



# Freshman Year Reading/ Common Reading Guide

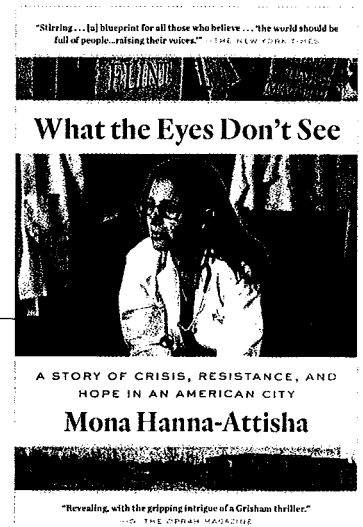
## What the Eyes Don't See

A Story of Crisis, Resistance, and  
Hope in an American City

by Mona Hanna-Attisha

One World | Paperback | 978-0-399-59085-6 | 384 pages | \$18.00

Also available in e-book format and as an audio download



"Mona Hanna-Attisha's account of that urban man-made disaster reads both as a detective story and as an exposé of government corruption. . . . Her book's message is that we each have the power to fix things, to make the world safer by opening one another's eyes to problems. Her book reinforced my belief that the first step to becoming a citizen activist is seeing the world as it should be, not as it is given to you." —*The Seattle Times*

### — about the book —

Flint was already a troubled city in 2014 when the state of Michigan—in the name of austerity—shifted the source of its water supply from Lake Huron to the Flint River. Soon after, citizens began complaining about the water that flowed from their taps—but officials rebuffed them, insisting that the water was fine.

Dr. Mona Hanna-Attisha, a pediatrician at the city's public hospital, took state officials at their word and encouraged the parents and children in her care to continue drinking the water—after all, it was American tap water, blessed with the state's seal of approval. But a conversation at a cookout with an old friend, leaked documents from a rogue environmental inspector, and the activism of a concerned mother raised red flags about lead—a neurotoxin whose irreversible effects fall most heavily on children. Even as circumstantial evidence mounted and protests grew, Dr. Mona knew that the only thing that could stop the lead poisoning was undeniable proof—and that to get it, she'd have to enter the fight of her life.

*What the Eyes Don't See* is a riveting, beautifully rendered account of a shameful disaster that became a tale of hope, the story of a city on the ropes that came together to fight for justice, self-determination, and the right to build a better world for their—and all of our—children.

### — about the author —

Mona Hanna-Attisha, MD, MPH, FAAP, is a physician, scientist, and activist who has been called to testify twice before the United States Congress, awarded the Freedom of Expression Courage Award by PEN America, and named one of *Time* magazine's 100 Most Influential People in the World.

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## → discussion questions

1. Dr. Mona writes, “We each have the power to fix things. We can open one another’s eyes to problems. We can work together to create a better, safer world” (p. 13). How did Dr. Mona’s actions make a difference in the community of Flint? Can you think of a time in your own life when you have made other people aware of a problem that they were not aware of? What do you believe you can do as an individual to make the world a better and safer place?
2. During her pediatric residency, Dr. Mona first heard the expression, “The eyes don’t see what the mind doesn’t know,” based on a quote by D. H. Lawrence. Why are pediatricians trained to look beyond what is immediately apparent? Describe a time in your own life when you learned more about a situation once you looked beyond what was visible. What action(s) did you take once you more fully understood the situation? This quote is reflected in the title of the book. What are the other meanings of the title?
3. Why did Dr. Mona initially tell Grace not to use bottled water to make formula for her infant daughter, Nakala? Why did Dr. Mona ignore the news about the contamination of Flint water? How does the media impact our opinions on what is safe and unsafe? How do you choose what media to pay attention to? Have you ever tuned something out, only to later realize its importance?
4. What are adverse childhood experiences (ACEs) and toxic stresses? How can adversities like poverty, racism, and violence impact a child’s development? Are you exposed to any toxic stresses in your current, everyday environment? If you are, what can you do to counteract them? How can recognition of the life-long impact of toxic stresses change not only how we treat adults with the consequences of toxic stresses, but also the prevention of exposure to toxic stresses?
5. Dr. Mona explains that resilience is not a trait you are born with; rather, resilience is learned. She writes, “Just as a child can learn to be resilient, so can a family, a neighborhood, a community, a city. And so can a country” (p. 14). How can a child learn resilience? How can a country learn resilience? What challenges might a community like Flint face in trying to learn resilience?
6. Why did Flint choose to switch its water source to the Flint River? What role did the Emergency Manager Law play in the Flint water crisis? What responsibilities do community leaders have to the citizens of the community they are representing? Do the leaders in your community answer to local citizens or to other leaders, such as the governor? Why do you think state officials chose to ignore the memo written by Miguel Del Toral of the EPA?
7. Why did Dr. Mona decide to teach her pediatric residents about the history of racial injustice in the United States? What examples did she share when teaching residents about the history of racism in medical care? Why did she believe it was important for her residents to be made aware of the city’s weaknesses and needs, while also fostering solidarity with and empathy for Flint’s residents? How can pediatric residents support and strengthen their communities?
8. Dr. Mona describes Flint as being in a “man-made state of emergency for forty years” (p. 128), with very high poverty rates, numerous abandoned homes, and little incoming tax

revenue. How did practices like racist employment policies, housing segregation, and blockbusting disproportionately affect black families? How did government policies and deindustrialization play roles in the water crisis in Flint? Why did Dr. Mona choose to work in Flint? How was she inspired by the history of Flint and the roles of labor rights, workers, and strikes—especially the women’s brigade strikers—in that history?

9. What was your reaction to the fact that, at the beginning of the water crisis, Flint residents were paying some of the highest rates for water in the country? How would this impact personal actions like the recommended practice of flushing faucets? Why does Dr. Mona write that, in the wake of the crisis, many Flint residents were suffering from “community-wide PTSD” (p. 323)? What do you think she meant by this?
10. Had you heard about the water crisis in Washington, D.C., prior to reading this book? Why did the government and local agencies demand proof of impact before changes were made to the water delivery system there? How did the lack of adequate political representation in both Washington, D.C., and Flint influence how the water crises were managed?
11. How did the lack of corrosion control create additional problems in Flint? How did you feel when you learned General Motors switched back to Great Lakes’ water after noticing that engine parts were corroding? Why do you think the county health department did not alert medical providers or the public about the increase in cases of Legionnaires’ disease? Why do children face such a high risk of poisoning from environmental lead exposure?
12. What complications did Dr. Mona and her team face as they studied the blood lead level (BLL) data of children in Flint? How was their study affected by factors like seasonality, age, and repeated exposure to lead? Why is institutional review board (IRB) approval important for a research study like this? How did Dr. Mona prepare for the public release of her research?
13. Why was the data from Hurley an underestimation of exposure? Why was it important to frame population-wide lead exposure as an additional toxic stress in Flint? How can early interventions and continued advocacy mitigate toxic stress and give children with lead poisoning the best possible chance for recovery? What short- and long-term interventions did Dr. Mona recommend for affected children? What recommendations would you add to such a list of interventions?
14. What is the difference between treatment of individual health and treatment of population health? How can lead exposure have drastic impacts at the population level? How does lead exposure disproportionately affect black people? Do you think it is ethical to use children as detectors of environmental contamination? What is the concept of primary prevention? What kind of policies and programs would need to be adopted to practice primary prevention? How does Dr. Mona’s identity as an Iraqi American woman not living in Flint influence her actions? Can you think of a time that your own identity affected how you dealt with a problem?
15. How did Saddam Hussein’s brutal and violent rule in Iraq affect Dr. Mona and her family when she was growing up? How did learning about relatives like Dr. Paul Shekwana and Nuri Rufail Koutani impact Dr. Mona as an adult? She writes that she “understood that leaders could be dangerous, that civilizations sat on the delicate edge of a precipice, and that injustice must be challenged” (p. 219). How did her Iraqi immigrant family and social justice heritage impact her thinking? How does this compare to your own thinking about government leaders? What do you think it means to challenge injustice?

16. Why was Dr. Mona concerned with the Arab concept of aeb, which she defines as “shame”? How did her family’s commitments to justice and equality shape their support of Dr. Mona’s work? How did she resist the concept of aeb, both in her response to the Flint water crisis and in her personal life? How have your own personal decisions been influenced by your family relationships?
17. What is primacy? How does primacy between agencies like the Environmental Protection Agency (EPA) and the Michigan Department of Environmental Quality (MDEQ) affect situations like the Flint water crisis? How do you think state and federal governments should work together to manage environmental crises? Explain your reasoning.
18. What is environmental justice? How does lead exposure exacerbate inequality and the racial education gap? What can residents do in their daily lives to support environmental justice?
19. Dr. Mona was surprised to learn that Marc Edwards was a conservative Republican, given how much they had in common. Why did she assume that he was “a lefty activist”? How might their political differences affect how they worked together? Describe a time when you have worked with someone who has different beliefs than you. What did you learn from the experience?
20. How does Dr. Mona use storytelling to communicate the Flint water crisis to the public? Why did she hold up a baby bottle filled with water at her first press conference? How did Dr. Mona use her personality characteristics and personal strengths to her advantage? How was she inspired by Alice Hamilton’s advocacy? Describe a time that you used your individual strengths to communicate or act on a problem. Dr. Mona says, “I was also a scientist, an advocate, and now an activist” (p. 266). What do you think the difference is between “advocate” and “activist”?
21. Why was lead added to gasoline, despite most of the world’s rejection of lead due to its adverse health effects? How does the past use of lead in gasoline continue to have an impact on the environment today? Why does Dr. Mona refer to Dr. Charles Kettering as a “public health villain” (p. 146)? What is Kehoe’s Paradigm (also called the Kehoe Rule)? How did it establish a new precedent that required public health advocates to prove harm before action could be taken?
22. How were scientists and whistle-blowers like Marc Edwards, Miguel Del Toral, and Dr. Mona treated after making their research public? What tactics did organizations like the EPA, the MDEQ, and the state and county health departments use to block scientists from continuing their research or to undermine or discredit their work? How might the Flint water crisis have played out differently if Dr. Mona had received positive responses to her requests for blood lead level (BLL) data? Can you think of other examples when scientific truths have been dismissed?
23. What happened once the Genesee County Health Department declared a public health emergency? Do you think this response was appropriate? How did this later lead to declarations of both citywide and federal states of emergency, as well as a response from the National Guard?
24. Why did Governor Snyder apologize to Dr. Mona? What did you think of her reaction? Do you think the governor should have faced legal consequences for the water crisis? Why or why not?
25. Dr. Mona describes the “real villains” in the Flint water crisis as being “the ongoing effects of racism, inequality, greed, anti-intellectualism, and even laissez-faire neoliberal capitalism. These are powerful forces most of us don’t notice, and don’t want to” (p. 14). Share your

reactions to this opinion. How could the water crisis have been prevented? What policies and practices do you think should be put in place in order to prevent future crises?

26. What are the connections between Dr. Mona's stories of Iraq and those of the Flint water crisis? What is the purpose of family stories like Haji and the Birds in the narrative? Are there morality tales from your own family that you cherish and give you strength? What does Dr. Mona mean by "We step over complex systems every day, walking through history and pretending darkness isn't there" (p. 72)?
27. Dr. Mona describes herself as the last piece in a puzzle in revealing the Flint water crisis. What do you think about that description? How did serendipity play a role in exposing the crisis? How did Dr. Mona's friendships, prior education and training, teamwork and professional network, with Elin, medical, community and political leaders, Marc Edwards, and others play a role? Describe a time in your life when you worked in a team to solve a problem.
28. In discussion about public health pioneer John Snow, Dr. Mona says, "His work wasn't about scientific discovery alone. It was about people and community. That's what science is supposed to be about—not an academic exercise for the ivory tower, or racking up publications, grants, and offers of tenure. It's about using the tools and technology available to make lives better, no matter what articles of faith obstruct the path" (p. 87). Share your reaction to this. What do you think the purpose of science should be? What are the influences in science and academia that threaten that purpose? How was Dr. Mona's presentation of her research before going through the peer review process a form of academic disobedience? Do you recall a time in your life where you did something that was against the norm, but was the right thing to do?

## → for further discussion and action

1. Dr. Mona includes an excerpt from *The Lorax* by Dr. Seuss as the epigraph for this book: "Unless someone like you / cares a whole awful lot / nothing is going to get better. / It's not." Why do you think she chose this passage? How does it relate to Dr. Mona's advocacy work in Flint?
2. Read Bertolt Brecht's poem, "A Worker's Speech to a Doctor." Why do you think Dr. Mona gives this poem to her Community Pediatrics residents? How can doctors better support their patients by understanding their environments?  
  
[Note: An excerpt from the poem appears on p. 23; find the full poem here: [tiny.cc/brechtpoem](http://tiny.cc/brechtpoem)]
3. Learn more about the quality of the water in your community. If you have city water, ask your local municipality how you can get your water tested. Research your local infrastructure and public works to learn more about the quality of your local soil and the service lines in and around your housing.
4. Read the abstract for Dr. Mona's report, "Elevated Blood Lead Levels in Children Associated with the Flint Drinking Water Crisis: A Spatial Analysis of Risk and Public Health Response," published in the *American Journal of Public Health* (available at [tiny.cc/monareport](http://tiny.cc/monareport)). How does use of geospatial analysis influence how people understand the information about blood lead levels in Flint? What was your reaction to the images included in the report?

5. Read Dr. Mona's *New York Times* opinion piece "Will We Lose the Doctor Who Would Stop the Next Flint?" Why does Dr. Mona argue that "the sanctuary our nation provides benefits all of us?" [tiny.cc/monaoped](http://tiny.cc/monaoped)
6. Watch Dr. Nadine Burke Harris's TEDMED talk about ACEs and Toxic Stress ([tiny.cc/harristed](http://tiny.cc/harristed)) and Dr. Mona's TEDMED talk about the Flint water crisis ([tiny.cc/monated](http://tiny.cc/monated)). How are the advocacy and storytelling tools similar? How are they different?
7. Learn more about some of the organizations providing assistance to Flint residents:
  - Dr. Mona's Michigan State University and Hurley Children's Hospital Pediatric Public Health Initiative: [msuhurleypphi.org](http://msuhurleypphi.org)
  - Flint Child Health and Development Fund: [www.flintkids.org](http://www.flintkids.org)
  - United Way of Genesee County: [www.unitedwaygenesee.org/flintwaterfund](http://www.unitedwaygenesee.org/flintwaterfund) and [www.flintcares.org](http://www.flintcares.org)
8. Read several of the articles about the Flint water crisis cited in *What the Eyes Don't See*:
  - Curt Guyette, "Scary: Leaded Water and One Flint Family's Toxic Nightmare," *Deadline Detroit*, July 9, 2015, [tiny.cc/guyettearticle](http://tiny.cc/guyettearticle).
  - Editorial Board, "Flint Water Crisis: An Obscene Failure of Government," *Detroit Free Press*, October 8, 2015, [tiny.cc/freepresseditorial](http://tiny.cc/freepresseditorial).
  - Michael Moore, "Flint Poisoning is a Racial Crime," *Time*, January 21, 2016, [tiny.cc/moorearticle](http://tiny.cc/moorearticle).
  - The "Five Guys Report" Flint Water Advisory Task Force (FWATF) [tiny.cc/fwatf](http://tiny.cc/fwatf).
9. Learn more about what is happening in Flint today. To get started, visit MLive: [tiny.cc/flinttoday](http://tiny.cc/flinttoday).

## • about this guide's writer

RACHAEL ZAFER is the author of discussion guides for several books, including *Just Mercy: A Story of Justice and Redemption* by Bryan Stevenson, *Between the World and Me* by Ta-Nehisi Coates, and *Evicted: Poverty and Profit in the American City* by Matthew Desmond. Rachael has led hundreds of creative and educational workshops in prisons and jails in Michigan, Illinois, and New York, was the founding director of the NYU Prison Education Program, and has worked on anti-violence initiatives throughout the United States. Rachael holds an Executive MPA from New York University and a BA in English Language and Literature from the University of Michigan. She lives in Brooklyn, New York.

# Moving Forward from the Flint Water Crisis: An Interview with Dr. Mona Hanna-Attisha

## INTERVIEW BY HART FOGEL

*In recent years, the economically disadvantaged and predominantly African American city of Flint, Michigan has become synonymous with the water crisis that has plagued its people, exposing thousands of children to harmful levels of lead and adversely affecting the health of the community. Dr. Mona Hanna-Attisha, pediatrician and director of the Pediatric Residency Program at the Hurley Medical Center (which is affiliated with the medical schools at Michigan State University and University of Michigan), was one of the first to sound the alarm on this public health disaster when her research team published a September 2015 study revealing a connection between the city's new water source and a spike in children's blood lead levels. The report sparked civic outcry and community mobilization resulting in federal class action lawsuits against various parties involved in the crisis, criminal charges against Michigan government officials and even calls for the governor of Michigan to resign. The Flint water crisis was featured in a made-for-television film, and Dr. Hanna-Attisha is currently writing a book about it. She was named as one of **Time Magazine's** 100 Most Influential People of 2016 and received the \$250,000 Heinz Award in late 2017 for her efforts in exposing the situation in Flint. As the community waits for infrastructure improvements including the replacement of lead pipes to be completed, the citizens of Flint are still advised to only drink bottled or filtered water.*

*In an April 2017 **PBS** interview, Dr. Hanna-Attisha referred to the Flint water crisis as "one of the greatest environmental crimes of our century," and recent reports have raised additional concerns regarding the safety of water in thousands of communities across the country.*

*Senior Editor Hart Fogel interviewed Dr. Hanna-Attisha via e-mail about the role she has played in addressing the Flint water crisis and the work that remains to be done.*



**Hart Fogel (HF): At first, your work faced criticism and dismissal from state officials – notably from a spokesman for the**



**Michigan Department of  
Environmental Quality. Did you**

**anticipate the backlash prior to publishing your findings, and how did you cope with it? What was it like having to move from addressing the water crisis in a scholarly, scientific way to adopting a more public persona and dealing with the confounding political factors at play?**

Mona Hanna-Attisha (MH-A): No one can really anticipate that level of backlash. Changing hats to be a public advocate is consistent with my role as a pediatrician. We are trained to be clinicians, researchers, educators and advocates. Not everyone does everything and not all at the same time, but it is our duty to advocate for children and be their voice to best protect them.

**HF: What still needs to be done to remedy the situation in Flint? Improvements to infrastructure are a starting point, but considering the lasting harm caused by elevated blood-lead levels, how can the larger implications of the water crisis for the health of the residents of Flint be addressed? Also, what will it take to rebuild trust in the community?**

MH-A: We are doing incredible work in regards to building a model public health program based on evidence to mitigate the impact of the crisis. We have home visiting programs, developmental support, child centers, expanded Medicaid, universal preschool, nutrition services, etc.

It's not enough and the funding for it – [a] blend of government and philanthropy – is time limited. [We] need investment for long-term maintenance.

Trust will be rebuilt after lead-line replacement, sustained resources, accountability and possibly some sort of truth and reconciliation process that includes reparations. It will take a long time.

**HF: More broadly, what can be taken away from the Flint water crisis and applied to communities elsewhere? In December 2016, an investigation by *Reuters* determined that approximately 3,000 other areas in the United States have rates of lead poisoning at a minimum double that of Flint during the height of the water crisis. How can we take preventative measures rather than simply react to health problems when it's already too late?**

MH-A: There are many lessons that can be taken to other communities. Lead...is still a problem nationally. Lead in water is a problem, too. We have also learned from science that there is no safe level of lead. [We] need:

- Massive investment in the elimination of lead exposure. Michigan, and nationally, post-Flint, there have been efforts to address lead elimination.
- To be proactive and not reactive – especially for things like lead where the only treatment is prevention.



- To also change the practice of lead in public health to focus on testing environments, not children – testing before a child is exposed...Obsessing over blood lead levels – “other cities with higher levels than Flint” – fails to understand the short detection window of lead in blood (28 days), and the differing age of exposure versus screening. The blood lead levels in Flint were a gross underestimation of exposure since the crisis was ongoing for 18 months prior to realization of lead exposure.
- Public health [and] children’s health [programs]. [These have] been underfunded or defunded.
- Democracy. [There is the] need for representative government.

**HF: Due to Flint’s predominantly African-American population, the water crisis has been touted by many as an example of “environmental racism” in action. To what extent are the specific health issues faced by communities like Flint tied to the demographics of these areas both in terms of racial background and socio-economic status?**

MH-A: Yes, Flint is another example of environmental injustice/environmental racism. It never would have happened in a richer, whiter community.

**HF: In order to better understand and respond to situations like the Flint water crisis that represent complex intersections of health-related, political and economic factors, what needs to change regarding the relationships that healthcare professionals and government officials have with the communities they serve?**

MH-A: Public health and children’s health need to be at the table when such decisions are being made.

**HF: How can doctors be trained to be both successful in a clinical setting and advocates in their communities?**

MH-A: By and large, pediatricians get this training – media training, advocacy training, community pediatrics, etc. That is my job as a residency director. [Pediatricians] need to be valued just as a physician who performs surgery. [This training] needs to also spread to other medical specialties.

**HF: Considering the rapid pace of news cycles, how can ongoing and long-term issues like the water crisis in Flint and its repercussions be kept in the spotlight?**

MH-A: By continuing to speak up, being part of national conversations and writing a book.

**HF: You received the prestigious Heinz Award in recognition of your work. What does it mean to you to be honored in this way?**

MH-A: To be honest, it's awkward and humbling. I have been and continue to be just doing my job as a pediatrician. It's my job to take care of kids. The incredible heroes in this story have been the people of Flint, especially our kids. They deserve all the accolades.

However, the recognitions do help to continue talking about Flint and its national repercussions. I hope it helps others to do the same. The Heinz Award is especially awesome because not only does it recognize my role in exposing the crisis, but it also emphasizes what we have been doing to flip the story for our kids. That is what I want to be remembered for: how we proactively and positively invested in our kids after the crisis.

**HF: What advice would you give to college students who are interested in medicine, public health and community activism?**

MH-A: Get the skills, knowledge [and] background that you need to be a credible voice in your community. There are Flints everywhere and you are needed, especially in this time in our nation where we have the potential to see more Flints with cuts in public health, programs for [the] vulnerable, health care access, etc.

Get involved...Use your voice. Resist. Do not be silent when you see injustice.

ILLINOIS WESLEYAN UNIVERSITY 2020 SUMMER READING PROGRAM  
*WHAT THE EYES DON'T SEE* REFLECTION & DISCUSSION QUESTIONS

To guide your reading of *What the Eyes Don't See: A Story of Crisis, Resistance, and Hope in an American City* by Mona Hanna-Attisha, the following questions\* have been compiled for you to reflect upon. You will be encouraged to share your reflections in the small group discussions you will have with your Gateway classmates and University community members (faculty, staff, alumni, and student leaders) during Turning Titan: New Student Orientation 2020.

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1. *What the Eyes Don't See* calls attention to a real life crisis in our society and highlights how a government by the people, and for the people, ultimately failed to protect some of its most vulnerable populations. In recent months there has been a diversity of opinions on how various entities have addressed how to deal with the COVID-19 pandemic. What arguments does Dr. Hanna-Attisha raise in her book that can help draw parallels between these two crises?
2. The Illinois Wesleyan annual theme for the 2020-2021 academic year is "Health, Healing, and Humanity." Identify specific ways in which the book addresses each aspect of the theme "Health, Healing, and Humanity."
3. Dr. Hanna-Attisha includes an excerpt from *The Lorax* by Dr. Seuss as the epigraph for this book: "Unless someone like you / cares a whole awful lot / nothing is going to get better. / It's not."
  - a. Why do you think she chose this passage?
  - b. How does it relate to Dr. Hanna-Attisha's advocacy work in Flint?
  - c. How do you see yourself, as an IWU student, enacting this passage? What do you care about?
4. During her pediatric residency, Dr. Hanna-Attisha first heard the expression, "The eyes don't see what the mind doesn't know," based on a quote by D. H. Lawrence.
  - a. Why are healthcare providers trained to look beyond what is immediately apparent?
  - b. What leads some people to ignore crises like Flint or COVID-19?
  - c. What leads some people to dig in and become knowledgeable about those same kinds of crises?
5. Dr. Hanna-Attisha writes, "We each have the power to fix things. We can open one another's eyes to problems. We can work together to create a better, safer world" (p. 13).
  - a. How did Dr. Hanna-Attisha's actions make a difference in the community of Flint?
  - b. What do you believe you can do as an individual to make your campus, local community, country, or world a better and safer place?
6. Dr. Hanna-Attisha describes Flint as being in a "man-made state of emergency for forty years" (p. 128), with very high poverty rates, numerous abandoned homes, and little incoming tax revenue.
  - a. How does systemic racism such as in employment policies, housing segregation, and blockbusting disproportionately affect black families?
  - b. How did government policies and deindustrialization play roles in the water crisis in Flint?
  - c. How was Dr. Hanna-Attisha inspired by the history of Flint and the roles of labor rights, workers, and strikes—especially the women's brigade strikers—in that history?

\*These questions have been copied and adapted from the following: [https://images.randomhouse.com/promo\\_image/9780399590856\\_5941.pdf](https://images.randomhouse.com/promo_image/9780399590856_5941.pdf)

ILLINOIS WESLEYAN UNIVERSITY 2020 SUMMER READING PROGRAM  
*WHAT THE EYES DON'T SEE* REFLECTION & DISCUSSION QUESTIONS

7. How does Dr. Hanna-Attisha's identity as an Iraqi American woman not living in Flint influence her actions?
  - a. What is the role that allies might play in helping marginalized groups?
  - b. Can you think of a time that your own identity affected how you dealt with a problem?
8. Why did Dr. Hanna-Attisha initially tell Grace not to use bottled water to make formula for her infant daughter, Nakala? Why did Dr. Hanna-Attisha ignore the news about the contamination of Flint water?
  - a. How does the media impact our perceptions of what is safe and unsafe?
  - b. How do you choose what media to pay attention to?
  - c. How do you determine what is reliable versus unreliable?
  - d. Have you ever tuned something out, only to later realize its importance?
9. Dr. Hanna-Attisha was surprised to learn that Marc Edwards was a conservative Republican, given how much they had in common.
  - a. How might their political differences affect how they worked together?
  - b. Given that 2020 is an election year, what is the importance of political partnerships in dealing with crises like what occurred in Flint?
  - c. Describe a time when you have worked with someone who has different beliefs than you. What did you learn from the experience?
10. What are the connections between Dr. Hanna-Attisha's stories of Iraq and those of the Flint water crisis? What is the purpose of family stories like *Haji and the Birds* in the narrative? What does Dr. Hanna-Attisha mean by "We step over complex systems every day, walking through history and pretending darkness isn't there" (p. 72)?
11. Dr. Hanna-Attisha describes the "real villains" in the Flint water crisis as being "the ongoing effects of racism, inequality, greed, anti-intellectualism, and even laissez-faire neoliberal capitalism. These are powerful forces most of us don't notice, and don't want to" (p. 14).
  - a. Share your reactions to this statement.
  - b. How could the water crisis have been prevented?
  - c. How might the response from those in power have looked different if Flint was an affluent white area?
  - d. What policies and practices do you think should be put in place in order to prevent future crises?
12. Dr. Hanna-Attisha explains that resilience is not a trait you are born with; rather, resilience is learned. She writes, "Just as a child can learn to be resilient, so can a family, a neighborhood, a community, a city. And so can a country" (p. 14).
  - a. To what extent does this seem true?
  - b. What challenges might a community like Flint face in trying to learn resilience?

Dr. Mona Hanna-Attisha goes from doctor to global hero

Rochelle Riley Detroit Free Press Columnist

February 6, 2016

FLINT — The night before her scheduled appearance on national TV to talk about the Flint water crisis, Dr. Mona Hanna-Attisha walked into the Oakland County home she shares with her husband and two daughters and plopped onto the couch.

She wanted to listen to an NPR interview (the first of herself she would watch or hear). But her 7-year-old daughter “began screaming ‘No more Flint!’ and took the phone and threw it across the room,” she said with a laugh.

Yep, if Lady Gaga were saving lives, imagine the chaos.

That is how overwhelming life has become for the 39-year-old Flint pediatrician turned whistle-blower who forced the state to concede that thousands of Flint residents had been exposed to lead-poisoned water for months.

Hanna-Attisha works with children. She knows that adults sometime have the same attention span, so she said she is compelled to speak out while Flint has the world’s attention. Her passionate, candid comments and her willingness to tell the truth have helped her achieve rock star status.

Like the ubiquitous Dr. Phil, she is now universally referred to as Dr. Mona. Her days are filled with interviews and meetings where she explains, until she is hoarse, what happened to the children of Flint and what lead could do to their young bodies and minds.

It has not gotten easier. She now has six jobs.

After learning that a Virginia Tech researcher found Flint water to be 19 times more corrosive than water from Lake Huron, Dr. Mona compared Flint children’s blood tests with results from children in the surrounding Genesee County and found a troubling increase between January and September 2015.

Dr. Mona has melded her calling as a doctor (complete with an hour-long commute from Oakland County to Flint) with her new role as spokeswoman for a tragedy.

She still heads Hurley Medical Center's pediatric residents program and is a professor of pediatrics and human development at Michigan State University's Flint-based College of Human Medicine.

She still is a parent advocate.

But now she has become an international expert on not just lead poisoning and Flint's children, but on government insensitivity to the less fortunate.

Despite the fallout that could come from working for a city-owned hospital during an election year, she made the results public on Sept. 24. State officials dismissed her, then attacked her — and her findings.

"We checked our data a bazillion times ... but when you hear (the state's dismissal) on national news, how can you not doubt yourself?" she told the Free Press last October.

She was later vindicated. She got a public apology from state officials.

And the world came calling.

Dr. Mona now gets 200 e-mails a day and meets with national and international health officials almost every week.

The day after her daughter got her attention (She never did listen to that NPR interview), she appeared at MSNBC talk show host Rachel Maddow's town hall: "An American Disaster, The Crisis in Flint." As excited as the crowd appeared to be that Maddow would tell America their stories, it was Dr. Mona who got a cheering, standing ovation.

And when the town hall was over, there were two scums in the center of the gym at Holmes STEM Academy, one surrounding Maddow and one surrounding Dr. Mona.

"It's nonstop, absolutely nonstop," she said an hour later, after the crowd, the requests for selfies and the questions had died down. "To be here and to get a standing ovation, and the same at the State of the State, it's humbling, it's absolutely humbling."

The Maddow show — during which she said there were "lots of heroes. It took a village to save a village." — came two weeks after Gov. Rick Snyder's praise at his annual address led to cheers.

"I try to stay grounded," she said, "and I try to stay focused because it's the kids. It's the kids. It's the kids."

She has worked hard to help her own two children adjust to her new schedule, her role as pseudo-mother to thousands of children she knows are counting on her to find help for their futures. She is fighting for better nutrition ("We have no grocery stores in Flint," she said. "We have pre-existing poor access to nutrition.")

And she is working to get all parents to understand that their children need "a medical home, their primary care doctor. We need a whole child approach."

She said she has no intention of letting up, even when the attention seems surreal. Like the time she got a request to meet with a Korean delegation, "who happened to be in town for the (North American International) auto show."

"I felt like I was at the United Nations with all these instant translation devices," she said. "They wanted to learn about what happened and wanted to compare it to what happened in Korea."

"I'm learning from them, and they're learning from us. It was phenomenal. And they brought me ginseng candy!"

Her appeal has become global, but in the town she's helping to save, she is revered for stepping up.

"It only takes one person to make a difference," said Harold Woodson, president of the Flint Board of Education. "What she did was brought more attention to it. She gave it credibility. I would hate to think what would have happened if she hadn't done that. They were doing business as usual, and she said, 'No!' "

As Dr. Mona sat on the bleachers after the Maddow show, tireless, fearless, multi-talking with different people at once, she detailed how busy she has become. Since October, she has done, on average, 10 interviews a day.

"Just today, I did 12," she said. "From around the world. BBC, Swedish television, German TV, Reuters, everywhere. But the story needs to be told, and our voices need to be heard," she said. "They weren't heard for a long time."

She pulled out her phone and pointed to her schedule for the following Friday, two days hence, a list of 12 interviews, meetings and to-dos that was tiring even to read. It included: an interview on the Kettering University news show; an interview with Massachusetts General Hospital's magazine; a chat with Glamour magazine; a taping of a radiothon appearance for the Children's Miracle Network Hospital; interviews with Elle magazine and the Wisconsin State Journal and a meeting with a Health and Human Services official.

Suddenly, she found a meeting at Hurley, her day job.

"Oh, real work. This is my only real work," she said, pointing to a two-hour window in the afternoon, followed by an interview with Cosmopolitan magazine.

The day before, she had interviews with NPR, the Boston Globe, a chat with Sen. Debbie Stabenow, CNN and a lunch with some representatives from the EPA.

But it's necessary, she said.

"The same sense of urgency that we had when we did our research, because it has such implications, is the same sense of urgency I feel now," she said, "because if we don't do something now, we will see those problems later."

Lead poisoning can lead to developmental and behavioral problems that need to be addressed before symptoms show up, and those symptoms sometimes take years to appear, she said.



“Think about it,” she said. “In a few months, we’re going to have kids who will turn 2. (The city water system was switched to the Flint River in April 2014.) In April 2016, they will turn 2. So we’re already two years too late. We need to act now so we don’t see those consequences. So it’s the same sense of urgency.

“This is my job as a pediatrician,” she said. “This is what I was sent to do, meant to do, trained to do. Everything in my life has prepared me to do this. This is a long term.”

Suddenly a legislator strolls by the bleachers, turns, stops and says to Dr. Mona, “You’ve got an appropriation coming.”

“It’s a down payment!” she tells him, “but thank you!”