Community Voice on the Flint Water Crisis

A Trust Study, Needs Assessment, and Plan of Action
Acknowledgements

We are grateful to our coalition of partners and leaders representing community- and faith-based organizations and academic institutions. We have coalesced around our shared concern for the residents of Flint, Michigan, and launched efforts to share narratives its citizens feel represent their perspectives and lived experiences before and during the various phases of the Flint Water Crisis. The community supports this action as a critical element of resilience and moving from crisis to recovery.

In 2016, George Mashour, MD, PhD, executive director of the University of Michigan Institute for Clinical & Health Research (MICHR), met with community partners in Flint to identify ways that MICHR could support their recovery. The meeting resulted in MICHR funding several research projects focused on trust. Conceptualization of the research was led by Flint native and resident Kent Key, PhD, MPH, deputy director of Community-Based Organization Partners. He is also the director of youth programs, pediatric public health initiative, and community engaged research and outreach specialist at Michigan State University’s College of Human Medicine.

Dr. Key conducted formative research including attending over 100 community meetings and reviewing literature and other data, which enabled him to identify common themes discussed by the community. The product was a research framework and leadership structure focusing on 1) the faith community’s role in the crisis, 2) broken trust with government and institutions, and 3) ethical concerns with the inundation of researchers coming into Flint. About the same time, community-academic partners with the Flint Narrative Group and Progress in Community Health Partnerships were meeting to identify research approaches, resulting in collaboration to conduct a qualitative analysis of community voice. We appreciate Joe Hamm, PhD, who funded the transcription of 17 community meetings through his discretionary research budget at Michigan State University.

Several community partners provided significant leadership including E Hill De Loney, MA, MA; Elder Sarah Bailey, PhD, at Community-Based Organization Partners; and E. Yvonne Lewis, BBA, BS, with the National Center for African American Health Consciousness and Healthy Flint Research Coordinating Center (Community Core). In addition, we are grateful to community residents and steering committee members, who validated the accuracy of our qualitative data, facilitated focus group meetings, and served as ambassadors to analyze and interpret qualitative data using concept mapping. In closing, we are exceedingly grateful for the guidance of the community-academic research team and steering committee. Their leadership ensured that principles of community-based participatory research, team and community science, and deliberative democracy were upheld during all phases of the research process.
Introduction

Communities of color, especially those overwhelmingly impacted by the socio-economic reality of marginalized communities, often experience poor health outcomes, disregard for their human rights, and exclusion from sharing their voices on platforms shaping community decision-making and action. The Flint Water Crisis represents the systemic breakdown of democracy, a loss of human and citizen’s rights, environmental injustice, and racism. Conscious decisions were made by the governor-appointed emergency manager to switch the city’s water source to the Flint River, which has a history of contamination, from Lake Huron through Detroit, as a way to reduce the budget deficit in Flint, Michigan.

Although the community exercised its voice when the switch was a planning option, and again during the onset of the crisis, their voice was ignored when it could have averted the disaster. Narratives on how and why the Flint Water Crisis happened have been broadcast across the globe, but many people in Flint do not believe they are accurately represented in the majority of these narratives. Thus, an empowered community has come together to share their story in a project that utilized deliberative democracy, community-based participatory research, and trust as an ethical construct. This report highlights the findings and lessons learned through formative research, which involved examination and documentation of the community’s experience during all phases of the crisis. Furthermore, a mixed methods approach explored residents’ perceptions of mistrust, rebuilding trust in Flint, and strengthening public health.

This effort, which began in 2016, was led by a community-academic partnership including representation from Community-Based Organization Partners (CBOP), National Center for African American Health Consciousness (NCAAHC), University of Michigan’s Michigan Institute for Clinical & Health Research (MICHR), Michigan State University (MSU), and stakeholders in Flint, including faith- and community-based organizations. The project was informed by the concepts evident in the theory and practice of trust, community engagement, resiliency, social justice, citizen and team science, and deliberative democracy. This project rigorously documented and analyzed levels of trust and mistrust in Flint before and during the various phases of the Flint Water Crisis. As the city moves from the disaster phase to chronic, the findings, new community-based theory, and lessons learned from this project will help rebuild trust and guide future clinical research. The collaborative research approach involving residents and study participants in all phases of the project demonstrated resiliency, empowered a call-to-action, and will contribute to existing literature and theory on topics related to the study. The community’s recommendations will help other communities in crisis and those battling environmental injustices.
A BRIEF HISTORY OF
THE FLINT WATER CRISIS

1988
Public Act 101 was the first Michigan legislature to appoint an emergency financial manager

1990
Public Act 72, Local Government Fiscal Responsibility Act, established the appointment of emergency financial managers

2011
Public Act 4 expanded the power of emergency financial managers

2012
Public Act 4 was rejected by Michigan voters in referendum
Public Act 436 was passed and prohibited public appeal

2013
Public Act 72 meant the dissolution of financially strapped school districts

2014
In April, the Flint emergency manager made the decision to switch water source from Great Lakes Water Association (GLWA) to the Karegnondi Water Authority

2015
In October, General Motors was granted permission to switch back to GLWA

2016
In January, President Barack Obama declared health crisis in Flint
In November, Mayor Karen Weaver, PhD, was elected, declared water crisis, and demanded a return to GLWA
Community-Engaged Methodology

The goal of this project, which utilized community-based participatory research methods, was to collaboratively capture the missing voices concerning the Flint Water Crisis and to discern the level of trust within the community in the recovery process. Additionally, the team wanted to highlight the experience of the clergy community, pastors, and church leaders, who assumed a role usually left to government, as first responders and coordinators of crisis management and information.

Although Flint residents will be challenged for years to come, the community remains empowered and resilient in how they addressed the water crisis prior to its onset and during its various phases. With community engagement and leadership as central pillars of our methodology, the project was led by a community-academic research team, steering committee, formative research, and two community-based participatory research efforts aimed at:

- Inserting the community’s voice into narratives about the Flint Water Crisis,
- exploring and documenting levels of trust and mistrust,
- identifying strategies to rebuild trust in Flint,
- and grooming new community scientists by expanding leadership of experienced community researchers and peer mentoring.

The project’s foundation was shaped by research that conceptualized the aforementioned aims, research questions, approach and leadership structure; transforming them into a model informed by community perceptions. Implementation of this conceptual model occurred in two phases.

The first phase was a qualitative analysis of 17 recorded and publically available legislative, media, and community events held prior to its onset and throughout the water crisis. This provided insight into community perception. The eight key themes we identified during this process were compiled into a codebook and used to analyze focus group data during phase two. Literature was also reviewed on topics involving communities in crisis and frameworks to guide them through disaster.

The second phase involved a purposive sampling of Flint stakeholders. Demographics included seniors, youth, faith leaders, and participants who self-identified as Hispanic/Latino, African American, Caucasian, or mixed race. The sampling was convened with thirteen focus groups and within two projects. The first explored the faith community’s role in the crisis, and the second examined the broader community’s perceptions of broken trust with government officials and institutions. Surveys were administered during the thirteen focus groups. Both projects focused on the impact of the Flint Water Crisis on the community and were approved by institutional review boards at Michigan Medicine, MSU, and CBOP’s Community Ethics Review Board.
Results and Discussion

This is a preliminary summary of our thirteen focus groups and survey findings of participating Flint stakeholders. We are still actively finalizing data and conceptual analyses. Participant demographics and attendance are broken down in Table 1.

<table>
<thead>
<tr>
<th>Table 1: Focus Group Attendance (held March 2018–March 2019)</th>
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<tbody>
<tr>
<td>Sector</td>
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<tr>
<td>------------------------</td>
</tr>
<tr>
<td>Youth¹ (15-18 years old)</td>
</tr>
<tr>
<td>African Americans</td>
</tr>
<tr>
<td>Mixed Race*</td>
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<tr>
<td>Hispanic/Latino</td>
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<tr>
<td>Senior</td>
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<td>Faith-Based Leaders</td>
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¹ (4) young adults (18 years old) chose to participate in the youth sessions instead of an adult session

| *Self-identified |

Results have been disseminated into six discussion points. They are below.

Discussion 1 (Motive): Flint residents shared the Flint River’s history of contamination. One citizen said it had “bodies and cars fall into it.” Most residents said they were raised knowing to stay away from the Flint River. It was not used for recreation, and people knew not to drink the water. The community feels the question now is, why did the switch even occur?

One youth reported, “we may never know what really happened and why they made the switch...only the people that made the switch really know why.” Participants across all sectors suggested that the switch was motivated by a conspiracy. Several theories were proposed focusing on a “hidden plan,” “economic development,” and “race.”

- Hidden Plan: “They don’t want us here anymore...they want us all to move out...they’re hiding something...it’s a process of elimination...we are talking about genocide...the water source was switched to basically poison us, without even telling us.”
- Economic development: “They want residents to move out, so Flint can be rebuilt like when General Motors was popular.” Participants also anticipated “Flint will become an educational-based town, and the whole face of Flint will change within 20 years.”
- Race: “To keep us in poverty and tear us down as a community...they don’t want black people in the community and they want us all to move out...they think it would be better if we were all Caucasian when they bring factories and stuff back.”
Discussion 2 (Public Health): The Flint Water Crisis impacted the health of residents and the community. Participants reported health issues they either personally experienced, and/or those of family, friends, and neighbors. The long term effect of lead created anxiety and fear. One woman said, “I didn’t know I was pregnant, and I was drinking the water...later on it’s going to come out that everybody has been affected by lead in the water, and has some type of disease or infection from it, especially children.”

Seniors shared complications from existing conditions, new health consequences, and faith leaders reported members of their congregations were afraid of using the water for religious ceremonies such as baptisms.

The burden of the water crisis is difficult for all participants. It completely disrupted their quality of life. Daily living habits such as bathing, brushing their teeth, and washing their hair are now difficult. It was said that they “can’t drink it, so they have to use bottled water to cook...every interaction with water can create a reaction.” Lifting cases of water is strenuous for many participants and storing water in households can create structural damage. The faith community who served as first responders to the crisis report significant infrastructure damage to parking lots, driveways, and facilities during bottled water distribution.

Finally, transportation to retrieve water from distribution centers is challenging for residents already dealing with barriers to transportation. Participants reported waiting in long lines to get a case of free water—they are rationed one per family—only to approach the front of the line and be told they are out of water.
Discussion 3 (Funds): Residents questioned where the money is going. It’s difficult to understand how the money coming into Flint from donations, grants, and other sources to address the water crisis is being used. Residents reported conspiracy theories. “Some organizations say they are doing certain things but they are padding their numbers,” they said. “I’m not seeing any results from what’s been done and the money that’s been available...they are just here for the money...are just getting their money, that’s all that matters...a lot of mismanagement of money in this city.”

Faith leaders shared that “in the beginning, before anybody took responsibility of buying bottled water, the financial burden rested on the church, even more so on the pastor. It was not supplied by any finance from the governor, city, or even people that were bringing in money. Therefore, that burden rested on us. We went and bought water; we delivered water.”

The economic burden of household repairs from replacing water heaters and plumbing to water testing now lies with homeowners. Unfortunately, the return on investment will probably not yield opportunity for most residents in the near future since property values have plummeted.

Discussion 4 (Racism): Participants noted racism as a causal factor of the crisis. They said, “one of the most sobering things was a reminder there is institutional racism and environmental racism...This would not have happened if Flint was not a majority African American city with poor people in it. What are the consequences?”

When the city’s water source was switched to the Flint River in April 2014, General Motors (GM) also made the change. However, residents reported that GM went back to sourcing the Detroit River in October 2015. The reason being that Flint River water was rusting their car parts. “GM got the water switched back...but the citizens of Flint stayed on the Flint River water...if it’s doing that to cars what is it doing to human beings?” said participants. The Hispanic community shared “immigration issues affect getting resources and services...I don’t have a green card. I’m not a U.S. citizen. How can I find resources?” They also suggest stereotyping occurs, “so many things are connected to the water in the Hispanic community.”

Discussion 5 (Trust/Mistrust): Communication is a huge problem associated with the water crisis, and it continues during the recovery process. This has become a driver for conspiracy theories and mistrust. Residents who are inundated with information, do not trust sources and types of information. They became educated on complex information about the crisis as a resiliency strategy. Participants also reported being lied to, given wrong information, having information withheld, and not receiving information. “It’s affecting you because people are giving you a lot of different information on whether or not the water is going to be safe or not,” said a participant. The Hispanic community reported needing “access to knowledge so we can take steps for prevention.”

There is an old saying that trust takes years to build, seconds to break, and forever to rebuild. In a survey administered at the beginning and end of each focus group session, participants on average reported high levels of mistrust in President Donald Trump, Governor Richard Snyder, Environmental Protection Agency, and Michigan Department of Environmental Quality. There were also varied levels of trust and mistrust for local government officials across sectors. On the other hand, community and faith-based institutions like CBOP consistently received high levels of trust from residents who participated in the study.
Resentment exist towards three academic partners, University of Michigan, MSU, and Kettering University. Participants felt academia knew about the crisis, but were late to address it. Some participants said that their trust will never be restored. “I lost trust when I heard people died from the situation,” they said. “I feel like there is too much corruption, too many decisions being made, not for the city of Flint but for other things, other businesses. I don’t think the institutions or powers that be are working to regain our trust, I think they feel like we should just trust them, you broke that trust.”

It’s also important to note that participants from across most sectors reported that they do not trust bottled water distributed in the community. They said, “bottled water smelled like the Flint River…I don’t even get bottled water no more...had to squeeze our water bottles before we drink it to make sure there’s no hole, no worms.”
Recommendations

Participants shared how they are coping with the Flint Water Crisis and suggested communicating lessons learned could benefit the city and other communities dealing with crisis. They recommended prayer, getting educated, activism, developing ways to get an outlet, and networking as helpful coping strategies. The community wants elected officials they feel work on behalf of residents and the city, and whom they trust. Officials should be transparent on all information associated with the water crisis and livelihood of Flint residents and the community. “Fixing the problem will help regain trust,” they said. “Rebuilding trust requires a lot of energy and hard work.”

Participants are torn on if trust can be repaired. Some feel it is possible while others feel trust will never be restored. The city of Flint has a tremendous place in history dating back to the launch of the labor movement and in the 1980s, facilitating a community-wide focus on public health and community-based participatory research. The community recommended strategies to help rebuild trust in the areas of reconciliation, resiliency, and public health.

Reconciliation

“Everyone wants to be treated with respect and our city needs to be respected,” they said. An admission of guilt on the damage to a proud community has not occurred. According to participants, the community is “still waiting for an apology, somebody has to take responsibility for what happened.” They also suggested holding people accountable, and that a conviction should be part of the reconciliation process. “We need to see a conviction to bind this over, at least have a jury trial,” they said.

What Flint wants:

- Conduct a truth and reconciliation process to reveal past wrongdoing to help the community heal and resolve conflict.

Resiliency

Participants reported feeling empowered and resilient in how they live since the crisis occurred. They recommended taking an active part in recovery and not waiting for government to resolve the crisis. They suggested that grassroots organizations and small groups can make it happen. The faith community who served as first responders to the crisis is an excellent example of resiliency and leadership. Access to knowledge and participating in the knowledge generation process was extremely important to participants, who encouraged a resilient, informed community.

What Flint wants:

- Present complex information in simplified, layman’s terms to help all residents understand. Be cognizant of language barriers. Share results periodically on what has been done to address the crisis comprehensively (infrastructure, public health, etc.) and how the money has been spent.
- Involve the community in decisions made since they have to live with them.
- Engage new leadership and elect officials who stakeholders feel care about the community, are willing to work with them and have the right information to work and advocate on their behalf.
- Organize marches, rallies, and get out and vote efforts.
- Encourage collaboration on a big scale for momentum involving grassroots organizations, residents, and others as a way to ensure planning and action moves in the right direction.
o Be transparent on information and knowledge to enable the community to monitor progress and change.

Public Health

Through resiliency and leadership, the community improved its public health during the recovery process.

What Flint wants:

o Share findings from studies and data collected on the crisis. Knowledge is a powerful tool to reduce fear and anxiety in the community.

o Prioritize public health with public safety.

o Participants felt that the youth are their future, and shared hopes to improve literacy in the public school system and community at-large. They’d also like to see more job training and employment opportunities for the youth.

o Compensate residents for the burden of the crisis (i.e. community development for home improvement, address high water bills, etc.).

o Utilize collaboration as a strategy in the design and implementation of public health to address the crisis.

o Create a workable public health plan. Obtain direction from the community on how public health is planned and delivered. Prioritize all aspects of community wellness such as health and community development in the plan.

Conclusion and Next Steps

This study provides insight into trust as a mechanism to improve public health in Flint as a result of the water crisis. The steering committee feels community science is a model to build community engagement and resilience to address the crisis. They will advocate the project results and recommendations are used to increase awareness of the critical public health issues that still perpetuate in the city of Flint and that action occur to address them. We intentionally recruited diverse residents and stakeholders, who are knowledgeable of the city’s rich history and lived in Flint during all phases of the water crisis. We feel their voices represent perspectives that may not have been shared. The steering committee will also advocate project results and recommendations are utilized to help rebuild trust and strengthen public health. The leadership team will share what we learned widely to help other communities who may be dealing with crisis see how a resilient community is approaching recovery from a community participatory perspective. The community-engaged methodology, which involved residents and study participants in all phases of the project, empowered a call-to-action and will contribute to existing literature, theory, and interventions addressing health disparities and inequities.
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