SPIRIT OF 1848: APHA 2008 REPORTBACK

TO: **EVERYONE ON SPIRIT OF 1848 EMAIL BULLETIN BOARD**
FROM: **SPIRIT OF 1848 COORDINATING COMMITTEE**
RE: **REPORTBACK FROM THE 2008 APHA CONFERENCE**

Greetings! The Spirit of 1848 Caucus is happy to share our reportback from the 136th annual meeting of the American Public Health Association (October 25-29, 2008, San Diego, CA).

(a) present decisions we made at our business meeting, including the call for abstracts for APHA 2009, and

(b) give highlights of our sessions.

We are sending this reportback by email and posting it on our web site. Currently, 2,840 people (up from 2,583 last year) – from both the US and elsewhere in the world – subscribe to our email bulletin board. We expect still more to sign up, given the interest expressed at the APHA meeting. We are very happy to report that approximately 600 people attended our 4 oral sessions (which is very good attendance for sessions organized by any particular APHA section, SPIG, forum, or caucus, on par with the 610 who attended our sessions in 2006, but lower than our record-breaking attendance of 1065 in 2007).

Please encourage interested colleagues & friends to subscribe to our bulletin board too, and

Please feel free to email interested colleagues & friends this update/report, which can also be downloaded from our website, at:

http://www.spiritof1848.org

And please likewise encourage them to subscribe to our listserve! – directions for how to do so are provided at the end of this email and on our website. Also available at our website are our mission statement, the web-links and downloadable documents we describe below, and descriptions of our sessions at previous years at APHA and related resources.

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: ccubbin@austin.utexas.edu
--Anne-Emanuelle Birn (History committee); email: aebirn@utoronto.ca
--Kirby Randolph (History committee); email: krandolph@kumc.edu
--Suzanne Christopher (Pedagogy committee); email: suzanne@montana.edu
--Lisa Moore (Pedagogy committee); email: lisadee@sfsu.edu
--Luis Avilés (History committee); email: laviles@upm.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

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.

Both of these publications are **posted** on our website, at: http://www.spiritof1848.org/

A) SPIRIT OF 1848 BUSINESS MEETING (Tues, Oct 28, 6:30-8:00 pm)

Attended by: (a) Spirit of 1848 Coordinating Committee members (alphabetical order): Suzanne Christopher (pedagogy), Catherine Cubbin (data), Nancy Krieger (chair), Lisa Moore (pedagogy), Vanessa Watts (student poster session), Pam Waterman (e-networking), and (b) Jacquie Fraser, Eve Pinsker, Sherry Spence.

Spirit of 1848 Coordinating Committee members who were unable to attend were: Luis Avilés (history), Anne-Emanuelle Birn (history), and Kirby Randolph (history).

1) We re-affirmed the mission statement of the Spirit of 1848 (available at our website, at: http://www.Spiritof1848.org) which, among other things, describes our subcommittee structure and our history.
-- In brief, we grew out the work in the late 1980s 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.
-- We have 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), and (d) e-networking, which handles our listserve and website.
-- 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).

2) We reported back on how our various sessions went (see detailed descriptions below), discussing both attendance and content. We note that this year, as in past years, attendance for the 3 sessions reflecting the foci of the Spirit of 1848 was quite good: History ($n \approx 100$); The politics of public health data ($n \approx 250$); and Progressive pedagogy in public health ($n \approx 100$); attendance for our "integrative session" on 160 years of the Spirit of 1848 was lower than expected ($n \approx 150$), albeit still good for an APHA session (noting that in 2004, the last year for which APHA released attendance statistics for all APHA entities, the on-average attendance at a scientific session was 47.4 persons).

3) We were glad to receive the update that on Tues, Oct 28, the Governing Council voted 78% in favor of the resolution to permit each APHA caucus to have a non-voting member join the Governing Council, with the right to raise issues and to speak to issues on the floor. Our Spirit of 1848 Coordinating Committee member involved with the on-going discussions between APHA and the Caucuses, Pam Waterman, played an important role in opposing a motion to postpone the vote on the resolution about Caucus representation, such that the vote took place; Pam will continue to represent us in any committees concerning the status of Caucuses within APHA and also, as needed, in the Governing Council.

Related, Pam Waterman attended the APHA all-caucus breakfast on Wed, Oct 29, and reported back that:

a) As usual, the breakfast was very well attended with almost all Caucuses represented. Continuing his theme from last year's breakfast regarding strengthening the relationship between APHA and the Caucuses, Dr. Benjamin (the APHA Executive Director) mentioned the possibility of APHA taking the lead to organize a Caucus retreat that would help grow the individual Caucuses (even as each Caucus retains its independence). This idea was well received and viewed by the Caucus members as an opportunity to not only strengthen the Caucuses' relationship with APHA, but also as a chance to strengthen the relationships between the Caucuses themselves.

b) Some Caucuses currently share the struggle of dealing with changing leadership and a loss of historical (administrative) information, in particular as it pertains to efforts to move toward incorporation. It was hoped that a Caucus retreat, or even the establishment of regular Caucus conference calls, would help Caucus members communicate with each other and share relevant knowledge.

c) Dr. Benjamin and Fran Atkinson mentioned that short blurbs about the Caucuses could be included in APHA publications as a means of providing more information about each Caucus' mission, and as a means of possibly recruiting more members (an issue for many of the Caucuses present). Additionally, Fran Atkinson suggested that

Caucuses desirous of attracting more members work with the Student Assembly -- whose weekly email newsletter goes out to 6,000 students.

d) The announcement that the motion to grant Caucuses a non-voting seat on the Governing Council passed with 78% of the vote was met with great applause. The next steps for each Caucus are to (a) submit its by-laws to Alan Baker (note that if a Caucus does not have official by-laws, a mission statement will probably suffice); (b) submit its signed MOU addendum; (c) submit a list of at least 15 Caucus members who are also current members of APHA; (d) respond to the email query from Fran/Jessica Murray designating which Caucus member will occupy the GC seat. (This led to a request that the Caucus retreat additionally contain a seminar entitled "APHA/Governing Council 101" - a refresher/introductory explanation of the way that APHA and the Governing Council work.).

Here we note that the Spirit of 1848 Caucus has already submitted to APHA our by-laws and our signed MOU addendum, and each year has provided to APHA of a list of our APHA members (reflecting who is actively involved in our Caucus and also who signs in at our sessions, all of whom must be APHA members and for whom APHA accordingly already has names and contact information; we do NOT share with APHA information on any listserve members who have not signed in at an APHA session). We will also be designating Pam Waterman as the Spirit of 1848 Coordinating Committee member who will occupy our Governing Council (GC) seat.

4) With regard to sessions for next year **(137th annual meeting of APHA, Nov 7-11, Philadelphia, PA, with a theme of "Water and Public Health: the 21st Century Challenge)**, we discussed various options for the session content. We tentatively have agreed to the following topics described below, noting that:

(a) the **call for abstracts** will go live on the APHA website (http://www.apha.org/meetings/) on **DECEMBER 19, 2008;**

(b) **abstracts will be due between FEBRUARY 9-13, 2009.** As soon as we know the date of the abstract deadline assigned to the Spirit of 1848, we will post it on our listserve.

Likely topics for 2009 Spirit of 1848 sessions:

History: This session will have an **open call for abstracts** that critically examine the social history and politics of water and public health, especially in relation to water access and sanitation. It will be organized by Spirit of 1848 Coordinating Committee member Anne-Emanuelle Birn (email: aebirn@utoronto.ca).

Data: This session will have an **open call for abstracts** that critically examine how macroeconomics and political systems shape population health and health inequities, with a particular emphasis on how the current economic market crisis is affecting people's health and the magnitude of health inequities. This session will be co-organized by Spirit of 1848 Coordinating Committee members Catherine Cubbin (email: ccubbin@austin.utexas.edu) and Nancy Krieger (email: nkrieger@hsph.harvard.edu).

Pedagogy: This session will have an **open call for abstracts** that critically examine service-based learning courses from the perspective of the communities in which the learning experiences are embedded. If possible, at least one speaker will discuss social justice and public health issues involving water, e.g., environmental justice, water access, sanitation, and ecologic sustainability. This session will be co-organized by Spirit of 1848 Coordinating Committee members Lisa Moore (email: lisadee@sfsu.edu) and Suzanne Christopher (email: suzanne@montana.edu) along with help from Jacquie Fraser (Long Island University, Brooklyn, NY) and Eve Pinsker (University of Illinois at Chicago).

Integrative: This session will accept **only solicited abstracts** and will focus on indigenous methodologies for understanding and altering determinants of population health and health inequities and the creative tensions and obstacles that arise when these methodologies are employed with – or counter to – what are conventionally termed "modern scientific methods." As per this session's usual format, we will have three speakers address the topic: from an historical perspective; from the perspective of the politics of public health data; and from the perspective of progressive pedagogy, with at least one addressing concerns about social justice, public health, and the politics of water, sanitation, and ecologic sustainability. This session will be co-organized by Spirit of 1848 Coordinating Committee members Vanessa Watts (email: vwatts@hsph.harvard.edu) and Suzanne Christopher (email: suzanne@montana.edu).

Student poster session: This session will have an open call for abstracts for student posters on topics that link issues of social justice and public health. Noting that students often have limited budget for travel, we will reach out especially to students (& faculty) in Philadelphia and nearby cities. If you have any questions about this session, please contact Spirit of 1848 Coordinating Committee member Vanessa Watts (email: vwatts@hsph.harvard.edu).

We note that the timeslots for these sessions will be in our usual slots:

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), on the Tuesday, 2:30-4:00 pm. P. Ellen Parsons was one of the original members of the Spirit of 1848 Coordinating Committee, and we help with organizing this session.		

B) HIGHLIGHTS OF SPIRIT OF 1848 SESSIONS (APHA 2008)

As usual, our sessions were well attended, thought provoking, and clearly useful to those who came. In total, we estimate that approximately 600 people attended our 4 oral sessions (which is very good attendance for sessions organized by any particular APHA section, SPIG, forum, or caucus, as explained above, and on par with the 610 who attended our sessions in 2006, but lower than our record-breaking attendance of 1065 in 2007). Approximately 100 also attended the P. Ellen Parsons session we co-organized/co-sponsored (up from 75 last year and 30 the year before!).

Below is a brief summary of the highlights of each session, in chronological order.

1) SOCIAL HISTORY OF PUBLIC HEALTH

Our provocative session was attended by ≈ 100 people (about the same as the ≈ 120 in both 2006 and 2005 and more than ≈ 70 in 2007 and ≈ 45 in 2004).

HISTORY, BORDERS, IMMIGRATION, AND PUBLIC HEALTH: FROM 1848 TO 2008 – 160 YEARS OF DEBATE
MON, OCT 27 ***10:30 AM-12 NOON (SESSION 3159.0) * SD CONV. CENTER (SDDC) RM 7A**
10:30 AM — Introduction: Border conflicts and negotiations: a hidden history of public health. Luis Alberto Avilés, PhD & **Kirby Randolph, PhD, but presented by Anne-Emanuelle Birn, MA, ScD**
10:35 AM — Commercial and social disturbance and restrictions at the U.S.-Mexico border (1819-1924): an improvement to the public's health? Ana Maria Carrillo, PhD
11:00 AM — Medicalizing borders and immigrant bodies: immigration & public health policy in the 20th century. Natalia Molina, PhD
11:25 AM — "Medical Borders": a historical perspective. Rakefet Zalashik, PhD (discussant)
11:40 AM — Question & answer period

Anne-Emanuelle Birn opened up the session by commenting on how immigration has always been a critical issue in public health and that focusing on issues of US-Mexican politics, immigration, and public health was especially timely, given the theme of the APHA conference ("Public Health Without Borders") and its location in San Diego, CA.

Ana Maria Carrillo gave a fascinating presentation, focusing on how Mexico actively engaged with the US over sanitary codes and other aspects of public health and immigration policy during the late 19th and early 20th century. Among the many points raised, one was that whereas the US government (at the federal and state level) repeatedly represented Mexico as a threat to the US, many of Mexico's epidemics in the early 20th century (e.g., typhus, plague) were imported from the US. Additionally, Mexico was not simply reactive to the US, but instead instigated negotiation over sanitary codes, including via its joining of the American Public Health Association in 1892, so as to have a larger say in US public health policies.

Natalia Molina then covered more recent US-Mexican immigration/border public health issues. Building on her central thesis that immigration and public health policies are profoundly intertwined, she discussed the role of public health in medicalizing borders, with regard to both legal and also symbolic citizenship and inclusion. The three examples she focused on pertained to: (1) Railroad workers in Los Angeles in the early 20th c.; (2) the Bracero program (1942-1964), designed to bring in Mexican laborers to work in the US; and (3) contemporary patient deportations by hospitals of undocumented persons unable to pay for long-term care. As per the prior presentation, a common theme was how Mexicans were depicted by US authorities as a threat, with complete disregard for how Mexicans were badly treated in the US. For example, in the case of the railroad workers, when an outbreak of typhus occurred in the highly congested railroad worker camps, built without adequate sanitary facilities and populated by workers receiving less than a living wage, the US public health authorities waged a campaign premised on the idea that Mexican were "dirty" and needed to be taught hygiene; by contrast, as documented by a letter that Molina cited, the Mexicans argued that what they needed was better housing, better sanitation, and better pay.

The discussant, **Rakefet Zalashik**, reiterated themes pertaining to the medicalizing of borders, as contrasted to the statement that "disease has no borders." Among the topics addressed during the lively Q&A period included whether it was appropriate to discuss all of the patient transfers as "deportations," since some involved actions of only private hospitals or even the Mexican consulate, but not the US government, to which Molina replied that she used the term "medical deportation" to make clear that these events occurred in the context of US immigration policy. Another theme concerned the context-specific racializing of immigration and public health threats, with depictions of Mexicans on the West Coast often different from those of the Japanese, and with concerns about immigration of white "ethnic" groups being more of an East Coast phenomenon than one of the West Coast.

During the **Q&A period**, questions focused on the use of the language of "medical deportations" (which Molina argued was appropriate, so as to situate health policies in context, especially in relation to immigration policies) and also how issues of "race" and immigration played out differently for diverse groups in the US, e.g., the emphasis in California on persons of Mexican, Japanese, and Chinese origins, with all "whites" lumped into one group, whereas on the US East Coast during this same time period, different "white ethnic" groups were considered separately.

2) POLITICS OF PUBLIC HEALTH DATA

Our thought-provoking session was attended by ≈ 250 people (up from the ≈ 220 in 2007 and 2005, all better than the ≈ 140 in 2006).

ANALYZING HEALTH INEQUITIES: WHAT'S NEW IN THE 160 YEARS SINCE 1848? –
APPLYING NEW METHODS TO LONGSTANDING PROBLEMS OF SOCIAL INJUSTICE
MON, OCT 27 ***2:30 PM-4:00 PM (SESSION 3359.0) * SD CONV. CENTER (SDCC) RM 2**
2:30 PM — Introduction to the Politics of Public Health Data session. Catherine Cubbin, PhD
2:35 PM — Using 21st c technologies to analyze the impact of racism on health: the implicit association test (IAT), web-based surveys, and explicit measures of racial discrimination. Nancy Krieger, PhD, Dana Carney PhD, and Mahzarin Banaji, PhD
2:55 PM — Utilizing the CT Health Equity Index, GIS, and community engagement to address health inequities. Baker Salsbury, MPH, MSW, MHSA
3:15 PM — Biological embedding of social factors: epigenetic processes and health inequalities. Darlene Francis, PhD
3:35 PM — Discussant. Vickie Mays, PhD, MSPH
3:45 PM — Question & answer period

Catherine Cubbin opened up the session, introducing the speakers and also the theme of the session – our need to use whatever are the best available methodologies to move forward the work on social justice & public health.

Nancy Krieger presented preliminary research results on novel use of the implicit association test (IAT) to measure experiences of racial discrimination (noting that the IAT has previously been used mainly to study prejudice). In both a community-based sample and a web-based sample of US-born black American adults, the explicit measure of racial discrimination revealed the usual person/group discrimination discrepancy phenomenon (higher reports of discrimination against group than against self), but no such discrepancy was evident using the IAT. Noting that the web-based sample had a much higher education level and better health status than the US black population on average, preliminary findings indicated that among those with less than a college education, both the explicit and implicit measures were significantly associated with hypertension. The implication is that use of both types of measures can advance understanding of how

racial discrimination harms health, a hypothesis that is now being tested in a large-scale community-based study that Krieger and colleagues currently have underway.

Baker Salsbury presented on the Connecticut Health Equity Index, a public health tool meant to raise accountability at the neighborhood and local level regarding the monitoring of health inequities and efforts to address them, especially by state and local health departments. Developed by the Connecticut Association of Directors of Health, Inc. (CADH), which consists of health directors who represent Connecticut's 169 towns, including both health departments and districts, the tool draws on public health surveillance data, census data, and myriad other sources of data providing information on social and economic conditions at the census tract level. Using GIS to help map the results, it employs data on a core set of social determinants of health, organized into 9 domains, with 27 components and 71 core indicators, as well as data on diverse health outcomes. Preliminary work conducted in 20 census tracts in two cities in Connecticut has shown expected associations with diverse health outcomes, spanning from mental health emergency room treatment and Hepatitis C infection to cancer incidence rates and age-adjusted mortality rates. Next steps are to test the tool in 800 Connecticut census tracts, with a goal of developing a tool that can be used nationally by communities and local health departments. For more information about the tool, contact Sharon Mierzwa, at CADH (email: smierzwa@cadh.org; phone: 860-727-0974). And see also:
http://www.cadh.org/AboutCADH/CurrentProjectsOverview/HealthEquityIndex/tabid/79/Default.aspx

Darlene Francis spoke about why epigenetic processes – that is, processes that regulate gene expression – matter for understanding health inequities. Noting that her work explicitly challenges the dogma that always places genes first, and context second, in shaping phenotype, she offered instead empirical evidence, based on elegant studies of mice, that vulnerable experiences can affect gene expression, thereby affecting phenotype – with the implication being that social and developmental experiences can affect biological vulnerability. As one of the several examples she presented, she discussed one experiment with two different strains of mice – in shorthand, one bred to be "cool, calm, collected" and "smart," the other much more "anxious" and "less smart." Noting that fetuses in each breed of mouse would be differently exposed to stress hormones *in utero* (given that their mothers were likewise either "calm/smart" versus "anxious/less smart"), in her experiment she transplanted the mouse fetuses from one strain to the other, thereby altering their pre-birth exposures, and she also did post-birth swaps, exchanging the different types of pups (those whose full gestation was in their original mother and those who were transplanted to the womb of a mother of the other breed), with some kept with the mother from whom they were born and others places with mothers from the two different breeds. A key finding was the mice whose strain predisposed them to be "anxious/less smart" who were transplanted into the wombs of the "calm/smart" breed mothers and raised by them performed just as well as the mice bred to be "calm/smart" on open-field tests regarding their ability to explore in new environments, thereby demonstrating how context shaping gene expression produces the phenotype (despite these mice being "genetically predisposed" to be "anxious/less-smart"). The net implication is that DNA does NOT equal "destiny" and that epigenetic processes – involving regulation of DNA, not altering changes in the DNA sequence – are likely critical for understanding health inequities.

Vickie Mays, as discussant, emphasized how all three projects worked across disciplines, took risks, and produced data that can give us new insights into causes of health inequities and how to address them. In relation to the Health Equity Index, she underscored the importance of combining data on, say, transportation access with data on where shopping markets are located, noting that in the neighborhood where her mother lived in Chicago, the bus stop was so far away from the shopping market (on the other side of the large parking lot built to accommodate the cars of the shoppers) that it made using the bus for shopping very difficult. Emphasizing the importance of animal studies for investigating topics that cannot be studied on people, she praised Francis' work for how it powerfully challenged the dominant nature/nurture assumptions by bringing attention to the critical role of gene regulation – and showing how parents' context can affect health of the next generation through epigenetic mechanisms, not just genetic inheritance. Noting her own research on how the pain experienced as a consequence of racial discrimination and social isolation registers in the brain as the same as that produced by physical pain, she said that use of the IAT was one example of how researchers can use new methods to get at exposure to racial discrimination and its consequences, especially in an era of reduced overt bias. Noting the need to consider the psychological and health costs of people's reliance on stereotypes, she likewise urged that attention be paid to how IAT results may differ by not only education level but also for persons from more individualistic vs more collective societies. The overall message was that we can use 21st technologies to better understand the mechanisms – at many different levels, from societal to gene regulation – that produce health inequities, and that we need to take risks and ask bold questions to move along the work and make a difference.

During the **Q&A**, questions focused on whether the IAT can be used to look at voter behavior (yes, it has been, but also key is what happens to the voters, in terms of access to voting, voter exclusion, problems with voting machines, etc), whether the Health Equity Index is intended for national use (yes, but first it needs to be tested in a wider range of census tracts, with the next iteration including 800 census tracts), and whether there is any evidence that damage brought about by epigenetic processes can be reversed (sometimes, depending on the degree of damage and also the rapidity, in early life, that conditions are changed, but some good news is that new evidence indicates the social brain is harder to perturb than has previously been thought, such that there is more resilience and plasticity to give grounds for hope).

3) INTEGRATIVE

This session, celebrating 160 years of the Spirit of 1848, was attended by ≈ 150 people, just about all of whom avidly filled in our ever-present sign-in books. We note that this session was held at the same time slot as the APHA "Town Hall Meeting on Health System Reform," which, with its emphasis on the current election and post-election planning, was a major draw. (NB: the attendance was very good for an APHA session, albeit understandably less than the ≈ 550 who attended our integrative session last year, which was focused on how to use the new film series *"Unnatural Causes: Is Inequality Making Us Sick?"*).

160 YEARS OF THE SPIRIT OF 1848: CRITICAL REFLECTIONS, CELEBRATION AND INSPIRATION
MON, OCT 27 ***4:30 PM-6:00 PM (SESSION 3433.0) * SD CONV. CENTER (SDCC) RM 6C/F**
4:30 PM — Introduction: Anne-Emanuelle Birn, MA, ScD
4:35 PM — American Indian, Alaska Native, and Native Hawaiian Caucus; Occupational Health and Safety Section and Labor Caucus; Public Health Nursing Section; International Health Section; Lesbian, Gay, Bisexual, and Transgender Caucus; Black Caucus of Health Workers; School Health Education and Services Section; Socialist Caucus
5:08 PM — Reflecting on the events of 1848: Kirby Randolph, PhD
5:13 PM — Peace Caucus; Family Violence Prevention Forum; Trade and Health Forum; Medical Care Section; Sigerist Circle; Social Work Section; Women's Caucus; Latino Caucus
5:45 PM — Looking forward, building on the Spirit of 1848: Nancy Krieger, PhD
5:50 PM — EVERYONE: sing "Step by Step," led by Andrea-Kidd Taylor, DrPH

The full-line up, with names of presenters, is as follows, and the program for and photographs of the event and presenters are available at our website (http://www.Spiritof1848.org), as are several of their slide presentations. We also thank the Spirit of 1848 members who helped out with the event: Pam Waterman, for technical assistance with the music & slides, Catherine Cubbin for keeping the presenters moving along, and Suzanne Christopher and Vanessa Watts for ushering.

Presentation
Musical prelude "Step by Step" and "Ella's Song"
Spirit of 1848: AE Birn -- Introduction
American Indian, Alaska Native, and Native Hawaiian Caucus: **Dean Seneca**
Occupational Health and Safety Section and Labor Caucus: **Peter Dooley**
Public Health Nursing Section: **Noncenba Lubanga**
International Health Section: **Samir Banoob**
Lesbian, Gay, Bisexual, and Transgender (LGBT) Caucus: **Seth Welles**
Black Caucus of Health Workers: **Jill Dingle**
School Health Education and Services: **Bill Cissell**
Socialist Caucus: **Martha Livingston**
Spirit of 1848: Kirby Randolph/Lisa Moore – History
Peace Caucus: **Kathleen Fagan**
Family Violence Prevention Forum: **Peggy Goodman**
Trade and Health Forum: **Susanna Bohme**
Medical Care Section: **Gordy Schiff**
Sigerist Circle: **Ted Brown**
Social Work Section: **Kim Jaffee**
Women's Caucus: **Heather Brandt**
Latino Caucus: **Henry Montes**
Spirit of 1848: Nancy Krieger – Closing
Andrea Kidd-Taylor lead everyone in "Step by Step"

Included in the session program are the music and lyric of the song we all sang at the end: "Step by Step," based on the preamble of the 1863 constitution of the American Mineworkers Association, with the music arranged and adapted in 1948 by Waldemar Hill and Pete Seeger:

> Step by step the longest march
> Can be won, can be won.
> Many stones can form an arch,
> Singly none, singly none.
> And by union what we will
> Can be accomplished still.
> Drops of water turn a mill,
> Singly none, singly none.

The wide range of presentations – which used song, visual images, and reflected on both the broader social and historical context and the specific work of each APHA caucus, section, and forum that participated – asked all present to think critically about the past 160 years in terms of the struggles and accomplishments we can recognize and celebrate, the setbacks endured and the suffering they have caused and, ultimately, the work we need to do now, in our generation, in our own times, to advance the agenda of social justice and public health.

4) PROGRESSIVE PEDAGOGY

This engaging session was attended by ≈ 100 people (twice the ≈ 50 in 2006, but down from the ≈ 250 in 2007, which drew in many who wanted to know how to teach the content of "Unnatural Causes").

TEACHING CRITICAL HISTORY OF PUBLIC HEALTH AND HEALTH POLICY: PROGRESSIVE PEDAGOGY IN ACTION
TUES, OCT 28 * 8:30 AM-10:00 AM (SESSION 4063.0)*** SD CONV. CENTER (SDCC) RM 2**
8:30 AM — Introduction. Lisa Dorothy Moore, DrPH and Suzanne Christopher, PhD
8:35 AM — A role for exhibitions: "Making a Difference in Global Health." Manon Parry, MA MSc
8:50 AM — Literacy, access to information, and social power – 1848 and 2008. Sherry Spence, MD
9:05 AM — Necessity of teaching the history of public health from a critical perspective. John P. Elia, PhD
9:20 AM — University of Toronto's history of international health course. Anne-Emanuelle Birn, MA, ScD
9:35 AM — Question & answer period

Lisa Moore introduced the session with comments on how the lack of critical teaching about public health history in most US schools of public health was the impetus for the session, since a knowledge of history is part of what enables us not only to better understand the past and how we got to where we are today but also to see ourselves as historical actors who create history in the present by what we do. She also announced that all **syllabi discussed in the session will be available at the Spirit of 1848 website**, at: http://www.Spiritof1848.org.

Manon Parry described the exhibition the National Library of Medicine launched in April 2008, titled "Against the Odds: Making a Difference in Global Health." Geared especially to a younger audience and to overcome the widespread views that "global health is about them, not us (in the US)," that "the US provides answers, as opposed to solutions coming from elsewhere," and that "the problems are so overwhelming that nothing can be done," the exhibition focuses on "missing stories" about the impact of poverty on health and well-being, the connection between health and human rights, the shared values that promote a decent quality of life, the link of the US to the rest of the world, and concrete examples of individuals, organizations, communities, and societies that have made a difference. Using historical and contemporary examples, the themes of the exhibit pertain to: clean water; nutritious food; access to affordable health care; protection from violence; and safe housing. Other "missing stories" addressed pertain to discrimination and HIV/AIDs, to the spending on monies on conflict and war, rather than health needs. The exhibition goals are to: (1) broaden perception of the causes of illness, i.e., not just viruses but poverty, hunger, and other social determinants of health; (2) challenge assumptions about who is at most risk, looking at inequities within as well as between countries; (3) encourage collaboration based on shared values, e.g., human rights; and (4) encourage people to get involved, especially youth activism. Each week, a new question is placed on a comment board at the end of the exhibition, asking "What's Your Perspective" and, suggesting the exhibit is meeting its goals, when the question on the board asked "can one person make

a difference," one reply from a student concisely stated: "Hell yeah!" The traveling version of the exhibit is intended to be shown at schools of public health, with the only cost being that of covering its shipment by fed-ex, and the encouraging news is that it is already booked up through summer 2010. If you are interested in having your school host the exhibit, contact Manon Parry at: parrym@mail.nlm.nih.gov; to see more about the exhibit on-line, visit: http://apps.nlm.nih.gov/againsttheodds/index.cfm

Sherry Spence then gave a presentation looking at health literacy and the dissemination of public health information in historical context, with attention to the implications of literacy and health literacy for power relations and health inequities. Examples pertained to the invention and dissemination of use of the printing press in Europe during the Renaissance and Reformation, the rise of slave literacy in the US in the mid-19th century, and the current use of the internet and the importance of e-health literacy. Common themes were the link between literacy and power and the need to build capacity for health literacy, including e-literacy. For more discussion of these issues, and also the 50-page bibliography informing the presentation, see: http://sandbox.wikispaces.com/health-literacy-community

John Elias next presented on a new course at San Francisco State University on the critical history of public health in the United States. Geared to undergraduates, the course's impetus was the lack of any public health courses focused on history, coupled with the lack of any courses in the history of science department that were focused on either medicine or public health. Approximately 75% of the enrolled students were from public health, the other 25% from history, with one discovery being the utility of pairing up students from these two different disciplines, since the public health students could teach the history students about health, and the history students could teach the public health students about both history and analyzing primary as well as secondary source materials. Key to the course was its inclusion of critical, revisionist history, with an emphasis on the intersections between class, race/ethnicity, gender, and sexuality. Each session includes a 30-35 mini-lecture; other components include: (a) students working in groups to critique, from a critical intersectional standpoint, a particular article, with each student writing a 3-4 page analysis that s/he shares with the other students in the group, as the basis for a joint critique developed by the full group; and (b) engaging the students in critiques of different films, regarding what they cover and what they omit, e.g., a film on the "History of Sex in America in the 20th century," which, when discussing Margaret Sanger, made no mention of her support for eugenics. There is also a mid-term exam and a final 8-10 page paper. Two aspects of student resistance, both the result of prior educational experiences, that needed to be addressed were: (1) their expectation of being "fed" education rather than be engaged in critical education, and (2) their questioning of the legitimacy of studying history from a historical perspective; by going through the course, students came to appreciate the value of a critical stance.

Anne-Emanuelle Birn described the graduated level course she teaches, a seminar on the History of International Health at the University of Toronto. This course looks at the ideologies, institutions and practices of the field of international health, from its imperial origins to the present-day, including in relation to colonialism, class, racism, and gender. Focusing on the political, scientific, and social underpinnings of the principles and activities of the international health field and its embedded cultural values as well as both its continuities and discontinuities, the course relies on both primary sources (e.g., printed documents, whether text, correspondence, or poems, and also photographs and films) and secondary sources (e.g., scholarly research, both books and articles). Each session uses films and documentaries and draws especially on the visual resources available at the National Library of Medicine (with Anne-Emanuelle also acknowledging the work of Elizabeth Fee, who was present in the audience, for her essential work in making more visible and available critical work on the history of public health). The two assignments are: (1) from the perspective of a late 19th or early 20th century medical officer, justify the importance of a particular international health activity or policy, and (2) write a 2050 paper, analyzing early 21st century work in international health, so as to learn how to contextualize the on-going work in one's own era. Examples of themes of particular sessions are: (a) Colonial vs International vs Global Health: what's the difference?; (b) Mind, Body, Race, and the Building of Empire; (c) Missionaries and Health; (d) Industry, Research, and "Tropical" Medicine; and (e) Sex, Sickness, and Security: Metropole and Outpost. Examples of two contrasting films, whose use sparks lots of conversation among the students, are an mid-20th century American Medical Association film titled "MD International" (1958), featuring then Vice-President Richard Nixon extolling US efforts to help others abroad, versus a very different, sponsored by the World Health Organization, on "Health for All" (1978), made after the Alma Ata conference, and showing footage of, among other things, a Frelimo rally in Mozambique, making clear how the fight for national liberation was essential for health, with health campaigns to fight disease, conducted in the midst of armed struggle, portrayed as part of a strategy to ensure people would be strong enough to build their nation – and with contemporary students amazed that WHO would ever have included such material in a film, noting how in the current era, prevailing ideologies and power relations have precluded such a critical stance.

Suzanne Christopher then opened up the session for **Q&A,** noting how the presentations had made vividly clear how many "missing stories" there were and why a critical historical perspective is needed. From the floor, **Elizabeth Fee** underscored the many resources that are available at the National Library of Medicine, including not only films but also syllabi of courses taught world-wide about the history of public health and medicine, and noted that the NLH is currently producing a DVD-series to make the films more widely available. For these and related resources, see:

-- for films: http://www.celebratingresearch.org/libraries/nlm/healthfilms.shtml

-- for syllabi: http://www.nlm.nih.gov/hmd/collections/digital/syllabi/index.html

An additional resource mentioned by **Walter Lear** is the US Left Health Historical Center, based in the Institute of Social Medicine and Community Health (in Philadelphia) which he directs and whose website is in construction. The Center has available archival documents (e.g., pamphlets, photographs, political pins) and scholarly publications and also produces a news letter; for further information, contact Walter Lear at: ISMCH, 206 N. 35th St, Philadelphia, PA 19104 (phone: 215-386-5327; email: wjlear@critpath.org). Other issues raised during the Q&A period included how to ensure these sorts of courses are taught, or materials are at least included in required introductory courses, given how many other requirements students face, and also how to ensure that whatever is included as session in other courses is presented in a critical way (e.g., simply including photographs of the Broad Street pump and mentioning John Snow is not adequate for critical history of epidemiology) and how to address the problem that most students need remedial education in general history so as to put the public health history in context – with the only way to address this being that there is no short cut around the fact that students do have to read to gain this context …

5) STUDENT POSTER SESSION

Our 7th **"STUDENT POSTER SESSION: SOCIAL JUSTICE AND PUBLIC HEALTH" (session 4099.0, Tues, Oct 28, 12:30 to 1:30 pm)** had 6 posters accepted (of which 1 had to withdraw). There was a good turn out, with lots of good discussion with the student presenters about their work. The five posters displayed were as follows:

STUDENT POSTER SESSION: SOCIAL JUSTICE & PUBLIC HEALTH

TUES, NOV 7 * 12:30 -1:30 PM (SESSION 4099.0)*** BOSTON CONV. CNTR (BCEC) HALLS A/B1**

Board 1 — Invisible Places, Invisible People: Facing health disparities in urban North Carolina *K. Wu, MPH Candidate*; J. Kadis, MPH Candidate; C. Katz, MPH Candidate; K. MacGuire, MPH Candidate; A. Agyemang, MPH Candidate

Board 2 — Other side of the tracks: Understanding the historical, social and environmental context of health in an African American community in eastern North Carolina *S. Barber, MPH Candidate*; J. Tzeng, MPH Candidate; A. George, MPH Candidate; J. Thompson, MPH Candidate.

Board 3 — Interdisciplinary approaches: A student-initiated course on Critical Race Theory *J. J. García, MPH.*

Board 4 — Goods Movement 101: A training model for community engagement and education *J. Lucky, MPH*; A. Logan; A. M. Hricko, MPH; I. Ramirez; C. Truax; A. J. Groopman, MHS.

Board 5 — A gender analysis of cervical cancer *R. M. Lee*

Of note, for all the students involved, their poster presentation at the Spirit of 1848 session was the first time they had ever presented a poster at a scientific conference, and for virtually all it was their first time attending an American Public Health Association annual meeting. They really appreciated the opportunity to gain the experience of presenting their work and meeting so many different people in so many diverse aspects of public health, and likewise felt affirmed in their focus on issues of social justice and public health. All of which suggests our session is meeting its objective, in helping bring forward the next generation to do the work at hand!

6) Other:

We co-sponsored & helped organize the **P. Ellen Parsons Memorial Session, on "Health Access & The Elections: What Happened, What Didn't"** (Session 4242.0, Tues, Nov 7, 2:30 to 4:00 pm), obviously held before the elections (and we are now very happy to send our reportback in the aftermath of the Obama victory!). The primary sponsor was the Medical Care Section; other co-sponsors were the Women's Caucus and the Socialist Caucus. It was attended by ≈ 100 people (up from ≈ 75 people the year before, and much higher than the ≈ 35 in 2006).

-- Ellen Shaffer opened the session by reviewing and contrasting the Obama and McCain health plans and their limitations, noting that HR676 in Congress still was putting forth support for a universal single-payer health system and that people in public health need to keep alive support this alternative and sorely needed approach to resolving the problems of the US medical care system.

-- Claudia Fegan, the past president of the Physicians for a National Health Program (see: http://www.pnhp.org), then made the case for why a single-payer universal health system is necessary, including a review of all the US state-level

plans that have promised to provide universal coverage but have not succeeded, given their approach of only incremental reform (leading her to quote Moms Mabley: "if you always do what you always did, you always get what you always got …").
-- Susan Wood, an advisor to the Hilary Clinton and now the Obama campaign, then spoke to how each candidate's plan did or did not address women's health needs, noting that the Obama plan opened the door to people "voting with their feet" for single-payer via signing up for a group insurance plan modeled after Medicare and the Federal employees benefit plan, whereas the McCain approach was to have people cut loose from employer-based plans and opt for individual plans, even though evidence indicates women fare much worse under individual-plans, where they are more underinsured than men and everyone is much less able to negotiate, as an individual, for better plans. Her sense is that the Obama plan was cautious so as not re-ignite the fears caused by the "Harry & Louise"-type ads that sunk the prior Clinton attempt at health care reform, and said that advocates need to ensure that the Obama plan, if he is elected, is the floor, not the ceiling.
-- Larry Adelman then spoke about the efforts of the film series "*Unnatural Causes"* (see: http://www.unnaturalcauses.org/) to get across the message that action is needed on the social determinants of health. So far, there have been over 10,000 screenings and they have more than 350 outreach partners, far more than expected, and remain engaged in a Health Equity Campaign whose goals are to educate the broader public about the root causes of health inequities, to inject the issue of social determinants of health into public debate, and to highlight the health consequences of economic policy. Four key message frames are: (1) focus on the social determinants of health equity (e.g., it takes more than individual choice to deal with toxic dumps, ensure a living wage, or have available affordable quality housing); (2) make health equity an "us" issue (vis a vis the social gradient and rising health care costs); (3) America's health is America's choice (demonstrating that health inequities are neither natural or inevitable, cf studies by Singh et al showing how health inequities have widened since 1980, and the 2008 PlosMed study by Krieger showing how health inequities in fact shrank between 1965 and 1980 and thereafter widened, with the progress in shrinking the inequities paralleling the implementation of the War on Poverty, the Civil Rights Act, the creation of OSHA and EPA, etc.); and (4) Common sense: invest now for better health or pay even more later to repair the damage.
-- Linda Rae Murray, as discussant, then spoke to the importance of not staying stuck in an overly complicated policy-wonk mode but instead appealing to people's sense of fairness, framing health care as a human right, and making clear the current system does not work and incremental efforts at reform have made little or no difference. She also emphasized that one reason that efforts over the past 100 years have failed is that creating a system that fairly provides universal health coverage is a way of redistributing wealth, which goes against capitalist ideology, such that it requires taking this ideology head-on, noting that especially in this time of economic crisis, many people would agree that the "invisible hand of the market" is not an "all-knowing god." Arguing that we can point to how every other industrialized capitalist country has managed to ensure universal medical coverage, she further noted that this is only one piece, since good health is only possible in a just society, meaning that we need to bring in allies to address the broader social determinants of health.
During the **Q&A**, a key theme was that health advocates cannot afford to repeat past mistakes, e.g., diluting proposals in order to be "allowed at the table" or directing work only towards policy makers; it is vital to work with the people & public more generally, since they are the source of power and do want universal health coverage and better health.

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

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

Onwards! ....
Spirit of 1848 Coordinating Committee

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; 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)** and Flora Tristan, based in France, publishes her London Journal: A Survey of London Life in the 1830s **(1840)**, a pathbreaking account of the extreme poverty and poor health of its working classes; 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)**