November 19, 2004

TO: EVERYONE ON SPIRIT OF 1848 EMAIL BULLETIN BOARD
FROM: SPIRIT OF 1848 COORDINATING COMMITTEE
RE: REPORTBACK FROM THE 2004 APHA CONFERENCE

Greetings! The Spirit of 1848 Caucus is happy to share our reportback from the 132nd annual meeting of the American Public Health Association (Washington, DC , November 6-10, 2004). Below we:

(a) present decisions we made at our business meeting, and

(b) give highlights of our sessions.

We are sending this reportback by email and posting it on our web site. Currently, 1,700 people subscribe to our email bulletin board (up 200 from last year at this time), from both the US and elsewhere in the world … !

Please encourage interested colleagues & friends to subscribe to our bulletin board too, and feel free to email them this update/report. Also, if you know of someone who wants our report but does not have access to email or the web page, please feel free to send them a copy OR email their address to Pam Waterman (at: pwaterma@hsph.harvard.edu) and we'll send out a copy by regular mail.

If any of the activities and projects we are reporting to you grab you or inspire you--**JOIN IN!! We work together based on principles of solidarity, volunteering whatever time we can, to move along the work of social justice and public health.**

And, if you have any questions, please feel free to contact any of us on the Spirit of 1848 Coordinating Committee (with each committee having 2 co-chairs, for good company & to move the work along!):

--Nancy Krieger (Chair, Spirit of 1848, & data & e-networking); email: nkrieger@hsph.harvard.edu
--Catherine Cubbin (Politics of public health data committee); email: ccubbin@itsa.ucsf.edu
--Luis Avilés & Anne-Emanuelle-Birn (History committee); email: laviles@uprm.edu; ae.birn@utoronto.ca
--Lisa Moore & Suzanne Christopher (Curriculum committee); email: lisadee@sfsu.edu; suzanne@montana.edu
--Pam Waterman (E-networking committee/Student Poster session); email: pwaterma@hsph.harvard.edu
--Vanessa Watts (student rep for the Student poster session); email: vwatts@hsph.harvard.edu

Finally, our webpage (with information on our mission statement, past year's programs & activities, including selected presentations & syllabi from prior sessions, etc) can be found at:

http://www.progressivehn.org

Please note, however, that by spring 2005 our website server will change. If there is any update to our website address, we will inform everyone by email.

I. SPIRIT OF 1848 BUSINESS MEETING

Note: CC = Spirit of 1848 Coordinating Committee member (2004-2005)
Present: Nancy Krieger (Chair/CC), Catherine Cubbin (CC/data), Suzanne Christopher (CC/curriculum), Vanessa Watts (CC/student posters), Cheri Hample, Jacqueline Fraser, Martha Eastman, Nadav Davidovitch, Dani File, Lillian Rosado, Debra Gordon; Unable to attend but provided updates by proxy: Lisa Moore(CC/curriculum), Anne-Emanuelle Birn (CC/history), Luis Avilés (CC/history), Pam Waterman (CC/e-networking+student poster); APHA Executive Board Liaison: Diane Rowley.

A. Review of scope & structure of Spirit of 1848

1) We reaffirmed that we are volunteer network of folk drawn to the combination of politics, passion, and public health, seeking to connect issues of social justice and public health in our lives and work and multiple communities, large and small—and that we want to do this bolstered by a sense of history, learning from the experiences (for good and for bad) of those who have come before (see our mission statement, at end of this report). Our origins lie among folk who began working together in the late 1980s as part of the National Health Commission of the National Rainbow Coalition. We cohered as the Spirit of 1848 network in 1994 and began organizing APHA sessions as an affiliate group to APHA that year. In 1997 we were approved as an official Caucus of APHA, enabling us to sponsor our own sessions during the annual APHA meetings.

2) We reviewed the structure & purpose of our 4 sub-committees: (a) politics of public health data, (b) progressive pedagogy & curricula, (c) history (with the sub-committee serving as liaison to the Sigerist Circle, an organization of progressive historians of public health & medicine), (d) e-networking, which also coordinates the student poster session. We also reaffirmed that, to ensure accountability, all projects carried out in the name of the Spirit of 1848 are approved by the Spirit of 1848 Coordinating Committee. The Coordinating Committee communicates regularly (by email) and its chair (and other members, as necessary) deals with all paperwork related to organizing & sponsoring sessions at APHA and maintaining our Caucus status. The subcommittees also communicate regularly by email in relation to their specific projects (e.g., organizing APHA sessions). We likewise reaffirmed the purpose of our bulletin board and website, and thanked Pam Waterman for ensuring their smooth functioning.

3) We will continue with the same APHA time slots that we had this year, and also keep to our new policy (established last year) of only co-sponsoring sessions we have helped organize and accepting co-sponsorships from only groups that have helped with organizing sessions for which we are the primary sponsor.

NB: the Spirit of 1848 time slots (assigned by APHA) remain as follows:

Spirit of 1848 session*	**Day**	**Time**
History (social/progressive history of public health)	Monday	10:30 to 12 noon
Politics of public health data	Monday	2:30 to 4:00 pm
Integrative session (history, data, pedagogy)	Monday	4:30 to 6:00 pm
Curriculum (progressive pedagogy)	Tuesday	8:30 to 10:00 am
Student poster session: social justice and public health	Tuesday	12:30 to 2:00 pm
Business meeting	Tuesday	6:30 to 8:00 pm

*We are also one of the designated co-sponsors of the P. Ellen memorial session (primary sponsor = Medical Care Section) which is in the Tuesday, 2:30 to 4:00 pm slot; P. Ellen Parsons was one of the original members of the Spirit of 1848 Coordinating Committee, and we help with organizing this session.

Which should keep us all rather busy …. !! ☺

4) At the beginning of our business meeting we were joined by Diane Rowley, the APHA Executive Board liaison to our Caucus. Diane informed us that APHA :

(a) has affirmed that it will start a national campaign centered on the theme that *"health care is a right, not a privilege"*;

(b) is actively seeking to have a new set of APHA members serve on APHA committees and STRONGLY encourages people to nominate themselves or other APHA members. SO:

--please check out the various APHA committees at the APHA website:

http://www.apha.org/

and go to the section for "members only" (click on this term on the upper right hand corner) – after you sign in (which requires your APHA membership number) you can then navigate around the website, see what the different committees are & see which are seeking new members …

--AND if you are interested in bringing a progressive perspective to any of these committees, by all means, please nominate yourself!

(c) reminds all members that individuals who are not members of the Governing Council are nevertheless welcome to attend (as listening members) the Governing Council meetings at the APHA meetings;

(d) is moving forward with the TFAIR process regarding potential reorganization of APHA (with the committee re-authorized to do its work for another year):

--the new TFAIR report will be posted in the "members only" section of the APHA website (see immediately above for how to get to this part of the website); WE URGE EVERYONE TO READ IT CAREFULLY!

--the APHA Student Caucus will be transformed from a Caucus to the APHA Student Assembly and will have increased representation on APHA committees & in APHA governance;

--the APHA organizational structure will be clarified by a new document that will provide a clear description of APHA committees, advisory boards, task forces, etc., including rules pertaining to their purpose & duration (e.g., indefinite or for a fixed time period); and

--**WITH MAJOR IMPLICATIONS FOR THE SPIRIT OF 1848 AND OTHER CAUCUSES**, the TFAIR committee report is proposing, as an item for discussion, that all APHA Sections, SPIGS, and Caucuses be re-organized into a new type of membership unit, called "Divisions," all of which would have to restrict membership to APHA members (currently Caucuses can have APHA & non-APHA members) and be under the governance rules of APHA (currently Caucuses may have their own governance structure and are "in relation to" as opposed to being officially a part of APHA), including also representation on the Governing Council. As noted by Diane, there has already been a very mixed response from different APHA caucuses, with a few supporting this proposal and quite a number opposing it.

We were requested to give thoughtful input to this process, ASAP (and definitely by mid-December), recognizing that the original TFAIR proposal had focused only on addressing issues pertaining to Sections and SPIGs, not Caucuses.

We thanked Diane for this report and asked that she request that the TFAIR report be posted on the APHA website as soon as possible (we had received a hard copy only at 4 pm that day, just prior to the Spirit of 1848 business meeting). We also noted that, given the election results, it is highly regrettable to have to devote energy to discussions re internal re-organization of APHA at time when we all must be focusing our energy addressing the considerable challenges posed by the 1st and 2nd term of the Bush administration.

AND SO: below we share the preliminary thoughts we have regarding this TFAIR proposal & the process by which we plan to give input:

1) Initial reactions to the TFAIR proposal:

--We are opposed to requiring all Caucuses to become "Divisions" under the governance of APHA (and their particular rules of governance); we value our independence & the ability this gives us to do work within & outside of the APHA context and also to voice independent positions (including on APHA positions)

--In initial discussions that we had at the APHA meeting with different Caucuses since first learning about the TFAIR proposals (which was presented to the Caucuses at an all-Caucus lunch held on the Saturday of APHA, which unfortunately none of the Spirit of 1848 coordinating committee members could attend, since the first of us arrived at the APHA meeting on late Saturday afternoon), we learned that:

----the American Indian, Alaska Native & Native Hawaiian Caucus is very concerned about the proposed changes, since they value their independence & own form of governance, plus could no longer continue as a 501c3 non-profit organization (which allows them now to obtain funds for scholarships, etc.);

----the Black Caucus has the same concerns, including re their 501c3 status; and

----the LGBT Caucus & the Women's Caucus are likewise very concerned about the proposed changes, and both believe many many questions remain unanswered – and need answers – regarding the impact of the proposed organizational change on the ability of Caucuses to function.

--We must articulate our need for independence while also remaining actively engaged in the APHA meetings via our sessions, such that our reply must address not only the proposed changes but also the support we need from APHA to continue organizing our sessions (i.e., being included in the call for abstracts and the abstract submission process, maintaining our current slots for sessions, etc.)

2) Process by which we will give input:

--The Spirit of 1848 Coordinating Committee will prepare a letter stating our concerns and send it to APHA by mid/late November (at the latest);

--We will also engage in discussions with other APHA Caucuses to explore the possibility of sending in a joint letter (preferably in December); and

--We will post our letter on the Spirit of 1848 bulletin board and encourage individual members of APHA to send in their own thoughts on the proposed organizational restructuring of APHA, especially in relation to the proposals for the Caucuses.

B. Plans for the coming year

***NOTE:* on December 17, 2004, the APHA website for the CALL FOR ABSTRACTS will go "live" & abstracts will be DUE between Feb 7-11, 2005.** We will keep everyone informed of what our call for abstracts will look like via the Spirit of 1848 bulletin board; be on the lookout in early/mid-December.

Next year's meeting, focused on the theme of "*Evidence-Based Policy and Practice,"* will be in New Orleans, LA, (Sat, Nov. 5 through Wed, Nov. 9, 2005), with the opening general session mid-day on Sunday, Nov. 6, 2005. We believe a progressive perspective on & critique of "evidence-based" approaches will be quite useful – and will take on this challenge in our various sessions.

1) POLITICS OF PUBLIC HEALTH DATA: APHA session for next year

This session will focus on *"What counts as evidence? And to whom? –- a progressive critique & the politics of public health data."* This session will focus on the types of "evidence," empirical (quantitative & qualitative) & interpretative, that are invoked and/or discounted vis a vis efforts linking concerns about social justice and public health. Examples include: (a) work on how social disparities in health are – or are not – measured; (b) the contributions of qualitative research to the "evidence base" for promoting actions & policies regarding social justice & public health; (c) what types of evidence progressive activists and policy makers find helpful in building support for efforts linking social justice & public health, including "health impact assessment"; and (d) current efforts by the Bush administration and conservative think-tanks to suppress and/or distort scientific evidence regarding: (1) harmful impacts of socially unjust policies that harm population health (including that of people & ecosystems), and (2) beneficial impacts of policies promoting social justice & public health. We will seek abstract submissions via an open call for abstracts & also likely by directly soliciting some presentations.

Members of the Spirit of 1848 "politics of public health data" subcommittee for 2004-2005 are:
Catherine Cubbin (CC) (ccubbin@itsa.ucsf.edu)
Nancy Krieger (CC) (nkrieger@hsph.harvard.edu)

This session will be in the usual Monday afternoon 2:30 to 4:00 pm APHA meeting timeslot.

2) CURRICULUM/PROGRESSIVE PEDAGOGY: APHA session for next year

Given the continued wonderful success of our sessions on "*Teaching activism for public health,*" we will continue with this focus next year, with one change: in addition to soliciting abstracts about specific courses on this topic, we will also request abstracts that address any curriculum-wide efforts to integrate concerns about social justice & public health in core curricula at diverse teaching institutions and programs (whether in public health, nursing, medicine, dentistry, social work, etc., as long as there is a population health focus concerned with social justice & public health). We will seek abstract submissions via an open call for abstracts & also likely by directly soliciting some presentations.

Members of the Spirit of 1848 "curriculum/progressive pedagogy" subcommittee for 2004-2005 are:
Suzanne Christopher (CC) (suzanne@montana.edu)
Lisa Moore (CC) (lisadee@sfsu.edu)
Babette Neuberger (bjn@uic.edu)

This session will be the usual Tuesday morning 8:30 to 10:00 am APHA meeting timeslot.

3) HISTORY: APHA session for next year

To address important concerns about the potential reactionary – and perhaps sometimes progressive – implications of "evidence-based" approaches to public health, the committee will develop a session focused on *"A precautionary history of evidence-based public health: critical histories & contemporary progressive critiques."* At issue is when certain SPECIFIC standards of evidence (e.g., randomized clinical trials, intended for clinical drug studies) are being promoted as UNIVERSAL (e.g., calls for social epidemiology and other branches of public health to prioritize experimental evidence based on randomized trials and/or "natural experiments" arising from various policy processes – even though most exposures of concern cannot ethically be randomized and "natural experiments" are in fact neither "natural" or "experiments," etc.). Topics to be considered include: (a) when did the idea of "evidence-based" approaches get introduced into the public health & medical discourse, by whom, and why?; (b) what is the history of debates over "evidence"? – including what sort of evidence counts for whom, in favor or in opposition to specific progressive and/or reactionary policies affecting the public's health?; and (c) discussion of the contemporary relevance of historical debates over these issues, so as to contribute to clarifying current thought on the salience – or harm – of "evidence-based" approaches for work advancing links between social justice & public health. We will seek abstract submissions via an open call for abstracts & also likely by directly soliciting some presentations.

Members of the Spirit of 1848 "history" subcommittee for 2003-2004 are:

Luis Avilés (CC) (laviles@uprm.edu)
Anne-Emanuelle Birn (CC) (ae.birn@utoronto.ca)
Nadav Davidovitch (mikinadv@post.tau.ac.il)
Dani File (dfile@bgu.ac.il)

This session will be in our Monday morning slot, 10:30 am to 12 noon.

4) Integrative session: integrating history, politics of public health data, and progressive pedagogy

For our 4th integrative session, we will develop a session focused on *"Harm reduction & conservative attempts to discount progressive evidence: integrating history, politics of public health data, and progressive pedagogy"*. This session will focus on how, despite the rhetoric of "evidence-based" public health, conservatives routinely discount the evidence that harm reduction is an important strategic public health approach regarding unsafe drug use and unsafe sex. The goal is to have 3 presentations, one focused on the social history of "harm reduction" as an idea and activity, one on the pedagogy of teaching about harm reduction (whether to students in classrooms or to persons outside of classrooms who are or may potentially be engaging in unsafe behaviors), and one on the empirical evidence regarding the strengths – and limitations – of harm reduction interventions, plus possibly a discussant reflecting on the challenges of harm reduction approaches & "evidence" for progressive public health activities. All presentations for this session will be solicited.

Members of the Spirit of 1848 "integrative session" subcommittee for 2004-2005 are:

Lisa Moore (CC) (lisadee@sfsu.edu)
Nancy Krieger (CC) (nkrieger@hsph.harvard.edu)
Cheri Hample (cheri.hample@searhc.org)
Jacqueline Fraser (fraserja@mail.armstrong.edu)

This session will be in our Monday afternoon slot, 4:30 pm to 6:00 pm.

5) STUDENT POSTER SESSION: SOCIAL JUSTICE AND PUBLIC HEALTH

Our poster session is for *student* posters on topics explicitly linking social justice and public health. In our call for abstracts, we will encourage students at ALL levels of training in their work on public health to submit abstracts, whether undergraduates, master students, MPH students, or doctoral students (with submissions judged in accordance to expectations appropriate for each level of training); postdocs, however, are not eligible to submit posters.

We will continue to offer a prize for the best poster, and will give winner the option of choosing between a $50 book certificate or a $50 check to pay for the cost of their student registration for the APHA conference.

We will post an open call for submissions for this session, and encourage everyone in the Spirit of 1848 (students, faculty, & staff alike) to get the word out to students that we are eager for their submissions!

Members of the Spirit of 1848 "student poster" subcommittee for 2004-2005 are:

Pam Waterman (CC) (pwaterma@hsph.harvard.edu)
Suzanne Christopher (CC) (suzanne@montana.edu)
Vanessa Watts (CC) (vwatts@hsph.harvard.edu)

This session will be in our Tuesday afternoon slot, 12:30 pm to 2:00 pm.

6) E-networking

a) Email bulletin board: Pam Waterman remains in charge of all logistical aspects of running our email bulletin board, which now serves almost 1,700 people; Nancy Krieger helps ensure all postings are consonant with the stated purpose of the bulletin board. If you have any questions or concerns about how our bulletin board is functioning, please contact Pam at: pwaterma@hsph.harvard.edu

b) Web page: our web page currently includes all past and current reportbacks from Spirit of 1848, plus also materials submitted as resources for various sessions over the past 10 years. If have suggestions for additional web-links that should be included on our web-page, please email your suggestions to Pam. Also, as noted above, we will be changing our server by Spring 2005 (since we will be losing access to the current server that has been hosting us cost-free); if we need to change our website address, we will notify everyone by email.

II. SPIRIT OF 1848 SESSIONS AT APHA

Our sessions were, once again, well attended, thought provoking, and clearly useful to those who attended them. In total, we estimate approximately 725 persons attended our 4 oral sessions, and approximately 100 also attended the P. Ellen Parsons session we co-organized/co-sponsored.

The specifics, in chronological order, are as follows, with our choice of topics in part reflecting the theme of the overall APHA conference, on *"Public Health and the Environment":*

1) HISTORY

Our very informative session, attended by about 45 people, was on "**ENVIRONMENTAL HISTORIES, SOCIAL JUSTICE & PUBLIC HEALTH" (Session 3151.0, on Mon, Nov 8, 10:30 am to 12 noon)**. The line-up was as follows:

10:30 AM Introduction: On Airs, Water, Places, and Justice. **Luis Avilés, PhD.**
10:40 AM Industrial development, pollution and public health: a historical examination of environmental struggles in Cataño, Puerto Rico. **Carmen M. Concepción, PhD**
11:10 AM Economic survival vs environmental health: water pollution in Maine, 1908-1934. **Martha Eastman, APRN, BC.**
11:40 AM Questions & answers

NB: the third presentation by Marianne Sullivan, MPH, on "Soil contamination in the Puget Sound Region: how did it happen? who is responsible? a case study of the Asarco Tacoma smelter," unfortunately had to be cancelled for understandable but unforeseen reasons.

Luis Avilés, in his introduction, underscored how the historical concern with "Airs, Waters, Places," per the Hippocratic tradition, must be supplemented by an understanding of the larger context shaping exposures in & interactions with the physical environmental, as structured by issues of politics and justice.

Carmen Concepción critically examined the history of industrial development and community struggles over industrial pollution, from the 1940s to the present, in Cataño, Puerto Rico. At issue were environmental problems linked to 1 cement plant, 2 power plants, and 1 oil refinery, located both in & outside the municipality's border, but all affecting the quality of its air, soil, and water. Examining the critical role of community groups as key actors affecting the decisions of both regulatory agencies and the companies themselves, the presentation highlighted how these groups were able to win stronger changes than those requiring only strict compliance with official standards.

Martha Eastman described the history of early 20th efforts to document and address water pollution in Maine. Major conflicts concerned whether the water pollution was ascribed chiefly to industry or to individuals, i.e., more specifically, to lumber camps (both wastes from the mills and also from the camp privies) & paper mills, or town sewer & privy locations. Also of concern was whether the sanitary conditions of the shellfish industry should be regulated. In the early years of the Maine Board of Health, its inspectors tended to minimize industrial pollution and emphasize the problem of towns, so as to avoid imposing regulations that would hinder economic growth. Townspeople, however, were dubious of inspectors' reports that filtration could solve the problems, since often tests of that period indicating water was "clean" nevertheless gave rise to typhoid epidemics. These histories underlie current initiatives, such as the "We the people stop the dump" effort in Altoona, Maine, not to accept jeopardizing environmental health for short-term & likely unsustainable gains in employment.

2) POLITICS OF PUBLIC HEALTH DATA

Our very thought-provoking & engaging session, attended by about 500 people, was on "**SOCIAL JUSTICE, DATA, DISCRIMINATION & SOCIAL INEQUALITIES IN HEALTH: THE 1ST DECADE OF THE SPIRIT OF 1848" (Session 3300.0, on Mon, Nov 8, 2:30 to 400 pm).** The line-up was as follows:

2:30 PM Introduction. **Catherine Cubbin, PhD**
2:35 PM Social Justice, data, discrimination and social inequalities in health: the 1st decade of the Spirit of 1848. **Nancy Krieger, PhD**
2:45 PM Critical reflections on research linking social justice & public health (5 minutes each): **Linda Burhansstipanov, MSPH, DrPH; Ilan Meyer, PhD; David Williams, PhD, MPH; Catherine Cubbin, PhD; Hortensia Amaro, PhD; Vickie M. Mays, PhD, MSPH; Shobha Srinivasan, PhD; Paula Braveman, MD, MPH; Nancy Krieger, PhD**
3:30 PM Critical questions for advancing research & action on social disparities in public health, prepared by **Catherine Cubbin, PhD, Amani Nuru-Jeter, PhD, Nancy Krieger, PhD**

A resource list on useful references regarding social inequalities in health, compiled from suggestions of each panelist, is available at our website and also included at the end of this report.

Catherine Cubbin, PhD introduced the session by explaining how each participant was given the challenge of reflecting, in 5 minutes, on the coming decade's key challenges for progressive public health research and generating data relevant to issues linking social justice & public health, preceded by a brief history of the 1st decade of the Spirit of 1848.

Nancy Krieger, PhD, summarized the real-world political struggles leading to the founding of the Spirit of 1848 in 1994, rooted in the Rainbow Coalition's National Health Commission and work to prepare the health platforms for Jesse Jackson's 1988 campaign for presidency, and our becoming an official APHA Caucus in 1997. Underscoring the critical relevance of the Spirit of 1848 (both the spirit of those times & our current situation, especially given the 2004 election results), she recounted the work we have done & sessions we have organized over the past 10 years, focused on our themes of the politics of public health data, progressive pedagogy for public health, and the social history of public health; records of these sessions can be found at our website, and an explanation of why call ourselves the *"Spirit of 1848"* can be found in our mission statement at the end of this report-back.

Selected highlights of the packed 5-minute challenges presented by each speaker are as follows:

1) Linda Burhansstipanov: need to address extremely inadequate data on American Indian & Alaska Native health, harming efforts to understand their actual patterns of health and to get appropriate & adequate funding for their health needs (e.g., most data from the Southwest, but likely inapplicable to other regions), plus extremely inadequate funding of Indian Health Services & lack of access to care.

2) Ilan Meyer: need to develop parsimonious models that, drawing on ideas of intersectionality, considers similar, different, and intersecting ways in which discrimination & disenfranchisement vis a vis sexuality, class, race/ethnicity, and gender, adversely impacts health (with one implication being that no group can be treated as "internally homogenous" – all the different dimensions likely matter).

3) David Williams: need to challenge ignorance (50% of white, black & Latino population unaware of racial/ethnic health disparities); address intersectionality (how multiple systems of discrimination combine to cause health disparities); measure objective experiences of discrimination (macro &

individual-level); measure institutional discrimination; and identify effective interventions (since efforts of last half century have failed to reduce racial/ethnic disparities in health).

4) Catherine Cubbin: rapid rise of contextual analyses regarding neighborhood influences on health, in response to largely individualistic approaches to analyzing health determinants; some suggestive evidence but: (a) mechanisms remain obscure (physical exposures? services? psychosocial?), (b) lack of clarity on which boundaries are relevant; (c) huge debates over confounding and mediating variables, & (d) problems of getting exposure data over time, plus addressing selection effects (who moves in & out of areas …).

5) Hortensia Amaro: critical necessity of focusing on issues of immigrant health, since immigrants comprise 10% of US population and 20% of children are immigrants or children of immigrants; threats include: anti-immigrant bias & legislation; lack of health insurance; lack of services in appropriate languages; limitations of data (most data sets fail to include data on immigrant status); and need to identify how context affects health, given that most immigrants' health worsens with longer residence in the US.

6) Vickie M. Mays: problems with racial/ethnic classification, racism, and racial/ethnic health disparities, since: (a) 1997 OMB racial/ethnic categories still inadequate (e.g., how Latinos view "race" different than Census view; "who I am depends on who you are & why you are asking"); (b) need more work on measures of racial discrimination (and concerns re use of "one-size-fits-all" approach for all groups); and (c) need to consider links of social pain and physical disease re mind/body connection & health disparities.

7) Shobha Srinivasan: to address health disparities, need active involvement of community, including via community-based participatory research (CBPR); challenges include defining community and addressing how political economy affects health (requiring multi-level & multi-disciplinary research), plus for environmental justice work, need environmental health monitoring not just environmental monitoring; some success in getting CBPR work funded by the National Institutes of Environmental Health Sciences.

8) Paula Braveman: major advances in getting "health disparities" on the agenda in Europe (1980s) & US (1990s), but setback too, due to lack of clarity of terms and understanding of what constitutes "health disparities" (not just any difference, but unjust differences that systematically and adversely affect disadvantaged groups, vis a vis wealth, power & prestige); need to articulate clear principles regarding human rights & distributive justice to address health disparities.

9) Nancy Krieger: challenges re: (a) theory & politics (challenge free-market ideology; use theories that explicitly link social justice & public health to test ideas); (b) monitoring (e.g., work with local, state & national government, per the *Public Health Disparities Geocoding Project*); (c) validity (need to improve measures of discrimination & socioeconomic position, given inevitable backlash); (d) health impact assessment (focus on institutional "behaviors" to counter individualized & largely psychosocial narratives of health disparities); and (e) etiology & biology (need critical work on biomarkers & genetics).

Q&A:

1) Can you give an example of the kind of substantive research question you want answered in the next decade, linking issues of social justice & public health, where you think the findings would have a real-world (including policy) impact?

Paula: how to mobilize public opinion in favor of social justice
Ilan: how to analyze different levels of prejudice & discrimination, within & across groups
Vickie: move from lab to real world re impacts of discrimination, including data relevant to law suits
David: need to advance work on health impact assessment & identify policies promoting health equity
Hortensia: more data on immigrant experiences relevant to health disparities
Shoba: more research on community-level interventions and impacts of policy on community health
Nancy: how to present data on health disparities effectively & understandably to all (including via maps)
Catherine: more research on health impact of spatial economic residential segregation

2) You and many of the people here today do work showing the impact of injustice on health. Is there work you can describe which shows the impact of equity on health?
Paula: some data on positive impact of increased prenatal care on better birth outcomes
Shobha: impediment of who even would publish data from community-based groups to see such effects
David: narrowing of black/white disparities in health in period immediately after civil rights movement
Vickie: affirmative action, more health professionals of color providing services to communities of color
Nancy: widening of UK mortality class gap under Thatcher slowed by subsequent Labor policies

Throughout, folk in the audience remained very engaged, took lots of notes and we hope everyone attending will be out there taking on these & related challenges in the next decade!

3) INTEGRATIVE SESSION

Our very engaging session, attended by about 90 people, was on **"SOCIAL JUSTICE, URBAN PLANNING AND THE BUILT ENVIRONMENT: INTEGRATING HISTORY, POLITICS OF PUBLIC HEALTH DATA, AND PROGRESSIVE PEDAGOGY" (Session 3367.0, Mon, Nov 8, 4:30 to 6:00 pm).** The line-up was as follows

4:30 PM Introduction. **Nancy Krieger, PhD**
4:35 PM Creating an interdisciplinary curriculum on the built environment and public health at Columbia University. **Mary E. Northridge, PhD, MPH, Elliott D. Sclar, PhD, Emily M. Karpel, BA.**
5:00 PM Using data to promote healthy built environments. **James W. Krieger, MD, MPH, Tim K. Takaro, MD, MPH, MS**
5:25 PM Discussant. **Hortensia Amaro, PhD**
5:35 PM Discussant. **Mary T. Bassett, MD, MPH**
5:45 PM Question & answer period

Nancy Krieger introduced the 4th annual integrative session, intended to integrate the 3 themes of the Spirit of 1848 Caucus – the social history of public health, progressive pedagogy, and the politics of public health data – in relation to one theme, and our decision to have 2 presentations do this with 2 discussants (1 from an academic institution, 1 from a city health department).

The joint presentation by **Mary Northridge & Elliott Sclar** focused on how social injustice is leading to the creation, in the 21st century, of 19th century conditions in cities whose problems gave rise to the professions of public health and urban planning – and how contemporary students need interdisciplinary training in urban planning & public health to counter these problems and create more healthy cities. Slides presented by Elliott Sclar showed the conditions of urban squalor document in 19th and early 20th century New York City, linked to an "informal economy" involving sweatshops, crowding, immigration, and child labor, juxtaposed against 21st century slides showing similar conditions in slums in Kenya (Nairobi), Ethiopia (Accra), and Brazil (Cardicuo). Noting that improvements in 20th century health in industrialized countries in part reflect victories in difficult & persistent fights regarding building codes,

public health regulations, etc (which conservatives are again trying to de-regulate), he emphasized the importance of continuing to fight for progressive policies, and gave examples of new interdisciplinary efforts linking lawyers, urban planners, and public health professionals to address problems of 21st century slums. Mary Northridge then described an interdisciplinary curriculum on urban planning & public health she and Elliott have developed, which they have elaborated in IOM report that will go on-line in January 2005. Defining "interdisciplinary" as a transformative experience, using an integrative approach that leads to a permanent change in problem conceptualization & solving, she emphasized the importance of the curriculum including components on history, theory, methods, and tools, plus an interdisciplinary capstone experience, whereby students work on an integrative project that links faculty & students in a host city to address urban health problems. A particular example concerned the "Harlem Children's Zone Asthma Initiative," for which students have used GIS to make maps of geographic distribution of children with asthma, visit homes and work with the residents to improve conditions, along with lawyers and other advocates.

Jim Krieger then discussed work by the Seattle-King County Health Department that explicitly collected and used health data to spur action to address urban health disparities linked to both the indoor environment (e.g., asthma, injury, mental health) and outdoor environment (e.g., obesity, injuries), with interventions designed to permit evaluation of their effectiveness, thereby further linking data and advocacy. The first example concerned a local survey on poor housing conditions (e.g., mold, water damage, pests) plus census tract data on crowding (increasing risk of transmission of respiratory infections) that lead to obtaining a grant to do a randomized trial funded by NIEHS and conducted per the principles of community-based participatory research comparing an intensive vs usual in-home intervention. The former involved 7 visits/year by a paid community health worker (recruited from the community) to provide education & resources (e.g., mattress covers, vacuums) to address in-home problems, while the latter consisted of one education visit; in both cases the health department worked with landlords to get major structural problems fixed & with the Seattle Housing Authority to get families with asthma into healthier units. The intensive intervention led to a significant decline in acute intensive care visits for asthma; there was no change for the low intensity intervention. Building on this experience, the health department is now engaged in work to make existing housing healthier (at a cost of $3000/unit) and also to build healthy new housing, partnering with the Housing Authority in a new project that will include 1600 affordable units built according to principles of healthy housing (e.g., better insulation, enhanced ventilation, radiant heat system to prevent moisture & dust mites), including 35 enhanced units for families with health problems. Work on this project has involved updating local housing codes, what counts as violations (e.g., mold, water intrusion), plus pointed to the need to develop model language for developers & contractors, plus also to train housing inspectors in housing health hazards. An additional example, focused on obesity & the built environment, concerned use of photo voice & community maps on community assets & deficits to show obstacles to neighborhoods being "walkable" & to generate data relevant to community zoning hearings.

Hortensia Amaro, as discussant, focused on how the two presentations complemented each other on the need to address, together, the impact of the physical & social environment on health. Particular obstacles requiring attention include: the time and funds needed to do viable community-based participatory research; the need for sustaining community mobilization; the need to ensure that community-based training of students doesn't replicate conventional power relations; the need for better integrating social & behavior sciences into work on public health & urban planning on factors relevant to community mobilization; the question of which students will benefit from the proposed interdisciplinary programs (since they are most likely to be developed at institutions with students least likely to come from neighborhoods affected by urban health disparities); the need for an international perspective and training relevant to students from diverse countries; and structural barriers for real interdisciplinary programs, likely necessitating development of new entities, such as schools of urban studies & policy, in which one

focus could be population health. Noting that the NIH has recognized the need for interdisciplinary and translational research in the biological sciences, she recommended that similar approaches be taken for the public health sciences, with the issue of urban health & the built environment providing an apt model.

Mary Bassett, as discussant, reflected on the presentations from the perspective of a city health department required to deliver services to entire communities, rather than design research to test hypotheses. Emphasizing the importance of work on figuring out how to translate the results of scientific research to public health practice, she noted that urban health has improved over time, implying change is possible, and at the same time that the neighborhoods with the worst health conditions have the highest poverty and the most racial/ethnic and economic segregation. She also asked the question of "who pays," noting that while $3000/unit is very high as an item in a health department budget, even as it is very little in the context of the overall social rationing of budgets. The power of the research accordingly is that, by showing interventions can work, it shifts the question from what is effective to how the resources to implement the programs can be secured and points to the need for advocates to work on the policy questions of budgets, e.g., in current budgets, there are no links between health and housing costs & savings. Moreover, in addition to showing it is possible to intervene, the research shows that the interventions can be targeted to neighborhoods in need (rather than has to be applied equally everywhere).

In the lively question & answer period, a key question thus concerned: how to use the evidence to affect policy so that costs in housing improvements can be linked to improvements in health, to the advantage of health departments, housing authorities, and community health.

4) CURRICULUM/PROGRESSIVE PEDAGOGY

Our dynamic session, attended by about 85 people, was on **"TEACHING ACTIVISM FOR PUBLIC HEALTH, PART 2" (session 4082.0, Tues, Nov 9, 8:30 to 10:00 am);** of note, this session ended up being at the same time as the APHA rally & walk on Capitol Hill, i.e., activism in practice, which understandably likely cut into attendance (especially for a session on activism!).The line-up was as follows:

8:30 AM Introduction. **Elise Papke**
8:35 AM Teaching engage scholarship through community based participatory research. **Meredith Minkler, DrPH**
8:50 AM Teaching students to be health activists. **Ashwini Sehgal, MD**
9:05 AM Teaching participatory health promotion as leadership development for social change. **Ester R. Shapiro, PhD**
9:20 AM Pedagogy of collegiality: teaching community-based public health. **Vivian Chavez, DrPH**
9:35AM Question & answer period

Meredith Minkler presented on pedagogy based on the principles of – and to promote -- community based participatory research (CBPR) and action to improve community health, per a relationship diagrammed as: Participation in education ↔ Research ↔ Action. Noting that CBPR is among the 8 new competencies listed for schools of public health to address in the new IOM report on public health, she briefly described the history of CBPR as rooted in both the "action research" of Kurt Lewin in the 1940s and the revolutionary approaches advocated by popular movements in the 1970s, as especially articulated by Paolo Friere in Brazil. Using case examples in her course, she described approaches to assist students in gaining skills to identify natural community leaders, to do community risk + asset mapping, use photo voice (a method by which community residents are given cameras to document their surroundings & concerns), and engage with concepts of validity and reliability as appropriate for CBPR. As a final project, students prepare a detailed retrospective analysis of an CBPR in which they were involved, in terms of both what worked and what didn't work, which they share in class. Ultimately, CBPR stands as

an important counter to Alinsky's assertion that "the word `academic' is a synonym for irrelevant," and instead provides an approach for academics to create useful knowledge with communities for social change and social justice.

Ash Sehgal then presented on a medical school course elective he has taught for 5 years to approximately 100 students; the website for the class is: www.home.case.edu/activism (and similar kinds of classes can be found at: www.citzien.org). The goals of this course are for student to understand social, political and economic factors affecting health; to learn from practicing activists; and to prepare for future activism. The seminar meets once a week (2 hour session) for 6 weeks, in which students engage with the invited activists to learn about their motivations, obstacles, specific projects, and future plans, plus also design an activist project. Speakers have included Khassan Baiev, a surgeon from Chechneya; David Himmelstein & Steffie Woolhandler on universal health care; & Sidney Wolfe & Peter Lurie on drug safety. Student projects resulting in publications include: Alexander, JAMA 1998 on racial/ethnic, gender, and class disparities in kidney transplants; Landers, Arch Int Med 2000 on how physicians lobby members of Congress; Tsai, Am J Med 2002 on internet sales of ciprofloxene after the anthrax outbreak; and Goyal, JAMA, on economic & health consequences of selling kidneys in India (health & economic resources of the donors gets worse, not better). In the course, students usually make a 1-step change, building on where they are in the following sequence: don't think about activism; think about activism; consider activist projects; complete activist projects. Challenges to the course include: limited funding (e.g., costs $1000 to bring in outside speaker), competing demands on students' time, short duration of course. Given declining enrollment (25 in year 1, but only 10 in year 5), may be worth trying to include topic in main required medical course or possibly expand to a full semester.

Ester Shapiro next discussed the kind of teaching she does to promote social change & address health disparities in an under-resourced urban university in which most students are working class, low-income, & ethnic minorities (US-born & immigrants) typically scraping by and too busy to be activists on top of working, taking care of their families, and going to school to get a undergraduate college or masters degree. Describing herself as a clinical psychologist "in recovery," her teaching focuses on how to understand links between personal experiences and social structures. Recognizing that working class students typically do not have a sense of intellectual entitlement, she seeks to assist students in realizing their ability to make a difference. Her aim is to open students up to the wide word of public health and health disparities and to see that there are options other than solely private psychological counseling; instead, students can draw on their own unfair experiences with health care systems to make a change in how these systems operate – including by training for a career in public health or health services administration. Her teaching is based on a Frierian approach plus also uses ecological and developmental approaches emphasizing resiliency.

Vivian Chavez then discussed her framework and approach of the "pedagogy of collegiality," involving mutual learning, with students as colleagues of the teacher and both as co-learners, also based on a Frierian & CBPR approach, emphasizing imagination, diversity, bringing one's own context to the classroom, and reinventing knowledge in each session. The class is premised on the principles of health & human rights plus social justice, has multicultural learning objectives, and examines community health through a community organizing lens. The 14 sessions of the class are organized as follows: first 4 sessions are on listening & building relationships, then 8 sessions on problems & solutions, including activism & its challenges, followed by 2 sessions on evaluation (how the course worked) and reflection (what the students' own experiences were), ending with a celebration (with food, music, & cultural symbols, all to promote festivity & celebrate completion of the course). The "dyad" is an essential teaching tool, so that students' voices can be heard; the hardest of the "dyad" exercises is one conducted in silence, based only on "eye experiences" & using body language; people attending the session participated in a brief (and very lively) dyad exchange on essential aspects of learning (stated to include

curiosity, openness, respect, and common ground, premised on trust). Writing is also a key component, since teaching typically has privileged speaking over listening and reading more than writing, so writing is used to stimulate dialogue. The overall goal is to raise students' consciousness about social justice, plus awareness of context in which teachers teach (e.g. university rules), and hence the role of teachers' authority and need for transparency about this.

During the question & answer period (which continued well after the session was officially over!!), exchanges concerned: how to incorporate these approaches into more conventional classes; the Schweitzer fellowship (which teaches activism to 30 students/year and renders the students fellows for life); how to bring in historical context, to help students understand the context of their own experiences; the importance of recognizing the histories & context teachers bring into our classes; the importance of avoiding teaching solely by lecturing and needing more student participation; and the importance of building trust by dealing honestly with conflict, given that students & faculty together bring their worldviews into the classroom.

5) STUDENT POSTER SESSION

Our 3rd **"STUDENT POSTER SESSION: SOCIAL JUSTICE AND PUBLIC HEALTH" (session 4173.0, Tues, Nov 98, 12:30 to 2:00 pm)** had 4 entries this year. The line-up was as follows, with 1st prize this year going to Project #3 – congratulations!!

Board 1: Large social disparities in preterm birth rates in north-west Russia. **Andrej M. Grjibovski, Lars Olov Bygren, Agneta Yngve, Michael Sjöström.** The key finding was that even in a town with relatively low rates of unemployment (and one major employer, a shipyard), marked educational disparities in risk of preterm birth existed, with stress also being positively associated with risk (along with prior history of adverse birth outcomes).

Board 2: Left political power, medical care expenditures, and child health indicators in wealthy countries. **Hae-Joo Chung, Carles Muntaner**. Using data from 19 countries from 1960-1994 (14 European (mainly northern & western Europe), 3 Asian/West Pacific (Japan, Australia, New Zealand), 2 N. American (US, Canada), the key finding was that disparities between countries evident after controlling for GDP and the Gini coefficient (a measure of income inequality) were largely explained by social welfare provisions (i.e., enacted policies, not just left political programs that remain unimplemented).

Board 3: Needlestick injuries in Mexico City sanitation workers: an undocumented occupational problem? **Brenda Thompson, Kattrina Hancy, Ismaeael R. Ortega-Sanchez, Pedro Moro**. The key finding was that an unexpected observation of a sanitation worker (82% of whom are government employees) sorting through garbage led to a pilot study of their risk of needle stick injury; among 69 workers interviewed in 13 of Mexico City' 16 districts, 96% had seen a syringe in the garbage and 53% had been stuck by a needle (including 15% in the previous month), leading to the recommendation that Hepatitis B vaccines should be mandatory for sanitation workers (they currently are mandatory only for health care workers). **AWARDED THE SPIRIT OF 1848 STUDENT POSTER PRIZE.**

Board 4: Health disparities, social responsibility and obesity among African American and Latino Americans 4th-8th grade girls. **Tirzah R. Spencer**. The study was conducted in Trenton, NJ, in 2002 among girls enrolled in public schools and found that among 1500 participants, the African American girls were more likely than the Latina girls to have negative life events and not to get feedback from significant others on the importance of food (e.g., portion size) and healthy body weight, and were also more likely to have early maturation (onset of menarche and breast development).

F) Other:

We co-sponsored & helped organize the **P. Ellen Parsons Memorial Session, on *"Will the election be a turning point for public health?"*** (Session 4221.0, Tuesday, Nov 9, 2:30 – 4:00 pm). The moderator & principal organizer was Ellen Shaffer, representing the Medical Care Section; other co-sponsors included the Women's Caucus and the Socialist Caucus. The three speakers were:
(1) Cindy Pearson, Executive Director of the National Women's Health Network, who addressed issues regarding reproductive rights & women's health (including expansion of the women's health agenda by women of color health organizations formed during the Reagan years), plus likely battles re Supreme Court, appointment of the head of the FDA, and issues of scientific integrity (e.g., the Bush administration's removal of accurate information re condoms from DHHS websites and their effort, finally blocked, to post spurious information about alleged links between abortion & risk of breast cancer);
(2) Jennifer Grasiz, staff member for Congresswoman Hilda Solis, a member of the US Congressional Hispanic Caucus and representative of a predominantly working class, Latino & Asian district located in the San Gabriel Valley of California, who focused on continued challenges to passing legislation for universal access to health care, with a key issue being how to frame the message & expand the base of support, grapple with on-going tensions about incremental change vs major reforms, plus take on "moral values" question & and make clear universal access to health care is a moral imperative & moral issue; &
(3) Cesar Vieira, from the Pan American Health Organization (PAHO), who spoke about myriad connections between global health and trade, including trade in health care services and goods, and emphasized that the health impact of trade agreements needs much greater scrutiny, as does the actual trade in health services (previously considered a "non-tradable" entity, since services are not goods), especially in relation to cross-border care, movement of patients, presence of foreign firms, and movement of providers (e.g., import of Caribbean & Filipino nurses to US & Canada, and African nurses to UK).
--The Q & A focused on issues of power disparities affecting trade & also reproductive rights, moral frameworks that provide an alternative to right-wing religious fundamentalism (e.g., the Universal Declaration of Human Rights), problems with the "Medicare Improvement Act" (with the progressive message being it is a drug company bill, not Medicare reform), the Bush administration's promotion of individual "health savings accounts" & related efforts to privatize social security, both of which need to be opposed by clarifying health care and social security are social goods, not private commodities, etc.

And we had our usual brightly colored posters visibly posted in all relevant spots! ....

Onwards! ....
Spirit of 1848 Coordinating Committee

NB: for additional information the Spirit of 1848 and our choice of name, see:

--Coordinating Committee of Spirit of 1848 (Krieger N, Zapata C, Murrain M, Barnett E, Parsons PE, Birn AE). Spirit of 1848: a network linking politics, passion, and public health. Critical Public Health 1998; 8:97-103.

--Krieger N, Birn AE. A vision of social justice as the foundation of public health: commemorating 150 years of the spirit of 1848. Am J Public Health 1998; 88:1603-1606.

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--Citations in alphabetical order (submitted by the panelists)

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SPIRIT OF 1848 MISSION STATEMENT

November 2002

The Spirit of 1848:
A Network linking Politics, Passion, and Public Health

Purpose and Structure

The Spirit of 1848 is a network of people concerned about social inequalities in health. Our purpose is to spur new connections among the many of us involved in different areas of public health, who are working on diverse public health issues (whether as researchers, practitioners, teachers, activists, or all of the above), and live scattered across diverse regions of the United States and other countries. In doing so, we hope to help counter the fragmentation that many of us face: within and between disciplines, within and between work on particular diseases or health problems, and within and between different organizations geared to specific issues or social groups. By making connections, we can overcome some of the isolation that we feel and find others with whom we can develop our thoughts, strategize, and enhance efforts to eliminate social inequalities in health.

Our common focus is that we are all working, in one way or another, to understand and change how social divisions based on social class, race/ethnicity, gender, sexual identity, and age affect the public's health. As an activist and scholarly network, we have established four committees to conduct our work:

1) Public Health Data: this committee will focus on how and why we measure and study social inequalities in health, and develop projects to influence the collection of data in US vital statistics, health surveys, and disease registries.

2) Curriculum: this committee will focus on how public health and other health professionals and students are trained, and will gather and share information about (and possibly develop) courses and materials to spur critical thinking about social inequalities in health, in their present and historical context.

3) E-Networking: this committee will focus on networking and communication within the Spirit of 1848, using e-mail, web page, newsletters, and occasional mailings mailings; it also coordinates the newly established student poster session.

4) History: this committee is in liaison with the Sigerist Circle, an already established organization of public health and medical historians who use critical theory (Marxian, feminist, post-colonial, and otherwise) to illuminate the history of public health and how we have arrived where we are today; its presence in the Spirit of 1848 will help to ensure that our network's projects are grounded in this sense of history, complexity, and context.

Work among these committees will be coordinated by our Coordinating Committee, which consists of a chair/co-chairs and the chairs/co-chairs of each of the four sub-committees. To ensure accountability, all public activities sponsored by the Spirit of 1848 (e.g., public statements, mailings, sessions at conferences, other public actions) will be organized by these committees and approved by the Coordinating Committee (which will communicate on at least a monthly basis). Annual meetings of the network (so that we can actually see each other and talk together) will take place at the yearly American Public Health Association meetings. Finally, please note that we are NOT a dues-paying membership organization. Instead, we are an activist, volunteer network: you become part of the Spirit of 1848 by working on one of our projects, through one of our committees--and we invite you to join in!

Community email addresses:

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NOTABLE EVENTS IN AND AROUND 1848

1840-
1847: Louis Rene Villermé publishes the first major study of workers' health in France, A Description of the Physical and Moral State of Workers Employed in Cotton, Linen, and Silk Mills (1840); in England, Edwin Chadwick publishes General Report on Sanitary Conditions of the Laboring Population in Great Britain (1842); first child labor laws in the Britain and the United States (1842); end of the Second Seminole War (1842); prison reform movement in the United States initiated by Dorothea Dix (1843); Frederick Engels publishes The Condition of the Working Class in England (1844); John Griscom publishes The Sanitary Condition of the Laboring Population of New York with Suggestions for Its Improvement (1845); Irish famine (1845-1848); start of US-Mexican war (1846); Frederick Douglass founds The North Star, an anti-slavery newspaper (1847); Southwood Smith publishes An Address to the Working Classes of the United Kingdom on their Duty in the Present State of the Sanitary Question (1847)

1848: World-wide cholera epidemic

Uprisings in Berlin, Paris, Vienna, Sicily, Milan, Naples, Parma, Rome, Warsaw, Prague, Budapest, and Dakar; start of Second Sikh war against British in India

In the midst of the 1848 revolution in Germany, Rudolf Virchow founds the medical journal Medical Reform (Medicinische Reform), and publishes his classic "Report on the Typhus Epidemic in Upper Silesia," in which he concludes that preserving health and preventing disease requires "full and unlimited democracy"

Revolution in France, abdication of Louis Philippe, worker uprising in Paris, and founding of The Second Republic, which creates a public health advisory committee attached to the Ministry of Agriculture and Commerce and establishes network of local public health councils

First Public Health Act in Britain, which creates a General Board of Health, empowered to establish local boards of health to deal with the water supply, sewerage, cemeteries, and control of "offensive trades," and also to conduct surveys of sanitary conditions

The newly formed American Medical Association sets up a Public Hygiene Committee to address public health issues

First Women's Rights Convention in the United States, at Seneca Falls

Henry Thoreau publishes Civil Disobedience, to protest paying taxes to support the United State's war against Mexico

Karl Marx and Frederick Engels publish The Communist Manifesto

1849-
1854: Elizabeth Blackwell sets up the New York Dispensary for Poor Women and Children (1849); John Snow publishes On the Mode of Communication of Cholera (1849); Lemuel Shattuck publishes Report of the Sanitary Commission of Massachusetts (1850); founding of the London Epidemiological Society (1850); Indian Wars in the southwest and far west (1849-1892); Compromise of 1850 retains slavery in the United States and Fugitive Slave Act passed; Harriet Beecher Stowe publishes Uncle Tom's Cabin (1852); Sojourner Truth delivers her "Ain't I a Woman" speech at the Fourth Seneca Fall convention (1853); John Snow removes the handle of the Broad Street Pump to stop the cholera epidemic in London (1854)