

Running Head: EQUITY IN SOLUTIONS FOR FLINT

Credit where credit is due: Race, privilege, and injustice in Flint water responses

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The Flint Water Community Narrative Group

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Abstract

The way we respond to a disaster such as Flint's either strengthens or weakens the systemic injustice at its genesis. Response effort *processes* are at least as important for long-term health outcomes as the content. When academic and healthcare institutions do not engage, elevate, or publicly credit extensive community efforts toward solutions, they deepen, rather than resolve, the fundamental problem that led to this public health emergency, which is that a poor, mainly African-American community was deprived of a voice in matters affecting their well-being, and then was not heard despite their repeated, also heroic, efforts to resolve it. Without correction, this well-intentioned but solipsistic process will continue to lead to poor health outcomes and future public health crises in Flint and in other low-income, majority-minority cities. This commentary describes the largely unsung efforts of individual African-American community members to identify and resolve the emergency, describes how privilege affected responses to the emergency, and provides instructions for how to work in a way that ameliorates, rather than deepens, the disenfranchisement underlying this emergency and other health risks in Flint.

In January 2016, state and federal emergencies were called in Flint, Michigan because the city's drinking water is contaminated with lead, heaping disadvantage on an already struggling city, with potential consequences including reduced IQ,¹ increased impulsivity and violence,² and epigenetic effects in grandchildren.³ Within Flint, it is striking how the efforts of academic and medical institutions to resolve the emergency have been nationally visible but the efforts of African-American community residents^a, which predated the academic efforts by at least a year, have been nearly invisible in the press, in academic publications, and in public discourse. When academic and healthcare institutions are blind to and therefore do not engage, elevate, or publicly credit extensive community efforts toward solutions, they deepen, rather than resolve, the fundamental problem that led to this public health emergency, which is that a poor, mainly African-American community was deprived of a voice in matters affecting their well-being, and then was not heard despite their repeated, also heroic, efforts to resolve it. Without correction, this well-intentioned but solipsistic process will continue to lead to poor health outcomes and future public health crises in Flint and in other low-income, majority-minority cities.

Contributions of African-American community members

In March 2011, Michigan passed Public Act 4 to protect the “health, safety, and welfare of the citizens” by allowing the state to supplant the authority of elected city mayors and city councils with a single, unelected individual (a state-appointed emergency manager).⁴ Concerned that this suspension of democracy would be disproportionately directed at communities of color, Nayyirah Shariff, an African-American Flint resident, along with the Flint Democracy Defense League, collected signatures objecting to the law. However, during Flint's mayoral election in November 2011, state officials announced that Flint would come under emergency management,⁵ rendering the new mayor largely powerless. Ms. Shariff and others petitioned to

have the law put to ballot. Their request was denied.⁶ With others around the state, they collected 250,000 signatures to get the law put to ballot in November 2012. The law was overturned by voters.⁶ Within a few months, Michigan passed Public Act 436, a very similar law.⁷ Statewide, some estimate that more than half of all the African-Americans in Michigan have been under emergency management versus only about 2% of Whites.⁸

Under emergency management, Flint water rates and resulting water shut-offs rose steeply. Beginning in 2013, Flint residents, faith leaders, and the Community Based Organization Partners (CBOP; an organization made up of representatives of community-based organizations) delivered water to Flint homes affected by shutoffs. The Mission of Hope (MOH) shelter, led by Pastor Bobby Johnson, invited residents to use its showers and take home water to drink. Eventually MOH's own water was shut off. CBOP coordinated volunteer efforts to bring MOH water so that MOH's water mission could continue.

Against community opposition, Flint's emergency manager switched Flint's water source from Detroit to the Flint River in early 2014. The new water was often brown, cloudy, or malodorous. Residents started developing rashes and other health issues after using it. Alarmed, Ms. Shariff, CBOP, and other African-American residents and community organizations reached out to media, attended Town Council meetings, blogged, and held rallies, protests, and marches through the city and state capital to get wider public attention for residents' concerns. Few paid attention; even local press rarely came.

Bishop Bernadel Jefferson approached the Flint faith community about residents' water concerns in 2014. The faith community united to advocate for filters, clean water, and citizens' concerns being taken seriously. Bishop Jefferson and the Concerned Pastors for Social Action made daily efforts to call attention to the water problem and address health concerns of

congregants. She led protests, called press conferences, marched in rain and snow with her children and grandchildren, arranged bus trips, and sought meetings with state officials, again with little response.

Other African-American efforts also began in early 2014. Claire McClinton fought the emergency manager law and escalating water rates through political action. Yvonne Lewis communicated health concerns to health officials and sought clear, consistent information for residents (e.g., boil vs. do not boil the water). Kenyetta Dotson connected community members to healthcare resources and water giveaways. Kent Key brought water concerns to CBOP's attention and connected CBOP with potential experts. E Hill De Loney ensured that CBOP served as a water activism and resource communication network. Janice Muhammad and Katherine Blake delivered bottled water and water-related information to residents who could not leave their homes. These are only a few examples.

Responses from academia and healthcare

For 15 months beginning in September 2014, Elder Sarah Bailey, an African-American faith leader and health advocate from Flint's Bridges into the Future, worked with an academic-community liaison (KK) to find academics who could provide data, research, or perspective. She met with several academics and administrators who said, "Let us consult with our experts and get back to you," but no one did.

Two community meetings occurred in consecutive weeks in January 2015. In the first, African American Flint pastors heard citizen concerns, expressed genuine distress, and led a discussion about realistic options for fixing or changing the city's water supply. In the second, government conveners threatened to arrest anyone disruptive while academics and experts from

outside Flint gave Powerpoint presentations about how the water was safe and any problems were only “aesthetic.”

In mid-2015, after public officials had dismissed citizen warnings and sought to discredit complainants for over a year, academics finally entered the fray. Like the efforts of Flint’s African-American community members before them, these contributions required courage, dedication, travel, sleepless nights, and their own money to accomplish. Unlike Flint’s African-American community members, the academics had access to clinical records, environmental sampling techniques, and the support of universities and hospitals behind them. With backing from these large institutions, unlike community members, they were able to withstand state officials’ attempts to dismiss and discredit them. Eventually the collective outcry forced the state government to admit that there was a problem, and continued political action resulted in city, state, and federal emergencies being declared in early 2016.

Academia and healthcare played an important role, but were late to the game. African-American community members tried to engage academics about Flint’s water problems since early 2014. They gathered information, sought expert advice, sought meetings with government officials, kept records, protested, filed grievances, and took care of Flint’s most vulnerable. Yet when national attention finally came to Flint, it focused on academics’ efforts. Aside from out-of-town celebrities’ donations, the narratives cast African-Americans in Flint almost solely as victims, with little mention of their contributions or efforts toward solutions.

Privilege

Privilege is hard to see when one has it. An ingenious study⁹ randomly assigned one player in a Monopoly game more money at the outset, more opportunities to move around the board, and more access to resources. Privileged players became louder, more dominant, more

demonstrative of their successes, ate more of the shared snacks, and became less sensitive to the other player. When asked why they won the rigged game, privileged players talked about how well they had played.⁹ Their advantages had become invisible to them. The more privilege we have, the more entitled to privilege we tend to feel: as privilege increases, prosocial behavior decreases,¹⁰ unethical behavior toward others increases,¹¹ and the pursuit of self-interest is viewed as increasingly favorable and moral.¹¹ This is how the mind makes sense of advantage.

Privilege and power influence who is heard and heeded. When academics or physicians call a press conference, the press come. When African-American community members do the same, often no one comes. When academics raise a concern, they are admired. When community members do the same, few pay attention. Institutions pay media experts to promote academics' work. Privilege makes academics prone to thinking that this is fair and right. In the wake of Flint's emergency, one professor told university press that, "The lesson from Flint is clear. Governments must heed -- not dismiss -- the voices of outside researchers,"¹² without thinking to mention heeding the citizens the governments were elected to represent.

Call to Action

Without deliberate correction, responses from all sectors, including academia and healthcare, reinforce traditional patterns of power in which the privileged are rewarded for their efforts and those outside of powerful organizations are not, and the powerful (such as Michigan's emergency managers or even well-meaning researchers or healthcare providers) justify ignoring the perspectives of the less powerful in order to "help" them. We can change this dynamic. The *process* of efforts to be helpful is at least as important for long-term health outcomes as the content. The way we respond to a disaster such as Flint's either strengthens or weakens the systemic injustice at its genesis. If "solutions" recapitulate the lack of awareness of and

disregard for community voices, especially African-American voices, that created and then maintained Flint's crisis, they are as unjust as was the original problem.

The following widely accepted principles¹³ are all feasible in Flint and yet none has occurred regularly as national attention to Flint has come and gone. As a result, transformative progress toward health solutions in Flint in the wake of the disaster is far behind where it could have been by now. This is tragic given the great capacity of Flint partners and Flint's decades-long, rich history with Community-Based Participatory work. Despite inequities to date, the potential still exists for a response that is transformative, but this would require changes in the fundamental processes by which work is done:

1. *Attribute credit for recognizing and addressing problems equitably and ethically*, as at least equally shared between the (primarily African-American) Flint community and (primarily White) corporate entities such as universities, health care organizations, and public health services. Hold press conferences, negotiate book deals, and give paid speeches together with community partners and share proceeds. Failure to do this regularly to date has ensured that people who have been working to be seen and heard around Flint's water issues for years are still not seen and heard and still do not have an appropriate seat at decision-making tables. Media expertise can be shared and community partners can be actively promoted.
2. *Be careful with institutional public relations messages*. University and hospital public relations can avoid framing Flint as a voiceless, helpless, passive recipient of their efforts, and try to similarly reframe associated media messages. Positioning an institution in front of Flint (e.g., doing "to" or "for" Flint, saving, rescuing, etc.) not only exacerbates the root cause of the emergency, it causes resentment rather than appreciation within the

city.^b Positioning an institution beside (e.g., working or partnering “with”) or just behind (e.g., “supporting,” “capacity-building,” or “empowering”) Flint, or even using Flint as the subject of the sentence rather than the object, is much better. People in Flint do not need to be done “for,” they need to be brought to the table so they can do for themselves, and then institutions need to work beside them until the work is done.

3. *Prioritize research and practice efforts that are requested by local, grassroots community members and organizations*, especially those led by and/or primarily composed of citizens of color.^c Begin by asking Flint community members what they want or need. Community-driven work is critical in the wake of the complete disenfranchisement of a city and people, especially when they disproportionately represent groups who have faced historical discrimination.
4. *Approach community partners as equals or experts*. Flint’s African-American community partners have decades of experience with Flint as well as their own national connections, reputations, priorities, busy schedules, and leadership responsibilities. Understand that asking for cooperation and support is not an invitation to take over. Provide the information and services that they request or be transparent about the fact that you cannot and then ask if what you can offer would be useful.
5. *Share data*. Community members know that access to data is critical to be funded and to be heard. Many have previously partnered on successful research grant applications, including a recently funded NIH Center grant (U54 MD011227). Provide scaffolding for community-based health and research efforts through data-sharing.
6. *Share information*. When community groups for up-to-date, detailed, accurate information to empower citizens to make decisions, provide the requested information.

7. *Be present with rather than gloss over uncomfortable facts.* After being repeatedly dismissed with platitudes by those in power, a “message of hope” sounds hollow.
8. *Be humble.* The suppression of information about harm by government agencies charged with protecting citizens resurrects the specter of Tuskegee and other abuses of power by researchers and doctors, threatening to wipe away decades of effort by academia and healthcare to regain the trust of African-American communities. Anyone from an institution may be seen as complicit. Walk gently, kindly, humbly, and with sensitivity to the depth of betrayal that is felt here.
9. *Decisions about allocation of philanthropic and public funds for research and services should be made by advisory boards who look like the target community. To the extent possible, teams receiving funding should also look like the target community.* Flint is 57% African-American. It is not difficult to put together teams that look like Flint.
10. Community partners on projects should receive *equitable compensation for their time* and *equitable allocation of grant-related resources*, with agreements in place to protect the independence of their opinions.

Academics and healthcare providers must use their visibility and influence to work against larger societal forces, such as systemic racism, to bring community members to the table and into the limelight as equal partners in identifying and addressing health problems. Even small steps toward eroding inequities that have existed for centuries may significantly benefit the health of disenfranchised communities. We can and must do better.

Authorship team: The Flint Water Community Narrative Group is a community-led collaborative effort between Flint community members and academic partners. It arose out of Flint community members' recognition that they have contributed significantly to many health and research efforts in the city, but have not been optimally effective at ensuring that these contributions are documented in academic books, journal articles, press, and other media. Therefore, they have done much more and have much more expertise than they get credit for outside of Flint. The goal of the Narrative Group is to ensure that community members' efforts in the wake of Flint's water emergency are appropriately documented in as many venues as possible and that issues of race are also appropriately discussed. The group is writing many pieces, and chose this manuscript's authors and authorship order and vetted the content of this manuscript, as it does with all of its writing products. KK and JJ live in Flint, serve as volunteer members of Flint's Community-Based Organization Partners (CBOP), and observed the events and efforts described in this article first-hand.

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Footnote a: We use the terms “African-American” and “White” even though they are non-parallel because those are the terms that residents in Flint tend to use to refer to themselves.

Footnote b: As an example, in commenting on the media coverage about Flint, one community partner stated, “This savior thing has got to go. Flint is saving its own @#\$% self and has been for a long time.”

Footnote c: Although academia, healthcare, and their representative organizations are included in some definitions of “community,” here we refer to segments of the community with historical disadvantage, who have been largely overlooked as sources of water-related health solutions in Flint to date. These may include mostly non-White, non-corporate groups such as pastors, local community-based volunteer organizations, and others.

References

1. Mazumdar M, Bellinger DC, Gregas M, Abanilla K, Bacic J, Needleman HL. Low-level environmental lead exposure in childhood and adult intellectual function: a follow-up study. *Environ Health* 2011 10:24.
2. Taylor MP, Forbes MK, Opeskin B, Parr N, Lanphear BP. The relationship between atmospheric lead emissions and aggressive crime: an ecological study. *Environ Health* 2016 15:23.
3. Sen A, Heredia N, Senut M, Land S, Hollocher K, Lu X, Dereski MO, Ruden DM. Multigenerational epigenetic inheritance in humans: DNA methylation changes associated with maternal exposure to lead can be transmitted to the grandchildren. *Scientific Reports* 2015 5:14466.
4. State of Michigan. Local government and school district fiscal accountability act. H.R. 4214, 2011. (Accessed April 10, 2016 at <https://www.legislature.mi.gov/documents/2011-2012/publicact/htm/2011-PA-0004.htm>).
5. Longley K. Dayne Walling re-elected mayor as state declares financial emergency in Flint. *MLive*, November 9, 2011. (Accessed April 10, 2016 at http://www.mlive.com/news/flint/index.ssf/2011/11/dayne_walling_re-elected_as_st.html).
6. Longley K. Flint emergency: Timeline of state takeover. *MLive*, December 1, 2012. (Accessed April 10, 2016 at

http://www.mlive.com/news/flint/index.ssf/2012/12/flint_emergency_timeline_of_st_1.html).

7. State of Michigan. Local financial stability and choice act of 2012, S. 865. (Accessed April 10, 2016 at <https://www.legislature.mi.gov/documents/2011-2012/publicact/pdf/2012-PA-0436.pdf>).
8. Seamster L, Welburn J. How a racist system has poisoned the water in Flint, Mich. *The Root*, January 9, 2016. (Accessed April 16, 2016 at http://www.theroot.com/articles/politics/2016/01/how_a_racist_system_has_poisoned_the_water_in_flint_mich.html).
9. Piff P. Does money make you mean? *TED*, December 2013. (Accessed April 10, 2016 at https://www.ted.com/talks/paul_piff_does_money_make_you_mean/transcript?language=en).
10. Piff PK, Krause MW, Côté S, Cheng BH, Keltner D. Having less, giving more: The influence of social class on prosocial behavior. *J Pers Soc Psychol* 2010 99: 771-784.
11. Piff PK, Stancato DM, Côté S, Mendoza-Denton R, Keltner D. Higher social class predicts increased unethical behavior. *PNAS Proceedings of the National Academy of Sciences of the United States of America* 2012 109: 4086-4091.
12. Henion A, Kyle C. Flint water focus of MSU forum. *MSU Today*, February 24, 2016. (Accessed April 10, 2016 at <http://msutoday.msu.edu/news/2016/flint-water-focus-of-msu-forum/>).
13. Israel BA, Eng E, Schulz AJ, Parker EA, Satcher D, eds. *Methods in Community-Based Participatory Research for health*. San Francisco: John Wiley & Sons; 2005.