

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 a 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 during the recovery process.

In 2016, George Mashour, MD, PhD, executive director of the Michigan Institute for Clinical & Health Research, met with community partners in Flint to identify ways MICHHR could support their recovery. The meeting resulted in MICHHR 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 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: Research, Education and Action were meeting to identify research approaches, resulting in agreement 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. We also appreciate stakeholders who attended the town hall meeting to review, edit, and approve results from the data analysis and project recommendations. 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.

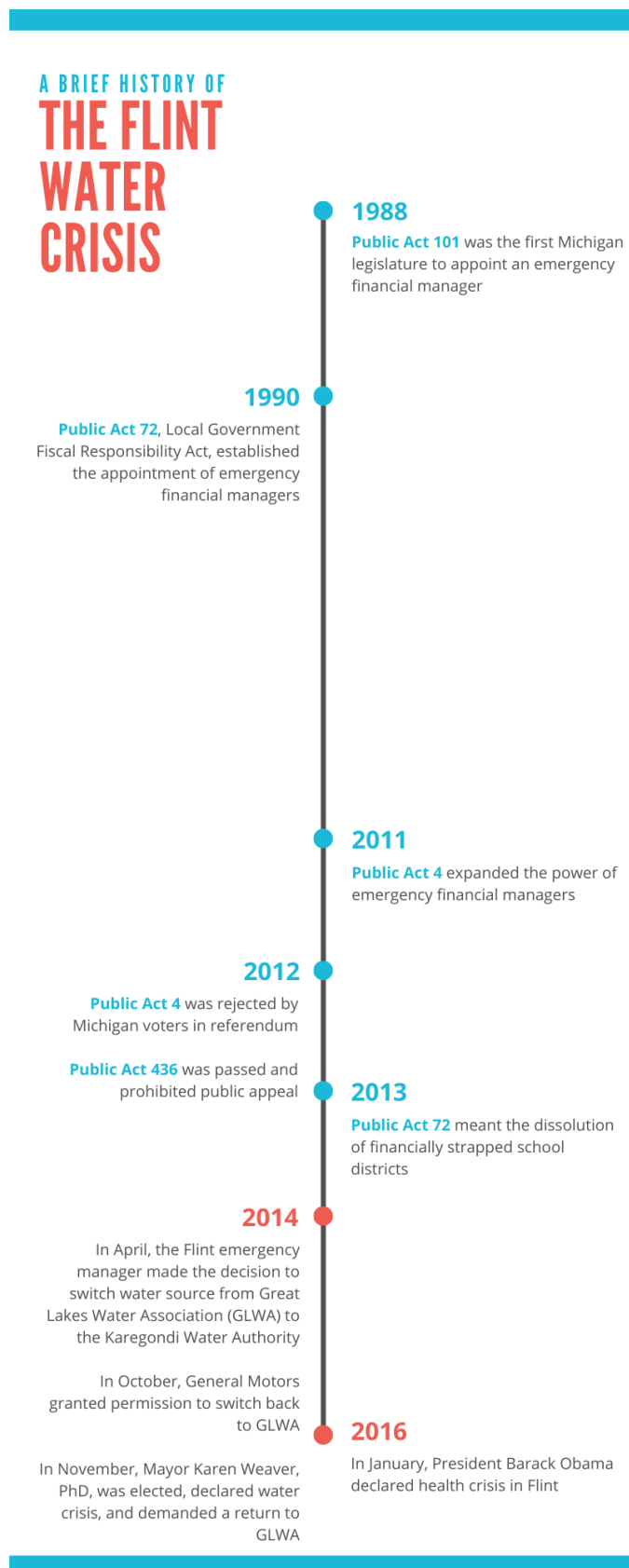
Introduction

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 voice 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 came 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, 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 and completed in 2019, was led by a community-academic partnership with representatives from Community-Based Organization Partners (CBOP), National Center for African American Health Consciousness (NCAAHC), Michigan Institute for Clinical & Health Research (MICHHR) at the University of Michigan, Michigan State University (MSU), and stakeholders in Flint, including those representing faith- and community-based organizations. The study was informed by concepts evident in the theory and practice of trust, community engagement, resiliency, social justice, citizen and team science, and deliberative democracy. Levels of trust and mistrust in Flint before and during the various phases of the Flint Water Crisis were rigorously documented and analyzed. As the city moves through the recovery phase, we hope the findings, new community-based theory, and lessons learned from this study will help rebuild trust and guide future clinical research questions. 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.

Figure 1



Community-Engaged Methodology

The goal of this study, 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 during the recovery process. Additionally, the team wanted to highlight the experience of the clergy community, who assumed a role usually left to government and served 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 the various phases. With community engagement and leadership as central pillars of our methodology, the study was led by a community-academic research team and steering committee, who conducted 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 study's foundation was shaped by research that conceptualized the aforementioned aims, research questions, approach and leadership structure; transforming it into a model informed by community perceptions. Implementation of this conceptual model occurred in two phases.

The first phase, as referenced in the acknowledgements section, involved attendance of more than 100 community meetings and review of literature and other information to identify common themes discussed by the community. The product was a research framework and leadership structure focusing on exploration of the faith community's role in the crisis, community perceptions of broken trust, and ethical concerns with the inundation of researchers coming into Flint. This was followed by a qualitative analysis of 17 recorded and publically available legislative, media, and community events held prior to the onset and during early phases of the water crisis provided insight into community perception. The eight key themes identified during this process (health, pipes/infrastructure, communication, trust, money/finances, and water distribution) were compiled into a codebook and used to analyze focus group data during phase two.

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 in 13 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 capturing participant demographics and perceptions on trust were administered during the 13 focus groups. Both projects focused on the impact of the Flint Water Crisis in the community and were approved by institutional review boards at Michigan Medicine, MSU, and CBOP's Community Ethics Review Board. The study and this report were presented to the Flint community at a town hall meeting held September 23, 2019, which was attended

by approximately 200 stakeholders. They provided comments to improve interpretation of the study findings, recommendations, and approved a draft of the final report.

Results and Discussion

This is a summary of our 13 focus groups, and demographic and trust surveys reflecting input from participating Flint stakeholders. A chart of participant demographics is included in Table 1.

Table 1: Participant Demographics by Sector	
Sector	Attendance
Youth ¹ (15-18 years old)	46
African Americans	16
Mixed Race	28
Hispanic/Latino	24
Senior	30
Faith-Based Leaders	11

*All data is self-reported

Project results are organized into six discussion points listed 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.” Many residents reported 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?

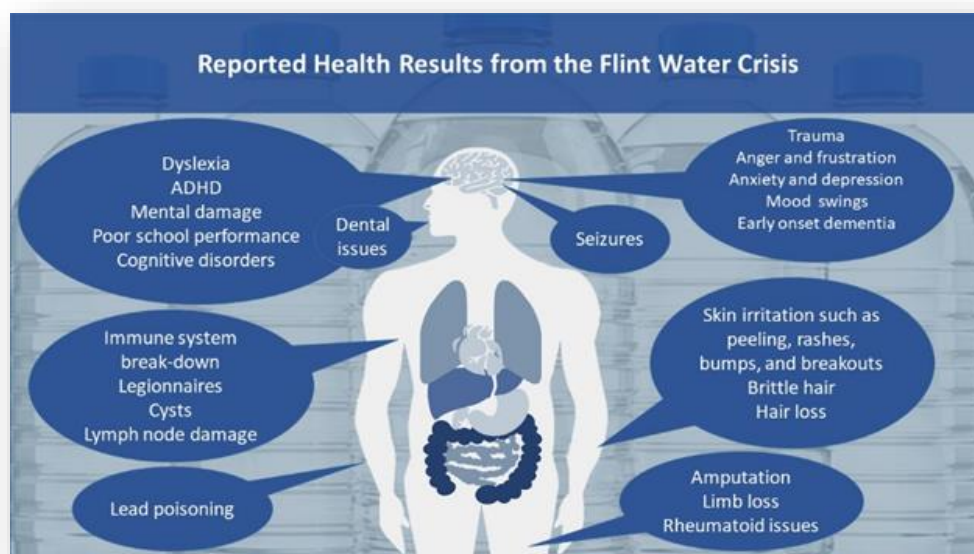
One youth reported, “we may never know what really happened and why they made the switch...only the people that made the switch really know why.” Participants across all sectors suggested the switch was motivated by a conspiracy. Several theories were proposed focusing on a “*hidden plan*,” *economic 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. A summary of self-reported health outcomes resulting from the Flint Water Crisis, which personally impacted participants, friends, or family, is presented in Figure 2.

Figure 2



Participants reported the burden of the water crisis to be difficult to live with and completely disrupts their quality of life. Daily living habits such as bathing, teeth brushing, and washing their hair became a challenge. Stakeholders shared, “can’t drink it, so we 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 difficult 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 and how it is being used. It’s difficult to understand how money given to Flint through donations, grants, and other sources to address the water crisis were used. Residents reported conspiracy theories: “Some organizations say

they are doing certain things but they are padding their numbers; 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, "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?"

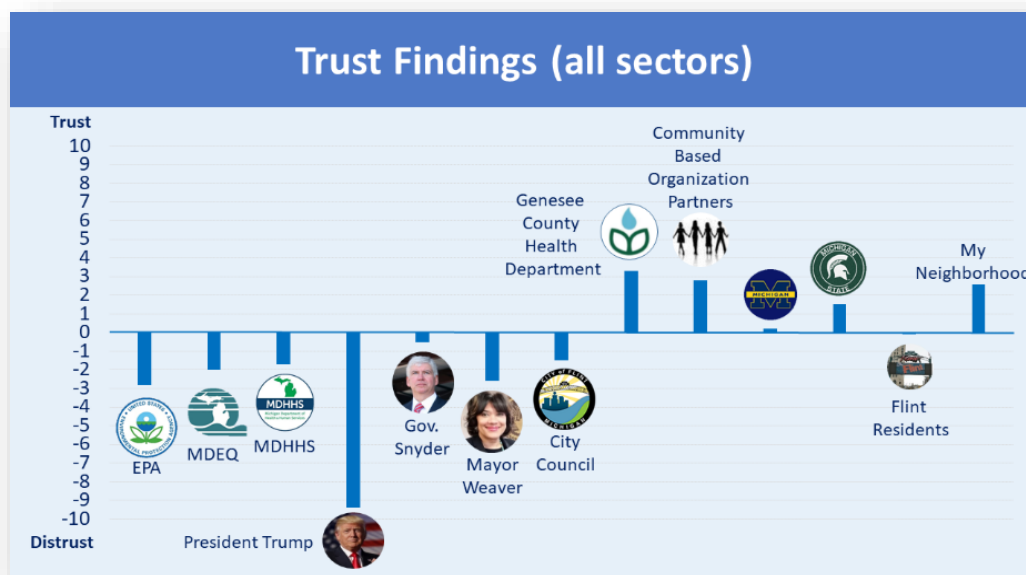
When the city's water source was switched to the Flint River in April 2014, General Motors (GM) also made the change. However, residents reported that GM went back to sourcing the Detroit River that October. The reason being that Flint River water was rusting their car parts. Participants reported, "GM 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?" 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 the sources and types of information. Participants reported they became educated on complex information about lead contamination and the crisis as a resiliency strategy. They also reported being intentionally 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 quote, "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, reported in Figure 3, participants reported high levels of mistrust in President Donald Trump, Governor Richard Snyder, Environmental Protection Agency, and the Michigan Department of Environmental Quality (renamed the Environment, Great Lakes and Energy Department, State of Michigan). There were also varied levels of trust and mistrust for local government officials across sectors. Resentment exists towards three academic partners, University of Michigan, Michigan State University, and Kettering University. Participants felt academia knew about the crisis but were late to address it. On the other hand, community and faith-

based institutions like CBOP consistently received high levels of trust from residents who participated in the study.

Figure 3



Trust may never be restored and, if it can, it will probably take years for the community to regain trust. "I lost trust when I heard people died from the situation. 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 participants across most sectors shared 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...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.”

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 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.
- Be transparent on information and knowledge to enable the community to monitor progress and change.

Public Health

Through resiliency and leadership, the community remains focused on improving public health during the recovery process.

What Flint wants:

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

- Prioritize public health with public safety.
- Participants reported youth are the future, and shared hopes to improve literacy in the public school system and community at-large. They would also like to see more job training and employment opportunities for youth.
- Compensate residents for the burden of the crisis (i.e. community development for home improvement, address high water bills, etc.).
- Utilize collaboration as a strategy in the design and implementation of public health to address the crisis.
- Create a 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 advocate study results and recommendations to be used to increase awareness of the critical public health issues that still perpetuate in 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 prior to this study. The steering committee also advocates for study results and recommendations to be utilized broadly among organizations and entities in Flint to help rebuild trust, strengthen public health, and inform research questions and agendas. 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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