November 16, 2006

TO: EVERYONE ON SPIRIT OF 1848 EMAIL BULLETIN BOARD
FROM: SPIRIT OF 1848 COORDINATING COMMITTEE
RE: REPORTBACK FROM THE 2006 APHA CONFERENCE

Greetings! The Spirit of 1848 Caucus is happy to share our reportback from the 134th annual meeting of the American Public Health Association (Boston, MA, November 4-8, 2006). Below we:

(a) present decisions we made at our business meeting, including the call for abstracts for APHA 2007, and

(b) give highlights of our sessions.

We are sending this reportback by email and posting it on our web site. Currently, 2,300 or so people subscribe to our email bulletin board (about the same as last year), 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.

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 & integrative & e-networking); email: nkrieger@hsph.harvard.edu
--Catherine Cubbin (Politics of public health data committee); email: CubbinC@fcm.ucsf.edu
--Anne-Emanuelle-Birn (History committee); email: ae.birn@utoronto.ca
--Suzanne Christopher (Curriculum committee; student poster session); email: suzanne@montana.edu
--Lisa Moore (Curriculum committee); email: lisadee@sfsu.edu
--Luis Avilés (integrative session); email: laviles@uprm.edu
--Pam Waterman (E-networking committee); 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.Spiritof1848.org

I. SPIRIT OF 1848 BUSINESS MEETING

Present (18 persons):
1) Coordinating committee members: Nancy Krieger (Chair/CC), Catherine Cubbin (CC/data), Anne-Emanuelle Birn (CC/history), Suzanne Christopher (CC/curriculum), Pam Waterman (CC/e-networking),Vanessa Watts (CC/student posters); Unable to attend but provided updates by proxy: Lisa Moore(CC/curriculum), Luis Avilés (CC/integrative)
2) Additional persons attending meeting (in alphabetical order): Larry Adelman, Sam Bég, Emily Galpern, Thomas Guadamuz, Penny Killian, Farah Mawani, Birgit Reimer, Blauca Rico, Alexandra Minna Stern, Dana Thomson

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 – and also offered thanks to Makani Themba-Nixon, from the Praxis Project, for covering costs for us to maintain a website.

3) We will continue with the same APHA time slots that we had this year, and also keep to our new policy (established in 2004) 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. We also reaffirmed our 2005 decision that we will no longer offer a prize as an incentive for the student poster session; instead, the incentive is the satisfaction of being included in a Spirit of 1848 session.

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 1:30 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) Pam Waterman will prepare an email for our listserve explaining how members can: (a) choose to receive posts in "digest" or individually, and (b) stop email when on vacation or else direct it to another email address. This email will be posted periodically. As of the time of this report, we have slightly over 2300 subscribers to our bulletin board!

We will also continue to post periodically an email reminding subscribers that they should only post items explicitly linking issues of social justice and public health, per the instructions we include in the "footer" to every email.

Here we add a reminder that, per our Dec 1, 2002 policy regarding inappropriate postings on the Spirit of 1848 listserve, individuals who post inappropriate postings (e.g., focused only public health with no explicit link to social justice, or only on social justice with no explicit link to public health) are sent a private warning. After 4 requests regarding inappropriate postings to a particular subscriber, that person will no longer be able to post to the 1848 bulletin board. Since instituting this policy in December 2002, 85 members have been sent 1 warning, of whom 9 have received a total of 2 warnings, 1 has received 3 warnings, and 3 have been removed from the list after being sent 4 warnings.

Finally, please do encourage your colleagues and friends to subscribe to our listserve! The relevant email addresses and websites are:

5) After our Tuesday evening Business Meeting, we received an update on the APHA Caucus Breakfast, which was held on the following morning (Wed, Nov 8) and which was attended by Pam Waterman on behalf of our Caucus. Pam will continue to represent our Caucus at the APHA Caucus phone meetings held during the year and also at the yearly breakfast meeting held at the APHA Conference.

Key points to flag from the Caucus Breakfast meeting are as follows:

a) The APHA Action Board (which proposes and reviews APHA policies and actions) will soon be appointing two new liaisons for the Caucuses; we will be notified when the decision is made.

b) There was continued discussion of the new draft Memorandum of Understanding (MOU) between APHA and its caucuses. Here we note that during the past year, our Caucus made substantial contributions to the refinement of this MOU. New clarifications are:

-- (1) Each Caucus can set its own criteria for membership, but whatever those criteria are, each Caucus must include at least 15 dues-paying APHA members (the Spirit of 1848 easily fulfills this criterion)

-- (2) A final decision on how APHA Caucuses use the APHA name or logo (e.g., identifying themselves as an "APHA Caucus") is still in the works. The bottom line is that APHA wants to ensure that no Caucus presents itself as speaking for APHA overall.

-- (3) With regard to Caucuses having a voice, and possibly a vote, at the APHA Governing Council, the Caucuses are proposing as the first step that APHA change its by-laws so that its rules do not have to be suspended to allow Caucuses to speak at the Governing Council (since currently only official members of the Governing Council can speak at these sessions, and Caucuses as of yet have no representation on the Governing Council). The suggestion is that the Caucuses be granted ex-officio status; were this to happen, the Caucuses would likely meet together before the APHA annual conference to decide on one representative to present Caucus concerns.

c) the Executive Director of APHA, Dr. Georges Benjamin, encouraged the Caucuses to nominate people for APHA positions (committees, boards, etc.) and APHA awards

B. Plans for the coming year

Next year's meeting will be focused on the theme of *"Politics, Policy and Public Health"* and will be held in Washington, DC (Sat, Nov. 3 through Wed, Nov. 7, 2007); the opening general session takes place mid-day on Sunday, Nov. 4, 2007.

Below we provide the decisions made at our Business Meeting about the sessions we will organize for next year. We will post our final "call for abstracts" in mid-December, which is when the official APHA "Call for Abstracts" is scheduled to go live on Monday, December 18, 2006, at: **http://apha.confext.com/apha/135am/oasys.epi**. ***ALL SOLICITED AND UNSOLICITED ABSTRACTS WILL BE DUE IN EARLY FEBRUARY 2007***; as soon as we know the specific deadline for the Spirit of 1848 submissions, we will post this on our listserve.

SPIRIT OF 1848: PLANS FOR APHA 2007

1) POLITICS OF PUBLIC HEALTH DATA SESSION

For APHA 2007, the session will focus on the work of the newly approved Robert Wood Johnson (RWJ) Commission on Health Equity. The proposal for this Commission was formulated by the UCSF Center on Social Disparities in Health (CSDH), led by Paula Braveman, with input from Catherine Cubbin, one of our Spirit of 1848 Coordinating Committee members. In addition to including presentations by members of the RWJ Commission on Health Equity, the session will have two discussants: Fran Baum, a UK member of the WHO Commission on Social Determinants of Health (to be confirmed), and Nancy Krieger, Chair of the Spirit of 1848 Caucus.

No unsolicited abstracts will be considered for this session.

This session will be in the Monday afternoon 2:30 pm to 4:00 pm APHA time slot.

2) SOCIAL HISTORY OF PUBLIC HEALTH SESSION:

For APHA 2007, our session will focus on: "Policing Reproduction: Lessons and Legacies of Eugenic Sterilization." The purpose is to provide historical analysis to remind of us past abuses and inform current work about reproductive rights. Organized by Alexandra M. Stern (who has previously presented on this topic in the Spirit of 1848 history session), the session will be introduced by Anne-Emanuelle Birn, from the Spirit of 1848 social history subcommittee, and will include presentations by: (1) Dr. Gregory Dorr, on "Poor Women, Poor Choices: The Dilemma of Civil Rights and Reproductive Health in the 1970s" (focusing on the 1973 Relf case, about the wrongful sterilization of two African American teenagers in Alabama), (2) Dr. Paul Lombardo, on "Looking Back at Buck v. Bell" (the 1927 Supreme Court decision that allowed states to perform mandatory sexual sterilization of persons who were mentally retarded, epileptic, or otherwise judged "socially inadequate," and (3) Dr. Elena Gutierrez, who as discussant will reflect on both the presented papers and the more recent US histories of policing reproduction, especially among women of color. Two Spirit of 1848 members, Emily Galpern and Birgit Remier, will work together with Alexandra Stern and the panelists to create a resource guide (listing books, articles, and websites) for current organizing around reproductive rights.

No unsolicited abstracts will be considered for this session.

This session will be in the Monday morning 10:30 to 12 noon APHA meeting timeslot.

3) PROGRESSIVE PEDAGOGY SESSION:

For APHA 2007, our session will focus on alternative settings for teaching about the links between social justice & public health, outside of the more usual public health (and medical school) classroom context. Alternative settings include: (1) community-based education, (2) K-12 curricula, (3) undergraduate programs, and (4) graduate schools and programs not specifically focused on health professionals, but instead focused on: law, policy, government, journalism, social work, architecture, urban planning, etc. The session will be introduced by Suzanne Christopher, from our Curriculum Sub-Committee.

Abstracts will be solicited for this session.

This session will be in Tuesday morning 8:30 to 10:00 am APHA time slot.

4) INTEGRATIVE SESSION:

Starting with the APHA 2002 Conference, the Spirit of 1848 has added a new oral session, in which we integrate the 3 themes of our Caucus. These pertain to the inextricable links between social justice & public health, as embodied in: the politics of public health data, the social history of public health, and progressive pedagogy. The integrative session complements our 3 other oral sessions, which provide opportunities for more in-depth discussion regarding each of our 3 themes.

For the APHA 2007 meeting, our integrative session will focus on ways to advance public discussion and action regarding the upcoming PBS broadcast (tentatively scheduled to be shown in Fall 2007) and DVD release of *"In Sickness and in Wealth: Is Inequality Making Us Sick?,"* a four-hour documentary series being produced by California Newsreel in association with the Minority Consortia of public television (formerly known by its working title, *"Hidden Epidemic"*). As stated by the producers, the series:

"… explores the root causes of our huge and disturbing socio-economic and racial disparities in health. It suggests there is more to our health than our meds, our behaviors and our genes. Society matters. The conditions in which we are born, live and work profoundly affect our wellbeing and longevity. Note that the series does not simply illustrate differential health care access and treatment but why some populations get sicker more often in the first place, i.e., the role of economic inequality, racism, poverty, segregation and neglect in breeding disease and despair."

Larry Adelman, the series executive producer and co-director of California Newsreel, presented the proposal for this session at our meeting. We agreed that the proposal is in the spirit of our integrative session, since the series is a teaching tool that addresses issues of social justice and public health, deals with the politics of public health data, and provides historical context on the social, political, and economic conditions and conflicts that produce health disparities within the US. The proposed format for the session is as follows: (1) an introduction by Nancy Krieger (as Chair of 1848 and also as one of the advisors to the series), (2) Larry Adelman, who will introduce and screen selections from the series, and (3) a discussion & dialogue with audience members following the screening on how the series can be used in the community, in the classroom, with activists, and with policy makers, to galvanize organizing around the social determinants of health and eliminating health inequities. The discussion/dialogue leaders will be Makani Themba-Nixon, Executive Director of the Praxis Project. The purpose will be to take the discussion "to the next level" and "consider how the public health community can best utilize *In Sickness and in Wealth* and its ancillary tools to inject issues of equity and social justice – around housing, racism, education, jobs and wages, community development, social supports and tax policy – into discussion of health; and introduce health consequences into debates over social and economic policy." Plans already are underway for a campaign including "media relations, a companion website, and wide educational dissemination," as well as work with Outreach Partners to organize "screenings, forums, town meetings, and trainings, as a way to build local public support and stakeholder buy-in for health equity initiatives." California Newsreel will cover costs of the AV equipment for the session (laptop with DVD playing capability and LCD projector with linked sound).

We also note that Georges Benjamin, the Executive Director of APHA, would like to have APHA present a special screening of the opening hour-long episode during one of the days of the conference or else as part of a special evening forum and reception. We do not yet know if this special event will come before or after our Monday afternoon session and will keep everyone posted!

No unsolicited abstracts will be considered for this session.

This session will be in the Monday afternoon 4:30 to 6:00 pm APHA time slot.

5) STUDENT POSTER SESSION:

Title: *"Social Justice & Public Health: Student Posters"*

The Spirit of 1848 Caucus is soliciting abstracts from students of public health and health-related programs that highlight the intersection between social justice and public health from a historical, epidemiological, and/or methodological perspective. We welcome abstracts on topics ranging from public health research to public health practice to student-

initiated courses on connections between social justice & public health. The work presented can be global, country-specific, or local.

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; submissions will judged in accordance to expectations appropriate for each level of training. Postdoctoral fellows are NOT eligible to submit posters.

Abstracts should focus on furthering understanding and action to address the ways that social inequality harms, and social equity improves, the public's health. Examples of social inequality include inequitable social divisions within societies based on social class, race/ethnicity, and gender, as well as inequitable relations between nations and geographical regions. Given the theme of the conference, we especially welcome abstracts regarding links between politics, policy and public health.

All posters for this session will be selected from contributed abstracts.

This session will be in the Tuesday afternoon 12:30 pm to 1:30 pm APHA time slot.

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If you have any questions about the proposed Spirit of 1848 sessions, please contact the relevant subcommittee contacts for these sessions, listed below:

1) Public Health Data: Catherine Cubbin (cubbinc@fcm.ucsf.edu)

2) Curriculum: Suzanne Christopher (suzanne@montana.edu)

3) History: Anne-Emanuelle Birn (ae.birn@utoronto.ca)

4) Integrative session: Nancy Krieger (nkrieger@hsph.harvard.edu)

5) Student poster session: Vanessa Watts (vwatts@hsph.harvard.edu)

And finally: at the pre-APHA meeting of the Spirit of 1848 Coordinating Committee, we raised the idea that at the APHA 2008 meeting we should perhaps organize a follow-up to our 1998 "extravaganza" that celebrated 150 years of the "Spirit of 1848." So, we will be giving more thought to organizing a special event to mark the 160th anniversary of 1848 and will keep everyone posted!

II. SPIRIT OF 1848 SESSIONS AT APHA (Boston, MA, Nov 4-8, 2006)

As usual, our sessions were well attended, thought provoking, and clearly useful to those who came. In total, we estimate approximately 610 persons attended our 4 oral sessions (up from 510 last year), and approximately 30 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 reflecting overall APHA conference theme, on *"Public Health and Human Rights."* Common to all our oral sessions was a concern with links between social justice and human rights as they pertain to population health and the work of those of us in public health, premised on the view that these two frameworks are necessary and complement, rather than compete with, each other.

1) HISTORY

Our reflective and inspiring session, attended by about 120 people (about the same as last year, and up from 45 in 2004!), was as follows:

HEALTH & HUMAN RIGHTS: CRITICAL HISTORICAL PERSPECTIVES FROM THE COLD WAR TO THE NEW WORLD ORDER
MON, NOV 6 ***10:30 AM-12 NOON (SESSION 3152.0) * BOSTON CONV. CENTER (BCEC) 50**
10:30 AM — Introduction. **Anne-Emanuelle Birn, MA, ScD**
10:35 AM — Physicians for Human Rights: A case study in progress toward social determinants of health. **H. Jack Geiger, MD, MSciHyg**
10:55 AM — Jonathan Mann, HIV/AIDS, and human rights. **Elizabeth Fee, PhD**
11:15 AM — A perspective on the future history of health and human rights. **Daniel Tarantola, MD, Professor**
11:30 AM — Health and human rights history: discussant. **A. J. Taylor, MPH**
11:45 AM — Question & answer period

Anne-Emanuelle Birn, in her introduction, noted that while links between health and human rights are increasingly invoked, little attention has been paid to when, how, and by whom these connections were forged. Most analyses refer back only to 1948 and the establishment of the Universal Declaration of Human Rights. In our Caucus, however, we ground ourselves in 1848 and that era's articulation of profound connections between social justice and public health. In that spirit, we organized this session to give further critical historical perspective on current work linking health & human rights.

H. Jack Geiger, one of the founders of Physicians for Human Rights (PHR) and also one of its past presidents, reviewed the organizations history and current work. Founded in 1986 by six physicians and a lawyer, PHR initially sought to deploy the unique expertise of physicians in documenting the impact of human rights abuses of individuals (e.g., torture, physical abuse, and imprisonment). Early work focused on harms to health caused by the Chilean dictatorship, the occupation of the West Bank and Gaza, and the first Gulf War in 1991. Expertise brought to bear included epidemiologic methods, forensic pathology, and DNA technologies (e.g., to identify persons buried in mass graves and to link children of the "disappeared" in Argentina with their families of origins). Subsequently, the work broadened to tackle such issues as: the HIV/AIDS epidemic, the effects of apartheid, the brain drain (resulting from Western nations recruiting health professionals trained in poor countries), maternal mortality, sexual violence, and, most recently, the impact of racial discrimination on health care. Thus, over the course of 20 years, PHR has grown in its focus, continuing with its critical work concerned with health consequences of torture and denial of civil and political rights, while also expanding to include concern for how violations of social, economic, and cultural rights harms health of individuals and populations.

Manon Perry, on behalf of Elizabeth Fee (who could not attend because of a meeting of the Eastern Mediterranean Regional Organization of WHO scheduled at the same time, in Cairo), presented Dr. Fee's talk on Jonathan Mann, which she supplemented with her own expertise as curator for the National Library of Medicine for an upcoming exhibit on global health. The presentation traced Mann's career from 1986, when his experiences in Zaire led him to convince the then Director of the WHO, Halfden Mahler, to set up the WHO Global Program on AIDS, to his death in an airplane crash in 1998. Throughout, the presentation highlighted Mann's critical contributions in bringing together issues of health and human rights as related to the HIV/AIDS pandemic – and the political fights he took on because of this perspective, e.g., with the Vatican over condom use and sex education, and with the subsequent WHO Director, Nakajima, who opposed the human rights approach, causing Mann to leave WHO. Mann then established the first center on health and human

rights at Harvard, effectively combining research and advocacy. Also emphasized was the critical difference one individual can make, by persuading others to take action.

Daniel Tarantola next discussed the future history of health and human rights, based on his 25 years of experience in the field, including working with Jonathan Mann from the start at WHO and then at the FXB Center on Health and Human Rights at Harvard. His central point concerned the elusiveness of human rights in affecting government action: "now you see it, now you don't." By this he meant that during the late 1980s, the work of Mann and others brought attention to links between health and human rights, such that by the 1990s this framework was having a demonstrable impact on government agencies and policies across the globe. Recently, however, the interest in human rights has waned, largely because policies premised on this framework make governments uncomfortable, especially in a period when governments are increasingly promoting privatization and the market, thereby diluting notions of the state and its obligation to protect, fulfill and promote human rights. Arguing that human rights are necessary for good governance, Tarantola urged that we reject the newly prevailing "human rights skepticism" invoked by many governments and also private sector and other non-government actors. Instead, we should: (a) insist on connections between social justice and human rights (per the initial premise of indivisible social, economic, cultural, political, and civil rights, rather than the Cold War logic of the 1st and 2nd generation human rights, which placed "political and civil" in the 1st batch and "social, economic, and cultural" in the 2nd), (b) build the evidence base on links between health, human rights, and development, (c) challenge poorly conceptualized notions of a "human rights orthodoxy" and reject false antagonisms between public health and human rights approaches, (d) clarify that handing out medicines, while important, does not by itself alleviate poverty: relief is an important response to distress, but not a solution to addressing the underlying determinants that cause harm, and (e) appreciate the critical importance of human rights legal documents and treaties for holding governments accountable for population well-being.

April Taylor, as discussant, spoke to how the panel's presentations emphasized why we need to fight for justice, take risks, and keep passion alive as we work for health and equity. She also spoke to the relevance of a health and human rights approach to organizing in the US and drawing in affected populations in fighting against health disparities. As an example, she discussed her work in the Boston Black Elders REACH 2010 coalition with Black Elders, which she has informed with a human rights perspective in part by making connections to the US Civil Rights movement, which is the more familiar reference point for the members of this group.

During the **Q& A**, audience members raised questions that highlighted: (a) the importance of emphasizing the complementary, rather than competing, nature of human rights and social justice perspectives, and explicitly naming and opposing the Cold War-inspired split between the two, and (b) issues of accountability as applied to a variety of non-state actors, including not only private corporations but also private philanthropies (e.g., the Gates Foundation).

2) POLITICS OF PUBLIC HEALTH DATA

Our data session, attended by about 140 people (down from 220 last year) focused on:

HEALTH & HUMAN RIGHTS: METHODOLOGIES, MONITORING, AND THE POLITICS OF DATA
MON, NOV 6 ***2:30 PM-4:00 PM (SESSION 3350.0) * BOSTON CONV. CENTER (BCEC) 253A**
2:30 PM — Introduction. **Catherine Cubbin, PhD**
2:35 PM — Value of human rights for monitoring and evaluation of public health policies and programs: lessons learned from review of existing HIV/AIDS indicators. **Sofia Gruskin, JD, MIA; Sharia Ahmed, MPH; Laura Ferguson, MS; Daniel Tarantola, Prof**
2:50 PM — Opportunities and challenges for using indicators to monitor the rights to health. **Alicia Ely Yamin, JD, MPH**
3:05 PM — Right to health and trade: what role for human rights standards and tools in relation to medicines? **Lisa Forman, MA**
3:20 PM — LGBT health: a case study of politics and data collection**. NFN Scout, PhD**
3:35 PM — Discussant. **Nancy Krieger, PhD**
3:45 PM — Question & answer period

Catherine Cubbin introduced the session & speakers, noting the range of politics of data issues that would be addressed.

Sharia Ahmed focused on the value of human rights for monitoring and evaluating public health policies and programs. Starting with the example of HIV/AIDS, she discussed how the proliferation of indicators meant that a clear systematic review is needed to determine whether, for HV/AIDS or other outcomes, the existing indicators are human rights sensitive and sufficient or, if not, what sorts of new indicators are needed. In addition to showing a matrix that could be used to evaluate specific programs and policies, she provided an example of the kinds of problems such a matrix could reveal, e.g., countries that encourage HIV programs for drug users, but still criminalize drug use (such that a drug user who stepped forward for enrollment in a program could potentially be at legal risk).

Alicia Yamin next discussed some of the tensions in human rights organization about the new emphasis on quantitative indicators linking health and human rights, with some wondering why the traditional approach of naming, shaming, and using individual narratives was not sufficient. Arguing that indicators could be a bridge between approaches focusing on individual violations and those concerned with structures, systems, and power relations resulting in population-wide violations that harm health, she suggested that appropriate use of indicators could lead to new understanding of problems, with systematic data providing a new basis for stimulating social change and information people about links between human rights and population health. One proposed taxonomy of indicators includes: (a) "structural indicators," referring to qualitative accounts of laws, policies, and institutions; (b) "process indicators," referring to quantitative assessment of policy implementation (e.g., number of hospital beds per population); and (c) "outcome indicators," referring to the results achieved (e.g., infant mortality rates). Challenges include: difficulty of measurement; a tension between using "universal" versus "context-specific" indicators; the distinction between a concern with norms versus data; and who has a say, via what process, in the design of the indicators and collection and reporting of the data.

Lisa Forman then discussed the importance of developing human rights health impact assessments, using the example of limited access to medicines resulting from economic policies such as the patent rules established by the World Trade Organization. She first presented data on the lack of access to essential medicines for 2 billion people globally, especially in relation to HIV/AIDS, tuberculosis, and malaria, leading to approximately 9 million lives lost per year. She then discussed how patent protections have been documented to lead to increase of drug prices and reduction to access, as opposed to increasing drug availability (as the pharmaceutical companies claim, per the argument that patents spur innovation because of fiscal incentives). A new avenue to overcoming the economic barriers to essential medicines could be using human rights instruments to enforce legal obligations of states in their health policies; using the example of Peru, she noted this might not mean taking on patents per se, but rather the state subsidizing the cost of essential medicines so that they could be accessible to the populations who need them.

NFN Scout in turn discussed the politics of data and the denial of rights exemplified by the difficulties of getting data on lesbian, gay, bisexual, and transgender (LGBT) populations in the US – and the catch-22 of not having sufficient evidence to get such measures included in US national surveys precisely because of the lack of data due to these measures being excluded from the surveys. Examples discussed included: (1) how *Healthy People 2010* originally included sexual orientation among the "health disparities" populations, then it was excluded under the Bush administration, then re-included only after organizing by community advocates; (2) the 2001 initial inclusion and then disappearance of a proposed office of LGBT health in the Dept of Health and Human Services strategic plan; (3) the 2002 rejection of LGBT measures in the National Health Interview Surveys because of a lack of evidence that these questions needed to be asked; (4) the 2003 witch hunts, led by the Traditional Values Coalitions, on NIH grants concerned with LGBT health, with the NIH director eventually taking a stand in defense of science; (5) the 2003 request from CDC for LGBT questions for their adult tobacco survey and then yanking of these questions in 2004, and then the decision in 2005 to include the questions, but only after the survey had already been given out; and (6) the CDC initial decision to fund 8 tobacco networks, including one for gays/lesbians, then the re-issuing of the request for proposals with the language re gay/lesbian deleted and changed to "groups for which there is data to support a high prevalence of tobacco use" (which did permit the LGBT network to get funded). The key message was how political suppression makes it difficult to prove the health harms to LGBT populations and the need for data to document these harms.

Nancy Krieger, as discussant, commented on how the different presentations spoke to different aspects of the politics of public health data. She emphasized the importance of data for accountability and action, noted the complementary nature of qualitative and quantitative data within public health fields (and not only a matter of legal vs public health data), discussed how norms are evident in what data are and are not collected, and how different frameworks affect the interpretation of data (e.g., even if everyone agrees that the health of one group is better than another, the causes of this disparity can differentially be argued to be due to innate inferiority of the worst-off group versus the consequence of

social injustice). She concluded by underscoring the importance of being explicit about the politics of data: which data are collected (and how, by whom), which are not, and how they are interpreted, as well as who has input into each aspect of data creation (since "data" are never a "given," even though that is what the term allegedly means, from its Latin roots).

During the **Q& A**, discussion concerned the importance of using normative frameworks when looking at data, and also not adopting a totally relativist stance about scientific evidence, especially in this age of conservative and religious assaults on science (e.g., Intelligent Design; industry-funded groups that attempt to discredit science supporting regulation of pollution or efforts to curb global warming as "junk science," etc.). Rather, as argued by Krieger, a more nuanced view of data and science is needed, which draws on notions of "situated objectivity" (per Donna Harraway) and the idea that science is about the transparent and public testing of ideas in the public domain, using public data, and so while worldviews clearly affect what questions are and are not asked, the process of testing ideas (rather than simply having opinions) is key.

3) INTEGRATIVE SESSION

Our integrative session, drawing an audience of around 300 people (up from 100 last year) had the following line-up:

SOCIAL JUSTICE, HUMAN RIGHTS, AND HEALTH: FROM RHETORIC TO REALITY
MON, NOV 6 ***4:30 PM-6:00 PM (SESSION 3424.0) * BOSTON CONV. CENTER (BCEC) 253A**
4:30 PM —Introduction. **Nancy Krieger, PhD**
4:35 PM —Using data to bring together health and human rights: assessing accountability and promoting program effectiveness. **Sofia Gruskin, JD, MIA**
4:55 PM —Approaches to teaching about public health and human rights to health professionals and advocates in Brazil. **Ivan-Franca Junior, MD, PhD, Jose Ricardo Ayers, MD, PhD, Vera Paiva, PhD, Eliana Miura Zucchi**
5:15 PM — Public health and human rights. **Daniel Tarantola, MD, Prof**
5:35 PM —Discussion: Applying the human rights lens. **Makani Themba-Nixon**
5:45 PM —Question & answer period

Nancy Krieger introduced the 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 connections between health & human rights and social justice frameworks. One motivation was our awareness that progressive movements, especially in the US, at times pit one approach against the other, rather than appreciate their complementary natures, in part due to the legacy of the Cold War and the US emphasis on "political and civil" rights and the USSR's emphasis on "social and economic rights," and their respective harmful disregard of the rights they didn't emphasize (including also cultural rights). We accordingly invited speakers who could bring out connections between social justice, human rights and health in concrete ways, in relation to data, pedagogy, and history, thereby moving discussion from rhetoric to reality and improving our basis for rectifying health inequities.

Sofia Gruskin focused on human rights and public health approaches to using data to assess accountability and provide a basis for improving action to address population health problems. In her talk, she discussed how a human rights approach matters for both data collection and interpretation. She then offered the concrete example of a tool she and her colleagues are developing and testing to operationalize the use of a human rights framework for addressing health policies and outcomes, so as to improve accountability vis a vis laws, policies and programs, on the one hand, and health outcomes, on the other. This tool, she emphasized, is both a process and an instrument, and one that involves the cooperation of each country's Ministry of Health. In the case of data collection, she raised the questions about who is involved in the design and collection of the data, who funds the work, who is and is not counted, who benefits from and is harmed by the data, and whether any rights were violated in the collection of the data. From the policy side, concerns pertain to what human rights instruments have been ratified by the government, as well as what laws and policies exist relevant to the health problem at issue and whether they are compliant (or not) with human rights standards. Key human rights principles involved include non-discrimination, participation, accountability, and the germane elements of the right to health (both health as such and other rights relevant to realizing the right to health, e.g., pertaining to economic resources, education, etc.). As a concrete example of the kinds of obstacles to realizing health and human rights exposed by "the tool," she recounted the case of Indonesia, where use of the tool sparked awareness in the Ministry of Health that its policies promoting sex education were coming into conflict with other policies that criminalized the display of contraceptives and

prohibited unmarried people from accessing contraception and required married women to have their husband's authorization to seek contraceptive services, thereby limiting knowledge about contraception among both adolescents and unmarried people and hence increasing their health risks. The key point is "health & human rights" is not just an ideology: it offers a practical, pragmatic approach to tackling health problems.

Ivan França-Junior next discussed the approach he and his colleagues in Brazil use to teach health professionals and grass-roots community groups about health and human rights. He situated this pedagogy within the context of Brazil's Collective Health movement, which developed during the time of resistance to their country's military dictatorship in the 1970s. In his presentation, he discussed the diverse critical frameworks informing their teaching about health and human rights, including works by Marx, Foucault, Althusser, Habermas, Bobbio, Freire, and Boaventura de Sousa Santos and the thinking behind the World Social Forum. United by their commitment to human emancipation, these frameworks provide a way of seeing rights as historical and inherently reciprocal (if I recognize rights for me, I recognize them for you) and of avoiding false conflicts between individual autonomy and popular sovereignty (since each depends on the other). Consequently, rights become what he termed an emancipatory script for social and political action. Teaching about health and human rights enables raising questions about "what is health?," "what are human rights?," and why they are related, using methods that draw on what the participants already know, and increasing their appreciation for how an understanding of health and human rights (and the historical and political character of rights) is practical, not theoretical, and can inform their concrete day-to-day work in the health arena. That said, he noted that some limitations of the health & human rights approach in Brazil: (1) until recently, work in this area has focused chiefly on issues like torture and prisoners, so it is a new expansion to take on population health; (2) within Brazil's Collective Health movement, some still adhere to a Marxist bias (per one interpretation of Marxism) that human rights are merely "liberal" and concerned only with "political and civil" rights and not also "economic and social" rights; and (3) the Brazilian judicial system is conservative and hostile to human rights, since it views the UN treaties as foreign legislation. Still, the point is to take on these challenges and expand understanding of links between health & human rights & social justice, in part by teaching people about their connections.

Daniel Tarantola then provided a historical perspective, discussing different phases in the development of the human rights & health perspective and movement. Thus, the expansive definition of health in the WHO constitution (1946), including social well-being, gave way to more restricted definitions of health and the right to health in later human rights instruments (e.g., the 1966 International Convention on Economic, Social, and Cultural rights), which more narrowly addressed physical and mental diseases and health services. Especially spurring development of the health & human rights framework was the HIV/AIDS epidemic, which led to the formulation, in the early 1990s, of an approach to using human rights to provide a coherent framework for logically structuring the array of factors individual, programmatic, and societal vulnerabilities that drive risk situations and behaviors, thereby leading to risk of adverse health outcomes and inadequate care. Elements of a rights-based approach include: explicit linkages to the relevant rights at issue, a concern for government accountability (including regarding regulation of non-state actors), empowerment and participation (especially of vulnerable groups), and non-discrimination. He presented an example of how, in Myanmar, this approach could be used to structure interventions, taking into account both the level of risk and population size of groups at issue (e.g., small groups with high risks, such as injection drug users, needing intensive targeted intervention, and large groups with low risk, needing broad programs). Three of the main approaches currently being used to investigate links between health & human rights are: (1) health and human rights impact assessment (focused on understanding how policies affect population and individual health); (2) comparative risk assessment (geared towards improving the evidence-base for health systems); and (3) social determinants of health (i.e., research linking health outcomes to their "upstream" causes). However, signaling continued disconnects between human rights and social justice approaches, he noted that the new WHO Commission on the Social Determinants of Health did not use the term "human rights" once during its first 14 months of existence and, when it finally mentioned them (in June 2006), stated that individual rights come second to considerations of social equity (albeit it remaining unclear exactly what this is supposed to mean).

Makani Themba-Nixon, the discussant, then highlighted the key points of each presentation and the importance of framing our work for social justice, human rights, and health in terms of human emancipation, what it means to be healthy (beyond a narrow biomedical definition of the term), and hence what we are aspiring to (as opposed to just opposing). She emphasized this was as true for work in the US as in other countries. She accordingly urged participants to attend the upcoming US Social Forum, which will be held next summer in Atlanta (June 27-July 1, 2007), premised on the view of the World Social Forum that "another world is possible" and more specifically that "another US is possible." The website for this event is: http://ussf2007.org . While challenging, a human rights perspective can be brought to and enhance social

justice and progressive organizing work in the US, including around health inequities, with the goal being to grow and magnify efforts using human rights instruments. As one example, she mentioned a current effort to get New York City to adopt CEDAW (the Convention to End Discrimination Against Women) to help set local standards for practice, including those of the city's health department.

4) CURRICULUM/PROGRESSIVE PEDAGOGY

Our pedagogy session, attended by about 50 people (down from 70 last year), included the following speakers:

HEALTH & HUMAN RIGHTS: TEACHING IN THE COMMUNITY AND THE CLASSROOM
TUES, NOV 7 * 8:30 AM-10:00 AM (SESSION 4066.0)*** BOSTON CONV. CENTER (BCEC) 50**

8:30 AM — Introduction. **Suzanne Christopher, PhD**
8:35 AM — Teaching of health and human rights: approaches, challenges, & opportunities. **Sofia Gruskin, JD MIA, Daniel Tarantola,Prof**
8:50 AM — Integrating human rights principles across health curricula. **Silvia Amesty, MD, MPH, MSEd, Alicia Gurdian, PhD**
9:05 AM — Popular education: moving beyond the dialogue session. **Jessica Henry, MS, Matt Griffith, MPH, Doug Taylor, PhD, Connie Tucker, Estelle Archibold**
9:20 AM — Valuing, vetting, and visioning: advance health and human rights in professional health programs. **Wael Noor El-Nachef, Jonathan Chevrier, MSc, L. Emily Cotter, MPH, Lisa Rahandale, MD, MPH, Rodhan Radhakrishna, Sheri Weiser, MD, MPH, Vince Iacopino, MD, PhD**
9:45 AM — Question & answer period

Suzanne Christopher introduced the session & speakers, noting the range of types of teaching issues that would be addressed.

Daniel Tarantola opened by noting that higher education about health and human rights began only in the 1990s, first focusing on HIV/AIDS (per courses led by him, Jonathan Mann and Sofia Gruskin), then expanding to a broader concern with health overall. He then described a conference convened at Harvard the previous Friday, which included 22 participants (chiefly but not only from the US), whose objective was to bring together key people involved in University-level education around health and human rights, so as to share experiences and discuss how they constructed courses and responded to student needs. Common themes included: (a) growing student interest in the topic; (b) students' wanting courses to provide advocacy tools; (c) different emphases in different types of schools (e.g., law school focus on international legal human rights context and normative value of human rights, vs. public health school focus on advocacy tools); (d) importance of treating the US as both a case study and a global actor; (e) the importance of linking research and teaching, and (f) the need to teach about human rights & health in historical context, including countering the Cold War emphasis on the split of human rights into two different sets of rights (political & civil versus social, economic, & cultural) and instead emphasize their original conception as all interdependent. Course formats varied from seminars to case studies to field studies; undergraduates tended to be more interested in reading and writing than graduate students (especially those in medical school); and all courses needed to provide a safe space for students to confront difficult material (e.g., about torture), to express fears, and to disagree with the teachers about human rights principles. Soon two websites related to the meeting will be available: one with the syllabi that were shared (http://www.iphhr.hsph.harvard.edu), the other for donations to support development of these curricula (http://ihhr.unsw.edu.au).

Silvia Amesty then discussed a course on health and human rights she has developed with her colleague Alicia Gurdian, at the University of Costa Rica Medical school. The emphasis was on engaging students in a dynamic process to help them become agents of change and be responsive to their society and its needs, and hence in contrast to the usual more passive learning that occurs in medical school. Its intellectual content and methodology were intended to help students analyze how social and political processes create health disparities and also to put individuals and patients in social, political, and historical context. Another objective was to promote self-analysis, referring to how the students, as physicians, fit into the political to personal processes studied in the course. They have developed three versions of the course: (a) 12 hours of didactics included in a "health and society" course, (b) a 12 hour course for practicing health professionals, and (c) a 12 hour course for university professors. Students in each of these versions wanted more, so they

are working on how to develop a required (rather than elective) module that can be included in the medical curriculum and also are working to increase discussion of health and human rights throughout the University context.

Jessica Henry next presented the South East Community Research Center's approach to popular education, based on Friere's model and used in conjunction with community-based participatory research, with the aim of ensuring that such research incorporates a social justice perspective. The presentation reviewed key principles of community-based participatory research and its attention to power dynamics.

Emily Cotter and Rodhan Radhakrishna then discussed a survey they have sent to Deans of Schools of Public Health and Schools of Medicine regarding the extent to which their schools offer and support teaching on health and human rights. The survey itself is the outgrowth of a class project for a health and human rights course they and their co-authors participated in last year. They sent the survey to all 36 accredited US public health schools and all 125 accredited US medical schools. Currently, the response rate is 58% and they are working on raising it to 70%. Preliminary results, shared at the session, indicated that: (a) slightly over half of the schools of public health and one third of the medical schools offered at least a course in health and human rights; (b) the health and human rights course(s) tended to be elective, not required; and (c) key barriers included competition for time (given all else required in the curriculum), a lack of qualified instructors, a lack of faculty interested in teaching about health and human rights, and a lack of funding to support the development and teaching of such courses. Despite these obstacles, most of the Deans expressed support for health and human rights to be taught at their schools. Next steps will be to develop recommendations on what these schools can do to increase their course offerings on health and human rights.

During the **Q&A**, discussion items included: (a) how to address controversial topics in the courses, e.g., conflicts between universal human rights and "traditional values" -- with the suggestion being that it is best to engage with these conflicts and use them as teaching opportunities, rather than try to gloss over them; (b) the importance of teaching that human rights are indivisible (rather than teaching about "positive" versus "negative" rights); (c) the need to translate English-language articles about health and human rights into other languages (since most of the literature is published in English); and (d) the need to be aware that faculty from different disciplines may use the "same" word or term differently, hence the need to work on improving transdiciplinary communication and teaching about health and human rights. Also discussed was how the desire to have core courses and also modules included in other courses was common to other related efforts to improve public health and medical curricula, e.g., in relation to health disparities, gender and health, etc.

5) STUDENT POSTER SESSION

Our 5th **"STUDENT POSTER SESSION: SOCIAL JUSTICE AND PUBLIC HEALTH" (session 4099.0, Tues, Dec 7, 12:30 to 1:30 pm)** had 7 posters accepted (of which one had to withdraw). The six posters displayed were as follows:

Board 1: Human rights and humanitarian assistance: The Sphere Project. **Helen Ouyang, BA, MPH, MD candidate**

Board 2: Economic Sanctions: rights-based strategies and reforms. **Zyde Raad, MS candidate**

Board 3: Who survives and why? An assessment of indigenous care seeking practices for acute respiratory infections in Bolivia. **Adriana Smith, BA; Kirk Dearden, DrPH, MPH; Jonathan Hansen, Ben Briton**

Board 4: EPA brownfields and Hyde Park: promises and poisons. **Olympia C. Anderson; Kenitra Robinson; Damu McBride; Gregory Wright; Brendetta Douglas**

Board 5: An evaluation of a dismantling racism process at a county health department: social justice through a community-based participatory research approach. **Betsy E. Havens, MPH; Mondi Mason, DrPH; Michael Yonas, DrPH; Vanessa Jeffries, MPH; Eugenia Eng, MPH, DrPH**

Board 7: Do race and gender moderate the relationship between socioeconomic status and obesity? **Tracy M. Hilliard, MPH**

F) Other:

We co-sponsored & helped organize the **P. Ellen Parsons Memorial Session, on "***Universal Access: At a Tipping Point?"* (Session 4238.0, Tues, Nov 7, 2:30 to 4:00 pm). The primary sponsor was the Medical Care Section; other co-sponsors included the Women's Caucus and the Socialist Caucus. It was attended by approximately 30 people. During this session, the first speaker focused on features of the new Massachusetts health care reform legislation, while the second critiqued it for its lack of cost-controls. The third offered a new approach, developed in San Francisco, whereby a county can more effectively use existing funds already being spent (e.g., on Medicaid and emergency care) to improve primary care and preventive services for people lacking health insurance and thus avoid getting the county entangled in the business of providing health insurance. A key political point was that while all the panelists agreed that a universal single-payer health plan is the policy that makes the most sense (noting even that the VA system, as currently constituted, outperforms other US health care programs, in terms of both cost and quality), the limited options on the table painfully reveal the limits of what currently is politically possible.

Finally, the Spirit of 1848 co-sponsored the Occupational Health and Safety dance on the Tuesday night of APHA.

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.

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:

Post message:	**spiritof1848@yahoogroups.com**
Subscribe:	**spiritof1848-subscribe@yahoogroups.com**
Unsubscribe:	**spiritof1848-unsubscribe@yahoogroups.com**
List owner:	**spiritof1848-owner@yahoogroups.com**
Web page:	**www.Spiritof1848.org**

First prepared: Fall 1994; revised: November 2000, November 2001, November 2002

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 States' 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)