

# Simultaneous, reinforcing policy failures led to Flint water crisis, providing lessons during pandemic

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Credit: University of Michigan

Concurrent failures of federal drinking water standards and Michigan's emergency manager law reinforced and magnified each other, leading to the Flint water crisis, according to a University of Michigan environmental policy expert.

Flint's experience offers lessons during the COVID-19 pandemic, which has exacerbated local financial challenges while highlighting the importance of access to clean, safe drinking water, said U-M's Sara Hughes, an assistant professor at the School for Environment and Sustainability.

"As we wrestle to combat the coronavirus, we should keep in mind that building healthy communities starts with a renewed commitment to investing in 21st-century drinking water systems and supporting cities as they navigate systemic financial challenges," Hughes said. "Learning from the Flint water crisis requires counteracting and confronting the marginalizing effects of infrastructure underinvestment and urban austerity measures."

The Flint water crisis resulted from simultaneous failures of the federal Safe Drinking Water Act and Michigan's Local Financial Stability and Choice Act, Hughes writes in an article published July 13 in the journal *Perspectives on Politics*. Also known as Public Act 436, the Michigan law places cities deemed by the state to be experiencing fiscal distress under the control of a state-appointed emergency manager.

Both policies rationalize complex problems—safe drinking water and municipal financial distress—by providing purely technical solutions, and the weaknesses of each reinforced and magnified the harmful consequences of the other for the residents of Flint, according to Hughes.

For nearly 18 months, from April 2014 to October 2015, the city of Flint

delivered inadequately treated Flint River water to residents, exposing thousands to elevated [lead levels](#) and other contaminants. Poor children and families were particularly affected.

At both the state and federal levels, the primary response to the Flint water crisis has been to strengthen drinking water safety standards and monitoring practices, Hughes said. But providing [safe drinking water](#) to city residents is only partly a technical problem.

Much less attention has been paid to funding and supporting local governments in ways that ensure their capacity to build and maintain infrastructure, provide reliable services, and sustain meaningful dialog and engagement with their residents, according to Hughes.

Failure to address these longstanding problems will complicate efforts to recover from the coronavirus pandemic, especially in hard-hit places like Southeast Michigan, which has the state's highest concentration of COVID-19 cases.

"If addressed, these policy failures would mitigate against the disproportionate and unequal patterns emerging in the coronavirus outbreak," Hughes said. "But absent change, poor and minority cities remain vulnerable to the marginalizing effects of these multiple and reinforcing rationalized policy domains."

By a rationalized policy Hughes means one that is presented as purely technical in nature and politically neutral. Techno-rational approaches to policy hold out the promise of more effective, unbiased decision-making, but they often cloak decisions and priorities in the language of rationality and science while failing to consider the public's preferences, according to Hughes.

Rationalized policy approaches were at the heart of the Flint water crisis,

involving both the federal drinking water act and the state emergency manager law.

Flint first came under emergency management in 2011 through the law that preceded Public Act 436, then in 2012 through the provisions of PA 436, which was developed and championed by former Michigan Gov. Rick Snyder. Flint's state-appointed emergency managers made or forced decisions about the city's water supplies and treatment protocols that were ostensibly made with the goal of cutting costs.

The second policy failure implicated in the Flint water crisis involves the federal Safe Drinking Water Act's Lead and Copper Rule. The LCR provides two important sets of criteria: water quality standards and treatment/testing protocols for lead and copper in drinking [water systems](#).

The law requires that local water utilities monitor and test their water supplies and report their results to the state government, which in turn reports all data to the U.S. Environmental Protection Agency. The EPA is ultimately responsible for ensuring compliance.

When Flint switched its drinking water source to the Flint River in April 2014, the state environmental quality department failed to require the city to treat the water for corrosion, as would be necessary to meet federal Safe Drinking Water Act (SDWA) standards.

Federal standards for lead in drinking water are 15 parts per billion. Lead levels of up to 1,000 ppb were detected in Flint homes during the water crisis, yet enforcement actions were not triggered.

"The fact that such systemic and prolonged noncompliance, and clear evidence of a threat to public health, failed to trigger regulatory action by EPA calls into question the adequacy of public protections embedded

in the SDWA and LCR," Hughes said.

In much the same way that Michigan's emergency manager law represents a rationalized approach to municipal financial distress, the federal Lead and Copper Rule is a rationalized approach to protecting human health, according to Hughes.

"The provisions and standards in the LCR create a policy environment that facilitates decision-making that is reactionary, prioritizes cost-effectiveness, excludes the public and tolerates risk," she said. The LCR has no enforceable health-based standard "and does not protect any individual or household from exposure to elevated lead levels."

In 2018, the state of Michigan passed its own set of stricter standards for lead, shifting to a lower 12 ppb standard and requiring that communities replace 5% of lead service lines annually. At the national level, the EPA has submitted proposed revisions to the LCR to the Office of Management and Budget, but they have yet to take effect.

Critically, the policy changes resulting from the Flint water crisis have not extended to a reevaluation of how municipal financial distress is addressed and prevented, according to Hughes. Michigan's emergency manager law remains unchanged. Poor, minority U.S. communities consistently receive lower-quality drinking [water](#), and lead contamination cases fit a pattern of low-income, unequal and largely black cities, according to Hughes.

The study is based on interviews with local activists, decision-makers, scientists, journalists and scholars working in or with the city of Flint, as well as a review of reports, testimony, newspaper articles and secondary demographic and financial data.

**More information:** Sara Hughes. Flint, Michigan, and the Politics of

Safe Drinking Water in the United States, *Perspectives on Politics* (2020).  
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