

The Flint Disaster: Why Doesn't Black Health Matter?



The lead-poisoning disaster in Flint, Michigan is more than a shocking public health failure. It is an assault on human rights – a recognition that has been largely absent from most discussions of how and why this could have happened in the advanced industrial democracy of the United States. It is arguably the largest discrete violation of its type since the infamous and grossly unethical Tuskegee syphilis medical study of the last century. The water poisoning in Flint was finally forced into official recognition by a brave and stubborn pediatrician, Dr. Mona Hanna-Attisha, who documented what was really happening to Flint's vulnerable children and other residents.

There are differences between Flint and Tuskegee, of course. Tuskegee was a deliberately, even cynically, planned trial involving a moderate number of adult African-American men, who were purposely left untreated to suffer the progression of their disease, while falsely told that they were being helped. It was a cruel medical study directed by government public health doctors who violated their professional medical ethics. Flint is the consequence of depraved indifference and layer upon layer of smug, incompetent denial by the state government – more like a slow-moving, long-lasting Tuskegee, with an impact orders of magnitude greater in terms of the numbers of people affected: tens of thousands of particularly vulnerable

children and tens of thousands more adolescents and adults.

However, just beneath the surface of these two events is the similarity. All of the men in Tuskegee were African-American, and so were the majority of those exposed to toxic water in Flint. In both events, a particularly despicable form of racism is manifested: a contemptuous disregard for the health of people of color, especially if they are poor and can be dismissed as politically and economically irrelevant.

Every person has the universally-recognized right to the highest attainable standard of physical and mental health – a right callously ignored by the very people tasked with safeguarding these citizens' wellbeing: their local, state, and federal public health and environmental agencies and their elected representatives. For almost two years, the children of Flint have been exposed to the risk of brain damage – impairing IQ and causing behavioral disorders – that in many cases will prove to be irreversible, and will continue to unfold for years.

Into this swamp of denial stepped Dr. Hanna-Attisha, who carefully reviewed past and current hospital records and documented what was already happening: a doubling and tripling of cases of dangerously elevated levels of lead in children's blood. She went public with those facts, and, like other citizens of Flint, she was accused of causing hysteria. But she persisted, and won: Flint's mayor declared a state of emergency over the water issue in December.

Dr. Hanna-Attisha's work illustrates a truth larger than the Flint case itself. A new and important domain of professional responsibility has emerged for health professionals and medical scientists: the documentation and exposure of human rights and civil rights abuses that violate long-established legal and ethical agreements, and international and domestic laws. Dr. Hanna-Attisha's efforts are essentially similar to the work of Physicians for Human Rights (PHR) in Syria or

other conflict zones, in detention camps and prisons in the United States and abroad, in humanitarian crises, and among asylum seekers.

Such work, and efforts by many other organizations, will be needed in Flint to assure that affected children will receive the careful monitoring, medical care, and intense educational support they may need for many years to come.

But a moral response to the outrage in Flint obliges all of us – not just doctors, bioethicists, and human rights advocates – to act. We must add our voices to calls by the ACLU and other organizations for transparency and accountability for those that caused human damage on this massive scale. We need action now. State authorities must conduct adequate sampling and water testing in the homes where lead pipes are likely to be present, and enforce rigorous inspection, testing, and removal of lead paint in old housing, which is likely the biggest source of chronic lead exposure.

Most important of all, authorities must recognize and address the need for active and ongoing federal supervision. We must assure congressional funding for the essential infrastructure repairs and for ongoing educational, cognitive performance, and remedial support for affected children for the next decade. And we should prevent one last parallel between Tuskegee and Flint from emerging. After Tuskegee, no one ever faced effective criminal prosecution. It remains to be seen whether or not that will happen in Flint.

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