candidates for various forms of alienation from society. While improvement of educational conditions in the riot-torn areas of the city is surely warranted, the web of circumstances implicated in the 1992 riots extends way beyond the public educational system. First, various conditions in these areas appear to contribute negatively to the educational resources available to children. Second, economic conditions produced by larger forces mean that undereducated Los Angeles youth face especially grim prospects of succeeding as adults. And finally, any real change in the educational, economic, and social fortunes of the young people growing up in the central city of Los Angeles would have to come from change or intervention at multiple points in the educational, economic, and social systems.

#### **4.5. Educational Administrators: Problems and Possibilities**

As suggested by the previous discussions, administrators and teachers in Los Angeles face a host of formidable challenges. At a time the threads which once held families, neighborhoods, cities, and states are unraveling, schools are being asked to produce — economically and efficiently — a fleet of stable, well-educated workers and citizens. Those in charge of this daunting task are educational administrators. Judged by standardized test scores, budget ledgers, attendance and drop-out rates, and the like, state, district, and school site officials are increasingly expected to document the fact that they are — not only striving for — but also attaining "excellence." In the Los Angeles area, these pressures are especially acute. As the number of children affected by poverty, violence, poor health, and unsafe living conditions rises, the conditions which facilitate the education of these young people are deteriorating.

##### **4.5.1. The "Plight" of Administrators in the Los Angeles Area**

Recently, Lynn Beck and other colleagues in university settings (see e.g. Beck & Newman, 1992; Katzir & McAleenan, 1993; The Institute for Education in Transformation, 1992) have had the opportunity to engage in conversations with educational leaders in Los Angeles and surrounding areas. Many recurrent themes are evident in these interactions. We open this section with a brief discussion of three of these:

1. Educational administrators in the Los Angeles area are acutely aware of the many challenges they and their schools face. At times, this awareness leads to a "sense of



despair... [which] seems to spring from the urgent desire to act to improve schools, the overwhelming sense of what that would take and the precious little time available to change" (The Institute for Education in Transformation, 1992, p. 37).

2. A special area of concern is the way in which size, bureaucratic "red tape," budgetary restrictions, and the like mitigate against the ability of these leaders to cultivate commitments to genuine caring and compassionate justice in schools.
3. In spite of these frustrations, most educational leaders persist in *trying* to create good schools — schools where students and teachers grow and learn together in atmospheres characterized by mutual respect.

We then turn our attention to ways in which educational administrators in Los Angeles might be supported as they struggle — against great odds — to lead effectively and compassionately.

#### **4.5.2. An Intermittent Sense of Despair**

The despair experienced by Los Angeles administrators seems to be born out of frustration and anger. Many factors feed both emotions. In Beck and Newman's (1992) investigation, one principal noted that working through bureaucratic red tape in order to get to all too scarce resources was a big source of her frustration. Describing it as a "barrier to caring," she noted:

When I find something and need it right away,... the only way to get it ordered is to put it in the computer and then it goes to someone's desk and sits there while they decide if it's an emergency. And that is probably my biggest thing because the teachers need it like right away.

Others echoed that sentiment and noted that the processes and paperwork demanded by various district or state agencies impede their ability to spend time with students and teachers — something they regard as central to the development of effective, caring schools. Other administrators claimed that societal problems affecting children in their school were the bases of their sense of despair. Violence in our city, poverty, and the sense that those who need the most in terms of care, resources, attention, and support inevitably receive the least are sources of pain and distress for many. (For vivid discussions of the effect of these on educators see The Institute for Education in Transformation, 1992.)

#### **4.5.3. Frustration over Hinderances to Caring**

As noted above, educational leaders, especially at the school site, express special frustration over the fact that size and demands on their time and energy impede their ability to spend large amounts of time with students and teachers in classes, lunchrooms, and playgrounds and with parents in the community. In their view, such interactions contribute profoundly to their ability to encourage engagement with teaching and learning, caring among and between teachers and students, commitments to community service, and involvements with parents. Contributors to *Voices from the Inside* (The Institute for Education in Transformation, 1992) spoke eloquently of the inevitable link between caring

relationships and learning — so much so that the authors of this volume note:

Relationships dominated all participant discussions about issues of schooling in the U.S. No group inside the schools felt adequately respected, connected or affirmed. (p. 19)

and

Administrators at the school site often feel isolated from colleagues at other schools and disconnected from their own staff members. They feel limited in relating to their teachers and staffs because many such interactions are restricted by time, contracts, and regulations.

Administrators are pulled by many forces requiring them to enforce and defend decisions in which they themselves do not believe, nor have any choice. On hearing the student comment, "This place hurts my spirit," one principal said, "Yes, my spirit is hurt, too, when I have to do things I don't believe in." School administrators frequently have to deny their natural instincts to ask, is this right or good for the students and staff in this school and are forced to substitute questions such as is this legal or is this policy or what can I risk. (p. 23)

#### **4.5.4. Commitment and Persistence in Spite of Difficulties**

In spite of these frustrations, educational administrators, for the most part, have not given up. Instead of merely biding their time, many continue to actively seek ways to make things better — especially for the children of our city. Every principal with whom Beck and Newman (1992) spoke expressed a strong commitment to their professions and the inhabitants of their school. The words of one whose school was serving an economically depressed area nicely sum up the attitudes of many:

I would say it's a great job as tired as I go home — the fact that it is never the same from day to day. The fact that you have such a touch — that you can make such a touch on little people's lives . . . I like it because it seems like anything we do here is better than they could have gotten. They may not stop and say thank you, but you know, in your own mind that they would never have looked at a Seurat; they would never have gotten to go skating because their parents couldn't take them.

#### **4.6. Urban Teaching Informed by an Ethic of Caring and a Commitment to Equality**

Like administrators, teachers in Los Angeles schools face enormous challenges and in spite of enormous odds continue to have a profound effect on their students. Many report buying their own classroom supplies and serving as counselors as their students tell them about their struggles with pregnancies, sick or absent parents, drugs, gangs, and supporting their families. Danielle McLean, a senior from Washington Preparatory High School, a high school in South-Central Los Angeles, emphasizes the importance of the administrators and teachers who "cared" in her life:

They tell us everyday that just because we go to an inner city school doesn't mean we're not smart enough to go to college. Those teachers and my parents gave me self-esteem and confidence that I can do anything that I want. They encouraged us to continue and further our education. They tell us everyday we are the future of America.

One parent praised her daughter's fifth grade teacher for "caring, really caring. I know she really cares about my child. She expects a lot, and she really cares." Looking back at her high school days, a graduate student remembers the high school teachers who made a difference in her life: "What I remember most clearly are the teachers who treated me as a person with great potential, and at the same time, gave me some of the skills necessary to achieve it."

#### **4.6.1. The Importance of Caring**

However, the high dropout rates in the South-Central Los Angeles schools indicate a pressing need to reach more students and help keep them in school. Observing some urban classrooms and talking to students suggest that students want to learn, but they often grow discouraged by what they encounter at school. A recent study of urban schools in the Southern California area reports: "Many students of color and some Euro-American students perceive schools to be racist and prejudiced, from the staff to the curriculum. Some students doubt the very substance of what is being taught." (The Institute for Education in Transformation, 1992, p. 13). In response to "What is the problem of schooling," one senior said in this report, "This place hurts my spirit" (p. 11). Rachel Sylvers, a fifth grade student in Los Angeles, observes: "Little kids have to have a fun teacher, and you have to be gentle with little kids because their feelings get hurt easily."

Jaye Darby (1992) suggests that as teachers and teacher educators, we need constantly to ask ourselves how to make this experience called schooling more equitable, purposeful, and as Carl Weinberg (1989) reminds us, more meaningful, engaging, and pleasant for all students. Ideally, teacher education and professional growth programs for urban schools would help provide urban teachers with the commitment, ability, and resources to make school a place of welcome, support, and achievement for all students. If educators agree upon these goals as important for all schools, it seems reasonable to suggest that preservice and inservice programs encourage teachers to become reflective and informed educators who broaden their concerns with pedagogy as classroom management and content mastery to include reflections on and a greater understanding of how their pedagogy can be informed by interdisciplinary studies; such as, philosophy, ethics, sociology, history, psychology, anthropology, political science, the arts and humanities, and the roles these disciplines can play increasing equitable, meaningful, and engaging learning opportunities in their classrooms for all students.

Therefore, dealing with the issues of how better to promote equality, social justice, and realized human potential in American schools are important ethical and practical issues for every classroom teacher (Darby, 1992). According to James A. Banks (1992): "Each of us has to ask ourselves <What action can I take to create this common society that works for the common good? Teachers, ministers, students, and parents. It's only by action within our own communities, only by small changes, that we bring about big changes" (p. 21). Nel Noddings' (1984) and Lynn G. Beck's (1992) call to educators to be informed and guided by caring, a commitment to the inherent value of human beings, as an overarching ethic driving the educational enterprise is especially relevant to teachers. Claude M. Steele (1992) believes that for a student to succeed in school he or she must

perceive "treatment as a valued person with good prospects" (p. 72). Merlin Wittrock (1986) tells us: "In the area of student perceptions and expectations, the research indicates that student belief that success in school is possible is one of the most important factors related to school achievement" (p. 311).

The importance of teachers being aware of their biases and learning to work with students from linguistically and ethnically diverse backgrounds is a key element to overcoming inequality in urban classrooms and promoting student success. Christine Bennett (1990) maintains: "Teachers must be free of racial prejudice and ethnocentrism if they are to be effective with students of diverse cultural, racial, and socioeconomic backgrounds. Although prejudice and ethnocentrism seem to be part of the human condition, teachers should be less prejudiced and ethnocentric than the average person" (p. 32). Los Angeles, like other urban cities, needs teacher education programs that prepares teachers who are accepting of students from diverse backgrounds and are committed to the importance of all students achieving.

#### **4.6.2. Meeting the Needs of Linguistically and Ethnically Diverse Students**

Teacher education for urban schools needs to build on this commitment to caring and equality by providing teachers with the training and resources they need to support and mentor students from linguistically and ethnically diverse backgrounds. This training is valuable at the preservice and inservice level. Too often, when we think of teacher education, we think only of the preservice level. However, Los Angeles and many other urban cities have many dedicated, experienced teachers who would welcome the opportunity to improve their teaching skills to meet the needs of the changing demographics of their classrooms. Much of the current thinking in educational reform — the emphasis on student-centered, meaning-based learning for students from diverse backgrounds — cannot find its way into the classroom because of lack of funding for staff development and release time for teachers to attend professional conferences and participate in university programs.

Although much research still needs to be done on effective instructional strategies for students with linguistically and ethnically diverse backgrounds, teacher education and staff development programs need to marshal all the available resources and state-of-the-art research from universities and the field to help teachers understand how their expectations and treatment of students, instructional strategies, textbooks, supplementary materials, projects, assessment, and even bulletin boards and seating arrangements can promote equality and success. Recent research supports the importance of instructional strategies as well as other school, classroom and community factors which promote resilience and persistence among African-American youth (Winfield, 1991). The available research on resilience suggests that the development of resilience occurs over a long period and that schools and classrooms can act as a buffer during critical transition points in students' lives (Winfield, 1991, 1992). Some of the protective processes and factors in early childhood and elementary education are to provide training to teachers to foster positive reactions to entry characteristics of diverse children, to provide classrooms which foster positive peer relations and encourage instrumental help-seeking as a general learning skill, and to alter instructional organization, classroom norms and procedures to encourage appropriate help-seeking behavior (Winfield, 1991, 1992). To help promote resiliency in middle school and adolescent students, educators are encouraged to provide classroom and school programs which facilitate positive peer interactions in multiracial settings, provide programs that include social support systems which foster pro academic behavior and provide mentoring for students from ethnic minority cultures (Winfield, 1991, 1992). Other protective processes and factors that

support resilience in middle school and adolescent students are to provide extra-curricular activities that make students feel connected to the school environment, to encourage intramural and interscholastic sports at middle school as a way of fostering academic resilience, to begin career exploration, guidance counseling, and preparation for post-secondary enrollments, and to coordinate social service with community-based clinics to reduce risk taking behavior of adolescents (Winfield, 1991, 1992).

Research in other areas also has promising implications for instructional practice and teacher education for urban schools. A growing body of research also supports the affective and cognitive importance of including strong programs in multicultural education (Banks, 1992), bilingual education (Cummins, 1993; Fillmore and Meyer, 1992; Valadez, 1989), and the arts (Eisner, 1991; Gardner, 1983, 1991; Hanna, 1991, 1992). Kris Guitierrez, a GSE professor, recently received a grant from the ARCO Foundation to pilot a teacher education program in conjunction with UCLA's Teacher Education Laboratory that prepares new teachers to become expert teachers of linguistically and ethnically diverse students. This program helps teachers learn how to put the most recent research and theories about literacy into practice, shortening the lag time between theory and practice, thereby serving as a model for other teacher education programs. Emotional literacy — teaching students how to get along and resolve conflicts — is also a growing area of interest to include in teacher training and professional growth programs for urban schools (Feder-Feitel, 1993).

#### **4.6.2. The Possibilities of Cognitive Pluralism**

Recent research is also suggesting that the content of curriculum, classroom instruction, types of activities, and assessment also need to be "intelligent fair," reflective of variety of intelligences, instead of just one (Gardner, 1983, 1991, 1992). Elliot Eisner (1992) calls this curriculum perspective "Cognitive Pluralism," because it embraces the plurality of different types of intelligences and different ways of knowing. Therefore, equity in the classroom and success for all students may depend on a greater understanding of how different students learn and process information (Eisner, 1991). Teacher education and professional growth programs need to continue to offer programs that are informed by the growing body of research coming from cognitive psychologists and learning theorists in order to help teachers to reach a larger number of students and not privilege certain ways of knowing, cultural assumptions, and forms of socialization. Therefore, greater emphasis needs to be placed on researchers to work with school communities and teacher education programs to build bridges between theory and practice. Again, dissemination strategies and funding are needed to provide teachers the opportunities to participate in and contribute to these efforts.

#### **4.7. Reconceptualizing Our Visions of Urban Education: Suggestions and Possibilities**

With their commitments to equality, justice, and the fulfillment of human potential, James A. Banks (1984), Marilyn Kourilsky (1990), and Carl Weinberg (1989) offer goals for American education that coalesce to provide an important philosophical vision for American education that have important implications for revitalizing urban education centers. James A. Banks (1984) articulates equality and social justice as components of what he calls the American Creed for public education:

Equality and justice are key components of the American Creed. A frequently expressed goal of American public education is to educate all children to the limits of their potential, regardless of their social class, ethnic, racial, or religious affiliations. (p. 103)

Citing Martin Luther King, Jr., Marilyn Kourilsky (1990) reminds us:

Martin Luther King Jr., our champion of human rights, said once, "I have the audacity to believe that people everywhere can have three meals a day for their bodies, education and culture for their minds, and dignity, equality, and freedom for their spirits." This belief should underlie educational efforts at every level of the educational system. (p. 12)

Carl Weinberg (1989) reaffirms an important tenet of humanism — each child's right to a meaningful and engaging education based on a child's inherent capacity and desire to learn:

It should be a fundamental human right of all students to be given an engaging quality public education. A society that wants quality in the products of the schools has an obligation to produce quality in the schools. The humanistic view of quality in schooling is grounded in the recognition that students are multi-dimensional, expressive, confluent beings who would love to know and appreciate the world, if only it weren't made so unpleasant for them to do. (p. 50)

Supporting educators seeking to transform schools into "Places for Learning, Places of Joy" (Sizer, 1973) is the responsibility of all of us. Their schools are our schools, their children, also ours. We have a moral responsibility to help. There are also many practical reasons why we must become involved. Better, safer, more effective and caring public schools are central to the social and economic health of a community. If we fail to actively work for such schools and for and with those serving children as administrators, teachers, and support staff, we can forget other efforts to "Rebuild L.A." But what forms might such support take? In this our concluding section, we offer several policy suggestions — ranging from the philosophical to practical. These are, in no way, offered as prescriptions. Rather, we hope they will serve as springboards for reflection, discussion, investigation, and action.

#### **4.7.1. Broadening the Conception of the American Dream and Dispelling the Myth that the Poor Will Always Be With Us**

*1. We need to broaden the conception of the American Dream so that the tenets of "life, liberty, and the pursuit of happiness" belong to all Americans. Poverty can no longer be accepted as the norm for many Americans.*

In 1963 in his "I Have A Dream" speech, Martin Luther King, Jr. reminded the nation: "When the architects of our republic wrote the magnificent words of the Constitution and the Declaration, they were signing a promissory note which every American was to fall heir. This note was a promise that all men would be guaranteed the unalienable rights of life, liberty, and the pursuit of happiness" (p. 590). Yet, nearly thirty years later, The Los Angeles Times recently reported that a survey by the Children's Defense Fund found that the child poverty rate in East Los Angeles was 32% while the survey found that the overall child poverty rate in Los Angeles was 28%. Unemployment in South-

Central Los Angeles has been disproportionately high for over twenty-five years. Homelessness has become so institutionalized that it is now a field of study with a growing body of literature.

The complexity of the issues surrounding the Los Angeles Riots, especially the role poverty and unemployment may have played, challenge us all to confront that what Jonathan Kozol (1991) calls "savage inequalities" do indeed exist in California's inner cities and schools, and build a coalition of community, state, and national support to understand and work to rectify these inequalities. As a coalition, we must work together to find ways to provide opportunities both in schools and in the larger community. And these opportunities must include access to drug prevention, health, counseling, and housing services as well as opportunities for educational and economic advancement. In order to help students break the cycle of failure and poverty, Carl Weinberg (1989) points out the importance of providing both opportunities in public schools and "viable, visible opportunities for those who succeed in those programs to put that success to use" (p. 49) in the form of career training, career options, and real opportunity for economic advancement.

#### **4.7.2. Rethinking "Accountability"**

*2. We need to rethink the concept of accountability. Thus far, virtually all of the talk on this topic focuses on the fact that schools and districts — especially their leaders **must** be held accountable for what happens. Such a concept is legitimate **only** if we recognize that we, too, as citizens are also accountable.*

Talk of high standards permeates discussions of accountability. Strangely missing from these, however, is any mention of standards in regard to citizen involvement *directly* in schools and resource provision *directly* to schools. Such an omission is painfully ironic. Schools in our city and in other urban areas are desperately in need of many things. These words from a recent report provide an example of only one area of need:

The physical environment of many schools, especially those that serve children of low income areas, is rapidly deteriorating. Two of our schools have no air conditioning, a third has air conditioning that rarely functions. Temperatures inside the classrooms can and do reach 110 degrees. Heating systems are largely inefficient, creating hot and cold classrooms. Bathrooms are hard to keep clean and frequently have malfunctioning fixtures. Ceiling tiles are missing, lighting is poor, new paint is sparse, landscaping minimal (The Institute for Transformation, 1992, p. 35)

For some reason, these needs and others like them seem to be overlooked. Money, instead, is being spent — sometimes in massive amounts — so that civic leaders, policy makers and university based educators can sit in comfortable offices, take frequent trips to Sacramento and Washington and debate the nature of the standards children, teachers, and principals in rooms where the temperature is 110 degrees are expected to meet. These latter efforts are not unimportant, but we assert that with the setting of standards comes with it the responsibility to see that conditions enabling the attainment of those standards exist.

#### **4.7.3. Committing to *Genuine* Site-Based Management and Community Involvement:**

3. *Site-based management - which is truly site based should be encouraged, and educators, parents, and students should be given the opportunity to develop the skills and attitudes needed for such endeavors.*

Recently a report in the Los Angeles Times (1993) argued that, in effect, site-based management has been a colossal failure. We would assert that, if this is, in fact, the case, several factors may have contributed to this failure. First, what was passing as site-based management may have been, in reality, yet another top down management strategy. It is interesting to note that at least one model of site based management has a detailed description of just what that will look like. Decision making processes, strategies for professional development, the roles and responsibilities of principals and teachers are clearly spelled out and *would be mandated by a district office and school board directives*. If other efforts at site-based management have been similarly handled, it is no wonder that they have floundered.

If such a strategy is to work, the locus of control must shift to schools. Persons working on site — along with students and parents being served — must be the principal architects of educational purposes and strategies for fulfilling them. This will require a radical reconception of power by educational leaders, policy makers, and planners. Dunlap and Goldman (1991) suggest that the traditional notion of power as the ability to control persons and resources is inappropriate for schools. As an alternative, they offer the concept of "facilitative power" (p.13) in an effort to capture the reality of "individual and collective agency within school structures" (p.13). They write:

Facilitative power reflects a process that, by creating or sustaining favorable conditions, allows subordinates to enhance their individual and collective performance. If dominance is power *over* someone, facilitative power is power manifested through someone more like Clegg's (1981) images of electrical or ecological circuits of power than like the ability to break or smash something by force. (p. 13)

This type of site-based management demands changes in the thinking of all educational stakeholders. This will take time, patience, training, and persistence. It also requires that we put to rest — forever — the notion that, with sufficiently developed technique and well-conceived policy, we can have "perfect" schools. If we cease our relentless quest for the *perfect* system to *fix* schools and, instead, work with educators already doing a good job under very difficult conditions, we may find unexpected improvements, increases in morale, and a renewed sense of excitement about the possibilities before us.

#### **4.7.4. Redefining Our Expectations and Perceptions of Urban Students**

4. *We need to develop expectations, perceptions, and relationships with students that promote equality, resilience, and success.*

Even the seemingly benign labels educators use may perpetuate inequalities by framing students with a whole set of assumptions about their abilities and potentialities. The use of the term "at risk" is a good example. The Advisory Board (1988) to the Harvard Educational Review offer the theory that designating certain students "at-risk" is just another way to "mask" the racism that has always existed in the United States and still continues to exist in our society. Their discussion is worth



quoting at length:

The influence of the new mythology on education can be seen in the widespread adoption of the notion of "at-risk," which serves to mask the concept of race. When students are classified as "at-risk," they are considered to be in danger of not completing school and thereby increasing their chances of being nonproductive members of society. "At-risk" students are those who possess characteristics found among students who often do not make it through the system: Poor, minority, and non-English-speaking, to name a few. While it is true that students with these characteristics are "at-risk," the question is, Why? Clearly, the prevailing belief among educators is that whatever the causes are, they emerge from the lives, abilities, skills, families, or communities of the "at-risk" students.

This way of conceptualizing the educational status of minority students implies that the subjects cause their own conditions and is an illustration of how educators have adopted the new mythology of the death of race and racism. For example, most educators will speak of "the 42 percent dropout rate among Latino high school students," or "the low math and science achievement rates among minority students." Yet seldom do we hear these same educators speak of "the failure of schools to graduate 42 percent of all Latino students," or "the ineffectiveness of common approaches to math and science education." Language reflects thinking, and thinking defines what is possible to achieve. We will never change the conditions of education of students of color if we do not reconceptualize our visions of Asian American, Black, Latino, and Native American students and acknowledge that racism often prevails in our schools and institutions of higher learning. (p. vi)

Rather than simply identifying students as at risk, Linda Winfield (1991) emphasizes the importance of "understanding the notion of resilience. Viewed in this manner, the critical issues for policy and instruction center around identifying the protective processes and mechanisms that reduce risk and foster resilience" (p. 7). Therefore, it seems essential in urban settings for educators to "reconceptualize our visions of Asian American, Black, Latino, and Native American students and acknowledge that racism often prevails in our schools" (Advisory Board, 1988), work to overcome it, and strive to provide real opportunities for these students by developing programs that foster resiliency and success. According to Jim Cummins (1993):

In order to reverse the pattern of widespread minority group educational failure, educators and policymakers are faced with both a personal and a political challenge. Personally, they must redefine their roles within the classroom, the community, and the broader society so that these role definitions result in interactions that empower rather than disable students. Politically, they must attempt to persuade colleagues and decisionmakers — such as school boards and the public that elects them — of the importance of redefining institutional goals so that the schools transform society by empowering minority students rather than reflect society by disabling them. (p. 117)

Inherent in reversing the pattern of minority school failure are recognizing the role tracking and curriculum differentiation play in providing qualitatively different educational opportunities and experiences to different groups of students and challenging the placement of large numbers of minority students into low academic tracks. (See Oakes, 1985.)

#### 4.7.5. Broadening the Commitments of Colleges and Universities to Public Schools

5. *Colleges and universities — especially those seeking to prepare teachers and administrators — must recognize that excellent research and concerns for practice and for service are not mutually exclusive commitments.*

In the academic world, we have tended to be quite compartmentalized in our thinking. Commitments to basic research, commitments to applied research, interests in program development, and engagement in service are viewed as competing and those holding advanced degrees are advised to find organizations where they can pursue their special interests or to adapt their interests to the demands of the institutions in which they work. Such thinking is quite reductionistic. It underestimates the abilities of persons in the academic world to pursue a range of interests and to honor a host of commitments (perhaps not simultaneously — although even that is more possible than we might imagine). Further, it is built upon the erroneous assumptions that persons, intellectual pursuits, organizations and institutions, and public and private good are fundamentally unconnected to one another. (See Bellah, Madsen, Sullivan, Swidler, and Tipton, 1985, 1991 for in-depth discussions of such assumptions.) The inability or unwillingness on the part of persons in academic institutions to acknowledge the legitimacy of many types of knowledge and many avenues for pursuing them also reveals a painful irony. It suggests that in settings which are self-proclaimed "free marketplaces of ideas," everyone must think more or less alike about what constitutes a real, genuine, or worthwhile "idea."

College and universities may survive (and even flourish in and of themselves) if they continue to cling to the belief persons engaging in high quality research cannot also be directly involved in meeting the needs of schools and those who inhabit them. If, however, they wish to contribute to transforming our city's schools, they must change. Recognizing the legitimacy of practical, empirical, theoretical, and philosophical knowledge, such institutions must seek to bring persons and ideas together to listen and learn from one another, to collectively wrestle with big and small problems of educational practice, and to support one another as we move from thinking to serving *our* children in *our* schools.

To this end, in recent years, the Graduate School of Education's involvement in K - 12 programs in Los Angeles has increasingly focused on schools whose students are underrepresented in University of California's population. In the short span of time between May 1992 and January 1993, GSE's faculty and centers have increased their involvement in inner city schools to reflect the need for education to address issues which transcend the classroom. There is a perceived need to increase the collaboration between UCLA faculty and students and the community, between GSE's units, and between areas of expertise.

Examples of collaborations which developed in response to the Los Angeles Riots include the following:

*Boyle Heights Elementary Institute* — In this project, the Center for Academic Interinstitutional Programs (CAIP), GSE faculty and UCLA students have joined Kenneth Rogers, a businessman, to launch a program for third and fourth graders at two schools in East Los Angeles. The institute involves the third and fourth graders and their parents, students (as tutors) who attend a junior

high and a high school in East Los Angeles in an after school program and UCLA students. The medium range goal of this program is to prepare the elementary school children for honors classes in junior high while the long range goal is to increase their college eligibility.

*Achievement Council Collaborative Project* — GSE faculty are also providing assistance and collaboration with the Achievement Council whose efforts are targeted toward increasing the college attendance rates of low income and African-American youngsters in East Los Angeles and South-Central schools. They are assisting in the evaluation and documentation of changes and conditions required for improving these rates in several of these elementary, middle, and high schools.

*Los Angeles Learning Center* — GSE and the Center for the Study of Evaluation (CSE)/Center for Research on Evaluation, Standards, and Student Testing (CRESST) are collaborating with teachers, union and school system leaders, and business leaders to create "break the mold" schools. This is a program which is funded through "America 2000." Professor Harry Handler of GSE is co-chairing the management committee while Professor James Catterall is co-chairing the curriculum committee. They are all working together to build schools that can meet the needs of linguistically and ethnically diverse students by providing a "moving diamond" support system for each student, consisting of an older student, a teacher, a parent, and a community volunteer; state-of-the-art curriculum based on interdisciplinary approaches, with transition-to-work components; ongoing professional development for principals and teachers; technology for instruction, staff development, and administration; and community-school partnerships, including health services.

*Washington Preparatory High School/Graduate School of Education Partnership* — This partnership developed out of grassroots efforts by GSE faculty, staff, and students to join with Washington Prep's administrators, teachers and students to develop new models for educational programs which transcend the classroom. As of January 1993, new programs underway include a paid internship program for twenty-five Washington Prep students with UCLA faculty, a SAT preparation program, and college advisement. Describing the effect of these programs, Lonnie Leffall, a senior, writes: "The University of California at Los Angeles has been instrumental in the betterment of the south of South-Central LA. UCLA has implemented a partnership program with various schools in the inner city. The Graduate School of Education at UCLA has set up special internship programs in several departments around the campus, thus creating jobs for teenagers who would otherwise be at home or in the streets. There are also scholarships that have become available for young blacks aspiring to enter college in the fall."

There are ongoing efforts to expand the definition of research especially in the inner city areas. One approach has been to seek people who are in a position to identify what research needs to be done, to do the research, and to use it. A variety of *Teacher-Researcher* Projects have been developed by CAIP to offer guidance to teachers who want to study how their own students learn. In another approach, the Urban Education Studies Center brings together faculty researchers, teachers, and administrators who work together to develop new K-12 approaches. These programs are important beginnings, but they just beginnings. Much more work is needed.

#### **4.8. Concluding Thoughts**

Inherent in achieving these goals is a reconceptualization of urban education that moves from the tacit acceptance that urban schools are and will always be combat zones, decaying buildings, and places of despair to proactive steps that transform urban schools into safe havens, state-of-the-art facilities, and places of hope. But educators cannot do this on sheer will power and dedication. In Los Angeles, educational administrators, teachers, professors involved in preparation, policy makers, students, parents, and other concerned citizens all are in a position to make important choices. Unable or unwilling to risk change, they can continue operating as they have in the past. Overwhelmed with the demands transformation will require, they can literally and figuratively withdraw from our public schools and concentrate upon courses of action which serve and protect their individual interests. Or they can commit to working together to develop educational structures which simultaneously foster personal and community well-being. Thus, we in Los Angeles — like others in large and complex cities — seem to have opted for the first two courses of action. And thus far, they have not served us well. Perhaps we are at a low enough point in our city's life that we are willing to consider choosing the third and coming together to seek the best for all of the children in our city and for those committed to their education. Let us all remember — to paraphrase John Donne — no man or woman is an island. When any person or group or groups of people are diminished, we are all diminished in some way, not only in Los Angeles, but in the rest of the country and the world. As President Clinton (1993) said in his Inaugural Address: "We need each other, and we must care for one another."

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## Chapter Five

# Mending the Politics of Division in Post-Rebellion L.A.

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Leobardo F. Estrada and Sylvia Sensiper

### 5.1. Introduction

The Spring 1992 civil disturbance has focused attention on the difficult nature of governing the city of Los Angeles. Realistically conceived more as a region, the Los Angeles basin has an expansive geography, a weak mayoral structure and multiple imbedded independent cities. The area is criss-crossed with the invested desires of city agencies, business interests, political entities and residents, whose attempts to direct their future result in fragmented and overlapping spatial domains. While civic life is always a struggle to deal with these disparate needs, the present necessity for change highlights the types of barriers that impede change; the importance given to geographic and psychological boundaries, the lack of dialogue between different factions, a void in leadership to build consensus and manage shifts and transformations, and growing unresolved ethnic tensions. This paper will look at these barriers in light of the efforts being made to "rebuild" Los Angeles following the urban unrest of late April and early May of 1992.

In order to comprehend the current situation, it is important to have some understanding of past struggles and the ways in which boundaries have previously been established. Many turf battles are not the result of a "gang mentality" but indicate culturally sanctioned implicit rules about the ways in which government social services are funded, politics are organized, and parallel ethnic-specific systems of social services encouraged. It must also be noted that in times of crisis and uncertainty, individuals are more likely than ever to hold on to their own perceptions of themselves and others, and rigidify their concepts of space and territory. The events of April 29 aroused deep feelings about boundaries that have been historically recognized and about the creation of new boundaries, bringing more turbulence to on-going civic issues.

## 5.2. South Central L.A.

"How come South Central has become all of Los Angeles?"

- An angry resident of Watts

A hearing convened by the Los Angeles City Planning Commission shortly after the civil disturbance that began April 29 generated tense discussion and debate. At issue was an ordinance intended to streamline rebuilding efforts by eliminating a number of steps including public notice and public hearings, and environmental review. The ensuing arguments indicated strong undercurrents of ethnic tensions, differences regarding civic versus citizen control, and economic concerns conflated with varying notions regarding the quality of life. Polarizing around the issue of the reconstruction of liquor stores, the discussion centered on contentions between African American community activists who seek to limit the number of liquor stores and Korean shop owners who wished to regain their investments. Each group had its own assumptions about the proper use of urban space, what comprises community and how to label geographic areas, and on that basis, how space should be regulated and controlled. It might be argued that Los Angeles has lacked definition for a long time but it was the events of late April and early May that raised awareness of the state of mind, called "South Central L.A."

In the present political context "South Central L.A." has come to stand for a number of separate but related issues. For some, the concept "South Central" signifies the particular geographic space of the inner city which has experienced neglect in the past forty years. For others, the concept implies any neglected city space whether it is contiguous with the inner city or not. And for others, the concept has been de-spaced and is meant to indicate unresolved issues of civic regulation, control and the lack of opportunity for political power. Anyone attempting to participate in the present process of change must understand these varying definitions of "South Central".

As a geographical designation, South Central finds its history in the community plans instituted by city planning director, Calvin Hamilton. In accordance with the general plan for the entire city, Hamilton divided Los Angeles into smaller, more manageable districts in order to make more specific recommendations and strategies for particular areas. The planning area named "South Central" stretches from Pico in the north to 108th Street in the south, and from Arlington Boulevard to the west to Figueroa in the east. While city planning maps demarcate this specific area, the mainstream press and media have used the term "South Central" in the past decade as a general designation of the "inner city" and the "black ghetto", considering the historical concentration of predominantly African Americans in the area. The mainstream media typically associates problems of gang violence, drug warfare, joblessness, and homelessness with South Central or South Los Angeles. Yet these denotations have been subverted and utilized in a positive sense by grass roots organizing efforts in the area, such as Concerned Citizens for South Central Los Angeles.

The rather loose designation of the inner city as "South Central" is what led to irresponsible journalistic practice during the civil disturbance. As the looting and arson took place in an ever widening area adjacent to the inner city and, additionally, in locations such as Long Beach and Venice, the massive breakdown of the social contract was still considered to be a localized problem at the core of urban Los Angeles. The first media reports also neglected recent evidence from the 1990 census, showing that the area now has a Latino population almost equal to the African American population.

Interestingly, while the disturbances were ongoing, the geographic boundaries of South Central

were simultaneously expanded and narrowed. The media presented South Central L.A. as the core of the "hot spot" explicitly describing resulting events as emanating from that core. According to these reports, to be in South Central during the disturbances was to be in danger for outsiders, as the failure of the police to respond quickly allowed the situation to worsen and widen its scope. On the other hand, the concept of South Central was narrowed in that, despite evidence to the contrary, it was viewed as a Black unrest. Now that attention has shifted to seeking solutions, the scope of South Central L.A.'s "firm" geographic boundaries has its advocates. Many adjacent communities seek to be associated as part of South Central L.A. in the hope that they can benefit from the attention and proposals for intervention. For others, particularly those who live adjacent to burned out buildings and shopping centers, the concept of a larger "South Central" is too big and diffuse and undermines the mechanisms through which residents can ask redress for local issues and problems. Those who have a stake in their neighborhoods reject the broader definition of the area.

The civil unrest, in fact, created a new geographic sense of Los Angeles and the inner city in particular. Civic decision makers appear to have used this opportunity to be inclusive of both the affected areas and areas with similar socio-economic problems. In the extreme case, they often include the entire Los Angeles basin, another indication of the malleability of the boundaries of "South Central."

### **5.3. Boundaries and Politics**

Politics are strategies of human relations which involve the investment of authority to represent and name boundaries and claim constituencies in order to argue for the distribution of resources and the power to obtain the necessities of housing, jobs, social services and education. In the terms in which we have tried to elucidate the complications of human relationships, boundaries can be the more rigidly demarcated spaces of state and local government, the lines drawn by grass roots movements, community organizations, neighborhood associations and coalitions concerned with certain issues, and/or the boundaries of self-identification through language, ethnic affinity, and immigrant status.

The non-specificity of "South Central", and the confusion and desire for immediate solutions just after the civil unrest, aroused great anxiety among politically active groups at large. The reaction to the redevelopment bill initiated and then tabled by Curtis Tucker in the State Assembly showed people's distrust of the state agency and the boundaries of authority the bill could have instituted. While earlier versions of the bill demarcated a substantial area of central Los Angeles that reached from the redevelopment areas in Hollywood to the Watts redevelopment areas, later versions indicated only a vague central area and the institution of an appointed commission which would establish the boundaries of different geographies from which Project Area Committees would be elected. Opposition to the bill coalesced around a number of issues and involved community groups with various different missions. Early versions of the bill, like the city ordinance mentioned previously, attempted to streamline the rebuilding process by eliminating a number of controls that could be used by local residents to affect the redevelopment projects. Among the provisions eliminated were the application of the California Environmental Quality Act, the requirement of a fiscal review committee to consult with affected taxing entities and the creation of project area committees to advise on how projects might affect the surrounding community.

One of the first proposals intended to lay the regulatory groundwork for "rebuilding" to take place, the bill was heavily criticized by a broad constituency. Community activists accused Rep.

Tucker and others in the legislature of trying to push through a harmful bill that would give too much control to a central agency and provide little in the way of citizen input. Although some of these feelings were soothed by a number of re-writings, the past reputation of the Community Redevelopment Agency (CRA) and the bad taste left by the initial version of the bill, resulted in the activists pressing for its withdrawal. The loose knit coalition included homeowners associations such as Wilmington Homeowners and the Southeast Central Homeowners Association, environmental groups such as the Coalition against the Pipeline and Pollution in Los Angeles and Rural Canyon Conservation Fund, block clubs such as the 54th Street Block Club of South Central, already existing Project area committees such as the North Hollywood PAC, and organizations with a specific ethnic agenda such as NEWS for America. The wide opposition to the Tucker bill indicated that the citizens of Los Angeles will not condone a reform plan that places central power in the hands of a single agency which is known to create boundaries for its own use.

#### **5.4. Territorial Struggles**

Historically, Community Redevelopment Agency (CRA) sponsored projects are a good place in which to examine the effect of boundaries and their use as tools for change. Since the CRA's inception in 1948, controversy has followed in its wake. The influx of capital that the CRA brings to an area usually has the potential of restructuring urban space and displacing many of the existing residents. The ensuing struggles are often divided along class and/or ethnic lines. The redevelopment of Little Tokyo, for example, shows a considerable tension between "the local community", often a proxy for middle and low-income interests, and commercial visions of "redevelopment". It was hoped that the inclusion of the Little Tokyo Redevelopment Association (LTRA) in the CRA's advisory committee would help avoid the displacement problem which had occurred when the Parker Center police complex was built in 1950. LTRA's participation in the original Little Tokyo plan helped develop a vision that included affordable housing, small business assistance, affirmative action preferences in construction hiring and the establishment of a new community center. But the loss of federal redevelopment money in the 1970's prompted the CRA to help with the building of the New Otani Hotel as a way to expand the area's economic base. This in turn, helped to bring wealthier business from Japanese nationals, as well as increasing investment by Japanese multinationals. While Little Tokyo community activists can point to the building of the 300 units of senior housing and the completion of the Japanese Culture and Community Center as successes, they continue to battle "Big Tokyo" business interests which have grown increasingly influential in the downtown area. This is but one example of the struggle for space that results from differing goals to accomplish economic growth and maintain a sense of community.

#### **5.5. Competing and Overlapping Areas**

In the West Adams neighborhoods just south of the I0 (Santa Monica Freeway) and west of the I10 (Harbor Freeway), five redevelopment areas were implemented by the CRA. Normandie 4321 are four connected areas that stretch from Western to the Harbor Freeway and from the Santa Monica Freeway to Adams Boulevard. The University of Southern California sits at the center of a fifth area, the Hoover Expansion Redevelopment Area. Although the five project areas are rather small geographic spaces, the existence of the redevelopment agency in this area, coupled with the existence

of a large private university and the abundance of turn of the century housing stock, has led some community activists to fear gentrification due to the influx of both public money and private investment capital. Prior to the uprising, the primary points of contention would usually be represented by the West Adams Heritage Association (WAHA), a mostly Anglo group that advocated for architectural historic preservation, local church related economic development corporations, such as Esperanza Community Housing Corporation and Ward EDC which advocated for residential and community preservation and USC, whose expansion plans in the past had led to bad feelings among the residents at large. A common strategy of each group, and other community organizations in the area, was to draw competing boundaries which they claimed as their constituency and then to negotiate for particular projects through the CRA project area committees. For example, WAHA claims its definition of neighborhood to stretch from Crenshaw to Figueroa and Pico to Exposition, while the consortium of churches interested in instituting a Community Land Trust in the area defines the neighborhood space as Arlington to Alameda and Santa Monica Freeway to Vernon.

These spatial distinctions become points of contention in deciding important land use questions. In 1986 the CRA conducted a study to amend the Hoover Redevelopment Project area by adding land on which to develop a shopping center. Few disputed the need to develop the parcel especially for a shopping center that would feature a much needed chain supermarket. However, the size of the center was questioned due to the fact that it would require that 30 buildings which had just become a National Register Historic District would be moved and/or destroyed. The various disputants polarized into sides with the local councilman, developer and some local African American residents defined as pro-shopping center and WAHA, the LA Conservancy, a citywide preservation entity and other predominantly Anglo residents defined anti-progressive.

The boundaries of "community" became important in terms of WAHA's claim that the pro shopping center contingent "bussed in" residents and the pro-shopping center contingent retaliated with accusations that WAHA was a group of Anglo interlopers interested in architectural history and escalating real estate with no concern for general community amenities. The compromise came, as usual, after the threat of a lawsuit. This example illustrates how competing groups who live or work in overlapping territory make claims to be the legitimate voice of the "community".

To a great extent, any group can name and claim an urban space, but with territorial claims come the corresponding consequences of maintaining both legitimacy and the territory.

## 5.6. Who Decides How to "Rebuild"

The "rebuilding process", whether it is done in conjunction with the civic CRA redevelopment process or through other means, creates a great deal of anxiety in local residents. This tension is part of the current crisis brought about by the Spring 1992 disturbance. There is a mistrust of outsiders who do not reside in the area. There is a mistrust between residential factions that, nevertheless, live within in various neighborhoods. And there is a mistrust of agencies who do not understand the problems of the various neighborhoods and seem to cater to the needs of a few. The greatest fear, however, is the possibility of eminent domain in which civic forces have the power to take private property, but there is also a fear that the proper services will not be provided and that a social and economic landscape will be created that does not support the current residents. In order to have a greater say in the future, residents organize in response, describing and bounding their notion of community, contributing to contestations over space and place. This type of residential, local business and social services agency reaction has intensified over the last number of years as the federal funding for various programs and projects has dwindled and community responses have risen to fill in the gaps. In many ways, the "grass-roots" process of neighborhood organizing reiterates the state process of redistricting, yet lacks the power of political consensus and implicit structure that is imbued by the legal process and by legal precedence.

## 5.7. Legal Boundary Debates

Most urban institutions, whether they are state agencies such as the CRA, civic agencies such as the LAPD, or religious institutions such as the Catholic Church, organize through drawing boundaries. While these designations all contribute to political life, there are also formal boundaries of city and state representation. These are not as easily malleable as those which are community based, but the consensual certainty of political boundaries does not reduce the level of debate. In fact, the practice of drawing boundaries to address the issue of equal representation and the subsequent ability to argue for resources and institutions that constitute a necessary "quality of life", is deeply embedded in American assumptions of participatory democracy. The rule of one person one vote has been the ideal driving a number of court cases since the 1930's. Subsequent cases have involved issues of unequal populations in comparable districts, partisan gerrymandering and disputes over intent versus effect in the case of minority representation.

The 1990 decision of the *Garza v. County of Los Angeles* suit resulted in an increase in Hispanic representation on the LA County Board of Supervisors. The ruling upheld the claim that the Board had violated the Voting Rights Act by gerrymandering its district to dilute the Hispanic vote. The new districts drawn by the court have some bearing on the politics of South Central (the most heavily damaged part of the city is shared between the supervisorial districts of Gloria Molina and Kenneth Hahn), but, more importantly, the case has had lasting effects on redistricting strategies at all levels of government in the city. Shortly after the unrest, when MALDEF, a leading civil rights organization in the *Garza* case threatened a law suit in the event that their proposed councilmanic redistricting plan was not approved, the city met their demands. As the "winner" in the *Garza* case, MALDEF's redistricting plans are perceived as being most in keeping with the law encoded in the Voting Rights Act, yet legal precedence does not always indicate a just solution in subsequent and differing circumstances.

Re-districting is considered an "elite" solution to the problems of inclusivity and

representation, as it is rooted in the assumption that our political process yields participatory democracy and a "majority rule". It may, in fact, be helpful to particular politicians who can gain power through arguing for monolithic constituencies constructed of singular ethnic identities. But whether it helps those who are excluded from mainstream socio-economic life is debatable. It appears that it is precisely the political process which is failing us and which has led to other kinds of participatory civic processes that concern all of the citizens of Los Angeles. Redistricting can be viewed as an occasional restructuring of political space in which significant choices must be made. Voting rights law, for example, only recognizes Hispanic districts, African-American districts, but not "minority" districts. It thus initiates a process by which districts are viewed, for example, as majority Latino districts, although the population might be a mix of Latinos, Asians, African-Americans, and perhaps Soviet refugees. Based on the population counted in the 1990 census, redistricting requires that one carve out territories that Latinos and African Americans can lay claim to as their own. When groups grow at equal levels, the process can be balanced. However, if one group or groups is growing much more rapidly than another, the redistricting process becomes the arena where the gains of the faster growing groups are made at the expense of the slower growing groups. South Central Los Angeles is undergoing a demographic transition from an historically African American population to a predominantly Latino population. This creates a condition conducive to rising ethnic/racial tensions and bitter in-fighting among parties that typically cooperate on many common interests.

### **5.8. Global Impacts**

"The real question seems to be, what's the vision of Los Angeles that we are rebuilding and what are our values?"

- Dr. Eugene Morell, L.A. County Human Relations Commission

Urban unrest in Los Angeles has resulted in long-needed dialogues that indicate the complexity in "reconstructing" a city. For example, in testimony before the State Assembly Committee on the Los Angeles Crisis, Dr. Eugene Mornell of the LA County Human Relations Commission, noted that we are now dealing with a city of extraordinary diversity which necessitates a level of understanding that includes incredible generational, historical and social circumstances. While the rebellion began in the African American community as a response to the verdict in the Rodney G. King police beating case, this urban disturbance became the first multi-cultural disturbance in the United States. Ron Wakabayashi of the LA City Human Relations Commission added that, while there are solutions, the forces at work now are somewhat frightening. The process of "globalization" has brought with it huge demographic shifts, a reconfiguration of capital based on post-Fordist models of flexible accumulation, the growth of transnational corporations, and a declining importance of national boundaries. These rather grandiose global changes imply that at the local level there are fundamental disjunctures between the economy, culture and politics which in turn produce new struggles, new coalitions, and new identities.

There is a growing recognition that many of the changes affecting localities are related to these global shifts, yet there is little consensus around a unified perspective. The current focus on immigration is a good example. There is much research that recognizes the association between immigrant flows and the economic conditions of the sending nations, yet these "push" and "pull" factors have not resulted in a common vision. For some, the fact of immigration necessitates a heavily defended border and for others the emphasis lies on the struggle for development and convergence

between rich and poor nations. Still another vision sees immigration as a valuable and regenerative force in cultural exchange.

Many Los Angelenos have settled back into an uneasy complacency following the troubles of the Spring, yet others have used this opportunity to face the challenge to throw everything up in the air and re-examine all their previous ideas. The innumerable meetings, conferences and seminars seem a necessity given the magnitude and scope of the problems, and these many dialogues may contribute to the breaking of boundaries which have been harmful barriers in the past and the re-formulating of more equitable and workable situations.

### **5.9. A Private Sector Solution**

Almost twenty-five years after the Watts Rebellion of 1965, the current civil unrest stands to remind Los Angelenos that civic leaders often ignore the most difficult urban problems: poverty, crime, gangs and poor educational programs. The failure of past interventions to resolve these many issues was an impetus to evolve a different sort of program following the 1992 civil unrest. The generalized opinion among all sectors of Los Angeles was that governmental programs and funds - like those implemented after Watts - do not result in lasting change. As smoke from the hundreds of fires wafted in the air, Mayor Bradley proposed the idea of a private sector solution. Announcing the formation of Rebuild Los Angeles (RLA), with Peter Ueberroth as the chair, the Mayor seemed intent on recapturing an earlier successful Ueberroth venture, the 1984 Summer Olympics. This highly regarded event was well organized, smoothly managed and economically profitable, and it was hoped that the RLA effort would produce the same result. While many acknowledged that the overwhelming issue was economic, it did not escape some that the private sector, that was largely responsible for the decades of disinvestment in the inner city, was now being asked to develop strategies for investment in the area. However, with full support of the Mayor and the majority of City Council members, RLA was given the mandate to provide the leadership for redeveloping and rebuilding Los Angeles and asked to take a "business approach" in responding to the events. Governmental agencies and programs that would normally respond began to play a supportive role to RLA's initiatives.

RLA has a four person committee that makes policy decisions, a Board of Directors of more than eighty people, and a number of volunteer "task forces" intent on developing strategies and dealing with various urban issues. An interesting experiment in resolving urban economic ills, RLA promotes a partnership with the community and public sector, but is driven by corporatist and business strategies which rely on a concept of "markets" when making financial decisions and investments. RLA's original mission statement indicated that all neglected areas of the LA Basin were within their domain, but later plans isolated all areas with family poverty rates of twenty percent or higher as the "RLA area". This is primarily a very large portion of the central city area with some additional areas in the outer regions of Los Angeles. The designation of these bounded areas, however, has not limited RLA solutions to this geography. The low degree of loyalty indicates that the areas were created more to visually and publicly show the great degree of poverty in the city rather than as a guide for RLA efforts. The investment and growth of capital is typically not limited by political nor physical boundaries, and the private sector has been given a free hand to find "self-interest" solutions that will result in profitable investments and economic growth. It may be too early to evaluate whether RLA will succeed, but it is clear that the efforts represent a departure from past attempts to respond to urban civil unrest.



## 5.10. Ethnic Politics

The immediate response to the appointment of Peter Ueberroth and Rebuild LA was one of outrage from the politically sophisticated. The areas most affected by the unrest had large ethnic and low income populations and there was great concern that Ueberroth, a wealthy Anglo republican from Orange County, would have no understanding of the situation, nor would he be able to initiate the necessary consensus among community leaders for creating change. In reply, Ueberroth added representatives from various ethnic groups to the Board of Directors, to the steering committee, and a task force on racial harmony and ethnic discourse was initiated as well. The business strategies of RLA are mainly concerned with micro-macro relationships - the shift of capital, and the development of a global work force - but on the local level, city politics is often organized through issues of identity.

Following the narrative dictates of the US census, Los Angelenos have usually thought of themselves as divided into four major ethnic groups and many battles for power have taken place along the lines of identity politics. The past struggles for a new police chief and an interim school superintendent are two examples. Community organizations and coalitions usually invoke ethnic identities in order to accomplish their goals, and City Hall politicians often run on platforms in which their ethnic roots are crucial. While the current crisis necessitates a re-thinking of the complexities of identity and a spirit of cooperation and collaboration rather than a series of face-offs, political rhetoric will continue to use a concept of ethnicity to differentiate constituencies.

In the past, identity politics has been used to ameliorate some of the problems of an ethnic voice at various levels of city and county government. Yet the power of representative identification has meant that it complicates the issue of constituency representation. Several Los Angeles politicians are perceived equally as ethnic leaders and political leaders and this clouds their political mission. Councilpersons, supervisors, congressional and state assembly representatives are intended to represent the needs and issues of the residents that reside within the boundaries of their respective districts. Yet they are usually quite aware demographically of what element of their constituency elected them and can afford to be less responsive to the needs of those who were not personally responsible for their political position. Additionally, in playing the role of an ethnic leader, intent on being representative of a particular "community" not restricted by geographical space, they may perceive their responsibility to lie outside or across political boundary lines.

For example, shortly after the civil unrest, Mike Hernandez was concerned that the needs of Latinos within the damaged areas would not be met by an ad hoc emergency committee comprised of Mark Ridley Thomas, Rita Walters, Richard Alatorre, Zev Yaroslovsky and Hal Bernson. This argument rests on the assumption that only a City Council member with the same ethnic background can represent the needs of those communities. While Councilman Alatorre was helpful in arguing that parts of East LA should be included in the grand rebuilding scheme due to the existence of a similar socio-economic situation as existed in South Central, he has also claimed that his "constituency" is that population strictly bound by the councilmanic district lines. The sole Latino specific political voice in South Central however, a community based organization in Watts, does not accept the Latino representation of Hernandez for they argue he does not understand the situational and geographical politics of their particular area. Yet they are equally uncomfortable with the political leadership of African Americans, for they feel the divisiveness of ethnicity.

Political leadership is typically reactive. At the time of the civil unrest, Kenneth Hahn's increasing senility and the battle among African American leaders to place his successor, resulted in no immediate active representation at the county level for the damaged area of his district. Hahn's

mental absence was reiterated at the city council level with various other degrees of inattention. The most heavily damaged areas were in the council districts of Ridley-Thomas and Rita Walters, with Mike Hernandez representing a small but important part. While they all showed great concern, the severity of the issue and the "local clearance" mandate by city council, necessitated a much greater effort at coordination and collaboration among all council members. The fact that 1992 was the beginning of the election period contributed to this lack of collective leadership. Joan Milke Flores was busy running for U.S. Congress, Ernani Bernardi was retiring, Michael Woo was beginning his run for Mayor, as were Joel Wachs and Nate Holden, and the re-alignment of Ruth Galanter's district shifted her attention away from the former parts of her district which were predominantly African American. Redistricting has also given each council member unfamiliar areas and resulted in a series of transitions: former congressman Dymally retired and Assemblywoman Hughes moved to the state senate. In addition, one U.S. senator retired (Cranston) and the other recently appointed U.S. senator, Seymour, was under challenge from within his own political party. Mayor Bradley's decision not to run for another term was another factor that led to a transition period devoid of political leadership and lacking a clear sense of direction.

There appears to be a wide interest in discussing the conflicts and issues that arose out of this Spring's unrest, yet without the participation of the political leadership, it may be difficult to resolve many of the problems. Ethnic and political leadership is so intertwined in the public imagination and in the way in which politics is reported in the major presses, that it will be difficult to develop an alternative discourse for public life. This has been part of the problem of vision as it concerns the rebuilding process, for political leaders send important messages to the population at large.

### 5.11. Local Efforts

"The neighborhood is the most potent nexus for bridging the widening social divide...and the logical place for working out racial and class differences."

-Denise Fairchild, LISC

An uncertain elected leadership, immense ungovernable spaces, personal political career agendas, and non-cooperative working relations between ethnic groups has led many to perceive a problem with elected leadership. In response, there have arisen a number of local efforts based in notions of community governance that do not rely on civic political boundaries. One such response is a loose-knit coalition that existed prior to the uprising, the Coalition of Neighborhood Developers (CND), a group of non-profit community developers that have become much more collaborative in the ensuing months. The emergence of such entities should not be surprising. In general, smaller units — whether they be units of government or any other — are viewed as more responsive to local needs and concerns. The dilemma comes from the fact that these smaller units, more apt to be aware and responsive to local issues, are ill equipped to effect structural changes.

The Coalition has designated 10 neighborhood planning areas, often with a number of non-profit developers in each area. There are also non-geographic affiliates that share the Coalition's values of grass-roots organizing that aim to include the geographical community in the planning process to determine what sort of housing, social service and economic development help is needed. Most of these non-profit organizations have worked in the Southcentral and Southeast areas for a number of years and have been successful with instituting a number of services to meet the needs of the residents in the area. Local Initiatives Support Corporation, LISC, has been both a funder and technical advisor to many organizations in the Coalition and is acting in the same capacity for this large scale project.

With the help of private foundation and corporate funding, the Coalition has begun organizing in each of the planning areas with the intention of producing ten plans that identify neighborhood priorities, specific development projects, resource needs and implementation. It is the belief of the Coalition that neighborhood planning must precede any rebuilding effort, for it is necessary for a strong infrastructure to exist in order to ensure true local participatory ownership. The Coalition is in the process of instituting a comprehensive organizing strategy aimed at training local leadership. The ten designated neighborhood planning areas are Watts, Vernon/Central, Crenshaw, Broadway/Manchester, West Adams/Hoover, Pico Union, City Terrace/Lincoln Heights, Mid-City/Koreatown, Boyle Heights and Vermont/Slauson. The Coalition has met with the City Planning Department to coordinate plans but it is a large task which they have taken on. Each neighborhood planning area has a population of 50,000 to 60,000 residents that include various ethnic groups.

CND has not been able to surmount the ethnic/racial tensions that swirl and occasionally ignite. Language and cultural barriers are difficult to overcome, and time constraints often leave lower-income residents with little energy for political activity. In Vermont/Slauson, Watts and Broadway/Manchester, the community developers are part of the long-standing African-American social infrastructure and they have had limited success in organizing their Latino neighbors. The Watts Century Latino Organization, which organized in relation to redevelopment issues associated with the CRA and which is the only Latino specific organization in the South Central area, is highly resistant to organizing with African American managed associations. The Mid-cities/Koreatown planning cluster faces an immensely diverse population and is attempting to organize a constituency of Koreans, African-Americans, Latinos, Thai and Filipino residents. Yet the Coalition of Neighborhood

Developers is one entity which is attempting to incorporate those most affected by the Spring disturbance, and doing it in a way that utilizes an idea of community based in a manageable localized space and geography.

Political empowerment is often thought to mean access to the electoral system, yet some ethnic leaders feel that coalition building in this way is a more powerful strategy to accomplish their goals. Rather than organize around an ethnic identity, the Coalition deals primarily with low-income residents and attempts to organize space and geography into cohesive neighborhoods that can identify common local issues. While incoming El Salvadorian, Guatemalan and Nicaraguan immigrants can attach themselves to a Pan-Latino identity that can contest minority dilution of voting blocs, and have access to a common language even though cultural differences may exist, the pan-Asian identity of Koreans, Filipinos, Thai and others must reach across language and cultural barriers. And this identity may never solidify into a substantial geographic space that would allow creation of a council district for representation, and certainly not a supervisorial district. Additionally, the range of issues in the Los Angeles area, and the inability of the present political system to cope with the ratio of space to population seems to necessitate a grass roots infrastructure.

### **5.12. Other Grass-Roots Efforts**

The neighborhood of Pico Union has been the site of additional organizing efforts. In the Fall of 1992, Mike Hernandez's office initiated a community forum in conjunction with the United Way Kellogg Foundation with the intent to begin to develop a line of communication with social service providers that work across delineated city council boundaries, at the same time working within a particular area that is commonly perceived as having a community and neighborhood integrity. Councilman Hernandez's efforts to organize "the community" in Pico Union perhaps rests on a solid grass roots base, the homogeneity of neighborhood ethnicity, the perception of neighborhood integrity and the areas geographic placement in one council district. Congresswoman Maxine Waters has also responded to the crisis in her role as an elected leader, and she has chosen to emphasize her role as an ethnic leader rather than a politician with a diverse constituency. In the Fall of 1992, she held a Town Hall meeting which featured a number of grass roots organizations intent on helping rebuild Los Angeles and started her own program for re-investment called Community Build. While the area that she represents through her congressional seat has a diverse geographically situated population, Community Build retains a specific mission to serve the African American community and she was successful in bringing a large number of people together to publicly talk about current revitalization efforts.

In other neighborhoods, long established community organizing efforts already existing across the barriers of ethnicity, have attempted to cross the boundaries created by new council district apportionment in efforts to facilitate the rebuilding process. The proposed major market in the West Adams neighborhoods that was previously a site of contention between historic preservationists and local residents, now technically sits in Council District #1, but Hernandez and Ridley-Thomas have negotiated that it is part of Council District #8. Prompted by the Spring unrest, community organizers have sought to speed up the process of establishing the market through relying on long standing efforts in the area such as the South Central Organizing Committee (SCOC). SCOC is part of an organizing effort first established in East LA as United Neighborhoods Organization (UNO), and which now has branched out to establish other groups in the greater Los Angeles area. Using Saul Alinsky community organizing strategies, the organization works through already existing institutions interested in greater

social justice and widening the democratic process - churches, unions, community organizations. Due to the jurisdictional ambiguity of the status of the shopping market lot, the organizers attempted to move ahead by calling a community meeting with both councilpeople, community members and the interested property owner, but an impasse was reached when the property owner declined to appear.

Another example of cross-ethnic efforts which is making a difference is the Community Coalition of Substance Abuse Prevention which has been successful in coordinating their organizing efforts with both city council and the city planning bureaucracy. Organized prior to the uprising as a response to the War on Drugs, the coalition has been a strong force in the fight to delay the rebuilding of liquor stores in the area. Drawing their constituency from social service providers, homeowners, and a recovering community, the organization seeks to be inclusive, their response being one of public health rather than law enforcement. Their primary mission is substance abuse prevention but they also act as a catalyst for other community activities and while they promote "third world unity" they too, have had trouble mobilizing the Latino population. The Coalition's efforts at the first Planning Commission hearing on rebuilding the liquor stores resulted in a continuance of the hearing and the commission recommendation that the owners and residents work with their respective city council members.

### **5.13. Analysis**

As the anniversary of April 29, 1992 approaches, the city of Los Angeles is tensely awaiting the resolution of two trials resulting from last Spring's unrest. It is also faced with a crowded mayoral race indicative of the leadership void created by the retirement of Mayor Bradley, and exacerbated by the civil disturbance. The front runners have all acknowledged the difficulties facing Los Angeles, but it is difficult to assess what power the position of mayor will actually hold. Unless a successor is able to bring together the often contentious factions in the city with a unifying vision, the change in the office will mean little. The city faces incredible challenges economically and the struggles over resources and representation go hand in hand.

The date of April 29 and the first days of May, now stand as a "ripping apart" of the social fabric which has resulted in the opportunity/dilemma of addressing all the accumulated and unresolved issues in Los Angeles. While the affected area is somewhat confined to the central part of Los Angeles, the physical damage is wide ranging, and covers the boundaries and jurisdictions of numerous political entities, government agencies, and community organizations. Sharing equal importance with the material damage are the more intangible scars in the communal psyche, and these factors have been the obstacles to proceeding ahead. Historically recognized boundaries, both geographic and ethnic, have, in some sense been shattered, and the need to re-organize along more meaningful lines has become clear. There is a lack of coherent and cohesive vision, however, both in our geographic conception of space and community, in the future that lies ahead, and in who has the authority to make decisions. And there is a seemingly endless way of framing the questions. Is the purpose to rebuild or restructure? What are the competing visions? And how do we reach agreement on whose vision should prevail?

It is essential to be realistic, the existing tensions will not go away overnight nor will the competing visions easily coalesce into a coherent plan. A starting point is to give legitimacy to the "voices" of the people as represented by community organizations and agencies. While much of the tension of disenfranchisement is based in a language of ethnicity, it is more precisely an issue of economics and income. Elite voices may gain power by strategizing politically around ethnicity, but

it will not help the low-income neighborhoods and residents most affected by the civil disturbance. While RLA seeks to incorporate "the community", it is precisely its corporate and business strategies which alienate and distance those they seek to help. The "community" may not wish an inclusive participation with RLA nor other city agencies and prefer instead a reciprocal and negotiatory relationship which provides some notion of balanced power. The non-profit mayorally appointed RLA and other civic organizations dealing with rebuilding need to be responsive to these demands in order for the "healing" to take place along with the rebuilding. It is not only cross-cultural sensitivity that needs to be developed but cross-class understanding and a more sophisticated public that perceives and acknowledges differences in nationalities, generations and socio-economic opportunity.

We must establish a general understanding that the civil unrest resulted from far reaching core issues of social, political and economic inequity in the entire Los Angeles region that have become open wounds located predominantly at the heart of the inner city. Sensitivity to historical circumstances and an understanding of arguments based in ethnicity are crucial. African Americans point to the verdict in the Rodney G. King beating case following on the heels of the Latasha Harlins case as one more instance of a reprehensible social system that has institutionalized racism. Due to the predominance of identity politics, there is mounting tension between African American political leaders and Latino political leaders surrounding the issue of political representation based on demographic arguments. Some African Americans feel besieged by a growing Latino population that is moving into what have been traditionally African American neighborhoods, while Latino politicians often see the demographic shifts as a rectification of land tenure issues in which Mexico lost control of early Los Angeles. Community and residential control over space versus civic regulation and free enterprise is at issue in the tension between Korean American shop owners and the African American community activists who have rallied to rid the neighborhoods of nuisance liquor stores.

There is a need to re-think geography. Various entities have struggled with reconceptions of the space of the inner city yet there is no political consensus around a "geography of recovery and revision". The CND has defined the neighborhood unit and economy as the building block of a manageable recovery and a sustainable future. RLA has labeled parts of the city as "neglected areas" using objective measures (e.g. poverty rates), which break away from the conventional but can create other forms of contestation. Even the Los Angeles Times has instituted a new segment of the Sunday paper which demarcates central Los Angeles into manageable neighborhood areas that seem chosen simply for their own convenience.

We are often helped by the mainstream media and many politicians to believe that Los Angeles is a city made up of four clearly defined monolithic identities of ethnic community, yet there are specificities of class, nationality, religious affiliation, professional association, and geographical location which cut across these generalities and provide space for common ground. The recovery and revision should acknowledge different geographies and boundaries that have various purposes, recognizing the importance of ethnically specific organizations, and at the same time organizing around non-ethnic issues. People want change, but they want a voice in that change and most politically active members of the South Central area at large have ideas of their own and do not want new programs foisted on them. The organization of grass-roots movements around neighborhood geographies and issues should be enhanced to coordinate with implementation of other programs, such as economic and transportation development that have more far reaching civic consequences. Large scale projects need to be presented as opportunities which can develop reciprocal relations with already existing community based programs. This will help to address the crucial questions of community input, local control and local ownership.

The city of Los Angeles has never adequately faced its problems of ungovernability, although

any number of studies have suggested remedies. The creation of additional political jurisdictions could help eliminate much of the powerlessness felt by residents. This would validate and legitimate many of the grass roots desires for more immediate and local control over planning and community issues. Some studies have suggested regional governance with smaller neighborhood councils intended to consider local issues while others have called for an increase in city council districts. Other more radical changes call for succession and more independent city units. The extent of the civil unrest indicated a high degree of disenfranchisement from the existing political and social structure. Increased political empowerment in combination with economic and social reform could help ameliorate the problems.

The upcoming mayoral race will necessitate negotiation across cultural and ethnic boundaries but these efforts need to continue in a less politicized arena. RLA has instituted a task force that focuses particularly on issues of ethnic discourse and racial harmony but it is uncertain what programs or strategies will emanate from these groups. It should also be noted that the participants in RLA task forces are not the disempowered residents who suffered in the Spring rebellion, but are, for the most part, socially active, concerned, and employed civic leaders. While cross-cultural efforts that span the boundaries of ethnic differences are a necessity, there is also an extremely important need for increased sensitivity and awareness across class and geographic boundaries.

L.A. is likely to contain environmental turbulence for many years to come, which requires flexibility in its political systems. RLA is an example of an "experiment" where the private sector is given the lead role in seeking solutions. Other experiments are probably in order in other realms as well. These new entities allow for the expansion of existing paradigms and frameworks which might, if we are lucky, promote new leadership, cross-ethnic cooperation, and facilitate community input into the political process.

The LA civil unrest was an indication of the extent of neglect in urban areas across the nation, yet it is often seen as less of a national problem than as a repetition of the Watts 1965 rebellion. Certainly many of the same problems still exist, and the similarity between the events that touched off each incident is somewhat eerie. But the growth of the city, the changes in demographics, and the shifts in capital organization make the issue and its solution an entirely different problem. The new solution represented by RLA and the efforts to stimulate the neglected areas economically by bringing corporate capital into these neighborhoods may mean a healthy and necessary re-distribution of wealth, or it could result in further exploitation of those residents most affected by the rebellion.

In the Fall of 1992, at the first meeting of the RLA media task force, co-chair Peter Ueberroth proclaimed a desire to instill hope and pride back in central LA, yet expressed a fear that "the cancer in the inner city might spread". Days later, Barry Sanders, another co-chair of RLA, told an audience gathered for the task force on racial harmony and ethnic discourse, that they did not "need" the task force but it was their job to plan for others. "None of you are haters", he said, praising the audience for their desire to work to resolve these difficult issues. These well-meaning remarks were spoken to a gathered group of civic and business leaders, hoping to lend a hand, and while they were meant to inspire, they indicate how much we must amend our political and civic discourse. There is no mysterious and incurable disease in the inner city. The problems are a consequence of neglect, changing demographics and a shift of capital and resources; the anger that fueled the unrest was born from the resulting frustration. These are problems that affect the entire LA region, however, and until this is a common understanding, we will continue to draw boundaries that inhibit our ability to resolve the issues exacerbated by the Spring 1992 unrest.