“What the Eyes Don’t See”

Medical Citizenship and Environmental Justice in Mona Hanna-Attisha’s Medical Memoir

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Is there a connection between medicine and citizenship? At first sight, these two realms would seem to have nothing in common: medicine is the domain of health and healing, while citizenship is rooted in the sphere of the law. Where both domains can be said to converge, however, is in the idea of access. Citizenship regulates both the rights and the responsibilities of a nation’s subjects. These rights include the right to medical care. This is nowhere as pronounced than in heated public debates surrounding the right of undocumented migrants to health care. In recent US history, a number of initiatives tried to exclude migrants from health care. In 1994, California passed Proposition 187, which banned undocumented migrants from access to public health care, schools, and social services (“California Proposition 187”). Opponents of such initiatives, on the other hand, claimed that these measures would constitute a breach of human rights.

At the same time, the question of access to medical care is by no means limited to undocumented migration. Rather, what is at stake here is the idea that within a given nation state, the right to adequate health care may not be equally extended to all. These questions have loomed large in the debates surrounding “Obamacare.” Under his presidency, Barack Obama proposed a bill to ensure that all citizens would be covered by health care; an initiative that his successor, Donald Trump, immediately set out to counter. Obama writes about his plan for universal health care in his most recent autobiography, *A Promised Land*. He notes how during his presidency, he was supported by his friend Teddy Kennedy:

> Through seven Presidents, Teddy had fought the good fight. But, for all his power and legislative skill, the dream of establishing universal health care—a system that delivered good-quality medical care to all people, regardless of their ability to pay—continued to elude him…. My interest in health care went beyond policy or politics; it was personal, just as it was for Teddy. Each time I met a parent struggling to come up with the money to get treatment for a sick child, I thought back to the night Michelle and I had to take three-month-old Sasha to

> the emergency room for what turned out to be viral meningitis. I remembered the terror and the helplessness we felt as the nurses whisked her away for a spinal tap, and the realization that we might never have caught the infection in time had the girls not had a regular pediatrician we felt comfortable calling in the middle of the night. Most of all, I thought about my mom, who had died in 1995, of uterine cancer. (368)

It is characteristic of Obama's autobiography that he personalizes the abstract issue of health care: he acknowledges his own privileged access to health care, and wonders what might have been if this had not been the case. What this passage does not quite say, however, is that access to health care may be determined not only by class, but also by race lines, since people of color work in lower-paying jobs to a disproportionate extent. At the same time, there is a sense in which Obama's description of the need for universal health care in the US is akin to the practice of narrative medicine. As a father, Obama speaks of his daughter's sickness and imagines what it might have been like had he not been able to pay for her doctor's bill. In Obama's account, illness is conveyed on the level of experience: Obama writes of himself as an anguished father trying to care for his baby daughter, and as a son who has had to watch his mother pass away. Narrative medicine teaches us that we should honor the stories of illness (Charon). Inaugurated by Rita Charon, narrative medicine seeks to bring the tools of literary analysis to the practice of medicine, urging physicians to engage in the close listening of their patients' narratives. Charon's expression that we should honor the stories of illness implies that patient narratives need to be considered in all their complexity: the complexity of the illness experience, its interwovenness with the patient's identity, as well as the social circumstances in which the patient is embedded. Ultimately, Barack Obama reminds us that we honor stories of illness if we empathize with those who have to watch their loved ones suffer and are unable to afford the medical care which would be needed to cure or alleviate this suffering. Under Obama's presidency, part of what he is trying to accomplish for US citizenry, then, is universal access to health care.

The intersection between medicine and citizenship, however, may not only be limited to an adequate access to medical care. It may also include the right to live in a non-toxic environment. At this juncture, medical rights—in the sense of an individual or communal access to health care—are closely linked to the right to well-being. This right, in turn, is tied up with the issue of housing. Whether one lives in a middle-class suburb or the inner city may have substantial consequences for one's health and life expectancy. To the extent that people live in environments that are unsafe for human health, they will run a much higher risk of illness. This environmental health risk, in turn, may be tied back to the question of citizenship. To what extent does a nation have to ensure not only the right to health care, but also the right to live in a non-toxic environment?

As my paper argues, this is a question which links medicine, citizenship, and social justice. Democracy may fail, I suggest, when the state not only fails to protect all its citizens from harm to their health and physical integrity, but when it looks on even after such health hazards have been uncovered. Mapping the question of civic failure onto the concept of health equity, this paper examines a particular case in recent US history: the Flint water scandal of 2016. In this incident, the state of Michigan devised a specific business venture. In order to attract new forms of investment, it proposed to entrepreneurs a scheme that focused on building new water pipes for the city of Flint, Michigan. While the new pipes were being built, however, the water supply would have to be switched from Lake Huron to the Flint River. As a CNN report describes it:

> In 2011, the state of Michigan took over Flint's finances after an audit projected a $25 million deficit. In order to reduce the water fund shortfall, the city announced that a new pipeline would be built to deliver water from Lake Huron to Flint. In 2014, while the pipeline was under construction, the city turned to the Flint River as a water source. ("Flint Water Crisis")

This switch, it would turn out, had disastrous consequences for the population of Flint, which was predominantly comprised of African Americans and poor white people. Due to corroded pipes in combination with the poor water quality of the Flint River, the inhabitants of Flint were exposed to massive doses of lead. The children in particular suffered acute cases of lead poisoning. The CNN report goes on to note:

> Tests in 2015 by the Environmental Protection Agency (EPA) and Virginia Tech indicated dangerous levels of lead in the water at residents' homes. Lead consumption can affect the heart, kidneys and nerves. Health effects of lead exposure in children include impaired cognition, behavioral disorders, hearing problems and delayed puberty. ("Flint Water Crisis")

This paper considers how we can interrogate the Flint water scandal, and it explores the discursive frames within which such an interrogation might take place. I argue that the concept of "medical citizenship" may be key in examining the nexus between citizenship, racial and economic difference, and health equity.[1] As Jenny Munro and Gerhard Hoffstaedter suggest,

> [m]edical citizenship refers to acts, claims, and expressions of political belonging that revolve around health, healthcare, and responses to illness. The idea

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[1] For a discussion of how medical status can arbitrate the border between citizen and non-citizen, see Amina Touzos's chapter in this collection: "'You're My People Now': *The Last of Us* Series on the Question of Human Belonging and Citizenship during the Age of Pandemics".

> is that actions and decisions in relation to health and disease are political acts that demonstrate, and generate, belonging or exclusion. This includes decisions about who has the right to health care and broader social protections, and what it symbolises when people follow health advice or contribute to the health of the broader community. (Munro and Hoffstaedter)

Looking back at the Flint water scandal, we may ask a simple question: would such a massive case of lead poisoning have happened, and would it have been allowed to continue for such a long time, if the inhabitants of Flint had not been predominantly African Americans and poor white folks? What, in other words, is the relationship between race and class, on the one hand, and the right to civic protection as medical protection, on the other hand?

On a methodological level, I employ two frameworks through which the Flint water scandal might be viewed. First, I will refer to the idea of environmental racism, and second, I will explore the methodology of narrative medicine. Environmental racism argues that the right to live in a toxin-free environment is substantially inflected by racial difference; people of color may be affected by environmental damage to a disproportionate extent. Narrative medicine, on the other hand, explores how "stories of illness" can be told from an individual perspective (Charon). Because illness is hence "told" through the perspective of lived experience, this telling can also highlight breaches of social justice which may have led to illness in the first place. Narrative medicine and social justice can thus be said to be intricately interconnected. As Sayantani Dasgupta puts it,

> [n]arrative medicine, its practice and scholarship, is necessarily concerned with issues of trauma, body, memory, voice, and inter-subjectivity. However, to grapple with these issues, we must locate them in their social, cultural, political, and historical contexts. Narrative understanding helps unpack the complex power relations between North and South, state and worker, disabled body and able body, bread-earner and child-bearer, as well as self and the other (or, even, selves and others). If disease, violence, terror, war, poverty, and oppression manifest themselves narratively, then resistance, justice, healing, activism, and collectivity can equally be products of a narrative-based approach to ourselves and the world.

While all of these concepts and methodologies—environmental justice and environmental racism, narrative medicine, and social justice—have been discussed both separately and in connection to each other, their relevance to concepts of citizenship is only beginning to be explored. As this paper will try to illustrate, these questions may actually be at the forefront of what citizenship may mean in the twenty-first century. Medical citizenship, I suggest, may not be tangential to the notion of the citizen, but central to it.

Environmental Racism and the City of Flint

The concept of citizenship, it can be argued, includes the right to health and well-being. The state must protect all its citizens from harm in terms of life and liberty. While these concepts are at the core of modern constitutions, going all the way back to the Habeas Corpus Act of 1679,[2] they may need to be revised in order to keep pace with the complexity of the social and political context of the new millennium. What, in other words, would the protection of life mean in the twenty-first century? I would argue that the very notion of "life itself" has become increasingly complex (Rose 3), particularly due to the expansion of industrial production and the proliferation of toxins polluting the environment as a side effect of this industrial production.

In light of these developments, the right to "life" may hence assume an entirely new dimension: It may include the right to live in a non-toxic environment. As Carl Zimring insightfully argues in his study *Clean and White: A History of Environmental Racism in the United States*, there is an intricate and troubling connection between waste and whiteness. He notes,

> [w]aste is a social process. We usually consider waste as material we discard, relying on public and private systems to remove unwanted materials from our homes, neighborhoods, and workplaces. These practices are consequences of our decisions to classify particular materials as waste, employ people to handle those materials, and develop systems to dispose of them. Waste informs the construction of our social and cultural values…. The social dimensions of waste are visible in recent American history. The Environmental Justice Movement emerged in the 1980s as a response to hazardous waste sitting in or near communities of color across the United States. (1)

Zimring's argument has profound consequences for the discourse of rights. Seen from his perspective, the right to a clean environment is inextricably tied to whiteness. While Zimring discusses the practices of waste dumping in the history of the US, I would suggest that his argument also has key implications for analyzing the Flint water scandal. Applying Zimring's line of thought to the events of Flint, Michigan, we may argue that the nexus between cleanness and whiteness also pertains to the right to clean water flowing from non-corroded water pipes. In other words, whiteness may ensure not only the right to dump one's waste elsewhere, but also the privilege of living in houses with safe plumbing. This right, on the other hand, was

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[2] The Habeas Corpus Act is commonly seen as the beginning of the juridical premises of modern states. Ratified as an act of parliament in England in 1679, "habeas corpus" meant that no-one could be detained by state authorities without reason, and that the lawfulness of such detention had to be examined immediately by a court. The act thus protects citizens from an arbitrary use of power by the state (Fallon and Meltzer).

denied to the inhabitants of Flint once the business venture was under way. As the CNN report observes, "Soon after the switch [of the water pipes], residents reported changes to the water's color, smell and taste" ("Flint Water Crisis").

Following Zimring's argumentative trajectory, we may thus inquire not only into the history of waste, but also into the history of whiteness. Where Zimring's interlinking of whiteness and cleanness is so intriguing is that he does not only refer to class to explain questions of what may be termed "medical disparity," but he suggests instead that such disparity arises from differences in both race and class. Whiteness, it can be proposed on the basis of Zimring's argument, is closely aligned with both medical rights and the concept of citizenship.

At this juncture, it may be interesting to briefly revisit the history of citizenship and its relationship to whiteness. Historically, citizenship was closely tied to whiteness in the US. As Matthew Frye Jacobson has argued, the right to naturalization was granted only to "free white persons" (13). Jacobson notes, "Citizenship was a racially inscribed concept at the outset of the new nation: by an act of Congress, only 'free white' immigrants could be naturalized" (13). In US legal history, this premise led to a series of remarkable court cases, the so-called "racial prerequisite cases." In these cases, immigrants had to prove before a court of law that they were in fact white and hence eligible for naturalization. What was unclear, however, is just what feature of their identity claimants had to refer to in order to "prove" their whiteness. As Jacobson goes on to say, referring to Tom Ellis, a petitioner from Syria, "in identifying Ellis as [white], the judge … could have been referring to any of a number of things … —Ellis's social bearing, his proficiency in English, his dress, his manner, his style, his demeanour" (Jacobson 239). As the racial prerequisite cases illustrate, then, citizenship was the prerogative of white citizens.[3]

At first sight, the racial prerequisite cases seem to have nothing to do with the Flint water scandal. While these cases concern the discourse of nineteenth-century naturalization law, the Flint water crisis does not concern immigrant communities but rather those of African Americans and poor whites in small town Michigan. I would argue, however, that both scenarios can be said to hinge on the connection between citizenship and whiteness. In nineteenth-century naturalization law, citizenship was itself based on the prerequisite of whiteness. In the twenty-first century, as I will illustrate below, citizenship continues to be tied to whiteness. In its current incarnation, this connection concerns the right to live in a non-toxic environment, as Zimring notes in his investigation of whiteness and cleanness.

These considerations also have methodological implications. If we follow Zimring's argument, an investigation of toxins in inner-city neighborhoods not only falls

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[3] For further discussion on the intersection of race and citizenship, particularly regarding Indigeneity, see Vanessa Evans's chapter in this collection: "'You've Heard it Now': Storytelling and Acts of Citizenship in Cherie Dimaline's *The Marrow Thieves*".

into the domain of medicine, but also that of cultural analysis. "Waste," Zimring suggests, "is a social process" (1). As I will argue in more detail as this paper progresses, waste, whiteness, citizenship and medicine are intricately connected. As the Flint water scandal sadly illustrates, the connection between citizenship and whiteness, which was so bluntly evident in the nineteenth-century racial prerequisite cases, continues into the twenty-first century. Here, communities of color may be said to bear the burden of pollution and the dumping of toxic waste. It is here that medicine comes into play. Medical citizenship, seen from this angle, implies the right to live in a non-toxic environment.

As Joni Adamson et al. have suggested, this right to live in an uncontaminated environment has been unevenly distributed, with sixty percent of African Americans currently living in neighborhoods that constitute health hazards. According to Adamson et al.,

> [studies] found race to be a leading factor in the location of commercial hazardous waste facilities and determined that poor and people of color communities suffer a disproportionate health risk: 60 percent of African American and Latino communities and over 50 percent of Asian/Pacific Islanders and Native Americans live in areas with one or more uncontrolled toxic waste sites. (4)

This implies that social and economic status may have an impact on the extent to which the right to health and well-being is actually put into practice. Moreover, Adamson et al. have introduced the concept of race to further problematize this uneven access to non-toxic environments. They refer to the idea of "environmental racism" in this context. According to Adamson et al., environmental racism can be defined as "racial discrimination in environmental policy making and the enforcement of regulation and laws, the deliberate targeting of people of color communities for toxic waste facilities, [and] the official sanctioning of the life-threatening presence of poisons and pollutants in our communities …" (4). To put it differently, racial difference may thus in fact entail a health risk. Racial disparity, in combination with economic disenfranchisement, may result in a lack of access to housing in non-toxic environments.

Yet, how would the concept of citizenship be relevant in this context? I propose that the role of citizenship rights lies not only in guaranteeing specific rights on paper, but also in enforcing these rights in concrete social practice. What happens, in other words, once a breach of rights has been detected? This paper examines the role of spectatorship as well as of representation in this context. It looks at how the Governor of Michigan and other elected officials "looked on" as the Flint water scandal came to light. Moreover, it investigates the specific media and genres through which the Flint water crisis was eventually "leaked" to public discourse. In the latter context, it focuses on one author in particular: Dr. Mona Hanna-Attisha, a local pediatrician in the city of Flint, who eventually became the whistleblower exposing the extent to which the state and the nation had failed to protect its own citizens. What happens, Hanna-Attisha asks in her book *What the Eyes Don't See*, when the state poisons its own citizens? She writes,

> [t]he crisis manifested itself in water—and in the bodies of the most vulnerable among us, children who drank that water and ate meals cooked with that water, and babies who guzzled bottles of formula mixed with that water…. But this is also a story about the deeper crises we're facing right now in our country: a breakdown in democracy; the disintegration of critical infrastructure due to inequality and austerity; environmental injustice that disproportionately affects the poor and black; the abandonment of civic responsibility and our deep obligations as human beings to care and provide for one another. (13)

This passage may well be said to refer to the concept of medical citizenship. Hanna-Attisha explicitly links the Flint water crisis to a breakdown of democracy. For her, the exposure of the inhabitants of Flint to lead-contaminated water constitutes a failure of "civic responsibility" (13). It is this failure of the state to protect its citizens from what might be called medical harm that Hanna-Attisha goes on to expose. For her, this uncovering and exposure of the Flint water scandal is her duty both as a physician and a citizen.

"What the Eyes Don't See": Environment, Health, and Social Justice

At the core of the Flint water scandal, there is an intersection between medical justice and environmental justice. As Hanna-Attisha writes in her memoir, written about the events of Flint in retrospect, the longer the inhabitants of Flint were exposed to the lead in the corroded water pipes, the more symptoms of sickness they began to show. It is this disparity—a disparity which is both social and medical—that Hanna-Attisha set out to bring to light as she became the whistleblower on what she saw as a blatant breach in the civic responsibility of both the state of Michigan and the nation.

One of the questions at the heart of the Flint water incident, then, is through what channels the whistle may be blown. It is crucial to note in this context that Hanna-Attisha emphasized the scandal of the Flint water switch not only in the media, through interviews and features, and by writing letters to politicians and health officials. She also proceeded to write a book. *What the Eyes Don't See*, as I will argue below, is both case report and the autobiography of a pediatrician who has to witness her young patients getting sick due to tap water that is no longer safe for drinking.

The question of genre, in turn, is closely linked to the field of the so-called environmental humanities. One of the issues at the heart of the environmental humanities is the question of how the practice of sustainability might be enforced. What texts, what forms of representation might we use to convey to the public, but also to politicians on local, national and transnational levels the necessity of protecting the environment and of reducing the level of toxicity in our life worlds? As Adamson et al. have argued, there is a certain didacticism inherent in both the environmental humanities and in the literary texts which it examines. How might a literary text, a memoir, or a poem be especially suited to change readers' minds when it comes to matters of environmental sustainability? As studies have shown, reading literature can enhance empathy in the reader. Danielle Spencer and Maura Spiegel have referred to

> the clinical applications of literary knowledge. A recent study published in *Science* found that subjects performed better on tests measuring theory of mind, social perception, and emotional intelligence after reading literary fiction. Notably, those who read nonfiction or popular fiction did not perform as well. (16)

Such empathy, in turn, may be especially powerful when it comes to witnessing the effects of environmental pollution on human health. While an autobiography is not a work of fiction, it may similarly seem to enhance readers' awareness of a breach of social (and medical) justice. Autobiography, as Alfred Hornung has argued, verges on fiction in a number of ways. It selects certain events and dismisses others for the sake of constructing a "storyline"; it enables the reader to delve into a world of characters who are fictionalized even as they are rooted in the "real" (Hornung).

It is in this context of creating empathy through narrative that I now discuss Mona Hanna-Attisha's *What the Eyes Don't See*. Where the text is so powerful is in its defiance of categorization, participating in a number of genres at once. First, *What the Eyes Don't See* is an unsparing account of the Flint water scandal and hence partly non-fiction. Second, however, it is also the life narrative of its author, Mona Hanna-Attisha, who came to the US as a refugee from Iraq when she was still a child (Hanna-Attisha 7). Third, it is also a book which could be called a biography of the inhabitants of Flint, Michigan: a biography which, fourth, might also be read as a medical case report. It is these multiple registers, I claim in this paper, which make Hanna-Attisha's narrative a powerful vehicle through which the right to medical citizenship might be enforced.

As a medical case report, *What the Eyes Don't See* can also be seen as a detective story. As Hanna-Attisha writes at the outset of her narrative, she was initially confronted with symptoms that she could not quite explain. Parents were reporting itches on their children's skin. Crucially, Hanna-Attisha writes in her medical memoir that while parents suggested that the switch of the water pipes might have something to do with their children's symptoms, she herself ruled out this possibility. Her certainty, in turn, was ultimately rooted in a belief in the system which ensures the safety of drinking water for all citizens.

> [Grace] planned to switch to powdered formula mixed with water but had some concerns. "Is the water all right?" she asked, looking skeptical. "*I heard things*."
> The water. I'd been asked about it before.
> "Don't waste your money on bottled water," I said, nodding at Grace with calm reassurance, the way doctors are taught. "They say it is fine to drink." (18)

One of the aspects that looms especially large in Hanna-Attisha's narrative is the pediatrician's relationship to both the children and the parents. The passage quoted above can be read from a number of perspectives, all of which are mutually complementary. First, there is at the heart of Hanna-Attisha's relationship to her young patients and their parents the idea of the pediatrician immersing herself into her patients' life worlds. Medical practice, for Hanna-Attisha, is social practice. This idea of linking medicine to patients' lived realities, in turn, is also at the core of narrative medicine. As Hanna-Attisha observes,

> Years ago we talked about these environmental factors as "social determinants of health." Today we call them "adverse childhood experiences" (ACEs) or "toxic stress." … This new understanding of the health consequences of adverse experiences has changed how we practice medicine by broadening our field of vision—forcing us to see a child's total environment as *medical*. (24–25)

Moreover, the passage quoted above could also be read through the concept of "citizen science." As Vohland et al. describe, "Citizen science broadly refers to the active engagement of the general public in scientific research tasks. Citizen science is a growing practice in which scientists and citizens collaborate to produce new knowledge for science and society" (1). As it will later turn out, Grace's suspicion about the quality of the water was not at all unfounded. What emerges in this passage is the idea that by word of mouth, the citizens of Flint form an alliance. They communicate their suspicion to each other: "*I heard things*," Grace tells her pediatrician (18; italics original). It is a testimony to Hanna-Attisha's form of medical practice, which is strongly inflected with elements from narrative medicine, that she begins to trust in the parents' intuition. Ultimately, she enters a coalition with her young patients and their parents. In keeping with the paradigm of citizen science, the community collects evidence which proves the quality of Flint water to be harmful. It is this evidence which will eventually lead to the full disclosure of the Flint water scandal. As Hanna-Attisha emphasizes, "For all the villains in this story, there are also everyday heroes: the people of Flint. Each one has a story to tell—100,000 stories in all—about months of pain, anger, betrayal, and trauma, along with incredible perseverance and bravery" (14). Hanna-Attisha's narrative can be said to fuse the elements from citizen science with those of narrative medicine. What she emphasizes in *What the Eyes Don't See* is that the citizens of Flint gather evidence to counteract the assurance by city officials that Flint water is safe to drink. Yet, this evidence is not only provided on the cognitive level, but it has an emotional content as well: it is also evidence of "pain, anger, betrayal, and trauma" (14). The concept of citizen science, it could be suggested, takes on particular resonance in the context of the Flint water scandal. This scandal arguably took place only because the inhabitants of Flint were denied their full citizenship rights. In a form of what may be called citizen science, then, they proceeded to reclaim those rights by getting the university to test the quality of their drinking water.[4] As Brian Palmer notes,

> Citizens groups partnered with scientists from Virginia Tech in the summer of 2015 to show the city how the testing should have been done. In their first sample of 252 homes, the Virginia Tech researchers found that 10 percent of samples exceeded 25 parts per billion—40 percent higher than the federal action level. One of the samples exceeded 1, 000 parts per billion. (Palmer)

The initiative taken by Flint residents strongly corresponds to the model of citizen science. Flint residents thus distrust the evidence provided by health officials that their drinking water is safe; they go on to provide their own evidence. Through the collaboration between Flint inhabitants and scientists from Virginia Tech, the Flint water switch is eventually revealed as a blatant case of systemic racism and a denial of medical citizenship.

At the intersection between citizenship and medical practice, however, it is at first important to note that initially, Hanna-Attisha assuages the parents' doubts about the quality of the Flint water. She does so, she notes in retrospect, because of her trust in the system of American democracy and the system of public health. It is here that citizenship and medicine are intricately connected: for Hanna-Attisha, the principle of American democracy ensures that the state protects its citizens from harm, personal as well as medical harm. As Hanna-Attisha bluntly asks, "If we stop believing that government can protect our public welfare and keep all children safe, not just the privileged ones, what do we have left? Who are we as a people, a society, a country, and a civilization?" (14).

Where the narrative is so powerful, then, is that it focuses not only on the riddle that needs to be solved but also on the medical detective herself. This reference to the

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[4] A discussion of citizen science and scientific citizenship is traced through the origin of modern science from its roots in the so-called "Scientific Revolution" by Jessica Gray in her chapter: "Foreign Relations: Utopian Fictions and the Birth of Scientific Citizenship."

pediatrician-detective's own identity is closely connected to her own understanding of her civic duty. She owes it to the children and to her civic responsibility as an ordinary citizen, Hanna-Attisha notes, to solve the riddle of why the children are getting sick. In this context, the narrative speaks in great detail about Hanna-Attisha's medical role and her vision of being a pediatrician. She notes,

> A crying baby gives me a sense of mission. Deep inside I have a powerful, almost primal drive to make them feel better, to help them thrive. Most pediatricians do. For some of us, that sense of protectiveness becomes much more powerful when the baby in our care is born into a world that's stacked against her and her needs aren't being met—a world where she can't get a nutritious meal, play outside, or go to a well-functioning school, all of which will diminish her health. (20)

What is so remarkable about Hanna-Attisha's particular understanding of her role as a pediatrician, however, is that for her, this medical care includes an attention to her young patients' social and economic environment. In order to truly care for the children, Hanna-Attisha writes, she has to immerse herself into their world, to step into their shoes. What emerges from this scenario could not be more central to the practice of medicine. Medicine, in Hanna-Attisha's narrative, is both a scientific and a social practice. At this point in her narrative, her account is deeply in line with the concept of narrative medicine. As a practitioner of a form of narrative medicine, Hanna-Attisha listens not only to the medical stories, but also to the social narratives that the children and their parents tell. It is this notion of care that she also stresses in the program she runs at Hurley Medical Center:

> [s]o at the beginning of the Community Pediatrics block, residents go on a tour of the city and learn the history of Flint.... They record the number of blighted neighborhoods, liquor stores, neglected playgrounds, and boarded-up schools.... Residents also meet with community leaders and activists, and they visit nonprofits and schools and daycare centers. They are sent to home visits, to court hearings and trials, to state protective services and community events.... My objective ... is to get the residents out of the hospital and into the city, into the lived experience and environment of our kids. (26–27)

What emerges from the act of listening could not be more central. In fact, if she had not listened to their social stories, Hanna-Attisha might not have been able to uncover the scandal of Flint, Michigan.

What is central to Hanna-Attisha's narrative, however, is not only the fact of her work as a medical detective, but also her reasons for becoming a medical detective in the first place. Why, she asks herself in the narrative, did she go to such great lengths to uncover why the children of Flint kept getting sick? Her motivation, Hanna-Attisha stresses, was not only her role as a physician dedicated to the local community, but also the story of herself as an immigrant from Iraq. As Hanna-Attisha notes in an interview with filmmaker Michael Moore in the film *Fahrenheit 9/11*,

> Hanna-Attisha: I wasn't born here, and we came to this country very much for that American Dream. Uhm, and, you know, with nothing besides education—my Dad was a GM employee, my Mom was a teacher, benefitted from Union contracts, send their kids to two, you know, to Michigan's public schools. The American Dream worked for us, it worked for me and my family the way that it does not work for the kids that I take care of in my clinic every day. They are literally waking up to a nightmare. A nightmare of injustice, poverty, lost democracy. And that is another lesson that we learn from Flint.
> Moore: Maybe that's why it's called a dream, because it's not a reality for everybody.
> Hanna-Attisha: No, it's not.
> Moore: Right?
> Hanna-Attisha: No, there are multiple Americas. (*Fahrenheit* 9/11)

Similarly, at the core of *What the Eyes Don't See*, there is the medical narrative of the American Dream (Paul 367). In Hanna-Attisha's rewriting of the myth of the American dream, the right to life, liberty and the pursuit of happiness include the concept of health justice and environmental justice, and the right to live in an uncontaminated environment.

Hanna-Attisha describes not only the lengths that she goes in order to finally solve the riddle of the children's sickness, but also the cost of acting as a medical detective in the first place. She recalls watching her two daughters play:

> Nina and Layla were playing together when I got home, arranging stuffed animals in a make-believe zoo.... One day, a month or so back, the stuffed animals were all over the floor, in groups of two and four, multiplied.
> "What's going on, my little squid monkeys?" I asked.
> "Parent-teacher conferences."
> "Okay," I said, sitting on the floor, grabbing a stuffed animal, and joining in the playacting.
> But not this weekend. When I saw them playing, my heart tugged to join them, but I was soon distracted by more thoughts of lead-tainted water. (108–109)

In many different senses, *What the Eyes Don't See* is a quest narrative. It is a quest narrative which is both a personal memoir of migration and a medical detective story.

At the same time, *What the Eyes Don't See* is also a scathing critique of the state of American citizenship at the turn of the twenty-first century. As Hanna-Attisha writes, "This is the story of the most important and emblematic environmental and public health disaster of this young century. More bluntly, it is the story of a government poisoning its own citizens, and then lying about it" (12–13). This critique in turn is framed in terms of spectatorship. How can the state, Hanna-Attisha asks her readers, simply look on as the children are being poisoned by massive doses of lead? Hanna-Attisha observes,

> [b]ut even when lead exposure is demonstrated across a population, it is almost impossible to *prove* causation. Did lead in the water cause Brandon's ADHD? We will never know for sure. Did water cause Jasmine's rash? Maybe. Exposure to environmental toxins usually doesn't come with glaring symptoms, like purple spots or even a rash. The symptoms are things like learning disabilities that have a time lag. Sometimes they don't show themselves for years or even decades. For a pediatrician on the front lines, often the most you can hope for is establishing a correlation. The more I thought about it, the angrier I got. (98; emphasis original)

This is where the title of Hanna-Attisha's memoir, *What the Eyes Don't See*, hits home: if indeed the Flint water scandal constitutes a public health scandal, this, Hanna-Attisha knows, will be hard to prove. The point is not only that lead in the water is invisible to the human eye, but also that evidence of the causal effects of lead poisoning is hard to attain. This may be even more devastating in a community like Flint, which is predominantly African American and poor white. Both these groups have historically been stigmatized as being unwilling to work and as being intellectually inferior (Wray; Taylor). This is where lead poisoning seems all the more devastating: how will Brandon be able to prove that his ADHD was caused by the water? The situation, as Hanna-Attisha emphasizes, is all the more devastating because she had alerted health officials from the very beginning that there seemed to be something wrong with the Flint water. She remembers, "in an effort to be persistent but pleasant, I added: I never heard back from anyone. 'I would love to discuss this further to see what we can do to protect and prevent lead poisoning in our kids.' But the county health department was silent" (106). Eventually, it would take another year for the officials to finally take action. In this context, the role of racial and economic difference and disenfranchisement looms particularly large. When, Hanna-Attisha's narrative asks, do we condone a breach of citizenship rights in terms of health justice, and when do we sanction it?

Ultimately, the riddle to be solved is not only a medical riddle, but also a social one. It is here that we seem to have come all the way back to the concept of environmental racism. Would the Flint water scandal have continued to happen, we may ask with Hanna-Attisha, if the inhabitants of Flint had not been African American and poor white? In other words, in what particular contexts may the state fail to protect the rights of some of its citizens, and enforce the rights of others?

What is so crucial in Hanna-Attisha's account, is that it refuses to understand the scandal of Flint, Michigan, as an isolated incident. Rather, what the narrative uncovers is a systemic failure. *What the Eyes Don't See* is thus clearly connected to what has been called "systemic racism" (Feagin). As Melissa Denchak notes,

> [a] story of environmental injustice and bad decision making, the water crisis in Flint, Michigan, began in 2014, when the city switched its drinking water supply from Detroit's system to the Flint River in a cost-saving move. Inadequate treatment and testing of the water resulted in a series of major water quality and health issues for Flint residents—issues that were chronically ignored, overlooked, and discounted by government officials even as complaints mounted that the foul-smelling, discolored, and off-tasting water piped into Flint homes for 18 months was causing skin rashes, hair loss, and itchy skin. The Michigan Civil Rights Commission, a state-established body, concluded that the poor governmental response to the Flint crisis was a "result of systemic racism." (Denchak)

Ultimately, the situation in which contaminated water severely affected the health of Flint residents was allowed to continue for two years. Nearly 9,000 children were exposed to lead-infected water. Moreover, due to an insufficient supply of chlorine in the water, Flint experienced a severe outbreak of Legionnaires' disease. As Denchak goes on to observe, "The third-largest outbreak of Legionnaires' disease recorded in U.S. history—as well as the discovery in 2014 of fecal coliform bacteria in city water—was likely a result of the city's failure to maintain sufficient chlorine in its water mains to disinfect the water." In the end, the dramatic situation ended only after the inhabitants of Flint filed a petition to the US Environmental Protection Agency (EPA), which failed; they then went on to sue the city and state officials, and in 2016, they finally won. As Denchak concludes:

> A more momentous win came the following March with a major settlement requiring the city to replace the city's thousands of lead pipes with funding from the state, and guaranteeing further funding for comprehensive tap water testing, a faucet filter installation and education program, free bottled water through the following summer, and continued health programs to help residents deal with the residual effects of Flint's tainted water. Even after this settlement, however, Flint residents continue to struggle for the measures to be enforced (Denchak).

The very nature of systemic racism is that it is deeply embedded into different social and institutional structures, including the medical system. In order to uncover such systemic racism, Hanna-Attisha reminds us, it needs a physician who takes their patients' place. As a whistleblower, Hanna-Attisha becomes a spokesperson for the children of Flint, who have become "vulnerable subjects." As Thomas Couser has noted, "Conditions that render subjects vulnerable range from the age-related (extreme youth or age), and the physiological (illnesses or impairments, physical or mental) to membership in social or culturally disenfranchised minorities" (xii). According to Couser, "vulnerable subjects" are authors who are as yet unable to write their own life narratives (ix). It is here that other "surrogate" authors may need to step in (Couser xi): it is this surrogate authorship that Hanna-Attisha assumes. She writes a medical case report on the children of Flint which she then turns into a social justice narrative.

The idea of systemic racism can also be found in the title of Hanna-Attisha's medical memoir. As scholars from the field of Critical Race Theory have argued, privilege is often transparent in that it remains unseen. Privilege is so deeply embedded into the social and institutional structures that we are unable to see it (Crenshaw et al.; Gotanda). Ian Haney López speaks of the "transparency syndrome" in this context (111). This concept of "transparency syndrome" takes on multiple meanings Hanna-Attisha's narrative: social privilege is also the right to living in a non-toxic environment. Thus, as Zimerling also argues, whiteness, citizenship and the right to live in a "clean" environment may all be juxtaposed. In keeping with López's idea of transparency, then, white privilege as the right to live in a non-toxic environment remains unseen. What is visible to the eye, in other words, is only the location of whiteness in a certain neighborhood. What remains unseen, on the other hand, is the *health privilege* that such a neighborhood may carry.

At the same time, in Hanna-Attisha's memoir, the dichotomy between visibility and invisibility takes on yet another dimension. The most blatant breach of social and medical justice, she argues, is the politicians' deliberate un-seeing of the Flint water scandal even after the whistle had long been blown, both by Hanna-Attisha and others. The "eyes" of local politicians refused to see that the children of Flint were getting sick: even as the effects of lead poisoning on the children were already becoming visible, they continued to "look on." As Hanna-Attisha emphasizes, "A disaster of this scale does not happen completely by accident. Many people stopped caring about Flint and Flint's kids. Many people looked the other way" (13). Hanna-Attisha's narrative is thus also a form of witnessing: she bears witness to the state's crime of looking on, of letting medical injustice continue to happen. The failure of the state, as the guarantor of full citizenship rights, is hence also a medical failure.

Conclusion: Shared Authorship, Resilience, and the Future of Citizenship

What does this context mean for the notion of medical citizenship? Crucially, it could be argued that the concept of citizenship is in need of adjectives which describe and qualify it only when it has been shown to *fail* in certain contexts. There is a need for further qualification only where citizenship as a universal concept has already broken down. Medical citizenship, seen from this perspective, is already a diagnosis of failure.

However, it is interesting to note in this context that Hanna-Attisha's groundbreaking medical memoir also has a subtitle: *A Story of Crisis, Resistance, and Hope in an American City*. In writing the biography and the medical case report of the citizens of Flint, Hanna-Attisha also testifies to their resilience. As she notes at the end of her memoir,

> I will share with you a few stories of my Flint kids. They are my inspiration. To protect their privacy and dignity, I have changed or modified their names and identities.… They are strong, smart, beautiful and brave—and so resilient.… Resilience isn't something you are born with. It isn't a trait that you have or don't have. It's learned. This means that for every child in a toxic environment or unraveling community—both of which take a terrible toll on childhood development and can have lasting effects—there is hope. (14)

It is here that the pediatrician shares her authorship and speaks not about or for, but *with* the people of Flint. In this collective authorship, the inhabitants of Flint blow the whistle not only on the medical system, but also on a nation who has failed to protect all its citizens. The people of Flint de-individualize their illness by emphasizing that what is at stake here is a systemic failure born of environmental racism. The people of Flint blow the whistle not only on the politicians and the corporate interest that caused the Flint water scandal in the first place, but also on the concept of failed citizenship itself. The future resilience of the concept of citizenship, Hanna-Attisha implies, will lie in its ability to heed the sound of this whistle.

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