★★★★★★ THE SPIRIT OF 1848: APHA 2012 REPORTBACK ★★★★★★

TO: **EVERYONE ON SPIRIT OF 1848 EMAIL BULLETIN BOARD**
FROM: **SPIRIT OF 1848 COORDINATING COMMITTEE**
RE: **REPORTBACK FROM THE 2010 APHA CONFERENCE**

Greetings! The Spirit of 1848 Caucus is happy to share our reportback from the 140th annual meeting of the American Public Health Association (October 27-October 31, 2012, in San Francisco, CA). In this reportback we:

(a) present decisions we made at our business meeting, including initial ideas for the APHA 2013 sessions; and

(b) give highlights of our APHA 2012 sessions.

We also hope that by the time you receive this report, recovery is well on its way from Hurricane Sandy for all affected by this enormous storm – one which is yet another wake-up call regarding the profound need for public health & government efforts in planning & responding to, and also working to avert, these kind of horrific events, all as linked to acutely needed work to prevent (and not simply "adapt" to) global climate change …

And: as usual, we are sending this reportback by email and posting it on our web site. As of November 8, 2012, we are happy to say that 3,035 people subscribe to our email bulletin board (on par with the 3,125 at this time last year), with subscribers located in both the US and elsewhere in the world. We expect still more to sign up, given the interest expressed at the APHA meeting. Attendance at our sessions was a bit lower this year than at prior years, possibly due to the impact of Hurricane Sandy along with a trend in declining attendance at APHA conferences (given high costs & limited budgets). In total, we estimate 470 persons came to our sessions (not counting those who visited the very crowded student poster session or the sessions that we co-sponsored), which is fewer than the 650 in 2011 and the 675 in 2010, but on par with the 400 in 2009. That said, our session as usual had very good attendance by APHA standards, which typically have ~30 persons/session, and our 2012 attendance ranged from 70 to 175 persons per session.

And also:

1) please feel free to email interested colleagues & friends this update/report, which can also be downloaded from our website, along with our mission statement and other information about Spirit of 1848, at: http://www.spiritof1848.org

2) 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. If any of the activities and projects we are reporting, either in this reportback or on our listserve, 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.**

3) if you have any questions about our work, please contact any of us on the Spirit of 1848 Coordinating Committee:

--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
--Vanessa Simonds (Politics of public health data committee); email: vanessa-simonds@uiowa.edu
--Anne-Emanuelle Birn (History committee); email: aebirn@utoronto.ca
--Luis Avilés (History committee); email: laviles@upm.edu
--Suzanne Christopher (Pedagogy committee); email: suzanne@montana.edu
--Lisa Moore (Pedagogy committee); email: lisadee@sfsu.edu
--Rebekka Lee (student rep for the Student poster session); email: rlee@hsph.harvard.edu
--Samuel Roberts (History committee); email: skroberts@columbia.edu
--Tabashir Sadegh-Nobari (student rep for the Student poster session); email: tabashir@ucla.edu
--Allegra Gordon (student rep for the Student poster session); email: argordon@hsph.harvard.edu
--Pam Waterman (E-networking committee and Spirit of 1848 representative to the APHA Governing Council and APHA Caucus Collaborative); email: pwaterma@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/

★★★ THE SPIRIT OF 1848 BUSINESS MEETING (Tues, Oct 30, 2012, 6:30-8:00 pm) ★★★

Attended by: (a) Spirit of 1848 Coordinating Committee members (alphabetical order): Anne-Emanuelle Birn (history); Catherine Cubbin (data); Nancy Krieger (chair & integrative & data); Rebekka Lee (student poster), Lisa Moore (pedagogy); Samuel Roberts (history); Tabashir Sadegh-Nobari (student poster); Vanessa Simonds (data), and Pam Waterman (e-networking and Spirit of 1848 representative to the APHA Governing Council and APHA Caucus Collaborative), and (b) additional Spirit of 1848 members (alphabetical order): Clare Bambra; Leigh Haynes; Bethany Kies; Lexi Nolen; Daniel Madrigal; Marion Pellegrini; Sarah Ramirez; Sarah Shannon; David Spero; Catherine Swanson

NB: Spirit of 1848 Coordinating Committee members who were unable to attend (but provided input in advance) were: Luis Avilés (history) and Suzanne Christopher (pedagogy).

And: as of this 2012 APHA meeting, Jennifer Garcia stepped down from co-chairing the Spirit of 1848 Student Poster session – we thank her greatly for all her contributions (& congratulate her for moving on from being a student!!) – and in turn happily welcome Allegra Gordon, who has stepped in to take her place!

1) We re-affirmed the mission statement of the Spirit of 1848 (included at the end of this reportback and also available at our website, at: http://www.Spiritof1848.org) which, among other things, describes our purpose, 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 noted that our listserve membership remains stable at slightly over 3000 people (n = 3035 as of November 8, 2012, as compared to 3125 at this time last year), and also note that, following-up on the suggestion from last year's business meeting, we have added a static facebook page – so please do **LIKE US!** (and also introduce us to your "friends"!)

3) We reported back on how our various sessions went (see detailed descriptions below), discussing both attendance and content. The estimated attendance for our sessions (n ≈ 470 total), was as follows: social history of public health (n ≈ 95); the politics of public health data (n ≈ 175); progressive pedagogy in public health (n ≈ 70); "integrative" session (n ≈ 130). As noted above, attendance at these sessions was on par with 2009 but overall a bit lower than last year (except for history). Indicating how APHA members do find our sessions useful, we note that average attendance for APHA scientific sessions is around 30 people/session. Our sense was that the sessions by and large went well, with strengths including the diversity of analytic approaches taken and also the engagement of the audience in the Q&A.

4) We continued our discussion from last year re ways we might collaborate with the People's Health Movement (PHM). Three of their US representatives came to our meeting (Lexi Nolen, Sarah Shannon, and Leigh Haynes) and we agreed that as a first step, for this coming year, Lexi Nolen will be the key contact person for PHM. We will seek her input as we draft our call for abstracts and also seek suggestions for possible participants in our sessions. To learn more about the People's Health Movement, whose objective #1 is "To promote the Health for All goal through an equitable, participatory and inter-sectoral movement and as a Rights Issue"; to sign onto The People's Charter for Health, see: http://www.phmovement.org/

5) The next morning, after our Spirit of 1848 business meeting, Pam Waterman ably represented the Spirit of 1848 at the now annual APHA all-caucus breakfast, held on Wed, October 31, and reported back that:

-- In his opening remarks to the group, Dr. Benjamin was again this year very complimentary and appreciative about the diversity of issues, sessions, and participants that the caucuses bring to APHA. Two APHA staff then gave presentations: Caroline Fichtenberg, Director of the newly funded Center for Public Health Policy, a new center within APHA that is 100% grant funded, and Susan Polan, Associate Executive Director of Public Affairs and Advocacy. Caroline gave an overview of the Center and requested the assistance of the Caucuses in the Center's efforts to connect with specific populations; Susan gave us a preview of APHA's Public Health Week Campaign: "Public Health is ROI". And yes, many of us wondered what ROI means – "Return on Investment".

-- The Chair of the Caucus Collaborative, Richard Trevino (LGBT Caucus) and Chair-Elect Elena Ong (API Caucus) attended the Joint ISC/CoA (meeting of current and past chairs of sections, SPIGS, and affiliates) at APHA on Monday, and reported that their presentation about the formation of the Caucus Collaborative was very well received.

-- Everyone was very pleased with the new Caucus Collaborative Booth, and its placement directly across from individual Caucus booths.

> We also note that we did our share of staffing the 1st ever APHA Caucus Collaborative booth and very much appreciated how APHA produced flyers that described each Caucus, using a similar format but allowing each of us to individualize our logo (for us, our new "black star") and describe briefly our mission statement and activities.

We are also VERY grateful to Pam for representing the Spirit of 1848 at the APHA Governing Council proceedings – the third year the Caucuses have been able to attend (as members who can speak on issues, however cannot vote on them). She reported back as follows:

-- As usual, the Governing Council meeting covered a variety of topics and issues as related to governance of the organization, but a recurring theme in the comments of many Governing Council members was the need to lower the cost of attending the annual APHA meeting and of being a member of APHA – either by lowering registration fees, membership dues, and/or working out programs with affiliates that lead to discounted memberships of either the affiliate or APHA or both. It was voted that a pilot project in which such a partnership program between APHA and four affiliates exists would continue, even as it was noted that this project was not quite successful in that the affiliates are not adequately staffed to do the work that would ensure the success of the project, and that APHA is currently losing money on the project.

-- The theme for the 2014 annual meeting in New Orleans was selected and will be "Where You Live, Work & Play Impacts Your Health & Well-Being". It was chosen over another theme "Native Health: What Our Indigenous People Can Tell Us About Everyone's Health" which actually received more vocal support during the time allotted for discussion. After the voting was completed however, Dr. Benjamin made the executive decision that the closing session would focus on the Indigenous theme (which came in second in the voting).

-- Of particular importance to the Caucuses was that a change to the By-Laws was approved that now allows for ANY member of a Caucus to be the appointed Governing Council representative for his/her Caucus. Prior to the approval of this amendment, only the current Chair of the Caucus could serve as the Governing Council representative unless the Chair specifically filed a proxy form to have another Caucus member serve in her stead. And here we should note that this amendment was submitted by Fran Atkinson primarily because of the Spirit of 1848 Caucus!

-- The new President Elect is Joyce Gaufin; the newly elected Executive Board members are Pamela Aaltonen, Lynn Bethel, Ayman El-Mahandes, and Barbara Levin.

Finally, the APHA's official "overarching priorities for 2013-2016" were unveiled as:

- Creating health equity
- Ensuring the right to health & health care
- Building public health infrastructure and capacity

6) With regard to our Spirit of 1848 sessions for next year **(141st annual meeting of APHA, November 2-6, 2013, in Boston, MA, whose theme is "*Think Global, Act Local: Best Practices Around the World*")**, we had a very engaged and thoughtful discussion of the proposal initiated by Nancy Krieger and developed at the Spirit of 1848 Coordinating

Committee to have all of our sessions raise the challenge – including to ourselves – of a huge issue that intimately links the global & the local, with profound implications for equity, economic policies, political priorities, and public health: that of **global climate change**. We consciously acknowledged that the Spirit of 1848 Caucus to date has not had any sessions directly engaged with this critical issue for the 21st CE, which is likely going to be a critical driver of political struggles for power & its redistribution (of the human kind and also the energy kind) and of the well-being & terms of existence of all who inhabit our planet (both people and the animals and plants, along with the myriad microbes, who together comprise the larger ecosystem in which we all live). The current unprecedented size of Hurricane Sandy – stretching from the Caribbean to Canada, and from the Eastern Seaboard to Chicago – was a telling case in point, as is the enormous destruction via flooding that occurred especially in New Jersey and New York. As Angela Davis remarked at the outset of her featured talk in the closing session of the APHA conference, she was both sad and angry about the storm – sad that so many people are so badly affected, and angry at the persistent denialism of US politicians regarding the already happening and predicted consequences of global climate change, itself brought about by the destructive nature of capitalist economies and their exploitation of natural resources and people alike in their endless quest for profit.

Our sense is that the public health discussions regarding critical links between global climate change, health equity, economic systems, political systems, and social justice, are in their very early stages. Key issues include how to meet the material and energy needs of the myriad people on this planet subjected to economic deprivation, as differently experienced and prevalent in low-, middle-, and high-income countries, while at the same time reducing the excessive material consumption and energy use in economically wealthy nations whose ways of living have been constructed by dominant economic and political systems to consume resources and energy at levels that are not sustainable for well-being on this planet; one framework for approaching these issues raised in the environmental literature is "contraction and convergence," whereby the goal is to have the energy use of those subjected to economic deprivation rise to levels needed for sustainable meaningful and healthy lives, and those who use way more to contract down and converge to this level – with analogies to wealth and income distribution highly pertinent. Also still nascent are the critically needed links of public health activists & academics & practitioners (in governmental agencies, non-governmental organizations, and other agencies and institutions) to the many activist organizations and to other disciplines and fields of work and study that do not (yet) have public health & health equity concerns integrated in their own agendas as they engage in critical work addressing global climate change and tackling issues of carbon & energy use, environmental degradation and exploitation, and economic systems whose growth depends on endless consumerism and ever-increasing "growth."

We therefore see this next APHA meeting as offering us an opportunity to educate ourselves and create ties in a way that will further the urgent political and transformative work needed to deal with the realities and perils posed by global climate change. In our view, there is considerable wisdom to draw upon, by engaging with insights arising from the ideas, research, and activism evident in:

-- Indigenous frameworks & movements, as articulated by activists, academics, and those involved in governance and policy, as per the ideas of *Buen Vivir* being articulated in Bolivia, about living well, not living better, also approaches to conservation and sustainable use of the material world in which we live, including forestry and fishery management;

-- the work of environmental activists, academics, and others in & outside of government, including those engaged in environmental justice work and who are tackling the profound issues of political, economic, and energy exploitation and redistribution that are central to the politics of global climate change;

-- the work of activists and academics, and other in & outside of government, who are engaged in promoting and protecting reproductive rights and reproductive justice and who are challenging the re-emergence of "population control" discourses by developing frameworks that simultaneously address issues of sustainability & reproductive rights;

-- the proposals of progressive economists, of political ecologists, of urban planners, and of material scientists, who are developing ideas for how low-carbon, slow-growth economies geared towards equitable well-being could realistically function (as well as documenting the harmful impacts of economies premised on unlimited economic growth and extraction and that rely on manufacturing desire and envy to provoke endless consumerism, creating both material and mental harm);

-- the initiatives of activists already creating the seeds of transitional economies; and

-- the small but growing number of public health researchers analyzing the projected health impacts of global climate change from a health equity standpoint and who are also developing estimates of likely public health "co-benefits" of low-carbon economies (in relation to increased use of public transportation, reduced air pollution, changes in agricultural practices, including stopping diversion of food crops to biofuels, etc).

Accordingly, to cast the net wide, we will be developing calls for abstracts that welcome unsolicited abstracts and at the same time will also be seeking out solicited abstracts from speakers who can address particular topics. Our hope is to develop an engaging and thought-provoking series of sessions – per our usual format of sessions focused on history, the politics of public health data, and progressive pedagogy -- that will teach us, challenge us, and inform the activism and action we can take. We also will take steps to see how, mindful of our lack of funds (reminder: our Spirit of 1848 Caucus deliberately has no dues, which both means we are economically beholden to no one, but also that we have no funds to bring anyone to a meeting!), we can include presentations from speakers not based in North America – possibly by having some presentations by skype, or by having some presenters also co-sponsored by other institutions at which they might give talks (e.g., at the myriad academic institutions in Boston).

We encourage all of you to think about the issues we are raising and would greatly appreciate suggestions for listserves and organizations outside of the usual public health realm (both in & outside of the US) to which we should send our call for abstracts! We likewise would also welcome any of you who do work on these issues to submit an abstract.

The timeline for abstract submission to APHA 2013 is as follows:

(a) the **call for abstracts** will go live on the APHA website (http://www.apha.org/meetings/) on **FRIDAY, DECEMBER 14, 2012.**

(b) **abstracts will be due between FEBRUARY 7-9, 2013.** As soon as we know the date of the abstract deadline assigned to the Spirit of 1848, we will post it on our listserve.

If you have ideas for speakers who can address any of the themes or issues discussed above, please let us know! The contacts for our sessions are:

History: Spirit of 1848 Coordinating Committee members Anne-Emanuelle Birn (email: aebirn@utoronto.ca), Samuel Roberts (email: skroberts@columbia.edu) and Luis Avilés (email: laviles@upm.edu), along with Sarah Ramirez (email: sramirez@stanford.edu).

Data: Spirit of 1848 Coordinating Committee members Catherine Cubbin (email: ccubbin@austin.utexas.edu), Vanessa Simonds (email: vanessa-simonds@uiowa.edu), and Nancy Krieger (email: nkrieger@hsph.harvard.edu).

Pedagogy: Spirit of 1848 Coordinating Committee members Lisa Moore (email: lisadee@sfsu.edu) and Suzanne Christopher (email: suzanne@montana.edu).

Integrative: Spirit of 1848 Coordinating Committee members Nancy Krieger (email: nkrieger@hsph.harvard.edu).

Student poster session: Spirit of 1848 Coordinating Committee members Rebekka Lee (email: rlee@hsph.harvard.edu), Tabashir Sadegh-Nobari (email: tabashir@ucla.edu), and Allegra Gordon (argordon@hsph.harvard.edu).

We note that the day & time of these sessions will be in our usual time slots:

Spirit of 1848 session* -- name, day, and time (listed in chronological order)
-- 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.

★★★★★★ HIGHLIGHTS OF SPIRIT OF 1848 SESSIONS (APHA 2012) ★★★★★★

As usual, our sessions were lively, well attended, and thought provoking. As detailed above, we estimate that ≈ 470 persons came to our sessions (not counting either those who visited the very crowded student poster session or who attended the sessions that we co-sponsored). The range was from 70 to 175, all considerably higher than the average APHA attendance of ≈ 30 persons/session.

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

1) SOCIAL HISTORY OF PUBLIC HEALTH

This session was attended by ≈ 95 people (up from 70 last year).

CRITICAL HISTORIES OF SOCIAL JUSTICE AND HEALTH ACTIVISM ACROSS THE GENERATIONS (Mon, Oct 29, 10:30 am – 12 noon; Session 3176.0) MCC South, Esplanade Ballroom 302

10:30 AM: **Introduction – Samuel Roberts, PhD**
10:35 AM: **100th anniversary of the Children's Bureau: looking back at successes and failures – Janet Golden, PhD**
10:55 AM: **Screening of "A Century of Genocide in the Americas: The Residential School Experience" – Vanessa Simonds, MS, ScD**
11:15 AM: **Gray Panthers to Occupy Wall Street: intergenerational activism from 1970 to now – Roger Sanjek**
11:35 AM**: open discussion/questions & answers**

Samuel Roberts opened up the session, introducing both the speakers and the theme of the session: the importance of understanding the history of health activism across generations.

Janet Golden recounted the history of the Children's Bureau, in a talk illustrated by many wonderful slides showing posters, photographs, and documents from the different eras of its work, extending from, as she put it, a robust childhood and early years, only to be forced into decline thereafter by organized opposition led by physicians (via the American Medical Association), who resented what they viewed as encroachment on their turf, and by conservatives opposed to government programs (claiming they led down the "slippery slope" to socialism …). As Golden recounted, the Children's Bureau was founded in 1912 as, among other things the first federal agency led by a woman (Julia Lathrop) and the only federal agency that has ever been charged to have the interests of children at its core. In its early years, the Children's Bureau led innovative and transformative work, funding a series of large-scale studies linking family income to infant mortality rates; anticipating political opposition, however, the Bureau focused its efforts on providing health education (& lots of cod liver oil!) and called chiefly for better sanitation and birth registration, as opposed to income redistribution. Continuing with its focus on income and health, in the 1920s and 1930s, the Bureau's field studies linked higher infant mortality rates among black compared to white infants to the lower incomes and poorer housing quality that black families endured. Becoming a trusted advisor to millions, between 1915 and 1932 the Bureau received over 125,000 letters per year from women and families seeking advice on how to care for infants and children. In 1921, Congress passed the Sheppard-Towner act (partly in fear of the women's vote, women in the US having just won suffrage), but which allocated money to states, not to the Children's Bureau, because of physician and conservative opposition to federal programs. Nevertheless, attesting to the reach of the program, recent studies estimate that anywhere from 9-21% of the large declines in infant mortality in the 1920s were due to the initiatives of the Bureau. Even so, after World War II, political opponents of the Children's Bureau succeeded in having its mandate cut back to solely research and publication, and they ultimately succeeded in forcing the Bureau to lose its independent status; it was first subsumed into the US Dept of Labor, next the US Dept of Health Education and Welfare (HEW) and now exists as an office within a branch of the US Dept of Health and Human Services (DHHS). In her conclusion, Golden emphasized the importance of knowing this history so as to inform current efforts to improve children's health – since many have no idea that this progressive and successful federal agency even existed! – let alone who caused its decline and effective demise.

Vanessa Simonds (Crow Nation) then introduced a film produced by Rosemary Gibbons (Apache Nation) on the genocidal residential boarding school programs forcibly imposed on American Indian and First Nation children in the US and Canada; Gibbons was initially going to be one of the presenters at our session but subsequently had to decline – and we were fortunate to be able to show her film instead. Making clear the immediate relevance of the film, in her introduction Vanessa recalled how her own grandmother told her about how she was taught, in these schools, to be ashamed of being an American Indian. The film then focused primarily on the notorious Carlisle School, founded in 1879,

with the express intent of forcibly assimilating Native Americans by wiping out their culture through indoctrinating their children and converting them to Christianity (with these efforts targeted at children because its proponents said it was cheaper and easier to change children than to take on their parents); the school's horrendous motto was: "Kill the Indian to save the man." As documented in the film, Canada established 120 residential schools and the US had 153; in 1930, an estimated 75% of Indian children were forced to go to these schools – and if families resisted having their children sent, they could be – and many were – imprisoned. At these schools, children were punished for speaking their own language, and had their hair shorn short (with complete disregard for traditional practices of cutting hair as a sign of mourning; as recounted in the film, when one child's hair was cut, he wondered if it was because his parents were dead). They also were subjected to rampant sexual abuse. In 1988, the first criminal charges were finally pressed against one of the schools for the sexual abuse committed there; 547 charges were lodged against one priest alone. Legacies of this abuse include perpetuation of cycles of violence and abuse, addiction, and suicide. The last portion of the film focused on current work for survivors of residential schools and their family members to reclaim their histories and heal from this genocidal effort to kill their cultures and destroy their family ties; as the film underscored, according to Article II of the 1948 Genocide Convention, genocide includes campaigns designed to destroy culture, including by "forcibly transferring children of the group to another group." Showing footage of a healing ceremony in Vancouver, CA, the film emphasized how these new initiatives demonstrate the resilience of Indigenous cultures and people's capacity to heal both minds and bodies. In her comments at the close of the film, Vanessa emphasized the need for research not to perpetuate colonization, but instead to be based on Indigenous knowledge, and that the point is not to treat everyone as victims, but rather to know the history and build on strengths to oppose cultural genocide and promote healing.

Roger Sanjek then recounted the history of the Gray Panthers, from an observer-participant perspective, having become active with the Gray Panthers in the early 1970s, when he was 32, and has remained involved ever since, inspired by the connections he forged with the earlier generation of activists who came of age politically in the progressive struggles of the 1930s. He first described the founding of the Gray Panthers in 1970 by Maggie Kuhn, who advocated a radical critique of ageism and its promotion of the view that elders were unimportant, frail, dependent, and a burden. In opposition, the Gray Panthers promoted the idea of elders as elders, who had survived and had wisdom to be shared, including via intergenerational activism. Some of the early links of the Gray Panthers to youth activists in the 1970s came through its opposition to the Vietnam war and support of Civil Rights; it continued these ties by bringing young people into its activist struggles to improve conditions in nursing homes, along with its advocacy for universal health care across the lifecourse, also for Medicare and for mental health services, as well as its framing of Social Security as an intergenerational compact. In 1975, the Berkeley Gray Panthers established the first free health care clinic for persons age 65 and older; the clinic is still providing services. During the 1980s, the Gray Panthers had about 6,000 to 7,000 active members and another 60,000 national supporters, with networks active in all but 7 US states. In 1995, its founder Maggie Kuhn passed on; with growing loss of its original elder members, the Gray Panthers declined in membership and now has about two dozen active local groups as well as an office in Washington, DC. The relevance of the Gray Panthers still remains, especially given the growing proportion of the US population age 65 and older, along with the urgent need for intergenerational activism. Along these lines, the Gray Panthers offered support to the various Occupy initiatives last year, with Sanjek concluding by describing his own work with the NY Gray Panthers supporting Occupy Wall Street.

During the **Q&A period**, comments focused on: (1) the ways in which the Canadian government is using its official apology for the residential schools, issued only in 2010, as a cover for otherwise cutting back on funds for Indigenous people, with the ensuing discussion emphasizing the apologies as yet another site of engagement for struggle, since the official recognition is important, but only as a basis for continued work to rectify past wrongs and build better futures; (2) the orientation of the Children's Bureau to eugenics, with the discussion emphasizing that the Bureau supported what was then called "positive" eugenics, emphasizing the possibility of better health for all via provision of better living conditions, with the main failing of the Bureau being its moralistic approach to maternal health (it was very negative on single mothers); (3) the relationship between the Gray Panthers and AARP (American Association of Retired Persons), which is not friendly, whereby the Gray Panther's analysis is that AARP was created to sell insurance and deal with insurance companies and has consistently supported privatization of medical care; (4) current efforts to try to recreate progressive intergenerational initiatives, with some of the stronger links now being between young people in the service sector (esp. personal care workers, whether working in people's homes or institutions) and the people for whom they provide services; (5) how the Children's Bureau framed its research studies in order to influence policy, with one component of its work being to build allies by working to improve services in any community in which they did research; (6) the continued history of children being used as political pawns, as per Operation Peter Pan, when children were sent from Cuba to the US in the mid-1960s, and also Operation Babylift in the mid-1970s, taking children from Vietnam to the US; and (7) the critical lessons of how the Children's Bureau was transformed from a world model in the 1920s to totally

marginalized status after World War II, due largely to the organized opposition of the AMA and opponents of federal programs, with its vulnerability enhanced once Congress and the AMA recognized that the "women's vote" was not sufficient to counter their opposition.

2) POLITICS OF PUBLIC HEALTH DATA

Our session was attended by ≈175 (slightly lower than the 200 last year).

CRITICAL PERSPECTIVES ON LIFECOURSE AND TIME TREND ANALYSES: SOCIAL JUSTICE & THE POLITICS OF PUBLIC HEALTH DATA (Mon, Oct 29, 2:30-4:00 pm; Session 3375.0) MCC South, Esplanade Ballroom 303

2:30 PM: **Introduction – Catherine Cubbin, PhD**
2:35 PM: **Planning for state and local public health services in a genomic era: health equity across the life course – Laura Senier,** Jason Orne
2:55 PM: **Trending politics, trending health: how divergent developments in welfare states explain diverging mortality profiles in wealthy nations** – Jason Beckfield, PhD and **Clare Bambra, PhD**
3:15 PM: **Scenes from AMERICAN BIRTHRIGHT (working title): a documentary and multimedia project linking early child development to a more equitable and prosperous America – Larry Adelman** and Rachel Poulain
3:45 PM: **open discussion/questions & answers**

Catherine Cubbin opened up the session, introducing both the speakers and the session's theme – how critical analysis of health across the lifecourse is needed to understand and prevent health inequities. The session was structured to have Q & A after each presentation, rather than an open period of Q&A at the end.

Laurie Senier presented a critique, developed with her co-authors, of how potentially progressive "lifecourse" approaches are being reduced to a more simplistic "lifespan" model in different public health and medical agencies, using as her example the case study of "Medical Homes." These homes have been established primarily to care for children with chronic diseases, most broadly, and genetic diseases (e.g., single-gene Mendelian diseases) more specifically. The intent, when first founded by pediatricians in the 1960s, was to provide continuous coordinated and integrated comprehensive care to children with complicated medical conditions over time. According to Senier, key components of a "lifecourse" approach ought to include attention to: (a) timeline (trajectories), (b) timing (critical/sensitive periods and early programming, whereby certain types of exposure at a particular state of development can have irreversible life-long effects), (c) community and environmental impacts, and (d) equity (framed in relationship to interplay of genes and environment). By contrast, the Medical Homes, bound by their institutional limits as imposed by both federal and state agencies, end up instead focused on what Senier termed the "lifespan" approach, whereby the content of individual children's medical care does change as they grow up, but there is no integration with broader aspects of their social or physical environments. Offering as an example one state which is trying to go beyond the "lifespan" model is work in Wisconsin, whereby the Medical Homes are newly connecting with the children's schools and are encouraging their pediatricians also to become involved in what occurs at these schools. Her overall conclusion was that it is a challenge to get fragmented health agencies, within and across the federal/state divide in jurisdiction, to work together to take an equitable lifecourse approach – but that innovations at the state level may still be possible.

In the brief Q&A, a concern was raised that the "lifecourse" approach itself is not inherently progressive, and that any emphasis on equity and delineating the various social and political features of society that shape the "environment" must be brought to this approach, as opposed to being integral to it (since the notion of "lifecourse" is also used in highly biomedical and reductionist research).

Clare Bambra next presented preliminary results of work she is carrying out with her colleague Jason Beckfield to ask whether the increasingly bad performance of US life expectancy and infant mortality compared to those of other wealthy nations might be structured by differences in the types of welfare states to which residents of these nations are exposed. As examples of the declining relative position of the US, she cited data showing that whereas in 1970, the US ranked 15th in life expectancy among wealthy nations (at 71.7 yrs, compared to Sweden at the top, at 74.7 yrs, a 3 yr gap), in 2010, the US ranked 25th (at 78.7, compared to Japan at the top, at 83.0 yrs, a 4 yr gap). Similarly, in 1970, the US ranked 20th in infant mortality (at 20 per 1000, compared to Sweden at the top, at 11 per 1000), but in 2010, the US ranked 29th (at 6.1 per 1000, compared to Iceland at the top, at 2.2 per 1000). She noted that a major report issued last year by the US

National Academy of Sciences [Crimmins et al 2011] attributed the declining standing of the US chiefly to higher rates of US smoking in the 1950 and 1960s (compared to European countries), suggested that increasing obesity might have an effect in the future, and asserted that that medical care was an unlikely contributor, given the establishment of Medicare and Medicaid in 1965 (!!!). Dubious of this explanation, and its primarily behavioral orientation, and also aware that part of the driver for poor performance in US life expectancy were trends among women belonging to the birth cohort of 1920-1940, who would have entered the workforce in the 1960s, they decided to test the hypothesis that longer exposure to living what they termed a "commodified life" – that is, being at the mercy of market forces, with little or no buffering by state welfare programs – might instead provide a better explanation for the observed decline in US performance. Noting that very little research has empirically tested hypotheses regarding the political determinants of health [Beckfield & Krieger 2009], and that research has shown the magnitude of US inequities in premature mortality has changed over time, corresponding to different political periods (i.e., declining inequities in the mid-1960s-1980s, during a time of gains from the Civil Rights movement, War on Poverty, etc., vs increasing inequities since 1980, with the rise of neoliberalism/ Reaganomics [Krieger et al 2008]), they accordingly classified wealthy nations in relation to the widely-used typology of 3 types of welfare-states: (1) Social Democratic (like Sweden, where strong social programs exist for people not in the labor force), (2) Conservative (like Germany, where strong programs exist, but more linked to labor force participation), and (3) Liberal (like the UK and US, where people's economic well-being is much more dependent on market position in the labor force, with many fewer social programs for persons not actively employed). The question they asked was whether trends in mortality varied by trends in "decommodification" (that is, the ability to live without reliance on the market, as buffered by state welfare programs). Their conclusion, after examining trends in policies by different welfare regimes, was that the US not only was pulling further and further away from other welfare states (even the UK) with regard to the increasing forced reliance of residents on market forces, but also that the cumulative exposure to living "commodified" lives was greatest in the US compared to all the other countries, which now stands at the most market-liberal of all the wealthy welfare states. Noting that these findings may offer a parsimonious explanation for the declining performance of US life expectancy and other measures of mortality, the next step of their analyses will be to link these findings more directly to the health outcomes, including via testing different possible mechanisms.

During the Q&A, three questions were raised: (1) would it be helpful to present these analyses using more familiar terms, such as "socialism," rather than less familiar technical terms (i.e., "decommodification"); (2) would it be useful to frame these results in terms of "sensitive periods" and look specifically at policies vis a vis investment in children, and also look at whether these investments are to promote success, versus clean up after failures; and (3) would it be possible to add measures tapping also into aspects of democratic governance and the decline of the public sector?

Larry Adelman and **Rachel Poulain**, the team who led creation of the incredibly successful series "Unnatural Causes: Is Inequality Making Us Sick," then described – and showed an in-the-works trailer for -- their new equally ambitious project, now renamed "The Raising of America: Early Childhood and the Future of Our Nation." The intent of this project is to reframe what can be done, by whom, to improve conditions for children in the US, thereby leading to a more equitable and prosperous country. The emphasis is to demonstrate that children need what they term a "nurturing social ecology," which is safe, stable, nurturing and stimulating, and they aim to widen the locus of debate, so that it shifts from a focus on decontextualized families to the broader societal context in which families raise their children. Aiming to communicate possibility, they also hope to incite passion and activism as made possible by envisioning how things could be different. The elements of their project include: (1) a 7-part documentary series which should air on PBS in approximately a year from now, (2) shorter video units that can be used for education in many diverse setting, (3) companion tools that will be freely available at their website, (4) discussion guides (also available at their website), and (5) a public engagement campaign. The challenge they face is how to tell the story, so that it does not end up depoliticized or dehistoricized, but instead can frame individuals' stories in the broader context. They contrasted the "conventional frame" they want to challenge and the "new story" they want to tell as follows:

Conventional Frame	**New Story**
Babies "don't remember"	Early years matter lots; we embody our history from day one
Genes are us	What surrounds us shapes us; genes are not our destiny
Parenting involves "right choices"	Negligent societies limit "choices" of parents
Poverty reflects a population deficit or "lack"	Poverty is exploitation; who benefits from others' low income?
Government is the problem	Shared fates

A major focus will be the increasing squeeze on US families, for time, money, and resources, with emphasis on how the US is the only wealthy nation in the world that does not offer paid parental leave or provide quality childcare. To address

these issues, there will be one hour long introductory segment, and then 6 episodes that are 25 minutes each, focused on: (1) "Body politics: a brief history of child and family policy," (2) "DNA is not destiny: how outside gets under the skin," (3) "Healing the hurt: a trauma-informed approach," (4) "Natural security: the cost and benefits of investing in early childhood," (5) "Play!: building blocks to healthy development," and (6) "Stressing out the poor: building community resilience." The emphasis will be to build user engagement (as opposed to simply "watching"), with outreach already underway to diverse partners who want to use the series to engage their own staff to help them do a better job in providing services and advocacy (e.g., the National Association of County and City Health Officials [NACCHO], the Council of Community Pediatrics, and Voices for America's Children).

The film clip (draft trailer), which they have only begun to show to test audiences in the past 2 weeks, covered:
-- the 1971 Comprehensive Child Act, which passed Congress but which Nixon vetoed (with the language of the veto drafted by Pat Buchanan; the argument was that Act cost too much and also that the Nixon administration, as Buchanan stated, did not believe "it takes a village" to raise a child)
-- research showing that: (a) in a 171 country study, all but 3, including the US, required paid maternal leave; and (b) with regard to childcare, the US ranks 16th in affordability, 22nd for quality, and 31st for availability
-- clips with researchers emphasizing the damage done to brains by poor early environments (including clips of lab studies showing the anxiety and poor parenting of rats who are provided inadequate vs adequate bedding material for their pups)
-- a segment on the excellent and affordable childcare offered by the US military, raising the question that if the military's children can be protected in this way, why not all US civilians?
-- how there is a policy gap, not just an achievement gap, underscored by the explosion of knowledge about early childhood development which US policies ignore.

In the Q&A, questions and comments focused on: (1) whether the role of churches be considered, with discussion emphasizing how government needs to be held accountable, (2) the difficulty of balancing telling stories about individuals (needed to personalize and humanize issues) vs telling stories about policies and politics, (3) concerns that the trailer was, according to some, "too political" (and would turn off viewers not already open to a different frame), versus not political enough (e.g., needing to provide more background to why, in 1971, it would seem logical to have a comprehensive child welfare act, given the activism of the period vis a vis civil rights, women's rights, etc), and (4) concerns that the show should lead with science, versus concerns that overemphasizing the science may undercut the critical role of politics and power in shaping the contours of the US welfare state, and that public health people should not be timid about the politics involved (especially given prior periods when they have been explicit about both politics and the science at issue). The film makers are eager for more feedback and comments; be sure to visit the website at:

http://www.raisingofamerica.org/project

3) INTEGRATIVE

This session was attended by ≈ 130 persons (lower than the ≈ 240 last year, but more than the ≈ 90 in 2009). It is called the "integrative" session because its different speakers address the 3 foci of the Spirit of 1848: social history of public health, the politics of public health data, and progressive pedagogy.

EMBODYING HISTORY – AND CHANGING IT: HEALTH INEQUITIES, SOCIAL JUSTICE, AND BIOLOGY IN CONTEXT – THE CASE OF BREAST CANCER (Mon, Oct 29, 4:30-6:00 pm; Session 3448.0) MCC South, Esplanade Ballroom 302

4:30 PM: **Introduction – Anne-Emanuelle Birn, MA, ScD**
4:35 PM: **How cancer crossed the color line – Keith Wailoo, PhD**
4:55 PM: **Embodying history and understanding health inequities: on emergent phenotypes and the four histories of the breast cancer estrogen receptor– evolutionary, pathological, individual, & societal – Nancy Krieger, PhD**
5;15 PM: **How community-based participatory outreach education and research impacts American Indian breast cancer programs to address inequities – Linda Burhansstipanov, DrPH**
5:35 PM: **open discussion/questions and answers**

Anne-Emanuelle Birn opened up the session, emphasizing the importance of taking history seriously to enhance our critical analysis of health inequities and what can be done to change them, noting that this session took on this challenge in relation to the case example of breast cancer. She then introduced the speakers, and flagged that Keith Wailoo's presentation would be read by Samuel Roberts, since Keith was prevented from attending APHA by Hurricane Sandy.

Samuel Roberts, presenting on behalf of Keith Wailoo, gave a talk that drew on Keith's recently published book "How Cancer Crossed the Color Line" (Oxford University Press, 2011). The central emphasis was on changing realities and perceptions of cancer occurrence in the US, with the early 20th CE framing cancer as primarily a concern of white well-to-do-women, especially in relation to breast cancer, whereas starting in the last quarter of the century, the burden of cancer was increasingly seen and depicted as falling upon US people of color. As recounted in the presentation, Keith's interest in this issue was sparked by a 2002 story in the NY Times about prostate cancer and speculations for why incidence rates were both going up and were highest among black men, with the emphasis of the story being that black men did not trust medical care providers and might be at greater risk because of not only genetics but also histories of venereal disease (an assertion not supported by extant evidence). Delving into the story of cancer and race, he found that it was not a "new story" but instead that issues of racial identity and difference were deeply built into the cancer story from the start of the 20th CE. Between 1900 and 1970, risk was deemed highest among the US white population, especially women; in 1972 the media pronounced that "cancer was not a white disease anymore," in light of growing recognition that between the 1950s and 1970s, cancer had "crossed the color line" (whether a real shift or a shift in perception is hard to say, given data deficiencies), and since 1970, the emphasis has been on increased risk among people of color, especially black Americans. The presentation discussed how, in the early 20th CE, leading scientists, such as Frederick Hoffman (chief statistician of Prudential Life Insurance), viewed cancer as a disease of "civilization," one virtually unknown among "primitive people" (as he deemed black Americans). One argument was that the cancer could be detected only among those who lived long enough to be diagnosed with the disease, i.e., not killed prematurely by the then still prevalent infectious diseases. Also problematic was limited data (not only was there still poor death registration but there were no cancer registries at the start of the 20th CE) and limited ability to detect cancer of internal organs (with cancer of the breast and cervix much more visible, hence partly accounting for the emphasis on cancer among women). Cancer education campaigns accordingly primarily focused on women, with an emphasis on developing self-awareness via screening, and with dominant views portraying only "civilized" people as having the capacity for this awareness. The first major breast cancer self-examination campaigns in the 1950s used this frame, and the images shown were exclusively of affluent white women. The presentation concluded with a discussion about how the history of cancer and color is one of not simply communication, but rather of miscommunication between health professionals and the US public, with the final examples in the book focusing on depictions and analyses of prostate cancer among US black men, cervical cancer among Vietnamese American women, and the breast cancer among affluent white women in Marin County, CA. The larger point is that knowledge of the history of representations of cancer in relation to color and class is vital for understanding and improving current work to reduce the burden of cancer and cancer inequities.

Nancy Krieger then presented a talk on how taking history seriously can lead to new insights into understanding cancer inequities, using the case example of the breast cancer estrogen receptor (ER); she also flagged that a paper based on the presentation was scheduled to be published in the December 2012 issue of the *American Journal of Public Health* and prior to circulating this reportback learned that it will be published on-line first on November 15, 2012, with the following citation:

-- Krieger N. History, biology, and health inequities: emergent embodied phenotypes and the illustrative case of the estrogen breast cancer receptor. *Am J Public Health*. Published online ahead of print November 15, 2012:e1-e6. doi:10.2105/AJPH.2012.300967

In brief, the presentation challenged dominant gene-centric approaches that treat health inequities as a consequence of innate biology. She noted, for example, that the most recent NIH report to congress overwhelmingly emphasized genetics in its 46-page section (out of an 800+ page report) on minority health, in which terms pertaining to genetics and genomics appeared 87 time, whereas terms like poverty showed up only twice, discrimination once, and racism not at all. Highlighting new frameworks in biology, such as ecological evolutionary developmental biology ("eco-evo-devo"), that are only just now beginning to inform public health research, the talk briefly reviewed examples of how not only organisms with the same genotype can manifest different phenotypes, depending on differences in their exogenous exposures and environment, but also that phenotypes are themselves dynamic. It then focused on the importance of using history to evaluate current conventional claims regarding racial/ethnic differences in ER status, with the significance of ER being that tumors that are ER positive (ER+) are responsive to hormonal treatments whereas ER- tumors are not,

resulting in women with the former having better survival. The talk then focused on four types of history, all stated to be at play, simultaneously, not sequentially, in any given case or population rate of disease: (1) societal (historical trends in the magnitude of health inequities, as related to rates of premenopausal breast cancer, more likely to be ER-), (2) lifecourse (in this case, ER status of repeat occurrences of breast cancer within a woman), (3) pathological (changing ER status of a tumor over time), and (4) evolutionary (debates about the evolutionary origins of ER and implications for understanding ER expression in relation to exogenous stimuli). Taken together, the evidence strongly refutes claims that ER status is an innate property of individuals, let alone racial/ethnic groups. The larger point was that this type of analysis could be extended to any type of biomarker or disease outcome and could help give insight into societal drivers of health inequities while challenging simplistic ideas of innate "racial" difference and genetic determinism.

Linda Burhansstipanov (Cherokee Nation of Oklahoma) then analyzed current breast cancer inequities, by placing them in historical context alongside insights gained from her Native American Cancer Education for Survivors project (see: http://natamcancer.org/naces.html). She started with grounding her work in the principles of community-based participatory research (CBPR), noting that many projects that claimed to be CBPR were at best "community-driven" and all too often lacked genuine partnerships and equitable allocation of resources and decision-making authority, let alone meaningful contributions to the well-being of the communities involved. She likewise provided background to current American Indian inequities in cancer by briefly reviewing the long history of assaults on their health due to colonization, from the deliberate use of smallpox infected blankets by US troops in the 19th c and the death and decimation of the Trail of Tears (forcibly imposed by the US military on over 60 different American Indian nations), to the late 19th and early 20th century devastation of the residential schools and the trauma they caused among the American Indian children forced to attend these schools, up through the sterilization abuse that occurred in the 1960s-1970s, when somewhere between 60,000 and 70,000 American Indian women were sterilized without their consent – and with public healing ceremonies beginning to be established only in the 1990s for both survivors of the residential schools and of this sterilization abuse. Within this context, she documented the lack of adequate detection and treatment of pediatric cancer in American Indian children (with symptoms in some cases stereotypically assumed to arise from diabetes), and then spoke to the challenges of treating breast cancer among American Indian women, due to the high prevalence of comorbidity (including with diseases such as diabetes), which complicates treatment because of drug interactions for the different prescriptions in use for the different diseases, let alone the toll of the co-morbidities which themselves reflect the adverse impact of adverse conditions on their lives. For example, among the 709 American Indian women included in the project's participants, less than 50% had more than high school education, 38% were diabetic, and nearly half were under age 50 when diagnosed (reflecting the shorter life expectancy of American Indians due to high rates of premature mortality). Moreover, even though earlier detection has led to a rise in tumors detected early rather than late, there are still huge problems in travel distance for treatment (half the women travel between 200-400 miles one way to get to facilities that can treat them), and the vast underfunding of Indian Health Services further compounds their difficulties in getting the care they need. To be inclusive, the project has included both women and men with breast cancer, and to be respectful, the project has asked about sexual orientation and found that 6% of participants identified as lesbian/gay/bisexual. A key component of the web-based resources developed by participants is to improve the quality of life of cancer survivors.

In the **Q&A** period, discussion focused on: (1) the long problematic history of mainstream scientists and health professionals wrongly treating "race" as innately biological, as if determined by genetics, along with conflations of "race" and "culture," and the need instead to consider how racism produces both biological expressions of racism (i.e., the ways by which racism harms health) and also racialized expressions of biology (i.e., how biology is interpreted by researchers through racialized preconceptions and stereotypes), and (2) different challenges to genetic determinism, given new biological research that overturns the idea of "DNA" as "master programmer" in which "genes" are viewed as discrete bits of adjacent DNA, with discussion turning to the new thinking of "eco-evo-devo" that goes beyond narrow versions of epigenetics (chiefly focused on how gene expression is affected by methylation of different parts of the chromosome, and which of these methylation patterns can be inherited via the chromosomes in the sperm or egg) and which instead consider the broader array of factors dynamically affecting gene expression across the lifecourse. The overall message concerned the need for a critical approach to biology and to health inequities, informed by analysis of social and biological history.

4) PROGRESSIVE PEDAGOGY

This session on links between pedagogy and capacity building to promote health equity was attended by ≈ 70 (lower than the ≈ 140 last year but much higher than the ≈ 25 in 2009).

PROGRESSIVE PEDAGOGY ACROSS THE LIFESPAN (Tues, Oct 30, 8:30-10:00 am, Session 4070.0) MCC South, Esplanade Ballroom 302

8:30 AM: **Introduction – Lisa D. Moore, DrPH**
8:35 AM: **Roots of health inequity: challenges and opportunities in developing a web-based, interactive course for the public health workforce – Mikhaila Richards, MSc**
8:55 AM: **Warriors for Peace: resilient young men and educating peers and their communities** – David Pheng, **Mike Tran**, and Geoffrey Dang
9:15 AM: **Engaging students and elders in social justice research and action: progressive pedagogy beyond the classroom – Meredith MInkler, DrPH, MPH**
9:35 AM: **open discussion/questions and answers**

Lisa Moore opened the session, noting its focus was on connections between generations, with the reminder that we all carry legacies, including of our teachers and our elders, and that when we become teachers, we pass these along to our students as well. Reflecting on her own teachers and sheroes/heroes, she said what struck her most was their courage – and she gave particular thanks to Meredith Minkler, her key mentor and one of the speakers at the session.

Richard Hofrichter then presented on behalf of Mikhaila Richards, who overnight was hit by a respiratory infection that made her too ill to present, and he described the new multimedia and interactive web-based course on health equity that the National Association of County and City Health Officials (NACCHO) had created to improve capacity of health agency staff to approach their work from a health equity perspective (see: http://rootsofhealthinequity.org). NACCHO is comprised of 2800 local health departments, all of which are straining to do their work while totally underfinanced. The intent of the course is to help change the consciousness of their staff and the work that they do to keep health equity a central concern. The course accordingly focuses on making accessible the ideas, consequences, and possibilities for addressing the root causes of health inequities, defined as "class and gender oppression and structural racism," with class conceptualized as organized power that affects the economic well-being of others (as per the kind of power Chambers of Commerce wield). The course has 5 basic units, ranging from a historical unit that introduces the progressive history of public health on through contemporary cases examples. To encourage people to build up a community that collectively develops and shares a critical perspective, the course is designed to be a process of discovery, not just a conveyer of factual information, and enables participants to set up private and safe discussion groups with others taking the course, whether or not at the same institution. A goal is to help public health professionals see themselves not only as professionals but as citizen-professionals who can advance the work they do by analyzing and addressing the root causes of health inequities, even as they may be limited in some of what they can do because they are under the statutory authority of mayors and also have inadequate resources. One example of a kind of project that the course encourages is linking of health data with data on social determinants of health, such as the prevalence of foreclosures (as Alameda County has done). Another is to challenge use of language that sidesteps issues of power and injustice, cf. use of terminology referring to "vulnerable populations" as opposed to confronting who is making whom "vulnerable" and why.

David Pheng, Mike Tran, and Geoffrey Dang then gave a collective presentation on their project "Warriors of Peace." David first gave a brief introduction about the origins of the program, which is based at a place in Oakland called "The Spot" that was formed 5 years ago to be a safe place where youth could meet, hang out, and also learn about the health and other social service programs offered by Oakland's myriad community-based agencies. Mike, one of the trainers for "Warriors for Peace", then talked about how their project was focused primarily on young Asian immigrant and Asian American youth, with the deliberate intent of addressing some of the tensions between these groups. They decided to locate "The Spot" in Chinatown because the youth they talked to said it was a safe common meeting ground, noting too that the center is open to anyone who wants to hang out there and use its services. One impetus for creating the center was the murder of one teenager when she went to a different neighborhood with her friends, along with recognition that Asian youth, and especially immigrant youth, were also disproportionately being jailed, in part because the immigrant parents were unable to advocate for them (both due to language difficulties and also fear of dealing with the authorities). The key two issues identified as harming Asian youth in Oakland were: (1) violence, and (2) lack of jobs. They accordingly went about developing "Warriors of Peace" for young Asian men in Oakland. The program has 3 components: (1) team building (having fun, learning how to hang out together, including with people from different countries, backgrounds, and neighborhoods); (2) talking about violence (since it is difficult for young men to open up about violence, given stereotyped expectations that they are supposed to be tough and silent), with attention to differences between "negative" vs "positive" responses to violence (i.e., revenge and retaliation vs different approaches to healing, ranging from engaging in hip hop therapy, use of other mental health services, and learning to keep a journal); and (3) telling their own stories, including via use of video cameras, since all too often their stories are unheard and ignored. Throughout, they emphasized an inclusive perspective, informed by approaches in ethnic studies, that gave heed to connections between racism, class,

gender, and sexuality; one example of a question they used to open discussion was: "who are the women you respect and why?". The initial cohort started with 18 young men who came from a variety of areas in Alameda County. In addition to be given free snacks at every meeting, all were promised a stipend of $200, which they would be given only if they went through the full program; at the end, 12 remained, and when given the $200, many were surprised, because the project had become so valuable to them that they had forgotten all about the incentive. The first cohort created a video about Oakland which had its premiere this past June and was shown to members of the center and their parents (see weblinks below). Jeffrey, a 2nd year college student and participant in "Warriors for Peace," then talked about his own experience in the program, and how he gained so much from meeting people he would never have otherwise met, as well as seeing parts of Oakland he had never seen before and also seeing with new eyes parts of Oakland he was regularly in. By the end, he said he not only made friends but formed brotherhood with the other participants in the program. He then showed a clip their video, called: "Where you from? Oakland – smoking!" (meaning: wonderful! – it was not an endorsement of tobacco smoking) – and was filled with interviews of friends, other youth, and adults whom they met in various parts of Oakland, expressing their delight and pride in being from Oakland (in contrast to the usual stereotypes of Oakland being a place people want to flee because of crime and violence). Showing the video to their friends and family was a highlight and he wants to remain involved with the program. To see the videos produced, see both:

http://www.youtube.com/watch?v=a2dBDo0B2Gs

http://www.youtube.com/watch?v=3D17gmNAL2c

Meredith Minkler then recounted the stories of three of the community-based participatory projects she has been engaged in for the past 30 years, all of which involve elders and all of which are premised on the critical pedagogy of Paulo Freire and its emphasis on analyzing root causes, praxis, and social action organizing informed by the lives of the participants, with the goal of base building and redressing power gaps that cause harm. Also informing the projects is work in critical gerontology, which has issues of power and privilege as central to its analyses, and which examines how the realities of aging are shaped by economic position, race/ethnicity, gender, sexual orientation, and disability, and which also stresses that elders should not just be "studied" but that projects should be designed with them as partners to enhance their capacity to make social change.

-- The first project was started 38 years ago and was called the "Tenderloin Senior Organizing Project" (TSOP). Key achievements of the project were to: (1) break down distrust and overcome isolation of the residents in this economically impoverished neighborhood, one that also had very high crime rates, and (2) help seniors identify, discuss, and address issues they wanted to change. Emphasizing that the four most important words of organizing are "refreshments will be served," she described how a key gift of the students was not just the food but their desire to hear the stories of the residents, with a common theme emerging about their concern about crime (typically at the rate of 2 assaults per person per year). The community meetings in diverse buildings eventually coalesced into a large meeting with the mayor (then Diane Feinstein), who also came to visit the Tenderloin (with 16 police for protection!). As a result of this organizing, TSOP helped establish 48 safehouses, and also helped address food insecurity by setting up 4 mini-markets in 4 of the hotels, as well as creating a cookbook called "I love to cook but can't" to describe ways residents could prepare food given limited cooking facilities. The residents eventually formed 14 tenant associations and led many successful campaigns to improve their living conditions, e.g., making sure hot water was available. After 16 years, it became a non-profit organization and over the years has involved over 300 students, linking younger and older generations in the struggle for social justice.

-- The second project was called the "Grandparent Caregiver Study" and was started in the 1980s in Oakland at the time of the rise of arrests of young people for crack cocaine (especially young African Americans), which had far stiffer sentences than for use of "regular" cocaine used by more affluent white consumers (100:1 ratio in mandated sentencing time, an injustice only recently rectified after prolonged struggle). One consequence of these arrests was a sharp rise in the incarceration of young women, of whom ~3/4 had young children, who were then taken in by their grandparents, with yet another inequity being that grandparents who took in their own grandchildren were compensated by social programs for only 1/3 the amount they would have received had they taken in foster children to whom they were not biologically and/or legally related. One question that Meredith described was whether it was appropriate for her and her colleague, both white affluent women, to take up work on a problem that disproportionately affected more impoverished African American women and their families. They met with members of relevant black organizations in Oakland and received encouragement to join in a CBPR venture; in their ensuing grant applications, the overwhelming majority of the budget went to the community organizations. The project ultimately recruited approximately 130 grandmothers to be participants, of whom 77 remained engaged until the end. As one example of their influence on the research process, the participants helped reframe questions to make them more relevant to their lives, e.g., instead of asking "what is your income," they

changed the wording to be "How much money is available to help you raise your children?" Students helped conduct interviews, analyze and interpret data, and bring findings back to the participants and their organizations. Initiatives developed out of this project included setting up a "warm line" run by the grandmothers to offer support to other grandmother caregivers, a respite center, public rallies to improve grandparent caregiver benefits, and formation of a regional and statewide coalition, which set up a national Grandparent caregiver information center (now based in AARP). -- The third project described is the California Senior Leader Program, which involves 150 seniors, nominated from across the state, and who meet in into bi-annual cohorts of ~30 people, most of whom are elders of color. Each gathering is a 2 day honoring and training event, in which each elder is paired with a graduate student who shares common interests, and this student then remains engaged with this elder over the next 15 months. Among the issues tackled by the elders in this group are: ensuring that the next generation knows about the internment camp set up for Japanese Americans by the US government during World War II, as linked to current struggles to defend civil rights and immigrant rights; American Indian struggles to prevent co-optation of their symbols and history by Big Tobacco; LGBT seniors working for marriage equality and for welcoming senior housing; and rural seniors working to improve access to transportation. The seniors involved have also produced an ongoing newsletter and website, and network together to promote advocacy in Sacramento (the state capitol), where they are increasingly seen as a group to consult by progressive legislators. Through this intergenerational project, the students gain awareness of what people are able to accomplish, and the elders gain new allies in the struggle for change. Capturing the spirit of the project is the motto of one of the elders, Frank House, who passed away this last year, was: "I don't think outside of the box. I think outside of the warehouse."

During the **Q&A** period, comments addressed: (1) to what extent do the projects get involved with people's lives when they become ill (with the question motivated by experiences with an project involving people with HIV/AIDS in Chicago), and for which the discussion emphasized that it is a mistake to divide the personal and political, noting that a key innovation of the TSOP project was to hold memorials for tenants who died (as opposed to tenants finding out about the death of co-residents by seeing their clothes thrown in a pile in the lobby for recycling), and that is important to find ways to help people stay in touch, including through times of illness and death; (2) what are the ways the Oakland video has been used?, with the discussion focusing on the community showing in June 2012, and also the learning experience that happened when they tried to submit it to film festivals, only to find out that because they had included copyrighted music without credits, their submissions could not be accepted – so they will keep this important lesson in mind when developing future videos; (3) ways in which county and city health departments can be creative, despite limitations on their budgets and authority, e.g., by hiring people from the local community who are committed to health equity, by actively seeking out and listening to community concerns, and by changing their view of themselves as chiefly technicians to being instead informed and engaged citizens-professionals; (4) how refreshing it was to hear the different projects together, all emphasizing the need for critical consciousness, intergenerational ties, and the need to move healing into action; (5) the emphasis of "Warriors for Peace" on the assets of the community, and learning lessons from prior movements for struggle (e.g., in San Francisco, the fight for the International Hotel in the 1960s that was key also to the development of Ethnic Studies at the University of California), with a key point being the value of listening to youth, not talking at them, and the need also to emphasize that the work is motivated by love, not by hating the system; and (6) similarities to projects in North Carolina that since 1984 have been linking students and elders and other residents to improve access to care in rural areas in the state.

5) STUDENT POSTER SESSION

Our 11th **"STUDENT POSTER SESSION: SOCIAL JUSTICE AND PUBLIC HEALTH"** had 9 posters accepted (listed below; presenters' names in **bold font**). A constant flow of people came to see the posters, giving the student presenters many opportunities to discuss their work. Suggesting our session is meeting its objective in helping bring forward the next generation for the ongoing work linking social justice and public health, the poster session represented the first time most of the students had shared their results at a scientific conference and for many it was also their first time attending an APHA 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.

STUDENT POSTERS: SOCIAL JUSTICE & PUBLIC HEALTH (Tues, Oct 30, 12:30-1:30 pm, Session 4177.0) MCC South, Halls A/B/C

Board 1: ***A working group for reproductive justice: using social movements to invigorate traditional public***

***health theories on sexual and reproductive health* – Arianna Taboada, MSW, MSPH**

Board 2: *Power of framing: re-thinking a public health response to modern slavery* – Hana Akselrod, MPH

Board 3: *Understanding the relationship between built environment and obesity through a gendered lens* – Stephanie Hsieh, ScM, Donna Spruijt-Metz PhD, Frank Curriero, PhD, MA, L. Caulfield, PhD, L. Cheskin MD, J. David, PhD, M. Weigensberg MD, A. C. Klassen, PhD

Board 4: *"Choking for a smoke": the embodiment of working class history in the life stories of smokers in an ex-mining village in the North East of England* – Frances Thirlway, BA, MSc, LLB

Board 5: *Expanding gender and health: gender expression as a social determinant of health* – Allegra R. Gordon, MPH and Sari L. Reisner, MA

Board 6: *Primary prevention of Type II diabetes in urban Native American/Alaska Native girls and young women* – Sarah Rosenberg, MPH candidate

Board 7: *Neighborhood poverty trajectories over 4 decades in California* – Jina Jun, MA and Catherine Cubbin, PhD

Board 8: *Community-based accountable care organizations to improve health outcomes for the Illinois Medicaid program* – Hamza Obaid, MPH candidate

Board 9: *Impact of social justice and public health: a 2-credit undergraduate workshop course for health educators* – Bethany Kies, MPH

6) Other:

a) As usual, we co-sponsored and helped organize the **P Ellen Parsons Memorial Session: *"Can public health prevail on Medicare, social programs, and reproductive rights: P. Ellen Parsons Memorial Session,"*** which every year is sponsored by the Medical Care Section and co-sponsored by the Spirit of 1848, the Women's Caucus, and the Socialist Caucus, all groups with which P Ellen was actively involved before her untimely death from ovarian cancer a decade ago. This year's session focused on 3 initiatives based in the San Francisco Bay Area to advance health equity. The three speakers were: (1) **Max Brisco**, who helped found and leads the Creating Health Equity initiative in Alameda County, which seeks to bridge the tensions between public health and health service delivery by creating projects grounded in a health equity perspective; projects include expanding school-based clinics, guaranteeing youth in detention centers a job working as an emergency medical technician if they complete a course to get credentialed as an ambulance driver, and having staff who do home visits help improve people's financial literacy so as to curtail the exploitative practices of payday lenders; (2) **Sophia Yen**, a physician who with Ellen Shaffer co-founded the Silver Ribbon Campaign to Trust Women (see: http://oursilverribbon.org/) and who described the work of this organization, launched last year, to promote reproductive rights at the time when, in part due to the Tea Party, the number of states seeking to restrict access to abortion is sharply on the rise; they currently are planning a big campaign for this coming January 2013, which will be the 40th anniversary of *Roe v Wade*, when they will have both their 2nd on-line march in favor of reproductive rights (having organized their first one this past January, in collaboration with Move On), accompanied by a huge celebration in San Francisco on January 26, 2013, and also are right now working on get out the vote, and plans are in the works for future campaigns to take on the Hyde Amendment (which banned use of Medicaid funds for abortion, except in the case of rape or incest) and promote a Reproductive Bill of Rights; and (3) **Jeff Ritterman**, a member of the Richmond City Council and a retired cardiologist, who described the campaign he and others have launched to pass the first Soda Tax law in the US, in which they are taking on Big Soda and plan to use the tax money, if successful, to promote youth sports in Richmond (including by increasing access to soccer fields and play areas), in a context of the city dealing with both high rates of poverty and unemployment and high rates of obesity among its predominantly black and Latino youth; Big Soda is currently fighting back with a huge counter-campaign, trying to raise opposition to the "Nanny State," but there is some optimism that the measure may pass, especially since the campaign emphasizes that there is not an even playing field, such that there is no way a parent can be expected to know the underlying physiology that accounts for why drinking sugar-sweetened beverages (which provoke an insulin response and also promote development of fat in the liver) is totally different from drinking water or eating fruits (which have far lower levels of sugar and combine this with fiber). Lastly, at the end of the session, Ellen Shaffer announced that this was her last year leading organizing of the P Ellen Memorial Session, for which she has been the key organizer since its inception – and she was thanked by all present for all the work she has done to keep this session and its vision of social justice alive.

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

And, as usual, we had our usual brightly colored poster (using our new logo of the black star) 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)**