against them is dropped, the fear and financial cost of defense will be theirs to bear. The effect could well spill over to scaring people away from helping someone who is having a miscarriage or stillbirth. In this country, we have already seen such women accused of having had an abortion, then prosecuted and jailed for what was actually a tragic pregnancy loss.[5] In other countries — El Salvador, for example — similarly draconian antiabortion laws have affected physicians' ability to manage high-risk pregnancies lest they be accused of performing abortions.

An audio interview with Prof. Charo is available at NEJM.org

We should all be worried when a state commandeers women's bodies for gestation but opposes the Affordable Care Act and refuses Medicaid expansions that would provide health insurance for the children they are forced to carry and deliver. We should all be worried if the next trend in Supreme Court decision making is deeming harmless the loss of constitutionally protected reproductive rights. And we should all be worried when a state deputizes its entire population to harass health care providers, frighten friends and family, and isolate pregnant women.

S.B. 8 is simply vigilante injustice.

Disclosure forms provided by the author are available at NEJM.org.

From the University of Wisconsin Law School, Madison.

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Eviction and the Necessary Conditions for Health

Katie Moran-McCabe, J.D., and Scott Burris, J.D.

Safe, affordable housing is a foundation of good health; it is essential to people's ability to thrive in school and work and necessary for building strong families and communities. Housing markets and policies in the United States have failed to supply enough affordable, healthy housing, and they address housing shortages with perhaps the cruelest and most inequitable of legal practices: eviction. Princeton University's Eviction Lab estimates that landlords file 3.7 million eviction cases each year, which results in too many people being forced from their homes by a sheriff. Other families move on their own after an eviction threat, since an eviction filing would substantially hinder their future housing searches. The Covid-19 pandemic both highlighted eviction as a public health crisis and exacerbated the problem. Governments responded with eviction moratoriums. Now, as these federal, state, and local reprieves expire or are overturned by courts, early research indicates an association between a return of evictions and more Covid-19 cases and deaths.[1]

Eviction has direct effects on health, including increased hospitalization rates among children and increased depression and anxiety among adults.[2] Eviction also impairs the health and social connectedness of communities. When there is high turnover in a neighborhood, residents are less likely to feel invested in their community and the community's capacity to thrive and to offer a supportive living environment is weakened. There are also eviction-related costs to organizations providing emergency services, since people who experience homelessness or who move to unsafe dwellings are more likely to use emergency medical, food, and other services than people with stable housing arrangements.

We believe that the level of eviction in the United States is cruel, unhealthy, and inefficient. It is also a symptom of broader, interconnected diseases: structural racism, yawning economic inequality, and the commodification of housing, which have resulted in a broken system of laws, policies, and practices affecting housing affordability, stability, quality,

and equity. Black tenants are more likely than White tenants to face eviction.[2] Segregation, which tends to result in Black people living in less-affordable and lower-quality housing than White people, is still perpetuated by policy. Exclusionary zoning throughout the country limits the construction of affordable multiunit housing in neighborhoods of opportunity, which have been described by economist Raj Chetty. By legal design and in operation, the Low-Income Housing Tax Credit program has funded most of its units in poor or transitional neighborhoods. Federal voucher programs (such as the Section 8 program) can help people get healthier housing, but they have been underfunded and have never reached more than a fraction of qualifying families. Housing discrimination has been illegal for decades under the Fair Housing Act, but agencies still process tens of thousands of complaints each year, and 45% of Black people report having experienced housing discrimination.[3] Affordability is a function not only of housing costs, but also of a consumer's wealth and income. Owing to generations of systematic, legally sanctioned discrimination,[4] Black Americans come to the housing market with less ability to pay reasonable rents for high-quality homes than White Americans do.

Increasing the cost of eviction for landlords — for example, by providing low-income tenants with free lawyers (and thereby forcing landlords' attorneys to litigate rather than just show up to eviction hearings) or raising filing fees for evictions — could help reduce the casual use of eviction as a standard business practice. But these measures aimed at reducing eviction rates treat the symptom without addressing the broader problem of a broken housing system.

System-level problems require multifaceted solutions, including those that acknowledge that the drivers of affordability aren't the same in every city, or in cities versus suburban and rural areas. Certain demand-side interventions could help now, however. Putting more money in tenants' pockets could help them pay market rents. Fully funding Section 8 and eliminating barriers to the program's use would help millions of people. Raising local minimum wages to a level sufficient to keep housing costs at 30% of income is another tool. Like the Earned Income Tax Credit, the temporary Child Tax Credit and other Covid-related measures have reduced the poverty rate. Making further changes to tax and expenditure policies with a goal of expanding the middle class would help many people get and keep housing. Given the market's abject failure in this area, regulatory actions to stabilize housing prices and tenancy are justified. Legal tools range from rent-stabilization laws (such as California's law that limits rent increases) and just-cause eviction laws (such as a law in New Jersey that allows landlords to evict tenants only for one of the reasons specified in the law) to limits on Airbnb-type vacation rentals in high-tourism cities.

Of course, supporting increased demand without taking additional action to stimulate supply isn't a durable solution. There seems to be a consensus that government policies have failed to support the construction of affordable housing in areas where it is most needed and most likely to foster economic and social mobility. Planning is important, because housing must be linked to schools, transportation, and environmental stewardship, but too much of what passes for planning in the United States focuses on maintaining economic and racial segregation by excluding multifamily buildings with affordable units from large swaths of suburbia and affluent urban enclaves. From Montgomery County, Maryland, to Seattle, Washington, there are examples of jurisdictions dismantling barriers to affordable, integrated development — but not enough of them. The Biden administration's reinstatement of much of the 2015 Affirmatively Furthering Fair Housing rule was an important step toward helping — or, if necessary, forcing — state and local governments to increase access to healthy and equitable housing.

Robust public policy matters, but it must be accompanied by public funding at the level we've seen in response to Covid-19. Funding housing vouchers for all people who need them would cost an estimated $60 billion per year over the next 10 years.[5] A similar amount is needed to repair existing public housing. Given the level of demand, the United States should be seeing a housing boom, but the government will have to prime the pump and nudge the market to build the right kinds of units in the right places. Substantial and sustained federal investment will require major shifts in budgeting decisions and resource allocation, starting with significantly scaling back the ill-conceived home mortgage interest deduction, which benefits homeowners who take out mortgages, but not tenants, or replacing it with a housing-related tax credit that would provide benefits more equitably.[5]

So long as rents remain too

high, incomes too low, and segregation too common, the housing system will continue to fail too many people. The imperative is to use housing policy to support health equity, thereby making the United States a place where all people can have safe, affordable housing in integrated neighborhoods with access to basic amenities and a decent chance for social mobility. Achieving this goal will require substantial and systemic changes — not only to laws, policies, and budgets, but also in attitudes and priorities. Housing is too often viewed as a commodity or a business, rather than as a social determinant of health. A national recognition of housing as a fundamental need could catalyze the changes necessary to ensure that everyone has a safe and stable home — an essential element for health.

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From the Center for Public Health Law Research, Beasley School of Law, Temple University, Philadelphia.

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The Drug-Dosing Conundrum in Oncology — When Less Is More

Mirat Shah, M.D., Atiqur Rahman, Ph.D., Marc R. Theoret, M.D., and Richard Pazdur, M.D.

In May 2021, the Food and Drug Administration (FDA), where we work, approved sotorasib (Lumakras) for metastatic non–small-cell lung cancers (NSCLCs) harboring the *KRAS* p.G12C mutation. Sotorasib, which was approved on the basis of the phase 2 portion of the CodeBreaK100 trial, is the first drug to target *KRAS*, which had been considered "undruggable" and was investigated unsuccessfully for decades.[1] Despite this achievement, the drug's development was hampered by a lack of robust dose exploration, which led the FDA to require the sponsors to conduct a postmarketing trial to evaluate lower doses. This decision was based on data showing similar pharmacokinetic drug exposure (levels of drug in the body), target saturation, and tumor response rates among patients treated with the dose used in the registration trial and those treated with lower doses.

It's not unusual for doses and schedules of oncology drugs to be inadequately characterized before sponsors initiate registration trials (see table). The default decision to select the highest dose that has been evaluated reflects both the desire to make oncology drugs rapidly available to patients who have limited options and the belief that higher drug doses will have better therapeutic activity. Often, small cohorts of patients are assigned to receive escalating doses and are assessed for severe or life-threatening dose-limiting toxic effects for one treatment cycle to identify the maximum tolerated dose. We believe this practice should be reexamined for targeted drugs and biologic therapies.

Advances in cancer biology and molecular genetics have driven the development of multiple targeted therapies, including kinase inhibitors, monoclonal antibodies, and antibody–drug conjugates.[2] These drugs have extended survival among patients with various cancers, including NSCLC, melanoma, and breast cancer, and their introduction in the adjuvant setting has provided a potential for cure. With targeted drugs, increasing doses beyond a certain level may not enhance antitumor activity, dose-limiting toxic effects may not be observed at clinically active doses, and serious toxic effects may occur only after multiple cycles of experimental treatment. Patients may use targeted drugs for months or years, which increases the importance of evaluating long-term tolerability. And yet, the "more is better" paradigm is still used for dose selection for