

Episode: *Author Interview: “Lead Toxicity and Environmental Health Justice Stories in Black and White Woodcut Portraits”*

Guest: Watie White, MFA

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[bright theme music]

TIM HOFF: Welcome to another episode of the *Author Interview series* from the *American Medical Association Journal of Ethics*. I’m your host, Tim Hoff. This series provides an alternative format for accessing the interesting and important work being done by Journal contributors each month. Joining me on this episode is Watie White, a painter, printmaker, and public artist based in Omaha, Nebraska. He’s here to discuss his article, coauthored with Dr Regina Idoate, Aislinn C. Rookwood, Sophia A. Quintero, Shelby Larson, Dr Arturo Aceves, and Dr Keyonna M. King, *Lead Toxicity and Environmental Health Justice Stories in Black and White Woodcut Portraits*, in the July 2022 issue of *The Journal*, [Arts-Based Research in Health Care](#). Watie, thank you so much for being on the podcast today. [music fades out]

WATIE WHITE: Thank you so much for having me. It’s great to be here.

HOFF: So, to begin with, what’s the main ethics point that you and your coauthors are making in this article?

WHITE: I think it’s about the process of both assessing a public health crisis that’s not only physical, but also, one that’s based in the ways that we communicate about it.

HOFF: Hmm.

WHITE: That we are able to address lead poisoning in Omaha, which is a remarkably large issue in Omaha, although amazingly invisible, which I guess is probably in keeping with how it exists in a lot of areas. We have one of the, or the largest lead Superfund site in America in Omaha. But because of the way that the lead is sort of polluted in and infested throughout the city or in one half of the city, it kind of passes by. It’s mostly in the dirt. It’s mostly in the air. Obviously, in paint. But it doesn’t get the same dramatic effect as what it does in, let’s say, Flint, Michigan, where it’s in the water, or in D.C. itself, where, you know, in the water systems themselves that become part of the delivery of the lead.

HOFF: Mmhmm. And so, what do you see as the most important thing for health professions students and trainees to take from this article?

WHITE: Yeah. So, let’s start with talking about how to build trust in the community. One of the things about Omaha is it’s a strange segregation. And I think that any project like this has to come with both an objective look at the communities that you’re talking to and talking with, as well as everything that you can do to build your understanding of that community and build a connection to that community, you know, a personal one as well as a professional one. Because I think that these things don’t really ever work at cross-purposes. You have to have them both kind of aligned in order for it to come, for things to come across as sincere and true and real.

HOFF: Mmhmm.

WHITE: And coming from an institution, I think there's always, especially in communities that are being affected by public health crises like this, like lead, like other kinds of pollution that certainly always affect low-income communities, communities of color far more than they affect wealthier communities, in every way in every city. And part of the issues that come with trying to address them is that you get some amount of not exactly pushback, but you get, they, the people in those communities don't understand why they should trust you, why they should trust this message now, and why this message should get them to change anything about the way that they act, or way they think, or the ways that they live. And what seemed the most obvious thing to me was that, in looking at the ways that corporate culture would kind of infect into the acceptable ways of marketing, of communicating, of delivering the information and the access to it, to these communities traditionally is so top down. It's so authoritarian or authoritative at least. It's that we have the information. We are the experts. You just need to understand, and you need to do what we say: very, you know, authoritarian father-figure kind of things. And so much of that breeds its own kind of distrust. You know, it's hard to feel like if someone tells you to not question what they say, just to obey them, that you aren't being manipulated in some way. It feels so, like a very reasonable reaction.

And that was a very important thing from the very, from the beginning of building this project, of looking at what are the, how are we talking to the communities that we're talking to? Who is doing that speaking? What exactly are they saying? Like, if we just say, "Get tested for lead" over and over, who even knows what that means after a certain point? But if someone can give you some education about it, that is great. If they only give education, then you're going to feel like you're being tested for something. If someone can also speak casually to you about it, about how it made them feel as a parent, as a neighbor, as a caregiver of some sort, that will tell you a part of the story that is very vulnerable, very human, very real, that other people, when they see it or when they read it, they can connect to that if that person looks like them, if they sound like them. If they don't, if it doesn't seem like their words are being put in their mouth. So, being able to communicate in a trustworthy way to these different communities is different depending on how you do it. And getting people to both read or see or take in this information in a way that allows them to trust the voice that's being used meant that we had to give other people the stage, give other people the microphone a little bit.

HOFF: Mmhmm. And since this article and this month's issue in general are so reliant on these really sort of striking artworks to focus readers' attention on these stories and on these themes, I just want to take a minute to highly encourage listeners to head to the site, JournalofEthics.org, to see some of the works that you're referring to here and to hear some of the stories that these folks are sharing in their own words. But to wrap up, if you could add a point to this article that you didn't have the time or the space to fully explore, what would that be?

WHITE: Mmhmm. You know, there's lots of things that— So, in my head I'm thinking about both what the project was itself, what and any project, especially anyone that's over, has things that it didn't say or it didn't do or it didn't allow us to kind of understand. And you always, I always, the— I know that there is research about these sort of projects in general that, you know, murals or public art and these ways, things in communities that they lower crime, that they increase volunteerism, that they change the way that people navigate, that they use the neighborhood now that there is the effect of having art like this up.

HOFF: Mmhmm.

WHITE: But I'm always skeptical of those sort of things, because it's people like me saying them. It's people like me who clearly wish that to be true.

HOFF: Mm.

WHITE: And to my understanding, there hasn't been a lot of work done on this project in terms of measuring the effectiveness of it. How much, I know that there is plenty of anecdotal evidence, lots of people who saw it, lots of people who mentioned it, lots of people who talked about it, talked about it within those communities and with out of those communities. But there's a certain reassurance that someone like me who doesn't speak and think in statistics would probably take in hearing how much it affected or how many people got more services or how much was delivered or if there was any change in the overall trust that was allowed to accept these, the kind of services that they have. With the doctors that I've spoken with—usually it's the medical humanities people—there's something about they believe that it's going to, the arts are going to make doctors more sensitive, that they will give them a curiosity that's a little bit broader in the world, so maybe they won't burn out quite so fast or so dramatically when they have every, so, the financial goals later in life that they have set in their own head. And it's never really about how is the art actually making the health care more effective?

HOFF: Mm.

WHITE: You know, it's emotional, is what the story seems to be that I generally heard. But not that it was a constructive way of doing something that you couldn't do any other way as effectively. [theme music returns]

HOFF: Watie, thank you so much for your time on the podcast today and for you and your coauthors' contribution to the Journal.

WHITE: Oh, thank you for having me, Tim.

HOFF: To read the full article, as well as the rest of the July 2022 issue for free, visit our site, JournalofEthics.org. We'll be back soon with more *Ethics Talk* from the *American Medical Association Journal of Ethics*.