

★★★★★ THE SPIRIT OF 1848: APHA 2019 REPORTBACK ★★★★★

TO: EVERYONE ON SPIRIT OF 1848 EMAIL BULLETIN BOARD
FROM: SPIRIT OF 1848 COORDINATING COMMITTEE
RE: REPORTBACK FROM THE 2019 APHA CONFERENCE (ver: 11/14/19)



Greetings! The Spirit of 1848 Caucus is happy to share our reportback from the 147th annual meeting of the American Public Health Association (APHA; November 2-6, 2019, in Philadelphia, PA). In this reportback we:

- (a) share decisions we made at our labor/business meeting, including initial ideas for the APHA 2020 sessions; and
- (b) give highlights of our APHA 2019 sessions

And: as usual, we are sending this reportback by email and posting it on our web site – and we encourage you to visit our website to see our past reportbacks as well (1995-2018), to gain a sense of our long-term commitment to fighting for health equity & a sustainable world. For example, our sessions in 2013 focused on climate change & health equity – and the link is posted to the video that Winona LaDuke made for one of our sessions that year, on “Climate Change, Public Health, and Indigenous People” (see: <http://spiritof1848.org/apha%20reportbacks%20&%20attendance.htm>).

As of October 21, 2019, we are happy to report that: (a) 3,948 people (in US & around the world) subscribe to our listserv/email bulletin board (up from 3,772 last year) – and another 115 people signed up at the 2019 APHA meeting to be added to the listserv; and (b) we have 372 Spirit of 1848 members who are also dues-paying APHA members (up from 308 last year), which puts us well above the new 2016 APHA requirement that APHA Caucuses have a minimum of 25 members who pay dues to APHA.

NOTE: The number of Spirit of 1848 members REALLY MATTERS – both EVERYONE on this listserv AND ALSO those who are APHA dues-paying members. Starting in 2016, we are now required to report ANNUALLY to APHA regarding the number of Spirit of 1848 members who are ALSO dues-paying APHA members. Accordingly, we STRONGLY REQUEST that all of you reading this who are DUES-PAYING APHA MEMBERS please take a moment to find your APHA membership number & then do BOTH of the 2 following tasks:

(a) go to our Spirit of 1848 website and fill out the 30-second survey to affirm your affiliation with the Spirit of 1848 Caucus and APHA by providing BOTH your name & APHA membership number; the URL is:

https://harvard.az1.qualtrics.com/jfe/form/SV_86XQ5KQvFCgCpFP

(& for more explanation about why we need this information, see: <http://spiritof1848.org/listserv.htm>)

(b) update your APHA membership profile to flag your membership in the Spirit of 1848 Caucus; the steps are:

- 1) login in at: <http://apha.org/>
- 2) click on the bottom part of where your name shows up, which will reveal the “menu” for options
- 3) click on “update profile”
- 4) click on the tab for “communities”
- 5) scroll down to “caucuses,” go to “Spirit of 1848,” and choose the option for “current participant”!

(note: selecting a Caucus affiliation does NOT count against the choice of 2 Section affiliations)

And so:

1) please share our update/report with interested colleagues & friends, and note that our update/report 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 listserv! – directions for how to do so are provided at the end of this email and on our website.

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

4) 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
- Anne-Emanuelle Birn (History committee & designated alternative Chair contact); email: ae.birn@utoronto.edu
- Luis Avilés (History committee); email: luis.aviles3@upr.edu
- Marian Moser Jones (History committee; Spirit of 1848 co-representative to the APHA Caucus Collaborative and the APHA Governing Council); email: moserj@umd.edu
- Catherine Cubbin (Politics of public health data committee; Activist committee); email: ccubbin@austin.utexas.edu
- Zinzi Bailey (Politics of public health data committee); email: zinzi@gmail.com
- Craig Dearfield (Politics of public health data committee); email: craig.dearfield@gmail.com
- Lisa Moore (Pedagogy committee); email: lisadee@sfsu.edu
- Rebekka Lee (Pedagogy committee; Activist committee; Spirit of 1848 co-representative to the APHA Governing Council and APHA Caucus Collaborative); email: rlee@hsph.harvard.edu
- Vanessa Simonds (Pedagogy committee); email: vanessa.simonds@montana.edu
- Nylca Muñoz (Student poster session; Pedagogy committee); email: nylca.munoz@upr.edu
- Jerzy Eisenberg-Guyot (Student poster session; Activist committee); email: jerzy.eisenbergguyot@gmail.com
- Pam Waterman (E-networking committee); email: pwaterma@hsph.harvard.edu
- Miranda Worthen (E-networking committee, for social gatherings); email: miranda.worthen@sjsu.edu

NB: for additional information about 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>

And: APHA next year will be in **San Francisco, CA (Oct 24-28, 2020)**; the official theme is “*Creating the Healthiest Nation: Preventing Violence*”



Attended by 19 members:

(a) Spirit of 1848 Coordinating Committee members (alphabetical order; n = 9): (i) in person (n = 8): Anne-Emanuelle Birn (history); Craig Dearfield (data); Jerzy Eisenberg-Guyot (student poster session); Marian Moser Jones (history & Spirit of 1848 co-representative to the APHA Governing Council & APHA Caucus Collaborative); Nancy Krieger (chair & integrative & data & e-networking); Rebekka Lee (pedagogy & Spirit of 1848 co-representative to the APHA Governing Council and APHA Caucus Collaborative); Nylca Muñoz (student poster session); and Pam Waterman (e-networking); (ii) by phone (n = 1): Catherine Cubbin (data)

(b) additional Spirit of 1848 members (alphabetical order; n = 11): Catalina Acone; Usama Bitar; Martha Eastman; Noelle Fries; Hannah Forsberg; Charlene Kuo; Jen Scott; Melissa Smith; Amanda Ribas Riseti Soerro; Lorraine Starsky; Jelena Todic;

-- NB: Spirit of 1848 Coordinating Committee members who were unable to attend (n = 4) were: Luis Avilés (history); Zinzi Bailey (data); Lisa Moore (pedagogy); and Vanessa Simonds (pedagogy) – and all provided input either at the Spirit of 1848 Coordinating Committee on the Sunday morning of APHA or else via email.

1) **Spirit of 1848 mission.** 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 of 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. Thus, 2019 is our 22nd year as an official APHA Caucus – but: we did our 20th year celebration back in 2014, to recognize when we actually were founded as a group – and 2019 is our 25th anniversary!

-- We have 4 sub-committees: (1) politics of public health data, (2) progressive pedagogy, (3) history (with the sub-committee serving as liaison to the Sigerist Circle, an organization of progressive historians of public health & medicine), and (4) e-networking, which handles our listserv, website, and social networking. Members of these subcommittees also work on organizing the activist session and the integrative session.

-- We also have an official representative to the APHA Caucus Collaborative and to the APHA Governing Council.

-- 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 meets annually at APHA and in between 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) **Spirit of 1848 listserv & membership.** We happily reported that:

(a) as of Oct 21 2019: 3,948 people (in US & around the world) subscribe to our email bulletin board (up from 3,772 last year and 3,732 in 2017) – and another 115 people signed up at the APHA 2019 meeting to be added to the listserv (& see additional info below on the history of our listserv & rising N of subscribers!)

(b) we have 372 Spirit of 1848 members who are also dues-paying APHA members (up from 308 last year), which puts us well above the APHA minimum required (n = 25)! We will send APHA the updated number to comply with their Dec 31, 2019 deadline to report the N of Spirit of 1848 members who are also dues-paying APHA members, and will likewise include these data as one of the requirements for the new Memorandum of Understanding (MOU) with APHA (renewed every 3 years), which we must submit by Dec 31, 2019.

(c) our 2-year old static Facebook (FB) page continues to work as intended – via directing people (who do “like us” ☺!) to our website. Currently, our FB page has 734 “likes” (up from 667 last year) and 754 followers (up from 679 a year ago, with our having done no outreach to attract these folk). Mindful of these data, for the past year we have made the Spirit of 1848 Facebook page a bit livelier, whereby we now link all *action posts* to our 1848 listserv to our Spirit of 1848 Facebook page, so that these actions posts can get even wider circulation – however: the page is **NOT** a site for independently posting messages or having exchanges.

(d) And also: starting in November 2019, we have begun to transition our listserv from YahooGroups to GoogleGroups. Why? See the FAQ on the next page!

SPIRIT OF 1848 LISTSERV TRANSITION FROM YAHOOGROUPS TO GOOGLEGROUPS: FAQ

SPIRIT OF 1848 LISTSERV/EMAIL BULLETIN BOARD TRANSITION: Starting on Monday, October 28, 2019, we will be gradually migrating all current Spirit of 1848 YahooGroups subscribers to the newly created Spirit of 1848 GoogleGroups listserv. *We will not, however, start posting using the GoogleGroups list until mid-December 2019.*

WHAT THIS MEANS FOR YOU: Sometime during the next few weeks you will receive an email from GoogleGroups notifying you that you have been added to Spirit of 1848 (GoogleGroups).

WHAT DO YOU NEED TO DO: NOTHING! Once all members have been migrated to the new list, we will post a series of closing messages on YahooGroups. Our YahooGroups account will then be shut down, and all messages after that should be sent to the new Googlegroups address. *Until then, continue to send posts to the YahooGroups address.*

WHAT HAPPENS IF I ACCIDENTALLY DELETE THE EMAIL FROM GOOGLEGROUPS?: You can always find information about the transition and the address to join the listserv on our website: www.spiritof1848.org.

DO I NEED TO HAVE/NEED TO CREATE A GOOGLE ACCOUNT? No, you do not need to have a Google account in order to be a member of the 1848 GoogleGroups listserv, just as you did not need to have a Yahoo account to be a member of the 1848 listserv at YahooGroups.

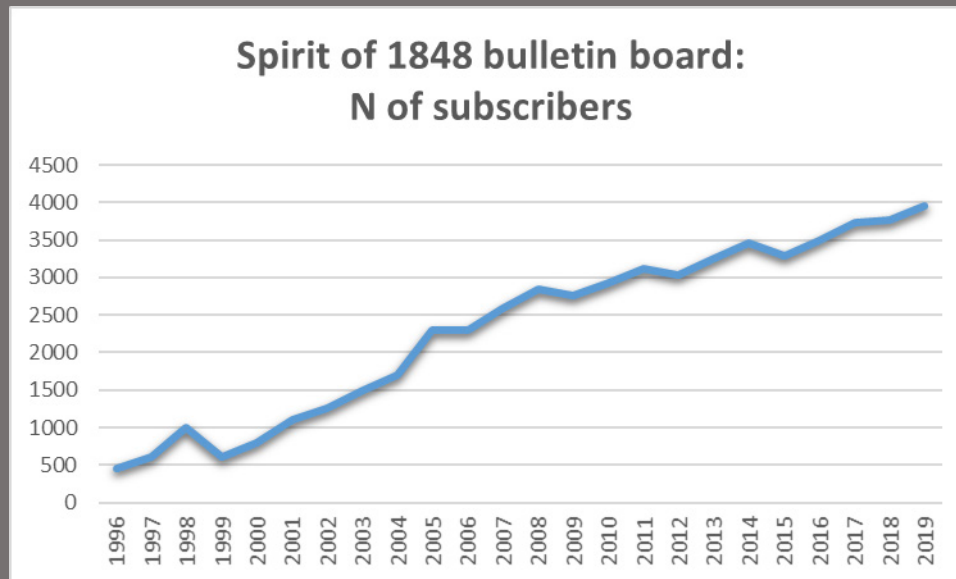
WHY WILL THE MIGRATION BE GRADUAL? GoogleGroups limits how many addresses can be added to a new Google group every day (which makes sense, as a security feature). Since we have 4000 subscribers, this means we have to pace the work accordingly.

WHY ARE WE LEAVING YAHOOGROUPS? We learned, on October 16, 2019, that YahooGroups would be ending some of its hosting services as of October 21, 2019, and would be deleting all archived materials as of December 14, 2019. We have consulted with other groups and colleagues in the same situation, and the consensus seems to be that Yahoo Groups is heading towards being permanently shut down, and that GoogleGroups is a viable option. Accordingly, to be prudent, we are taking steps now to switch to a new platform (before we are forced to do so), and we have already archived all of our previous emails (dating back to 1999).

Mini-history of Spirit of 1848 listserv

Date	Description	Computer site
December 1994	We started an initial email distribution list back in December 1994, within a month of founding the Spirit of 1848. At this time, it was run through an academic server at the university where one of our Spirit of 1848 coordinating committee members was based. The first email on file for subscribing to this listserv is dated 12/5/94. The main function was to coordinate communication among the Spirit of 1848 Coordinating Committee and the members of our various subcommittees.	Academic host
1995	In 1995, the email bulletin board began to outgrow this initial function and started to welcome more subscribers, to share information relevant to social justice & public health.	
Jan 12, 1998- Feb 24, 1998	On January 12, 1998, we briefly had to shut down the listserv while we moved it to another academic host, and the listserv re-opened on February 24, 1998.	New academic host
Sept 16, 1999 – December 2000	To avoid being dependent on specific individuals being at specific academic institutions, we shifted to a new non-academic host, “egroups,” on September 16, 1999. “egroups” subsequently merged with “onelist,” which was then taken over by YahooGroups in 2000.	egroups → onelist → Yahoo
Feb 5, 2001	First Spirit of 1848 email using the Yahoo Groups account in address	Yahoo Groups

Trend in N of subscribers to the Spirit of 1848 listserv: 1996-2019



3) **Spirit of 1848 Sessions.** 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 ~765 total, compared to ~445 last year), was as follows (in chronological order): activist session (N ~ 95, up from ~85 last year); social history of public health (N ~ 175, considerably higher than the ~70 last year); the politics of public health data (N ~ 180, up from ~ 120 last year); progressive pedagogy in public health (N ~ 90, up from ~60 last year); “integrative” session (N ~ 225, up from ~120 last year). Additionally, 19 people attended our Spirit of 1848 labor/business meeting (up from 14 last year). Many people visited our Spirit of 1848 student poster session –we estimate about 60-90 visitors came by!

Also of note, the total attendance for our core 4 sessions (not counting the 5th activist session first added two years ago) was not only higher than last year (2019: ~ 670 vs. 2018: ~ 370) but was also higher than many previous years! (2017: ~355; 2016: ~615; 2015: ~416; 2014: ~390; 2013: ~380; 2012: ~470; 2011: ~650; 2010: ~657; 2009: ~400). Additionally, the range of attendance for our 5 sessions (~ 90 to ~ 225) was, as usual, considerably higher than the typical APHA average attendance of ~30 persons/session. We take this to mean that APHA attendees continue to “vote with their feet” and find our sessions to be useful.

Throughout, our sessions underscored the need for critical thinking about the links between social justice & public health, per the theme for our 2019 sessions: **“Fighting Forward: Radical Science and Health Justice.”** We provide detailed descriptions of our sessions in Part II of this reportback.


And: this year’s conference also stood out because *we celebrated the 25th anniversary of the Spirit of 1848!*

4) **Spirit of 1848 engagement with the APHA history project.** We also reported that the Spirit of 1848 Caucus will engage with the APHA history project, which is being launched in recognition that 2022 marks the 150th year of APHA (which was founded in 1872). Of note, our Caucus is well-ahead, in terms of preserving our history, compared to most other APHA entities (e.g., Caucuses, Sections, SPIGS) – because on our Spirit of 1848 website you can find a copy of every single annual flyer and reportback we have produced since our founding in 1994! – see: <http://www.spiritof1848.org/> -- with the APHA annual reportbacks & flyers available at: <http://www.spiritof1848.org/apha%202019.html> . We are happy to report that one of our historian Spirit of 1848 coordinating committee members, Marian Moser Jones, will take the lead in facilitating our links with the APHA history project, and the website they are creating.

5) **New Spirit of 1848 policy about Land Acknowledgement.** Starting with our Spirit of 1848 sessions this year, we have begun a formal tradition of always including a Land Acknowledgement slide with the introduction to each and every one of our sessions, as a very first step towards histories that must be acknowledged, as prelude to reparative action. The version of this slide for this year's conference, in Philadelphia, PA, is as follows:

Land Acknowledgement

**The Spirit of 1848 Caucus
acknowledges that our
sessions
take place on stolen
Native Land –
and we acknowledge the
Indigenous Peoples of
these lands**

'In Perpetuity' by Duane Linklater: "In Perpetuity" uses bright red neon to spell out a translated quote from Chief Tamanend who negotiated the Treaty of Shackamaxon. "As long as the creeks and rivers flow and the sun, moon and stars endure," the neon sculpture says. (Kimberly Paynter/WHYY)

Background information on the Lenape can be found at: <https://www.lenape-nation.org/>, with more background at: <https://www.lenape-nation.org/2nd-project> & at https://www.facebook.com/IPDphilly/?ref=py_c & also <https://whyy.org/articles/neon-monument-to-phillys-indigenous-history-glows-again-at-penn-treaty-park/>

We have additionally decided, based on constructive comments offered at the conference, to amend our call for abstracts so that we make clear, for each session, we invite submissions that bring a critical Indigenous lens, drawing on Indigenous theories, knowledge, and methods, to the specific topic that is the focus of each session.

6) **Joint social hour with Public Health Awakened.** The event was a HUGE success and lots of fun! – see account of what transpired & also pictures at the end of this annual reportback. We agreed to work with PHA to organize another joint social hour for next year's conference, and Miranda Worthen (who helped with this year's event, on behalf of the Spirit of 1848), has agreed to be the 1848 point person for this work – and will do so in the new role of being a member of the Spirit of 1848 Coordinating Committee, with membership in the networking subcommittee.

7) **APHA Caucuses & Governing Council.** Marian Moser Jones and Rebekka Lee co-served as our co-representatives to the APHA Caucus Collaborative throughout the year, and at the APHA meeting we were represented, in person, by Bekka Lee at: (a) the APHA Governing Council (where we and the other Caucuses now can speak from the floor, but do not have a vote), and (b) the annual APHA all-caucus breakfast, held on Wed, November 6, 2019. Key items to note are:

-- GOVERNING COUNCIL

At the Governing Council session, the theme selected for the APHA 2021 meeting is ***“Creating the Healthiest Nation: Strengthening Social Cohesion and Connectedness.”*** Additionally, in light of the 2022 meeting being the 150th anniversary of APHA (founded in 1872), the theme for the APHA 2022 meeting was also announced: ***“APHA at 150: Leading the Path to Health Equity.”*** The incoming president of APHA is **Lisa Carlson** (see:

<https://www.apha.org/about-apha/executive-board-and-staff/apha-executive-board/lisa-carlson>), and the president-elect (whose term starts in November 2020) is: **Jose Ramon Fernandez Pena** (see: <https://www.apha.org/about-apha/governance/apha-boards-and-councils/executive-board/apha-candidates/jose-ramon-fernandez-pena>).

Additionally, among the 14 new APHA policies approved, two had a direct focus on social justice and public health, in relation to “Environmental Justice and Health Equity” (Policy # 20196) and “Addressing Global Reproductive Health Restrictions” (Policy # 20199), as did the 2 approved late-breakers: “Call to End Bombing in Yemen” (LB-19-13) and “Opposing separation, detention of refugees” (LB-19-14). For a full list of the approved resolutions (whose full texts will be posted in early 2020), see: <https://apha.org/news-and-media/news-releases/apha-news-releases/2019/policy-statements-adopted-at-apha-2019>.

(Note: As usual, the Spirit of 1848 Caucus did not endorse any APHA candidate or policy resolutions because our policy is to not engage with APHA elections, resolutions, or internal politics. Relying on precious volunteered time of our members, our focus instead is outward facing, to prioritize our mission of spurring connections, outside of as well as within APHA, to advance work linking social justice and public health.)

-- STAFFING THE APHA CAUCUS BOOTH

This year, Marian and Pam did a stint, on the Sunday afternoon of APHA, staffing the APHA Caucus Booth in the Expo Area. We are happy to report that this year, after two years of protest instigated by the Spirit of 1848 Caucus, APHA no longer uses inappropriate essentialist language to describe APHA caucuses and instead more simply and clearly states: “*The Association has two types of Caucuses. One type allows members to coalesce around shared identities or membership in socially defined groups. Another type focuses on special interests, worksite issues and social justice issues.*” Other highlights from staffing the booth this year include: (a) we were able to inform a number of curious booth-visitors new to APHA about the function of a caucus and the particular activities of the Spirit of 1848 caucus, and (b) we also engaged in a brief, supportive discussion with the leader of an interest group on incarceration and health who is seeking to develop the group into a caucus.

-- CAUCUS COLLABORATIVE BREAKFAST

The breakfast took place on November 6, 2019 and was attended by 13 of the 17 APHA caucuses, up from 7 last year. This high attendance reflects the high level of engagement and organization (e.g. there was an agenda and a PowerPoint!) of this year’s Chair, Sarah Gareau, who was elected to the APHA Executive Board.

As reported by Bekka Lee:

- Representatives from 13 caucuses attended: Spirit of 1848 Caucus; Academic and Practice Linkages in Public Health Caucus; American Indian, Alaska Native and Native Hawaiian Caucus; Asian & Pacific Islander Caucus for Public Health; Black Caucus of Health Workers; Caucus on Homelessness; Caucus on Public Health and the Faith Community; Caucus on Refugee and Immigrant Health; Latino Caucus; Lesbian, Gay, Bisexual and Transgender Caucus of Public Health Professionals; Men's Health Caucus; Peace Caucus; Socialist Caucus; Women’s Caucus.
- Dr. Georges Benjamin, the Executive Director of APHA, provided comments.
 - The APHA history project – his goal is to have a comprehensive history of how the caucuses and sections have worked together for the 150th anniversary in 2022.
 - APHA has hired consultants to lead a project to look at section structures (which may touch on how they related to Caucuses).
 - APHA is assessing the capacity of APHA staff to effectively support all sections, affiliates, and caucuses
- Dr. Sarah Gareau, the outgoing Caucus Collaborative (CC) chair, gave an update on the past year's caucus activities.
 - She presented data from our survey of caucus interests and needs (with a shout out to Marian for her help with the analysis) that can help lay the groundwork for activities next year.
 - She shared her first draft of how caucuses fit into the APHA Leadership Pathway – the first priority from APHA is to foster multi-generational communication.

- She also described setting up structures and procedures to ensure smoother transitions between CC leadership (e.g. expectations around engagement of immediate past chair and chair-elect in planning and implementing caucus activities).
- She has created the first ever CC annual report to summarize our work.
- APHA staff (Fran Atkinson) gave a brief update.
 - The intersectional council has workgroups around 4 emerging topic area: gun violence prevention, climate change, opioids, and rural health. She hopes to foster collaborative sessions around rural health at the next meeting.
- Attendees discussed improvements to the APHA policy process.
- Andrea Lowe has started a google group listerv for policy chairs that anyone is free to join, which is aimed at improving the policy collaboration process.
- Linda Rae Murray is attempting to revamp the policy process and change the tenor of the Joint Policy Commission, which she believes has become fixated on policy being appropriate for a peer reviewed journal. She thinks in the current political climate we should be having many more (shorter) policies come to the floor and is disturbed that they ended early with less than 20 policies for discussion this year. She wants to see more substantive engagement and debate.
- Michael Bird from the Alaska Native and Native Hawaiian Caucus is the incoming chair (and Dan Duquette, from the Men's Health Caucus, is the chair-elect); points he raised for 2019-2020 were:
 - MOUs due December 31st, 2019
 - Potential interest in a CC collaborative session on violence among vulnerable communities in 2021

8) **APHA 2020:** Below we describe our provisional plans for next year's **148th annual meeting of APHA, to be held in San Francisco, CA (October 24-28, 2020)**, whose designated theme is: **"Creating the Healthiest Nation: Preventing Violence."** These plans reflect the initial brainstorming about sessions that we had at the Spirit of 1848 Coordinating Committee meeting on the Sunday of APHA, followed by the lively development of these ideas at our Spirit of 1848 labor/business meeting on the Tuesday of APHA:

Spirit of 1848 Caucus Labor/Business Meeting (Tues, Nov 5, 6:30-8:00 pm, Session 439.0) PCC, Room 201A -- **Come to a working meeting of THE SPIRIT OF 1848 CAUCUS.** Our committees focus on the politics of public health data, progressive public health curricula, social history of public health, and networking. Join us to plan future sessions & projects!

And so:

- 1) Be on the look-out for the APHA CALL FOR ABSTRACTS, which will go live on **Monday, December 16, 2019.**
- 2) All CONTRIBUTED (i.e., unsolicited) abstracts will be due during the **week of February 17, 2020.**
- 3) All solicited (invited) abstracts are due on **April 13, 2020.**
- 4) As usual, we have \$0 to pay for any speakers to come (since we are a volunteer, no-dues Caucus, noting also that APHA policy expressly forbids paying for speakers). For unsolicited abstracts, we depend on finding speakers who can fund their own participation in APHA. We also have successfully obtained a limited number of complementary passes for invited speakers (permitted for non-APHA members only), and on some occasions have sought out local groups who can fund travel costs as part of having the invited speaker also speak at their organization/university.

Preliminary plans for APHA 2020 Spirit of 1848 sessions (listed in the order in which they take place at the APHA meeting)

■ **Overall theme: "Political power & the people's health: countering structural violence & promoting health justice"**

Motivating our theme is recognition is that:

(1) It is essential to address the structural systems that foster violence -- for whose benefit, at whose cost -- at multiple levels, ranging from state-sanctioned use of force by the military and police to interpersonal violence (in public, at home) to self-harm, with expressions of such violence ranging from physical to cultural and psychological.

(2) It is essential to distinguish between use of force to dominate, exploit, and oppress, as opposed to use of force for self-defense and self-preservation, with the uses, respectively, of coercive force and of self-defense taking place at multiple levels (e.g., national, community, household, individual).

(3) APHA 2020 will take place just a week before the US 2020 elections, thus putting the spotlight on links between political power & the people's health -- and, related, the urgency of progressive mobilizing for the vote and fighting against voter suppression (see, for example, the new series in *The Guardian*, launched on Nov 7, 2019, re: [The fight to vote](#)).

-- And also: once again, we continue to note with concern the latent nationalism lurking in the phrasing of the APHA general theme of "creating the healthiest nation" which has appeared as the prefix to each annual meeting's specific theme for the past few years -- and we once again ask: why not instead have the goal be: "creating the healthiest world"!

Our 5 scientific sessions and our Spirit of 1848 labor/business meeting will be in the following slots:

Spirit of 1848 sessions -- listed in their chronological order per the slots provided by APHA	
MONDAY:	-- Activist session: 8:30 am to 10 am -- Social history of public health: 10:30 am to 12 noon -- Politics of public health data: 3:00 to 4:30 pm
TUESDAY:	-- Progressive pedagogy: 8:30 to 10:00 am -- Integrative session: 10:30 am to 12 noon -- Student poster session: social justice and public health: 1 to 2 pm -- Labor/business meeting: Tuesday, 6:30 to 8:00 pm

We affirmed that:

(1) we will continue *our new policy, started this year, of having a Land Acknowledgment slide for each and every one of our sessions, to acknowledge that any and all conferences in the Americas (North, Central, & South) are on Native Land -- Turtle Island -- and to recognize the original inhabitants of each locale in which the APHA conference takes place.*

(2) starting with our call for abstracts this year, *for each session we will encourage submissions that bring a critical Indigenous lens, drawing on Indigenous theories, knowledge, and methods, to the specific topic that is the focus of each session.*

■ **Activist session:** We affirmed that this session, which we initiated in 2017, will continue as a core Spirit of 1848 session. We anticipate organizing a session, with *invited presentations*, that will focus on themes of **"Organizing against structural injustice & for health justice."**

-- Taking into account numerous suggestions based on the participants' knowledge of activism around structural violence & health justice in the SF Bay Area, possible topics -- all with a focus on health justice -- might be:

- (1) anti-eviction organizing;
- (2) prison abolition organizing;
- (3) harm reduction organizing;
- (4) a dialogue involving transformative justice & restorative justice;
- (5) Indigenous ways of knowing and creating land trusts (restoring holding and control of land);
- (6) how the Union of Concerned Scientists (which has a West Coast office in Oakland, CA) is confronting growing attacks on science in the context of the growing climate crisis;
- (7) the fight to vote: health equity implications of organizing to counter voter suppression and mobilize marginalized voters to engage politically, including at the ballot box

-- Spirit of 1848 Coordinating Committee members Jerzy Eisenberg-Guyot, Rebekka Lee, and Catherine Cubbin will take the lead on organizing this *invited* session.

-- We also agreed that this session will include 3 presentations (since we found that with only 2 presentations this year, there was too much time for Q&A).

-- **Note:** all abstracts for this session will be **SOLICITED**. Per our new policy, *we will encourage submissions that bring a critical Indigenous lens, drawing on Indigenous theories, knowledge, and methods, to the specific topic that is the focus of each session.*

■ **Social history of public health:** For 2020, this session will use case examples, *based on invited presentations*, to engage with themes of: **“Health Justice & Histories of Countering Structural Violence.”**

-- Possible cases might include:

(1) recognizing the 100th anniversary of the 1921 Tulsa Race Massacre, which ranks among one the more severe cases of US racial violence (when, in an act of violence akin to US military attacks on Indigenous settlements, white mobs looted and burned a successful African American community in Tulsa, Oklahoma, and killed at least 300 African American residents, with an additional 800+ injured; see: <https://www.tulsaohistory.org/exhibit/1921-tulsa-race-massacre/#flexible-content>);

(2) histories of settler-colonialism in California, including Spanish, Russian, and then US attempts at erasure of Indigenous peoples, their cultures, and their control over land and water, as well as their enslavement, in combination with histories of Indigenous survivance (including the 1969 American Indian occupation of Alcatraz) (see, for example: Dunbar Ortiz R. *An Indigenous People's History of the United States*. Boston: Beacon Press, 2015, at: <https://www.indiebound.org/book/9780807057834> and also: Reséndez A. *The Other Slavery: The Uncovered Story of Indian Enslavement in American*. New York: Houghton Mifflin, 2016, at: <https://www.indiebound.org/book/9780547640983?aff=PublishersWeekly>);

(3) histories of US gun rights as tied to systems of US settler-colonialism and slavery, and implications for strategies to curb gun violence (see: <https://www.theatlantic.com/politics/archive/2015/09/the-origins-of-public-carry-jurisprudence-in-the-slave-south/407809/>);

(4) historical instances of reducing violence by reducing militarism, as per Costa Rica's abolition of the military in the 1948, following a brutal civil war, and redirection of military funds to social spending and social investment (see: <https://www.futurepolicy.org/peace-and-security/military-spending/costa-ricas-abolition-of-the-army/>)

(5) the history of the Black Panthers (especially in Oakland, CA) and the fight for health equity and against medical discrimination (see, for example: Nelson A. *Body and Soul: The Black Panther Party and the Fight Against Medical Discrimination*. Minneapolis, MN: University of Minnesota Press, 2011, at: <http://www.alondranelson.com/books/body-and-soul-the-black-panther-party-and-the-fight-against-medical-discrimination>)

(6) histories of public health, structural violence, and health injustice, as per the case of the use of public health arguments by US white property owners to attack and try to remove Chinese Americans from San Francisco's Chinatown in the early 1900s (see, for example: <https://www.pbs.org/kqed/chinatown/resourceguide/story.html>)

(7) histories of US voter suppression and fights for voting rights (see, for example: [The fight to vote](#)) and implications for struggles for health equity.

-- This session will be developed by the history subcommittee: Marian Moser Jones, Anne-Emanuelle Birn, and Luis Avilés.

-- **Note:** all abstracts for this session will be **SOLICITED**. Per our new policy, *we will encourage submissions that bring a critical Indigenous lens, drawing on Indigenous theories, knowledge, and methods, to the specific topic that is the focus of each session.*

■ **Politics of public health data:** This session will have an **OPEN CALL** for abstracts, focusing on issues involving: **“Public health data & structural violence: from big data and countering algorithmic bias to confronting state and corporate surveillance.”**

-- Possible foci for presentations, all in relation to issues of health justice, might be:

(1) conceptual framing of complexities of data collection in relation to measuring and quantifying the adverse health impacts of structural violence in its many forms;

(2) uses of Big Data to counter structural violence by the state, as per how Black Data Matters is using big data to take on documenting police violence for accountability;

(3) uses of Big Data to bring new light to analyzing health justice issues for “small” populations, e.g., American Indians and Alaska Natives (per the terminology used by the US Census, when used as a source for such data);

- (4) critical analysis of the non-neutrality of algorithms and their role in entrenching health inequities, especially in relation to social services, health care, education, and the carceral state;
- (5) critical analysis of who owns the data and the erasures of privacy – by state and corporate surveillance, drones, devices that monitor people’s health and their every move, phone call, email, twitter exchange, and more;
- (6) public health threats associated with doxing, and with challenging on-line hate speech and violence;
- (7) coding and misclassification of deaths (in the US and elsewhere) due to violence, including after police brutality and after military actions, plus underreporting of deaths in other countries after US and other military invasions;
- (8) the politics that undercut accurate monitoring of, research on, and interventions to address gun violence;
- (9) analyses that link federal and state policies affecting voting rights, voter suppression, and political representation (e.g., gerrymandering) to health outcomes.

-- This session will be organized by the politics of public health data subcommittee (Zinzi Bailey, Catherine Cubbin, Craig Dearfield, and Nancy Krieger).

-- **Note:** presentations for this session will be drawn primarily from abstracts submitted in response to the **OPEN CALL** for abstracts, supplemented by solicited abstracts as warranted. Per our new policy, *we will encourage submissions that bring a critical Indigenous lens, drawing on Indigenous theories, knowledge, and methods, to the specific topic that is the focus of each session.*

■ **Progressive pedagogy:** This session will have an **OPEN CALL** for abstracts which focus on: **“Pedagogies for Survivance: Addressing Structural Violence in its Many Forms.”**

-- As usual, we will call for work that shows *how* such pedagogy can be carried out, in both: (1) diverse academic settings, e.g., universities and colleges (including community colleges), health professional schools (public health, nursing, medical, dental, veterinary, etc), high schools, and elementary schools, and (2) training programs for community and workplace activists, organizations, and members. We also welcome student-led presentations focused on how to bring such pedagogy into their educational programs.

-- Possible topics, all with a focus on health justice, might include:

- (1) courses about anti-militarism and public health;
- (2) courses about settler-colonialism and its impact on health inequities & Indigenous health;
- (3) critical analysis about the health equity impacts of the presence of police in schools;
- (4) teaching about structural violence and its health impacts via the theatre of oppressed;
- (5) critical analysis of how inadequate policies about discrimination and sexual harassment in schools harm students & pedagogy;
- (6) critical analysis of how people seeking to teach about structural violence & health justice have been blocked from teaching such courses;
- (7) teaching about people’s political power, voting rights, voter suppression, and their implications for health equity.

-- This session will be organized by the progressive pedagogy committee (Vanessa Simonds, Rebekka Lee, Lisa Moore, and Nylca Muñoz).

-- **Note:** presentations for this session will be drawn primarily from abstracts submitted in response to the **OPEN CALL** for abstracts, supplemented by solicited abstracts as warranted. Per our new policy, *we will encourage submissions that bring a critical Indigenous lens, drawing on Indigenous theories, knowledge, and methods, to the specific topic that is the focus of each session.*

■ **Integrative:** This *invitation-only* session will focus on: **“US Census 2020, Political Power & Resources: Health Equity Implications of New Policy of Differential Privacy, especially for small populations and census tract data”**

-- Recognizing the profound role of the US census in providing the population counts for redistricting, and thus the allocation of power, as well as the allocation of resources (via funding formulas for programs that rely on census counts), the intent of this session will be to bring public health professionals, researchers, advocates, activists, and policy analysts up-to-date regarding a MAJOR change affecting public use of the 2020 census data. At issue is the new policy of

differential privacy (see: https://www.census.gov/about/policies/privacy/statistical_safeguards/disclosure-avoidance-2020-census.html).

-- In brief, the US Census has determined that it can no longer protect people's privacy by releasing data as it has in the past, given increased capacity to use non-census big data resources to identify individuals even in aggregated census data. The public use data accordingly will have controlled statistical "noise" introduced to protect people's privacy, in a way that preserves accuracy at higher levels of geography. A trade-off, however, is that this means there will be less accurate data on small population and small areas (e.g., census tracts) – with implications for denominators, contextual measures based on census data, and survey sampling frames, especially for health equity research that is place-based and focuses on population sub-groups (i.e., not just the total population), however divided (e.g., by race/ethnicity, by income level, etc.).

-- The public health and health equity implications of the shift to differential privacy (which commences with the US 2020 decennial census, with a target date of 2025 for implementation with American Community Survey data) are under-researched and little known. Controversies exist over what the impacts will be (see, for example: <https://www.sciencemag.org/news/2019/01/can-set-equations-keep-us-census-data-private> & also <https://ipums.org/changes-to-census-bureau-data-products>).

-- The aim of this session accordingly will be to bring together relevant US Census officials, data scientists, and health equity analysts to generate awareness of the shift to differential privacy and what it may mean for public health monitoring and action to advance health justice.

-- This session will be organized by the Spirit of 1848 Coordinating Committee, led by its chair (Nancy Krieger).

-- **Note:** all abstracts for this session will be **SOLICITED**. Per our new policy, *we will encourage submissions that bring a critical Indigenous lens, drawing on Indigenous theories, knowledge, and methods, to the specific topic that is the focus of each session.*

■ **Student poster session: social justice & public health**

--This session will as usual have an **OPEN CALL for submissions** by students (undergraduate and graduate) that are focused on work linking issues of social justice and public health, in relation to any topic, albeit noting that we would especially welcome work concerned with the Spirit of 1848 focus for APHA 2020: (a) on countering structural violence & promoting health justice (including in relation to students' concerns about links between student housing, gentrification, & eviction struggles, and also organizing around the 2020 elections); and (b) bringing a critical Indigenous lens to the specific project at issue. We also will be revising the call for abstracts for this session to make it more straightforward and less wordy (!). Per our new policy, *we will encourage submissions that bring a critical Indigenous lens, drawing on Indigenous theories, knowledge, and methods, to the specific topic that is the focus of each session.*

-- This session will be organized by the student poster committee, chaired by Jerzy Eisenberg-Guyot & Nylca Muñoz. Since both of them will be graduating in the coming year, they will be looking for new students to take on leadership in the following year (using our buddy system approach of training the next generation), and will also be seeking additional students to join in the abstract review process.

-- **Note:** to address the on-going problem of student uncertainty about funding, which has led to students with accepted posters withdrawing their submissions, we will continue with the successful approach we newly implemented in 2016, whereby we will: (1) accept the top 10 abstracts (the limit for any poster session); (2) set up a waitlist of all runner-up potentially acceptable posters (ranked in order of preference); and (3) reject abstracts that either are not focused on issues of social justice and public health or are not of acceptable quality. If any accepted poster is withdrawn, we will replace it with a poster from the waitlist (in rank order).

Finally, please note that the **timeline for abstract submission to APHA 2019** is as follows:

(a) the **call for abstracts** will go live on the APHA website (<https://www.apha.org/events-and-meetings/annual>) on **MONDAY, DECEMBER 16, 2019.**

(b) **abstracts (unsolicited) will be due between FEBRUARY 17-20, 2020.** As soon as we know the date of the abstract deadline assigned to the Spirit of 1848, we will post it on our listserv.

(c) **Solicited abstracts** will be due on **April 13, 2020.**

★★★★★ HIGHLIGHTS OF SPIRIT OF 1848 SESSIONS (APHA 2019) ★★★★★

Our sessions together asked all of us to be fighting forward for radical science & health justice. We prepare this reportback in a time of the intensified fight over impeachment & fast-growing organizing both: (1) AGAINST the harmful and heinous racist, sexist, anti-immigrant, anti-labor, anti-LGBT, anti-environment, anti-science, anti-democratic, and pro-corporate & billionaire Trump administration, and (2) FOR social justice, including climate justice & the Green New Deal; ensuring an accurate count for the 2020 census; and mobilizing for the 2020 elections – including increasing progressive voter turnout & representation by stopping voter suppression, political gerrymandering, and other unjust tactics used by reactionary rightwing forces (political and corporate) to block progressive politicians and policies.

Overall, we estimate ~ 765 people came to our 5 scientific sessions. In chronological order, they comprise our Spirit of 1848 activist session (n ~ 95); social history of public health session (n ~ 175); politics of public health data session (n ~ 180); progressive pedagogy session (n ~ 90); “integrative” session (n ~ 225), and our student poster session, which attracted a large and engaged crowd. Attendance for our Spirit of 1848 scientific sessions ranged from ~ 90 to ~ 225 persons/session, all considerably higher than the average APHA attendance of ~ 30 persons/session.

Of note, our APHA 2019 Spirit of 1848 theme -- **“Fighting Forward: Radical Science & Health Justice”** -- is a deliberately radical rendition of the official APHA 2019 conference theme: *“Creating the Healthiest Nation: For Science. For Action. For Health.”* Motivating our theme is recognition that:

- (1) it is not enough to be “for science,” because scientists are people, people do science, and the social production of scientific knowledge – along with the very definitions of “science” – are inevitably shaped by societal context, including conflicts over justice, dignity, and rights, as exemplified by the long legacy of scientific racism vs. anti-racist science; and
- (2) it is not enough to be “for health” without engaging with **health justice**, by which we mean the many interlocking types of justice that shape the people’s health and extent of health inequities – e.g., racial justice, Indigenous justice, economic justice, gender justice, queer justice, environmental justice, climate justice, reproductive justice, healing justice, restorative criminal justice, and electoral justice – to name a few!

-- Our scientific sessions accordingly featured critical and historically-informed presentations that address the links between radical science and the many kinds of justice required for health justice, in the US and globally.

-- We continue to note with concern the latent nationalism lurking in the phrasing of the APHA general theme of “creating the healthiest nation” which has appeared as the prefix to each annual meeting’s specific theme for the past few years – and we once again ask: why not instead have the goal be: “creating the healthiest world”?

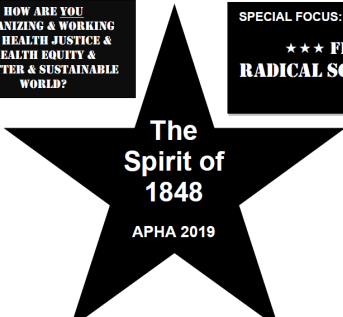
Below is a brief summary of the highlights of each session, in chronological order.

• **SPIRIT OF 1848 SPECIAL ACTIVIST SESSION**

This was our third “special activist” session, building on the first one in 2017 that was prompted by the surge in organizing triggered by the November 2016 election, the Trump Administration’s relentless assaults on public health and

HOW ARE YOU ORGANIZING & WORKING FOR HEALTH JUSTICE & HEALTH EQUITY & A BETTER & SUSTAINABLE WORLD?

SPECIAL FOCUS:
*** FIGHTING FORWARD ***
RADICAL SCIENCE & HEALTH JUSTICE



The Spirit of 1848
APHA 2019

linking issues of social justice & public health

Mon, Nov 4	8:30 – 10:00 am	SPIRIT OF 1848 SPECIAL ACTIVIST SESSION: Radical science and activism challenging political threats to health justice -- (Session 3068.0) Philadelphia Convention Center (PCC) Room 201A
	10:30 am – 12 noon	Anti-racist and anti-colonialist science for health justice: critical historical perspectives (Session 3180.0) PCC Room 201A
	3:00 – 4:30 pm	Radical science for health justice (Session 3390.0) PCC Room 201A
Tues, Nov 5	8:30 – 10:00 am	Fighting forward: pedagogies that promote and create a radical science for health justice (Session 4066.0) PCC Room 201A
	10:30 am – 12 noon	Passion, politics, & public health: celebrating 25 years of the Spirit of 1848 – for radical science & health justice (Session 4188.0) PCC Room 201A
	1:00 – 2:00 pm	Spirit of 1848 social justice & public health student poster session (Session 4214.4) PCC Hall AB
	5 – 7 pm	Spirit of 1848 & Public Health Awakened “RESISTANCE & REFRESHMENTS” Social Hour – with toast to 25 years of the Spirit of 1848 at 5:30 pm! – Harper’s Garden, 31 S. 18 th St (https://harpersgardenphilly.com/)
	6:30 – 8:00 pm	Spirit of 1848 Caucus Labor/Business Meeting (Session 439.0) PCC Room 201A
<p>Co-sponsored: Tues, Nov 5: 7:30 pm+ : ANNUAL HEALTH ACTIVIST DANCE PARTY (sponsored by the Occupational Health & Safety Section), at Ladder 15 (1528 Sansom St, a 10 min walk from the Conference Center; www.ladder15philly.com)</p> <p style="text-align: center;">---FOR DETAILS, SEE OTHER SIDE---</p> <p style="font-size: 6px;">American Public Health Association 147th Annual Meeting and Expo: Philadelphia, PA, November 2-6, 2019 Spirit of 1848 website: www.spiritof1848.org Email bulletin board: spiritof1848-subscribe@yahoogroups.com Please copy & circulate *** ALL SESSIONS OFFER CME/CE CREDIT *** labor donated (www.90119)</p>		

Spirit of 1848 reportback: 147th annual APHA meeting (Philadelphia, PA, Nov 2-6, 2019)– final (ver 11/14/19)

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social justice, and the attendant surge in both hate crimes and explicit white supremacist and neo-fascist rhetoric and presence both in social media and in public places. **This session was attended by ~ 95 people.**

SPIRIT OF 1848 SPECIAL ACTIVIST SESSION: Radical science & activism challenging political threats to health justice (Mon, Nov 4, 8:30-10:00 am; Session 3068.0, PCC Room 201A) – Intro by Jerzy Eisenberg-Guyot, PhD, Catherine Cubbin, PhD, Rebekka Lee, ScD, followed by presentations & dialogue with: (1) Jacqueline Patterson, MSW, MPH, Director, NAACP Environmental & Climate Justice Program; and (2) fern MacDougal, MSc and Alice Elliott, MSc, Science for the People Action Network Working Group

Jerzy Eisenberg-Guyot (Spirit of 1848 coordinating committee; University of Washington, Seattle) introduced the session. He explained it was our 3rd ever activist session, one attuned to both the fast-growing climate crisis & organizing around it, and also the re-launch of Science for the People. The introduction included a Land Acknowledgment, directed to the Lenape Nation of Pennsylvania.

Jacqueline Patterson, Director of the NAACP Environmental and Climate Justice Program (ECJP)

(<https://www.naacp.org/issues/environmental-justice/>) emphasized themes of resistance and resilience, coupled with the need for ground-up organizing and having people speak for themselves. To bring this home, she started with showing a video “In the Air: Baytown, Texas,” made by and for black & brown people to tell their stories – in words, dance, and images -- about living in a town whose air and water are heavily polluted by a nearby chemical plant, and showing how Exxon has surrounded them with toxics, sacrificing their lives and hopes for Exxon’s own profit. The issues raised in the film exemplified why the NAACP sees environmental justice and climate justice issues as civil rights issues, whereby people of color bear the brunt of toxic exposures, flooding, and differential neglect by emergency preparedness campaigns and urban planners, since rarely is thought given to the transportation needs of hard-hit communities for when the disasters come, let alone literature in the relevant languages. The three main features of the NAACP ECJP (environmental and climate justice program) accordingly are to: (1) reduce harmful exposures; (2) advance clean energy; and (3) increase resilience and liveability of communities. Key foci for the work include: community visioning; research & policy analysis; organizing & power building; education & strategic plans; and shifting the narrative.

-- For example, for reducing harmful exposures: the support for closing coal-fired plants is coupled with work on just transitions, as well as critically analyzing who is on public service commissions – noting that African Americans often have not been appointed to Public Service Commissions that have oversight of these issues, and thus underscoring the need to democratize governance. This also requires training community members so that they can go to community meetings with government representatives and stand up for themselves. Also included is work to pass local Clean Air Acts and Clean Water ordinances – and one way of building support is via youth groups and citizen science projects. An example of a victory is the 18-month campaign in Gulfport, Mississippi, which led to the closing of a coal-fired plant – but the plant then started burning natural gas, and it took another campaign to shut it down entirely. A youth scientist group in East Chicago, Indiana in turn played a critical role in addressing high levels of lead pollution. The high school students involved received scientific training in how to do lead tests for air and soil, advocacy training, and training for how to use research findings to make change. Relevant reports, all freely available at the NAACP website, include: “Fumes across the Fence,” “Coal Blooded,” and “Fossil Fueled Foolery.”

-- Additionally, for advancing clean energy, the “Lights out in the Cold Report” was issued as part of a campaign to reform utility shut-off policies as a human rights issue. Horrific and lethal examples of the need for such reform included: a family who resorted to using candles after their lights were turned off, only to die when their house caught fire; a family who died of carbon monoxide poisoning because they brought their generator into their house to try to stay warm after the utilities shut off the heat; and a woman reliant on an oxygen pump who died after the power company shut off electricity to her home – despite her son having payed the small bill due, but the payment processing had been delayed. In turn, the report on “Fossil Fueled Foolery” documented how the fossil fuel industry has been subverting democracy via voter suppression, claiming science is a left-wing conspiracy, and mischaracterizing public health regulations. Combating these lies has required work to change the narrative, as exemplified by a recent victory in passing the Maryland Clean Energy Jobs Act, along with the launch of the NAACP solar equity initiative. Two weeks ago, moreover, the NAACP participated in the 2nd annual Black Labor Initiative on Just Transition, which brought together black workers in the United Mine Workers union and the US Steelworkers union to strategize about how to not only survive but also thrive in the transition to clean energy. Another NAACP initiative, “Power Up,” is training people who are incarcerated and who are formerly incarcerated in skills regarding transition to solar energy.

-- Projects that increasing livability and resilience of communities in turn are focusing on environmental & climate justice initiatives such as those involving food systems and dealing with storm responses.

The larger point is that this work is driven by recognition that: (a) the countdown is 11 years to get carbon emissions lowered before damage escalates into irreversible harm to life on this planet, and (b) it is essential and possible to create a society that “fosters sustainable, cooperative, regenerative communities that uphold the rights for all people in harmony with the earth” (<https://www.naacp.org/issues/environmental-justice/>).

fern MacDougal and Alice Elliot, with the Science for the People Action Network, next discussed the work they are doing to building the Science Action Network for the newly revived “Science for the People” (SftP). They briefly described the origins of SftP in the US in the 1960s, when activist-scientists developed a critique of both science and militarism, especially in relation to the Vietnam war, and sought to create new ways of doing science. This original group, and the journal they published, lasted until the 1990s. In 2014, a resurgence of science activism led to a rekindling with an Ann Arbor meeting, and in 2017 a National Convention of the revived SftP took place in Ann Arbor. There are now local chapters in diverse places across the US, mainly focused on local issues, as well as national working groups, focused on various issues. SftP chapters are also being launched in Mexico, and the US chapters have ties to international science-activist networks. In 2019, the SftP journal also was relaunched (see: <https://scienceforthepeople.org/>). A key emphasis is on democratizing science and fighting the corruption of science by unjust systems. Examples include SftP tech workers in Seattle organizing a campaign for “no tech for ICE,” to put pressure on Microsoft to stop working with ICE and its targeting of undocumented people and communities.

The newly formed Science Action Network is currently seeking to facilitate scientist-activists filling tech gaps in frontline struggle, as a type of direct action, responsive to needs identified by community members. Their theory of change is that both communities and scientists can be agents of change. The vision is to create a public website that can host a resource database and also help with networking that links communities and scientists working for change, so that science is put in service of human needs. Examples of types of engagement include: tech support (e.g., testing water for contamination); campaign support; and research partnering – with attention to the strategies and ethics of participatory community-based science. A key emphasis is overcoming scientists’ view that because they are experts about science that means they are experts about everything; instead, the expertise of the communities about their own needs and strategies for organizing must be respected. The SftP Direct Action Network disavows the flawed framework of being “in” or “outside” the system, and instead uses its theories of change to assess with whom they should partner. Often it is not possible to partner with NGOs, or to get funding for the kinds of work required. An example of one campaign in western Massachusetts involves helping in a fight for the rights of tenants harmed by toxic mold – and for this SftP has testified in court, prepared scientifically accurate and accessible educational materials, and have helped advocate for better regulations. The current phase for building the network involves creating a secure system (via partnering with a progressive tech group) for scientists to list their skills and availability to be part of the Science Action Network (see: <https://scienceforthepeople.org/working-groups/>).

During the **Q&A period**, notable exchanges concerned:

- (1) The need to build and earn trust by building long-term relationships, as opposed to swooping in for just one campaign, and also the need not to see trained community organizers as the only organizers, but to work instead with the diverse people who step forward in the targeted and affected communities to make change. Additionally, scientists need to be trained on how to interact with and be accountable to communities, not just lead with their scientific expertise.
- (2) The importance of the Green New Deal as an equitable & just climate platform (see, for the bill introduced to the House and Senate by, respectively, Ocasio-Cortez and Markey: <https://www.congress.gov/116/bills/hres/109/BILLS-116hres109ih.pdf>; see also: <https://www.sunrisemovement.org/green-new-deal/> and <https://greennewdealgroup.org/>)
- (3) The need for comprehensive campaigns, as exemplified by one campaign the NAACP ECJP led in response to community concerns about pollution caused by a lead smelter. They partnered with a university to train the youth in two elementary schools and one high school about how to test for lead, and then worked with Earth Justice and other local black media groups on how to train the youth about how to communicate their findings. The youth then brought their findings to NAACP youth chapters in numerous schools. These groups then strategized on how to make change, including organizing a mass assembly with the Mayor and others in government, where they shared the data and pushed for change.
- (4) The need to be aware of other groups doing parallel work, e.g., the Union of Concerned Scientists (see: <https://www.ucsusa.org/>) is providing trainings on how scientists can engage with communities for social change and advocacy, especially via their campaign to “Stand up for Science” (see: <https://www.ucsusa.org/take-action/stand-science>). They also provide technical support and expertise, testify in court and before legislatures, etc.
- (5) The need to address burn-out, including via “nap ministry” (see: <https://thenapministry.wordpress.com/>), which includes organizing collective naps, in ways that can address collective trauma and help people fight injustice.

• SOCIAL HISTORY OF PUBLIC HEALTH

This session was attended by ~ 175 people.

Anti-racist & anti-colonialist science for health justice: critical historical perspectives (Mon, Nov 4, 10:30 am - 12 noon; Session 3180.0, PCC Room 201A)

10:30 AM: Introduction – *Marian Moser Jones, PhD, MPH*

10:35 AM: W.E.B. Du Bois and *The Philadelphia Negro*: swimming upstream in the age of racial science – *Amy Hillier, PhD*

10:55 AM: Public health, religion, and anti-racist activism: the work and life of Dr. Virginia M. Alexander, a Black Quaker physician-activist – *Vanessa Northington Gamble, MD, PhD*

11:15 AM: Race science and the hazards of genetic determinism in the words and deeds of James Watson and Charles Davenport – *Nathaniel Comfort, PhD*

11:35 AM: Q&A

Marian Moser Jones (Spirit of 1848 Coordinating Committee; University of Maryland School of Public Health, College Park, MD) introduced the session, reminding us we were in Philadelphia, where WEB Du Bois published his pathbreaking book *“The Philadelphia Negro”* in 1899, i.e., 120 years ago – a landmark not only in anti-racist social science but also foundational to sociological analysis & research more broadly (see: <http://www.webdubois.org/wdb-phila.html>). She also reminded us of other important anniversaries in the long struggle against racism: (1) the 400th anniversary of enslaved Africans being transported to English colonies in North America (1619: Charlestown, VA); (2) the forthcoming 100th anniversary of the Tulsa Race Massacre; and (3) the start of the 1919-1939 interwar period, which saw a surge in eugenics in the US, leading to not only forced sterilizations but also passage of the Immigration Restriction Acts of 1924 and 1927. In this current era of increasing violence by white supremacists in the US, including attacks on immigrants, and also resurgence of discredited racial science, it is important to learn from past histories about not only racist but also anti-racist and anti-colonialist science. The introduction also included a Land Acknowledgment, directed to the Lenape Nation of Pennsylvania.

-- **Amy Hillier, PhD (University of Pennsylvania, Philadelphia, PA)** opened her presentation on W.E.B Du Bois and *The Philadelphia Negro* by showing photographs of a 2010 event when the great grandson of W.E.B Du Bois, Arthur McFarland the 2nd, who is a public health researcher focused on asthma, came to Philadelphia to participate in a new mural dedicated to W.E.B Du Bois and his classic work on Philadelphia – all part of celebrating W.E.B Du Bois Day, which the city proclaimed on Oct 25, 2010. She also acknowledged her positionality as a white cis-gender tenured woman, and her use of her university position to develop her work, with students, to create a walking tour of Philadelphia’s 7th ward, the area that was the focus of Du Bois’ work.

Hillier then described how Du Bois, at the age of 27, had been invited by Susan Wharton, a prominent white social worker, to come to Philadelphia to conduct a study about the African American community in the 7th ward. He did this work as an “instructor” (equivalent to a postdoc), at very little cost and with very little pay. Framing a map as both a proposition and argument, Hillier recounted how the 7th ward in the late 1890s was 30% black, which was very high for an urban area in the US at that time. The white social workers and others framed the problems affecting the people in this impoverished neighborhood as “the Negro Problem” – and the critical contribution of Du Bois was to reframe the problem as one of US racism, and the unwillingness of the white population to acknowledge the humanity of African Americans.

More specifically, in this 1899 book, Du Bois: (1) broke down the dominant racist narrative that “all blacks are alike” by documenting the class structure with the African American community; and (2) with regard to public health, presented demographic data in Chapter 10 (“The Health of the Negro”), and then in Chapter 15 (“The Environment of the Negro”) delineated how social and environmental adverse exposures affected the black population’s health. He also pointedly remarked on the “peculiar indifference” of the US public to the harms caused by white supremacy, and, at this early point in his life and career, advocated for contesting this supremacy via elections, research, and reparations. Hillier concluded by urging everyone to go on the walking tour of the 7th ward, which is close to where the APHA conference took place.

-- NOTE: the walking tour and related materials (e.g., for teaching, a board game, oral histories, etc.) can be found at the website “Race and Class in Du Bois’ The Ward – 7th Ward, at <http://www.dubois-theward.org/resources/walking-tour/>.

-- **Vanessa Northington Gamble, MD, PhD (George Washington University, Washington, DC)** in turn discussed the biography she is preparing of Dr. Virginia Alexander, a Black Quaker physician activist (1899-1949), who did much of her work in Philadelphia. Gamble also dedicated her talk to the memory of Bill Jenkins (1945-2019), a prominent African American biostatistician and epidemiologist, also Quaker, who helped expose the Tuskegee Syphilis Study and co-founded SAAPHI, the Society for the Analysis of African American Public Health Issues (see: <https://www.saaphi.org/celebrating-dr-bill-jenkins> and <https://www.nytimes.com/2019/02/25/obituaries/bill-jenkins-dead.html>).

Gamble first recounted how Alexander was the first black person ever appointed, in the 1930s, to the Philadelphia Friends (Quaker) Race Relations Committee. She was a staunch advocate for health equity, anti-racism, and fought against hospital discrimination. For many years, she was the only Black Quaker in Philadelphia.

Regarding Alexander's early history, Gamble recounted how Alexander was born in 1899 in Philadelphia's Ward 30, which was racially diverse and hardscrabble, with both of her parents having previously been enslaved in Virginia. At the age of 4, Alexander's mother died, and she relocated to live with other relatives in North Philadelphia. Inspired by Reverend E.W. Moore, who was part of the city's black activist Zion church, she graduated from Lancaster high school in 1917 and attended the University of Pennsylvania, where she earned a BS in education. In 1920, she started her training as a physician at the Women's Medical College, at a time when there were only 65 Black women MDs in the US, 5 of whom were located in Philadelphia. She then went to work as physician in Kansas City Hospital #2 (with Hospital #1 reserved for white patients), where she was one of 2 Black women interns, and this started her work against hospital discrimination. In 1927, she returned to Philadelphia and set up a medical practice for Black people. She opened a small 3-bed hospital, in a 3-storey house where the bottom two floors were where she saw and treated patients, while she lived with her father on the 3rd floor. This practice constituted a refuge from racism in the Philadelphia hospitals, and was also one of the few interracial practices in the city.

Alexander's conversion to Quakerism (she had been born a Baptist) occurred when she was in college. In 1935, she led the 3rd annual meeting of the Philadelphia Quaker Race Relations Committee, with the express purpose of developing scientific strategies to combat racial discrimination. An inter-racial team was funded to produce the report: "*The social, economic, and health problems of North Philadelphia Negroes and their relation to a proposed interracial public health demonstration center.*" The 132-page report, based on quantitative and qualitative research, included four sections: (I) "Economic and social background"; (II) "Health problems of 500 Negro families"; (III) "39 Black physicians – experiences"; and (IV) "Policies of hospitals." Overall, the report painted a bleak picture: the black compared to white population had twice the rate of infant mortality (as is still true) and 6 times the rate of tuberculosis, and 47% of households were afflicted by unemployment. The report documented experiences of racial discrimination that drove these dismal facts, and also discussed discrimination against Black physicians and nurses – and reported that only 5 of the 50 Black physicians in Philadelphia had admitting privileges outside of the city's two Black hospitals.

Of note, Alexander remained a Quaker because it suited her temperament and beliefs, despite her experiences of racial discrimination by Quakers – e.g., a Quaker mental health hospital didn't admit one of her patients on account of race, and her niece was rejected by a Quaker school on account of her race. She also was influenced by W.E.B Du Bois, with whom she had an intimate relationship in the early 1930s. Affected by lupus, she died in 1949, and was a champion for health justice to the end of her life.

-- **Nathaniel Comfort, PhD (Johns Hopkins University, Baltimore, MD)** then discussed the persistence of specious arguments about "race" premised on genetic determinism – and the long history of resistance to such arguments. He began with the infamous episode in 2007 when James Watson (b. 1928), the co-discoverer of the DNA helix, said – in an interview promoting his new book "*How to Avoid Boring People*" – that he was "inherently gloomy about the prospects for Africa" because scientific evidence showed that black populations had lesser capacity for intelligence. This remark prompted outrage, including among scientists, and Cold Spring Harbor, the research institution where Watson was based and had served as Director (see: <https://www.cshl.edu/>), made Watson (who was then age 79) step down and become emeritus. Watson then laid low for a few years, but in 2018, at the age of 89, he participated in a PBS documentary that was meant to rehabilitate him. Instead, he doubled down: when the interviewer asked him "Have your views on race and intelligence changed since 2007," Watson replied: "Nope, not at all – there is an average difference between blacks and whites on IQ tests," and he argued this was due to genetics. The new outrage led Cold Spring Harbor to strip him of his titles and affiliation, and they explicitly rebuked him and removed his honorifics.

As Comfort noted, however, the irony was that Watson was not the 1st Director of Cold Spring Harbor to traffic in theories of racial inferiority tied to genetic determinism. From 1910-1939, Cold Spring Harbor housed the Eugenics Record Office (ERO), which was led by Charles Davenport and Harry Laughlin. Together, informed by their theories of innate racial differences, they lobbied intensively for laws restricting immigration, sterilization laws, and fostered the spread of scientific racism. By 1939, in the context of World War II and the rise of Nazi science, Davenport and Laughlin were scientifically discredited, and the ERO was closed. Davenport died in 1944 and ever since Cold Spring Harbor has wrestled with its ties eugenics.

In Comfort's current research, he has found a rise in interest in Watson in the "dark web," with numerous threads supporting theories of racial inferiority by referencing Watson's views – and attacking criticism of Watson and such

theories as being the work of “politically correct mobs.” At least as far as the internet is concerned, at the current time Watson is better known for being a racist than for his work on DNA.

Comfort then described how Watson drew on the infamous 1994 book “*The Bell Curve*” (by Richard J. Herrnstein and Charles Murray), whose central argument rested on the following assertions: (1) genetic determinism is real; (2) “race” is a biological (genetic) trait; (3) IQ is a meaningful measure of intelligence; (4) IQ is highly heritable; (5) IQ varies by race; such that: (6) some races are inherently more intelligent than others. As Comfort noted, none of these assertions were new, but what new is that the 1994 book claimed that “to deny this argument is to be anti-science.” Comfort further noted that the book was replete with footnotes referencing work by a small group of “race” scientists funded by the “Pioneer Fund,” which was established in 1937 by Wickliffe Draper, who was both a philanthropist and full-time racist. The purpose of the “Pioneer Fund,” whose first president was Harry Laughlin, was “to advance the scientific study of heredity and human differences,” and its journal (still being published) was called “The Mankind Quarterly.” Thus, the connections go from Watson to the “*Bell Curve*” to the Pioneer Fund to Cold Spring Harbor’s eugenic past.

Comfort emphasized that the scientific racism of the early 1900s did not go unchallenged. Examples of scientists and the schools of thought they founded opposing scientific racism as bad science include: David Heron (in 1911); Franz Boas in the 1920s-1930s; Ashley Montague in the 1950s; Richard Lewontin in the 1970s; and new historians of science, such as Angela Saini, who are analyzing the support for racist science by “following the money” (e.g., Saini’s 2019 book “*Superior: The Return of Race*” Science (Boston, MA: Beacon Press; see: <http://www.beacon.org/Superior-P1495.aspx>)).

According to Comfort, the new anti-racist science is making 3 arguments: (1) IQ is real (albeit with many qualifications); (2) genetic determinism is still false; and (3) heritability cannot be compared across groups. The new push-back against racist science is further arguing: (4) “race” is a social construct; and (5) IQ does not correlate with folk definitions of “race.” Current work suggests that upwards of 1000 genes influence intelligence (i.e., approximately 1 in 5 human genes), such that attempts to say their distributions differ by “race” is implausible and fallacious. New research also indicates that genetic variants that correlate with high IQ are much older than the radiation of *Homo sapiens* out of Africa – thereby long predating any alleged “racial differences” asserted to exist now. The larger point is that “studies of race and IQ are pseudoscience” and, in Comfort’s words, are “sciency” – with all due credit to Stephen Colbert’s coining of the term “truthiness” in the current age of fake “facts.” We thus are in a new era of science wars, whereby to advance science, it is imperative to embrace anti-racist science.

During the **Q&A period**, comments focused on:

- (1) Requesting more information about the recommendations of Alexander’s 1935 report – which were to: increase medical and health education for the black population, train more black health care providers, integrate medical facilities, and promote racial understanding.
- (2) The legacies of scientists trained by not only Watson but also Crick, and whether any had spoken out against their mentors’ scientific racism (answer: very few).
- (3) The tensions between critiques of science as biased and countering why anti-racist science is better science (as argued, in parallel, by Naomi Oreskes’ new book “*Why Trust Science?*” (Princeton, NJ: Princeton University Press, 2019 – see: <https://press.princeton.edu/books/hardcover/9780691179001/why-trust-science>) – with replies being: (a) Alexander saw doing good science as critical to the fight against racism; (b) critical tensions should and do exist regarding the accountability of science, and who is producing the knowledge, to what end – with the need being to transform who does the science and what science is funded (e.g. by NIH); and (c) the need to promote scholarship on anti-racist science.
- (4) Concerns that many academic and medical institutions have not confronted their own histories of supporting scientific racism, e.g., William Welch, key to the founding of Johns Hopkins school of public health, was also a leader in the Eugenics Record Office, or the racist scientists at Walter Reed military medical hospital, and the need to raise awareness.
- (5) The need to be clear that the struggle continues, that we are standing on the shoulders of others before us who have fought racism with anti-racist science, that we need to move forward with humility, and increase both the diversity of the academy and uncover the records and stories of the histories of anti-racist science.

• POLITICS OF PUBLIC HEALTH DATA

This session was attended by ~ 180 people.

Radical science for health justice (Mon, Nov 4, 3:00-4:30 pm; Session 3390.0, PCC Room 201A)

3:00 PM: Introduction – *Zinzi Bailey, ScD*, Catherine Cubbin, PhD, Craig Dearfield, PhD, MSPH, Nancy Krieger, PhD

3:05 PM: Racist epidemiology & abolitionist possibility: the case of aluminum worker health – *Elizabeth McClure, MS*, Pavithra Vausdevan, PhD

3:20 PM: State-sponsored violence & pregnant women & mothers with opioid use disorders – *Alice Fiddian-Green, MPH, PhDC*

3:35 PM: Sick & segregated: the association between childhood asthma & historic housing discrimination in Kansas City – *Brynne Musser, MPH*

3:50 PM: How healthcare gentrification drives health injustice: implications for access to healthcare services & jobs in 4 mid-sized cities – *Emily Franzosa, MA, DrPH*, Helen Cole, DrPH, MPH

4:05 PM: Q&A

Zinzi Bailey (Spirit of 1848 Coordinating Committee; University of Miami Miller School of Medicine) opened up the session by introducing its theme and the speakers. The introduction included a Land Acknowledgment, directed to the Lenape Nation of Pennsylvania.

-- **Elizabeth McClure, MS (University of North Carolina at Chapel Hill, Chapel Hill, NC)** next presented her work, based on critical reflections on her dissertation, which led to her critique of how race and gender are treated in occupational epidemiology – and especially how racism is ignored, and how methods are restricted allegedly to avoid “bias,” in a way that leads to research being done primarily if not exclusively on white men.

McClure first presented health hazards associated with the mining, refining, and smelting of aluminum (Al), including both the extensive use of energy and enormous output of toxics (rated as Group 1 carcinogens by IARC, the International Agency on Cancer Research, meaning “sufficient evidence” that these chemicals cause cancer in humans). She further noted that the US has long dominated the Al industry, especially via the Alcoa corporation. Her work focused on Badin, NC, a company town set up by Alcoa in 1913, built to support work at its Al smelting plant. When built, the town was deliberately racially segregated. To limit liability, industry-sponsored literature notably contested the need for screening after 10 years, precisely because evidence indicated that etiologic periods were often as long as 30 years

McClure’s dissertation focused on exposure and mortality related to smelting, with results showing strong links to job segregation, with black workers more likely to have more dangerous, less prestigious jobs, and slower transitions (promotions) out of these more hazardous jobs compared to the white workers. She also engaged with community organizers in Badin work on environmental justice, as well as a critical geographer, and co-authored a qualitative analysis on race and waste in an Alcoa town; one memorable quote, from a 33 year employee, who told his story about exposure to asbestos and his lung disease, was that “Alcoa paid a lot not to pay a dime.”

McClure then spoke to how her experience with her dissertation led her to reflect on: “why do a health study?” – does it help efforts for justice? or undermine them? She critiqued the limitations of conventional occupational epidemiology and traditional methods, noting that the literature was dominated by industry-funded studies, which rarely stratified by race/ethnicity or gender, and which never reported on workers’ accounts of their own experiences. She argued that racist epidemiology is informed by white logic and white methods, as is also true for dominant approaches in social science research, and that epidemiologists typically uncritically use race-based clinical metrics (e.g., different race standards for lung function tests).

Drawing on Cedric Robinson’s framing of “racial capitalism,” she recounted how Alcoa initially justifying their hiring black workers out of sharecropping by claiming that black workers constitutionally were better able to withstand heat than white workers, and their company doctors embraced use of different racial standards for lung function. She urged a reframing, following the tradition of WEB Du Bois, whereby the problem is not “race,” but is instead racism, and asked how occupational epidemiology can avoid recreating “Blackness” as the “problem,” and instead get at racism as the cause. She suggested that the community survey she and colleagues and community partners did could be construed as an abolitionist approach – whereby the survey was initiated by worker concerns, the workers and scientists collaborated on the questionnaire development, and there was mutual participation in training. Also unearthed as part of the survey were stories about and data on who moved away, due to illness, thereby strengthening the evidence on links between exposures at work, racism, and toxic illness.

- **Alice Fiddian-Green, MPH, PhDC (University of Massachusetts, Amherst, Amherst, MA)** opened her presentation with data on how every 15 minutes an infant in the US is now born with neonatal opioid withdrawal symptoms – and the harm caused by framing this as a moral failure versus an understanding that addiction is a chronic condition, with relapses being part of its chronicity. She recounted that less than 20% of people with opioid addiction have access to adequate treatment, with rates lowest among women, especially women of color.

Fiddian-Green then discussed how among women with opioid addiction, risk is chiefly driven by exposure to violence and trauma, including adverse childhood experiences (ACE, referring to physical, sexual, and emotional abuse before the age of 18). She argued for the need to employ a lifecourse syndemic framework grounded in understanding of structural violence, whereby substance use risk reflected the impact of political economic processes and mental health violence experienced across the lifecourse.

The setting for Fiddian-Green's study was in Western Massachusetts, where she did an 18-month ethnography of two counties, one with primarily white residents, the other with primarily Latinx and African American residents. The research included 30 in-depth interviews, 20 with opioid users, and 10 with health care providers. Constructivist grounded theory guided the data analysis. The focus was on institutional violence, framed in relation to people and policies embedded in health care institutions. Forms of violence included direct violence, visceral violence, and violence by erasure, all of which led to embodied forms of trauma

The direct violence referred to dehumanizing care that was driven by a moral model of addiction. Examples included women who were civilly (involuntarily) committed for opioid use not being given any comfort medications to ease withdrawal, in contrast to women who voluntarily sought treatment and who were given these medications.

Visceral violence referred to the violence of women losing custody of their children, which led them to lose hope, and became expressed as embodied depression. Women of color were more likely than white women to be subjected to this type of violence, which was punitive in intent and did not reckon with the chronicity of addiction.

The violence of erasure referred to violence of family separation (as per concerns currently about family separation policies targeted at immigrants), and specifically intergenerational histories of family separation, whereby every woman in her study had been in foster care and separated from their sibs. Another type of erasure referred to the silo-ing of drugs, with the myopic focus on opioids ignoring problems of the women with alcohol, cocaine, and polysubstance use.

Overall, the work challenged "epistemologies of ignorance" produced by power differentials, and urged taking on institutional violence as a form of trauma, and the need to prioritize community-partnered efforts to ensure dignity-based treatment.

-- **Brynne Musser, MPH (University of Kansas Medical Center, Kansas City, KS)** next spoke about histories of racial residential segregation and impacts on current asthma-related emergency room visits among children (ages 3 to 18) in Kansas, City. To put her research in context, she first reported how existing patterns of racial residential segregation in Kansas City contributed to big black vs white inequities in life expectancy by Zip Codes, ranging from a low of 69 to 72 for predominantly Black Zip Codes on up to 80 to 85 in predominantly White Zip Codes, with a difference of 17 years observed for Zip Codes within 4 miles of each other.

She then argued that to understand how this has come to be, it is essential to understand how racial residential segregation has been orchestrated, and she gave the history of JC Nichols (1880-1950), a developer of commercial and residential real estate in Kansas City, and racial covenants. During his lifetime, Nichols was celebrated for planning opulent neighborhoods, which allowed no Black or Jewish residents, and for creating white suburbias. He helped pioneer the development of racial covenants, to keep neighborhoods white, and his approach was integral to the creation of the redlining maps created by the federally-sponsored Home Owners Loan Corporation (HOLC) in the 1930s. These maps were made for over 200 US cities, and used 4 grades, from best (green) to worse (red), with the latter affixed to Black neighborhoods, denying their residents mortgages and any federal investment in community development.

Musser's study looked at 2010 patient data for asthma severity based on records from the Children Mercy Hospital, restricted to children ages 3 to 18 (N = 13472 cases); this hospital sees virtually all children with hospital visits for asthma. She documented much higher proportions of severe asthma requiring hospitalization in the HOLC Grade 4 vs Grade 1 areas (8% vs 3%) and also a younger average age (8.4 yrs vs 10.3 yrs). Showing persistent racial inequities in HOLC area composition and who within areas is at risk of asthma, she documented that for HOLC Grade 1, 91% of population was white, and 75% of children with asthma were white, whereas in HOLC Grade 4, only 32% of the population was white, and only 10% of the children with asthma were white. Multivariable analysis showed that HOLC grade was correlated with incidence density by race, and that there was a gradient in relation to HOLC area with the proportion of the population who was: below poverty; people of color; foreign-born; and linguistically isolated. Limitations of the study included being unable to account for population mobility, and also lack of data on how long the children had lived in the areas in which they experienced asthma.

Action steps proposed included: (1) demanding reparations, given the history of government-supported white supremacy leading to racial residential segregation; (2) removing any remaining racial covenants in people's deeds; and (3) decommodifying housing to deal with the housing crisis that contributes to childhood asthma

-- **Helen Cole, DrPH, MPH (Institute for Environmental Science and Technology, Autonomous University of Barcelona, Spain) (in place of: Emily Franzosa, MA, DrPH (City University of New York Graduate School of Public Health and Health Policy)** then presented results on her mixed-methods research project (US-based, but funded by the European Research Council) on how health gentrification is driving residential gentrification in 4 US cities – 2 in states with Medicaid expansion (Seattle, WA, and Philadelphia, PA), and 2 in states with no Medicaid expansion (Dallas, TX, and Atlanta, GA). At issue are shifts in the types and spatial distribution of health care that favor wealthier residents, with gentrifying areas seeing a rise in clinics that accept only insurance or cash (i.e., no Medicaid), and in part being built up in the wake of the closing of hospitals in low-income areas (with these closings and consolidations intended to increase profit of the health care industry). Neighborhood impacts of these changes in delivery of health care include adverse effects on access not only to health care but also jobs among lower-income residents. One striking example involved the closure of St Joseph Hospital in Philadelphia in 2016, which was converted to a high-end apartment building. Yet to date, little research has examined health gentrification.

The two prongs of Franzosa’s study were: (1) a spatial analysis of health care facility locations in relation to both insurance rates and use of urgent care; and (2) semi-structured interviews with health care industry representatives, current and former health care employees, and staff in the city, county, and state regulatory bodies involved with licensing health facilities. A key finding was that municipal authorities lack power to control how private property is used, especially because states, not cities, are in charge of licensing facilities. Even so, city residents often hold cities as responsible for the crises affecting hospital closure and health care gentrification. Roots of health care gentrification lay in: (a) the profit drive of the health care industry; (b) real estate industry pressure on neighborhood gentrification; and (c) government disinvestment in public health care facilities. Franzosa concluded that more place-based evaluations of health care gentrification are needed to inform policies and activism to reverse these trends.

During the **Q&A period**, points raised included:

- (1) The need to avoid terminology such as “vulnerable populations,” since this obscures genocidal and other harmful policies, and puts researchers in the position of being “saviors”; better terms include “marginalized populations,” with explicit discussion of who is doing the marginalizing and why.
- (2) The need to consider how undercounting of cases (due to who moves, who gets treated where) can lead to underestimates of the magnitude of health inequities. For example, if the uninsured are increasingly pushed out of cities into the suburbs, it will make health inequities look less bad within cities; the right levels and spatial scales need to be addressed.
- (3) The different ways researchers can call out issues of agency and accountability, including in relation to white supremacy, such as: (a) documenting the historical structural roots of current inequities (such as the HOLC maps); (b) collaborating across disciplines and with community groups, and using the privilege of academia to get access to data that might otherwise be restricted or unavailable; (c) grounding the research in stated community needs (e.g., as articulated via community-based participatory research), as opposed to following the latest funding fad; and (d) being clear that doing this type of research is a big commitment, requiring a strong ethos of engaged personal responsibility.
- (4) The need to expand work on industries relevant to US occupational health to their international holdings, e.g., Alcoa plants in other countries, drawing on the example of how the US group Black Workers for Justice is now partnering with analogous groups in Mexico.
- (5) The question of who owns the data always needs to be addressed, along with issues of privacy and surveillance. For example, can workers get access to industry health data? – and in a way that doesn’t comprise worker privacy?

• **PROGRESSIVE PEDAGOGY**

This session was attended by ~ 90 people.

Fighting forward: pedagogies that promote & create a radical science for health justice (Tues, Nov 5, 8:30-10:00 am; Session 4066.0; PCC Room 201A)

8:30 AM: **Introduction – Vanessa Simonds, ScD**, Rebekka M. Lee, ScD, Lisa Moore, DrPH

8:35 AM: **Decolonizing evidence: learnings from a multi-year partnership between the Anti-Eviction Mapping Project & San Francisco State University’s Master of Public Health program – Maureen Rees, MPH**, Adrienne Hall, MPH, Maria Acosta, MPH, Laura Mamo, PhD

8:50 AM: **Advancing an anti-racist agenda in local government – Jenna Gaarde, MPH, Zea Malawa, MD, MPH**, Solaire Spellens, MPH

9:05 AM: **Zine development as a pedagogical tool for critically evaluating how social justice & epidemiology relate – Danielle Gartner, MS, PhDc, Jessica Islam, MPH, PhDc**, Corinna Keeler, BA, PhDc, Katherine LeMasters, MPH, Elizabeth McClure, MS, PhDc, Arbor Quist, MSPH, PhDc, Adrien Wilke, MSPH, PhDc

9:20 AM: **Disrupting public health education: a social justice pedagogy – Keilah Jacques, MSW**, Sophia Geffen, MPH, Julia Rocher, MPH, MSW

Vanessa Simonds (Spirit of 1848 Coordinating Committee; Montana State University, Bozeman, MT) introduced the session's theme and the speakers, who were selected because of how their work with pedagogy promote & create a radical science for health justice. The introduction included a Land Acknowledgment, directed to the Lenape Nation of Pennsylvania, which Vanessa, who is an enrolled member of the Crow Tribe and descendant of the Blackfeet Nation, expanded in accord with her customary traditions.

-- **Maureen Rees, MPH (San Francisco State University, SF, CA)** described the pedagogy involving an academic-activist partnership on housing evictions and health. She first became involved in this project in 2016 as an enrolled student in a qualitative methods course required for the 1st year MPH students in their 1st semester (HED 884, taught by Prof. Laura Mamo, at San Francisco State University), and then, in 2018, was one of the 3 MPH alums who participated in the project. The group with which the course partnered is the Anti-Eviction Mapping Project (AEMP):

<https://www.antievictionmap.com>.

The pedagogic goals of the course were to promote use of a critical lens, question the content and methods of dominant knowledge production, and develop and apply skills in context, with this context explicitly defined (e.g., students who also need housing in a city with major housing shortages and rampant gentrification). An additional topic-specific aim was to gain knowledge about the individual and community effects of evictions and displacement. The activist partner group, AEMP, is a collective focused on feminist data visualization, data analysis, and storytelling. It was founded in 2013, with the goal of fighting evictions and predatory landlords. An example of one their maps was shown, for SF (noting that their website has data for cities around the US), with red dots showing where evictions have taken place, and blue dots linked to oral histories of specific individuals who had experienced evictions, so that they could tell their stories, with the interviews conducted by and transcribed by the MPH students enrolled in HED 884.

The process and strategy of the class was as follows: (1) developing a memorandum of understanding for the partnership, which included consideration of the ethics of obtaining oral histories; (2) learning about the context into which the researcher is entering (via website-based learning, via visiting different areas in person); (3) gathering data – specifically, the oral histories of persons who had been evicted and displaced; (4) listening, reflecting, and discussing – based on transcribing the interviews (N = 16); (5) coding across interviews and writing memos about the coding strategies; (6) negotiating the findings and synthesizing data themes; and (7) compiling and creating a report, to be shared with researchers, residents, and activists.

Major themes the students identified in the oral histories pertained to: (1) social isolation and root shock at dislocation; (2) structural inequalities and power imbalances driving evictions; (3) the stress, trauma, and toll of fighting for survival; (4) violent evictions and displacements – their occurrence and the harms caused; and (5) the importance of community engagement, resistance, and activism.

Student reflections on the benefits of engaging in this project included: (a) gaining skills in critical research and critical knowledge production in their 1st semester of their MPH program, thus giving a sound basis for framing the rest of their pedagogy; (b) hands-on learning about how to do qualitative research in an ethical way; (c) the ability of qualitative methods to reveal and elevate issues not always easy to capture with quantitative methods; (d) realizing the value of community expertise; and (e) learning how to make a poster to present findings in an accessible way. Ways in which the collaboration was mutually beneficial to the students and AEMP were: (a) the students gained exposure to the design and analysis of qualitative research from an antiracist, feminist, and decolonial lens, while learning about the political economy of health and rapid displacement; (b) AEMP benefited from the students doing the time-intensive work of conducting, transcribing, and analyzing the oral histories, and discovered the value of employing a public health lens (the first time they had done so), with the oral histories also adding depth to the data-driven maps of evictions and displacements; and (c) 3 MPH students joined the AEMP collective, further pointing to the two-way value of the partnership.

-- **Zea Malawa, MD, MPH (San Francisco Dept of Public Health, SF, CA)**, with her colleagues **Jenna Gaarde** and **Solair Spellen**, then described their project to create pedagogical tools to advance anti-racism, including in public health programming and public health research, through the concrete work of “Expecting Justice” (see: <https://www.facebook.com/expectingjustice>), which is a strategic long-term initiative to improve the experiences and health outcomes of Black women and Pacific Islander women who are pregnant. A key objective is to help health departments get beyond just acknowledging racism exists and saying the word – and instead doing something real about it. In June 2019, Malawa and her “Expecting Justice” co-authors Spellen and Gaarde published “*Race Equity 101: A Series of Tools to Advance Racial Equity in the Workplace*,” which draws on the Government Alliance on Race and Equity’s “Normalize, Organize, Operationalize” framework from GARE and Race Forward’s “Actions to Advance Racial Equity”; the book is available at: tinyurl.com/raceequity101.

The co-authors opened with a land acknowledgement that asked people to move beyond simply being “good settlers” and instead take steps to: gain awareness of Indigenous issues and share this with friends and colleagues; donate time, funds, and resources; and not homogenize Native communities, which are myriad and distinct. A related reminder was that Black women in the US who are descendants of enslaved persons brought forcibly to these lands cannot be conceptualized as being settler-colonists or immigrants.

The presentation then started with a brief recap of how public health is behind the times in addressing racism as key cause of racial/ethnic health inequities, with systemic racism still barely mentioned in the public health literature. To bring to life the issue of systemic racism for colleagues who have not grappled with this issue before, they described how they use the example of a monopoly game in which several siblings are playing. The game goes on for four hours, during which time 1 sibling is not allowed to play, but instead is required to do chores. During the last hour, the excluded sibling is allowed to join in. It is obvious that there is no way this sibling can catch up, unless there is a redistribution of wealth and/or a change in the rules of the game.

To concretize what this means for public health, they have devised a “Racism as Root Cause” approach, with the acronym “RRC” deliberately meant as an alternative to the conventional “gold-standard” of “RCT” (randomized clinical trial). Key features of the RRC approach are shown below (as delineated in a handout provided at the session):

RACISM AS A ROOT CAUSE APPROACH

- Long-Term**
Sustainable and/or institutionalized for long term impact
- Systems Change**
Focuses on changing policies, systems, or environments as opposed to changing people
- Precise Impact**
Precisely impacts the racially marginalized group(s)
- Reparations**
Seeks to repair historical injustices by shifting resources, power, and opportunities to marginalized racial groups

MCAH Programs as an RRC Intervention Description:

Describe how your program might meet the four criteria:

<p>Long-Term</p> <ul style="list-style-type: none"> In what ways does your program prioritize Black and Indigenous communities in its strategic planning timelines? 1 year? 5 years? 10 years? How can your program invest in long-term solutions that will improve Black and Indigenous health outcomes? 	<p>Systems Change</p> <ul style="list-style-type: none"> What proportion of your program's work investigates individual-level risk factors and what portion target structural risk factors? How might your program change the environments around Black and Indigenous communities to improve health outcomes in the future?
<p>Precise Impact</p> <ul style="list-style-type: none"> What proportion of your program's work is specifically targeting health outcomes for Black and Indigenous people? How is success in this regard measured? What can your program do to address anti-Black and Indigenous racism within research, medical/clinical care settings, and public health institutions? 	<p>Reparations</p> <ul style="list-style-type: none"> What proportion of the resources, power, or opportunities your program leverages ends up in Black and Indigenous communities? How might your program prioritize Black and Indigenous communities in their annual budget? Which processes are in place to ensure that Black and Indigenous staff and community members have opportunities for growth, access to leadership positions, and decision-making power within your program?

With regard to what the RRC looks like in terms of concrete practice, they gave an example focusing on birth outcomes and WIC (the US Government’s Special Supplemental Nutrition Program for Women, Children, and Infants; see: <https://www.fns.usda.gov/wic>), which is intended to be a “universal” program, but which is not reaching key communities in need – in part because the process of obtaining WIC is difficult and very undignified for Black women (see: <https://www.fns.usda.gov/wic/wic-how-apply>). Moreover, with regard to reducing preterm birth (PTB), deficiencies in standard health department practice were demonstrated when, in 2017, the California Public Health Department issued guidance that reduced all recommendations to the individual level, without regard to context – i.e., take a daily vitamin, go to the doctor, don’t smoke, and get healthy foods and exercise. Such an approach had no understanding of racism as a root cause, focused solely on individual behavior change, and overlooked structural barriers to good health.

In a context of worsening Black pregnancy outcomes in the SF Bay Area (e.g., PTB among Black mothers rose from 13.9% in 2010 to 16.0% in 2017), “*Expecting Justice*” is piloting a new intervention premised on an RRC approach. It is a pregnancy income supplement program which provides an unconditional cash transfer, on a monthly basis, to Black and Pacific Islander women who are pregnant up to 5 years postpartum, i.e., the age at which the child is ready for pre-school. The design qualifies as being an RRC because it is long-term, has precise impact, involves system change, and constitutes a form of reparations. Work is underway to enact policies and laws to institutionalize and fund this approach.

-- **Jessica Islam, MPH (Johns Hopkins Bloomberg School of Public Health, Baltimore, MD) and colleagues** next presented on challenging pedagogy about epidemiology at a major school of public health using the approach of making a zine. One of the team members, Daniel Gartner, who is Chippewa, from Michigan, opened with a land acknowledgement that recognized the Lenape of Pennsylvania and also of Oklahoma, and the histories of displacement, resilience, and sovereignty that must be acknowledged.

Different members of the team then described what a zine is and how to make one – whereby zines are self-published booklets intended to spread ideas, using words, images, and pictures. The zine they produced was created by a group of epidemiologists (mainly students, but also some faculty) and justice advocates, to address the lack of a critical lens and social justice focus in mainstream epidemiology. They solicited participation via sending an email to their respective groups, and then invited a 1-page submission per person. The students then worked collectively to organize the 28 submissions they received in relation to subtopics and themes. Key themes that emerged were: (1) the limits of epidemiology and research to address community concerns; (2) the role of “race” in epidemiologic models; (3) institutional and structural factors driving health inequities; and (4) the role of justice in epidemiology.

In Fall 2019, they published their zine: “*WAIT ... ISN'T ALL EPIDEMIOLOGY SOCIAL JUSTICE?*” --A ZINE OF COLLECTED THOUGHTS AND VISIONS ABOUT POSSIBILITIES FOR OUR DISCIPLINE -- THE UNC-CH EPIDEMIOLOGY & JUSTICE STUDENT GROUP, VOLUME 1, FALL 2019 – available online at: bit.ly/epi-zine-online

They used crowd-funding, obtained from alums, to cover production costs so that they could disseminate the zine widely, and they found that the zine sparked useful discussions among current students and faculty as well as alums.

Reflecting on zines as a pedagogical tool, they noted that: (1) the creative process of making a zine sparked new insights about the epidemiology and social justice; (2) zines provided an accessible format for sharing ideas both within and outside the university; (3) making a zine helped flatten some of the hierarchies in academia; and (4) having a tangible object can help promote discussion of ideas. They now are exploring the idea of making “tiny zines” (which use only a single blank sheet of paper), and encouraged people to reflect on their time at APHA by making such a tiny zine, following the approach developed by Sarah Mirk (see: <https://www.mirkwork.com/year-of-zines>) -- and they provided the paper for people at the session to make such a zine!

-- **Sophia Geffen, MPH (Johns Hopkins Bloomberg School of Public Health, Baltimore, MD)** next described work she and her colleagues are doing to advance social justice pedagogy for public health education at JHU, a major US school of public health. Before beginning, however, she expressed appreciation for the land acknowledgements that preceded her presentation and said this is a practice she will now follow going forward.

Geffen started by saying a key impetus to the initiative underway was the death of Freddie Gray, a 25 year old black man who was arrested by the Baltimore police in April 2015 and who died due to injuries he experienced while in the police van. His death spurred a wave of protests against police brutality, and also triggered work at JHU to expand the pedagogy to address social justice, including via service-learning pedagogy. The aim of the initiative, SOURCE, is to affect both the training of faculty as well as what faculty teach in the classroom. The first year of work has focused on developing a strategic plan and involved all stakeholders: students, staff, faculty, and community members. Guiding theoretical frameworks include: critical consciousness, critical race theory, social cultural theory, and transformative change theory.

Current work is focused on developing a “glossary of terms,” and also a “spiral definition,” which helps delineate how learning is an iterative process. For each component of pedagogy, they are creating forms to delineate relevant axes of power & privilege, social justice identity formation, and actions for change, and are getting stakeholder feedback. It is a work in process, with backing from the new Dean at the school.

During the **Q&A** period, comments and exchanges focused on:

- (1) Ways in which the anti-eviction project is including, as part of its pedagogy, how students are often part of resident displacement – these issues are explicitly addressed, and contribute to students becoming housing activists.
- (2) Whether the JHU initiative will be taking on the issues of reparations – and the reply noted that the first step, now underway, is an examination of the role of JHU in Baltimore in relation to histories of racial injustice.
- (3) Clarification that the “long-term perspective” for the RRC refers to sustainability for implementation of any given project over the long-term, and also that RRC, while developed for interventions, can plausibly be used to guide research.
- (4) Regarding what the different presenters learned and/or found surprising while engaged in their different pedagogical projects: (a) for the zine project, how it is possible to communicate abstract ideas using drawings, and less text; (b) for the JHU project, how it is possible to take different approaches to pedagogy to ensure it addresses social justice; and (c) for the RRC project, how hungry people are to learn about this approach and have an impact – people are ready, they just need some help and support.
- (5) Whether the RRC project experienced “pushback” at the SF Department of Health and, if so, how it handled this – with the response being that despite SF’s “progressive” reputation, it is the US city with the 2nd highest level of Black

unemployment (the 1st is Detroit), and there was an energy among ground-level staff at the SFDH for this project, so they engaged in “ground-up” organizing to build support for this approach in the agency. A useful tactic for pushing on opposition was to phrase questions as follows: “Can you help me understand why you can be so comfortable with these persistent health inequities?” The point was to make it uncomfortable for people to be comfortable with injustice, and use this to spur change.

(6) The three sets of land acknowledgments prompted one audience member to reflect that while he typically says he personally has no conflicts of interest (COI) to report when he gives his presentation, he is now thinking he should speak to the complicity of academic institutions in producing and perpetuating health inequities when discussing COI.

(7) A public health student who is also in a police department spoke to the importance of bringing a racial equity lens to the work, and could see how an RRC approach could be the next step.

(8) The presenters were asked if they have written any papers on their work that can be cited – and the zine team said they are working on writing up a piece, and the RRC team has published a book (link provided above) and are likewise working on preparing a manuscript.

(9) A reminder that the Spirit of 1848 website lists different kinds of pedagogical resources that address many of the issues raised in this session – these include: (a) the descriptions of the sessions on progressive pedagogy we have held over the past 25 years, included in each and every annual report (see: <http://www.spiritof1848.org/apha%202019.html>); (b) a handful of syllabi that 1848 members have volunteered to share, plus links to relevant syllabi compiled at the National Library of Medicine (see: <http://www.spiritof1848.org/courses.htm>).

• INTEGRATIVE

This session was attended by ~ 225 people. This high attendance occurred despite our session regrettably being in conflict with another event linking social justice & public health organized just before APHA began, i.e., a protest against ICE, which started a half-hour before our session (see: <http://www.publichealthnewswire.org/?p=ice-protest>).

Passion, politics, & public health: celebrating 25 years of the Spirit of 1848 – for radical science & health justice (Tues, Nov 5, 10:30 am – 12 noon; Session 4188.0, PCC Room 201A)

10:30 AM: Introduction – *Nancy Krieger, PhD*

10:35 AM: A brief history of the Spirit of 1848 Caucus – 25 years of fighting forward for radical science & health justice – *Nancy Krieger, PhD*

10:50 AM: Advancing health justice: critical reflections

- 10:50 am: For law, policy, reproductive justice, biological citizenship, and race, science & society – *Dorothy E. Roberts, JD*
- 10:55 am: For empirical research on social determinants of health – *Ana Diez Roux, MD, PhD, MPH*
- 11:00 am: For Indigenous health – *Karina L. Walters, PhD*
- 11:05 am: For LGBTQ+ populations – *Sari Reisner, ScD, MA*

11:10 AM: Spirit of 1848 subcommittee reflections on “Fighting forward for radical science & health justice”:

- **Activism** – *Catherine Cubbin, PhD*, Rebekka Lee, ScD, Jerzy Eisenberg-Guyot, PhD
- **Social History of Public Health** – *Anne-Emanuelle Birn, ScD, MA*, Marian Moser Jones, PhD, Luis Avilés, PhD, Miranda Worthen, MPhil, PhD
- **Politics of Public Health Data** – *Zinzi Bailey, ScD, MSPH*, Catherine Cubbin, PhD, Craig Dearfield, PhD, Nancy Krieger, PhD
- **Progressive Pedagogy** – *Vanessa Simonds, ScD*, Lisa Moore, DrPH, Rebekka Lee, ScD
- **Student Poster** – *Jerzy Eisenberg-Guyot, PhDc*, Nylca Munoz, JD, DrPhc, MPH, Jennifer Tsai, MEd, MDc, Monique Hosein, MPH, DrPHc

11:30 AM: Critical dialogue (Q&A) – *Nancy Krieger, PhD (moderator)*

11:55 AM: Celebrating 25 years of the Spirit of 1848 – join in singing “Where All Can Truly Thrive”

-- **Nancy Krieger (Chair, Spirit of 1848; Harvard T.H. Chan School of Public Health, Boston, MA)** opened up the session with a description of the purpose of the session, and also a land acknowledgement, for the Lenape Nation of Philadelphia. Serving as both moderator & speaker, she then gave the first presentation.

-- **Nancy Krieger (Chair, Spirit of 1848; Harvard T.H. Chan School of Public Health, Boston, MA)** next provided a brief history of the Spirit of 1848 Caucus, from its founding 25 years ago in 1994 to now. She described how the Spirit of 1848 Caucus grew out of the National Health Commission of the Rainbow Coalition, which was co-chaired by Vicente Navarro and June Jackson Christmas, and which was involved in both the 1984 and 1988 presidential election campaigns of the Reverend Jesse Jackson. By 1992, it became clear that the National Rainbow Coalition, as an organization, was no longer coalescing nationally, so several of us involved with its national health commission founded the Spirit of 1848 Caucus in 1994, to continue a Rainbow approach to our work linking social justice and public health, whereby each stripe

ensured organizing about its own issues while working together on a common vision of a more inclusive, equitable, and sustainable society.

We boldly announced our 1st public meeting as a place to bring together “*Passion, Politics, and Public Health*,” and our intent was to create a network of people concerned about social inequalities in health, with our work centered around 3 foci not receiving much attention in public health, and which would be complementary to the work of other progressive Section and Caucuses in APHA. These 3 foci were and remain: (1) the social history of public health; (2) the politics of public health data; and (3) progressive pedagogy. Krieger showed samples of flyers from over the years, illustrating the ways the Spirit of 1848 has addressed these foci through our 3 sessions every year on these topics, and also our 3 newer sessions: an integrative session that considers all 3 foci in relation to one issue; a student poster session that gives a platform to the next generation linking issues of social justice and public health; and our most recent addition, following the 2016 presidential election, i.e., an activist session focusing on practical lessons from existing campaigns and groups organizing to advance the fight for health justice.

The very first Spirit of 1848 sessions, in 1994, focused on analyzing the impact of discrimination and health in relation to color, class, gender, and sexual identity, and also the impact of social class on health, topics that remain of enduring importance. In subsequent years, sessions have addressed research, methods, and pedagogy in relation to public health and issues of sexism, heterosexism, settler-colonialism, immigration, eugenics, imperialism, neoliberalism, militarism, co-optation, harm reduction, health & human rights, solidarity, Latin American social medicine, Indigenous methodologies, and collective struggles for social justice and public health. We first held sessions on environmental justice in 2004, on climate justice in 2013, and on reproductive justice in 2014. Our practice of preparing detailed annual reportbacks and posting them at our Spirit of 1848 website permits perusal of our programs over the past 25 years and assessment of the full range of topics addressed (see: <http://www.spiritof1848.org/apha%202019.html>).

The Spirit of 1848 Caucus has also used its sessions to bring together key government agencies with other progressive APHA Caucuses and Sections to give critical public health input into such issues as federal classifications of “race” and “ethnicity” (as per the 1997 OMB revisions). In 1998, we also had a major extravaganza to celebrate 150 years of the Spirit of 1848, which gave the diverse progressive APHA Caucuses and Sections a chance to celebrate their own histories and our many connections in the fight for health justice. Additionally, in 2007 we provided a platform for preliminary airing of the PBS series “*Unnatural Causes: Is Inequality Making Us Sick?*,” to give the producers critical feedback before public release. We also have organized radical history tours at several APHA meetings, as well as consistently co-sponsored the Health Activist Dance Party organized by the APHA Occupational Health and Safety section.

Attesting to the significance and value of our Spirit of 1848 sessions, Krieger reported we have ranked 1st in average attendance for scientific sessions for every year that APHA has recorded attendance since 2002, except for one year when we tied for 2nd – and we have likewise had the highest attendance for any given scientific session for every year but 2 (in which we ranked 2nd and 3rd). Moreover, our listserv, which we started in 1995, has steadily grown and now includes nearly 4000 members. In conclusion, Krieger stated: “To keep us going, let us draw on the Spirit of 1848! – that is, the spirit of justice, compassion, and solidarity that inspires us all – one deeply grounded in radical hope and a vision of equitable and sustainable ways of co-existing on this single and singular precious planet that is home to us all. Our collective task is to build a future in which all can live, love, work, ail and die with our dignity intact and our humanity & planet cherished. This is the Spirit of 1848.”

-- The session then transitioned to having four speakers share their critical reflections (5 minutes each!) on the current status of work to advance social justice and health equity, what the challenges are that lie ahead, and what the Spirit of 1848 can do to foster critical work fighting forward to health justice.

-- **Dorothy Roberts, JD (University of Pennsylvania, Philadelphia, PA)** discussed how, in the 1980s, she began her work as a lawyer opposing the prosecution of Black women who used drugs during pregnancy, and this led to her engagement with issues of social justice and public health. She saw how racism, sexism, and capitalism turned what should be a public health issue into a crime. She also came to see how there could be two vastly different public health frames. One blamed differences between groups on biological differences, premised on ideas of racial inferiority, and in the case of Black women and children, blamed every problem they had on drug use, including promulgating the idea of “crack babies.” This was public health on the wrong side. The other side turned the focus on state neglect, neoliberal approaches to human need, and aggressive carceral approaches and their adverse impacts on Black women, Black wombs, and Black babies. This side called attention to how criminalizing people and places caused bad health outcomes – and she recounted two recent cases leading to the deaths of black women: in the case of Tatania Jefferson, police conduct in a

“welfare check” led to her being shot to death by the police in her own home, while Barbara Dawson died of a blood clot in her lungs while in a police car, after being forcibly removed from a hospital when she complained about having a pain in her chest and needing care.

In her current work, Roberts is challenging genetic explanations and remedies for public health issues. While there was initially hope that work on the genome would lay to rest ideas of genetically different races, it is now clear there is a resurgence in research promulgating ideas of genetic races and biological race – with the further claim that such work is what’s needed for solving racial differences in health status. The work continues to make clear how market and carceral approaches blames problems on people’s internal deficiencies. The alternative is to build up the ideas and practices of reproductive justice, which addresses interlocking systems of oppression, and where women of color lead the fight.

-- **Ana Diez Roux, MD, PhD, MPH (Dornsife School of Public Health, Drexel University, Philadelphia, PA)** next provided critical reflections on where public health research was back in the mid-1990s, when the Spirit of 1848 was founded, regarding the role of context and population health, where it is now, and challenges ahead.

She said that back in the 1990s, new empirical research was beginning to bring back in earlier ideas of social context impacts on health. A major focus was on neighborhoods and health, there was a renewed interest in work on racism and health, including measures of discrimination for health research, and new work as well on the biological correlates of social class, along with new research on work and health. Research on neighborhoods and health, for example, took linking social conditions (as causation) to biology (including epigenetics) to a whole new level, and research on racism and health led to a better range of measures of exposure (at different levels and time points) and greater clarity on diverse pathways. However, research on work and health was not as visible. Methodologically, new advances were made with regard to use of multilevel models, ecological measurement, and causal inference, with “social determinants” becoming part of mainstream public health, for good and for bad (for example, Diez Roux recounted how at one meeting she was introduced to someone who identified himself as his insurance company’s “Vice President for Social Determinants”!)

Diez Roux then identified five challenges and opportunities going forward, as related to methods and concepts for empirical research on population health:

- (1) **Methods:** research on social determinants of health cannot lose sight of structural conditions and systems, and this requires conceptualizing and addressing how societies organize systems that produce health and illness; complex systems thinking about structures and policies may help with developing appropriate methods and measures to address these causal relationships.
- (2) **The need for complementary methods:** it is critical to integrate different sources of evidence, and precise descriptions of health inequities are necessary, not just research narrowly focused on causal inference. In turn, causal inference research needs to remember that there are a broad range of causes, and methods need to deal with societal level causes, not just causes measured at the individual level. It also is important to integrate different types of methods, e.g., observation, system modeling, evaluating action, and experiments – all have a role to play.
- (3) **Being open to challenges and avoiding dogma:** for example, research has shown that economic slowdowns can be associated with better health, due to decreases in environmental exposures (such as air pollution).
- (4) **Doing a better job of integrating environmental exposure (physical, biological, chemical) into social epidemiologic research,** including the impacts of climate change, drawing on insights from environmental justice.
- (5) **Making social structural factors visible to the public,** not just policy makers – since it is the public that can press for change, and public health researchers and agencies need to illuminate how the social world affects population health.

-- **Karina Walters, MSW, PhD (Indigenous Wellness Research Institute, University of Washington, Seattle, WA),** who is an enrolled member of the Choctaw Nation of Oklahoma, started with a land acknowledgement – and then asked the question: what does 1848 stand for in Indian Country? She described how the period of the mid-1800s was one where US science declared American Indians were racially inferior, and in which the American Army Medical Museum, which later became the Smithsonian Institute, was filled with Indian heads and body parts. The 1848 Gold Rush and the 1848 Treaty of Guadalupe Hidalgo, which marked the end of the Mexican-American war to the American’s advantage, led to further onslaughts on American Indians, and introduced US-style slavery into the southwestern states, while in the Arctic north the Russians in Alaska were engaged in sex trafficking and other forms of enslavement of Native peoples. In the 1850s, scalp laws allowed private citizens to exterminate Native Americans at will, for a bounty of \$250/scalp, and estimates are that these laws resulted in the slaughter of over 100,000 Native Americans over the course of two years.

Walters then asked: why has this history been erased? She emphasized the importance of dealing with erasure, including as a public health issue. She said this was even more timely than ever, given that President Trump has just declared that the US federal recognition, since 1990, of November as National Native American Heritage Month, will now have this month declared as “National American History and Founders Month” (see: <https://theintercept.com/2019/11/06/trump-native-american-heritage-month/>).

Walters then discussed how her own work has focused on historical trauma and health, with historical trauma conceptualized in relation to genocide, ethnocide, and epistemicide (i.e., destruction of Native knowledge and ways of knowing). A key challenge is to address the ongoing impacts of settler-colonialism, which is a process, not a one-time event, and that this has to be done in relation to the specific features of this system. As she explained, it is all about the land – about extraction of gold, water, oil, about the imposition of chattel slavery to do this extraction, and underneath it all is erasure: the deliberate act of seeking to replace the origin narratives of Native Americans with the narrative of “America being great again” – erasing Native Americans from the picture entirely.

Walters also emphasized that historical trauma is not about victimization, but it is about power, love, and vision, and the ways Native communities have resisted, and are now developing culturally-derived interventions that build from their original teachings. She also said it is about environmental health disparities, because it is about the land. The Native framing is: “I am the land, the land is me” – such that if we take care of the land, we take care of our health, and if we destroy the land, we destroy our health. She concluded by stating that decolonization is not a metaphor (see: https://www.researchgate.net/publication/277992187_Decolonization_Is_Not_a_Metaphor) – it is about Native lives, and the responsibilities we have to generate knowledge to share and build better lives.

-- **Sari Reisner, ScD, MA (Harvard T.H. Chan School of Public Health, Boston, MA)** next spoke to issues involving LGBTQI+ health. He noted that in 2011 the Institute of Medicine issued a landmark report reviewing the state of the evidence and the need for more research, with this report also introducing the construct of “sexual and gender minorities” (SGM). Reisner then asked what it means to be “minoritized,” and noted that the proportion of the population identifying as being LGBTQ in the US is on the rise, from 3.5% in 2012 to 4.5% in 2017, with this rise especially pronounced among millennials, among whom currently 9% identify as being LGBTQ. In 2016 the IOM and NIH recognized LGBTQ populations as a “health disparity population,” lending legitimacy and increasing opportunities for funding and resources.

Reisner further noted that research has now documented widespread health inequities affecting LGBTQ populations, which start early in life. Work initially focused on adolescent health, and newer work is focusing on sleep and cardiovascular disease among adults. A major framework has been “minority stress theory,” with new work focused on socialization, i.e., how social norms about gender and sexual identities and practices are connected to people’s health. Moreover, while there have been some important gains, such as marriage equality, still many US states lack non-discrimination laws against LGBTQ populations, and many are also considering expanding “religious exemption” bills, which would allow not only businesses but also health providers to discriminate against LGBTQ persons. Additionally, the Trump administration has rolled back gains for LGBT equality in the US military. Also worrisome, Healthy People 2020 has not added any new measures for LGBTQ health.

Important challenges, looking ahead, pertain to increasing emphasis on intersectionality in relation to LGBTQ research. For example, risk of HIV is highest among transgender women of color, and it is important to address how social marginalization is tied to increased risk of harms due to HIV, violence, and drugs. The deficit approach to LGBTQ health also requires revision, since it is important to look at both resilience and resistance, and there is a lot of room, methodologically, to develop suitable measures. Finally, while there is increased visibility for LGBTQ populations, and LGBTQ health, visibility alone is not enough. Active work to end marginalization is essential.

-- Members of the Spirit of 1848 Coordinating Committee and its sub-committees then shared their thoughts, both in response to the speakers’ comments and their own views on needed work for the Spirit of 1848 Caucus, going forward. The representatives of the Spirit of 1848 who spoke at this session were:

1) Bekka Lee, DS (Harvard T.H. Chan School of Public Health, Boston, MA), on behalf of the Spirit of 1848 “*activism session*” subcommittee, said this subcommittee started just 3 years ago, sparked by the political context of the 2016 US presidential elections. It has brought attention to different forms of activism: in 2017, to working on progressive and transformative policies in Jackson, Mississippi, and practical skills about writing op eds; in 2018, on work in Chicago linking progressive public health workers and campaigns to protect undocumented people in and outside of health care institutions, and this year, in 2019, on organizing using science to advance work on environmental and climate justice, via the NAACP, and also the revival of Science for the People and its Direct Action Network, which is also seeking to link

scientists and communities in equitable ways to advance health justice. A key theme throughout is how a critical public health lens can strengthen struggles for social justice, and help foster ways of translating critical ideas into action, especially to tackle structural racism and other oppressive structures. Going forward, and taking into account the panelists reflections, more attention could be given to issues of public health and restorative justice, confronting and reducing police violence, strengthening ties with unions on broader public health issues (not only occupational health), and working with Indigenous communities on issues of erasure, and with LGBTQ communities on non-discrimination laws.

2) Anne-Emanuelle Birn, ScD, MA (University of Toronto, Toronto, ON, Canada), on behalf of the Spirit of 1848 “*social history of public health*” subcommittee, began with a dedication to the memory of Dr. Gerard Ferguson, a colleague who had been key in pushing forward work on racist science in the history of public health and medicine. Birn then stated that we are all historians, with Karina Walter’s reflections making 100% clear why history matter to those of us in public health and for the people’s health – history by whom, to what end, shaping what narratives we have. She recalled the 6 hour extravaganza the Spirit of 1848 organized to celebrate 150 years of the Spirit of 1848 (back in 1998!), and the importance of this event in underscoring the need for us all to own our diverse critical histories of public health. Birn also added she was glad to see many young people in the audience today, and emphasized how engaging with history can elucidate complex causes of current health inequities, with looking back helping to inform the fights ahead.

Birn also asked if, in this time of “big data,” is there is a place for history in public health research and action now? – and then said history is the biggest data set of all. History can illuminate pathways of action in times of crisis, and can create solidarity across generations. Recalling Faulkner’s famous phrase, she concluded by saying history is not dead, it is not even past.

3) Zinzi Bailey, ScD, MPH (University of Miami Miller School of Medicine, Miami, FL), representing the Spirit of 1848 “*politics of public health data*” subcommittee next spoke. She started by saying that data are not neutral, but instead have power – they are collected by someone, for a purpose, and are used for different purposes. She then spoke about how she is disturbed by current day epidemiology, which is increasingly technical and preoccupied with narrow issues of causal inference, and is not taking on – or asking what limits – the kinds of questions now being asked. Approaches to causal inference need to take on processes involving distal systems, and also grapple with processes of racialization and what this means, conceptually and methodologically. Bailey recounted that she has heard researchers assert that “precision medicine is our approach to intersectionality,” as if genetics and reductionist frameworks can address structural injustice.

Bailey then said moving forward on empirical challenges involving the politics of public health data will require adapting to the times and recognizing that data may look different. New work is needed on algorithmic injustice, as being galvanized by the work of the group Data for Black Lives. There needs to be research on not only the continued impact of Jim Crow but also, in the words of Ruha Benjamin, the new “Jim Code.” There also needs to be a more deliberate focus on climate change and health inequities, with a focus on the land and who is disproportionately harmed. In her city of Miami, for example, Bailey said that there is active work going on regarding climate gentrification, and that the development of maps, data, and policies to address this illustrate the importance of data as a tool, one which literally matters for matters of life and death.

4) Vanessa Simonds, ScD (Montana State University, Bozeman, MT), on behalf of the Spirit of 1848 “*progressive pedagogy*” subcommittee, next spoke, and started by saying that her involvement with Spirit of 1848 began when she was a student, and was involved in the student poster session, and this work spurred her thinking on critical pedagogy, leading her to become involved in developing the Spirit of 1848 sessions on progressive pedagogy. Before the panel, she had reviewed the past 25 years of the Spirit of 1848’s session on progressive pedagogy, and recounted that a recurring theme concerned the pedagogy that happens in community-based participatory research (and the need for courses to teach about this), the need for pedagogy that promotes genuine partnerships and true community benefits, and the need for building community capacity. Over time, the pedagogical work presented in these sessions has increasingly emphasized the importance of institutional and structural injustice, and also the need to decolonize workplaces and institutions.

Looking ahead, it will be important to be more explicit about how to do the work of teaching, including teaching each other, to strengthen progressive pedagogy in educational institutions and in communities. In the past several years, there have been an increasing number of abstracts focused on curriculum reform, which is a welcome development. More such work is needed, and we need to collect and make available resources to help with this work.

5) Jerzy Eisenberg-Guyot, PhD (University of Washington, Seattle, WA), representing the Spirit of 1848 “*student poster session*” subcommittee, then spoke about how this session has helped push students academically and in social justice struggles. In his own current training as a student in epidemiology, he has seen how the emphasis on reductionism and narrow causal inference is contributing to a resurgence in scientific racism and to molecularizing racism – and the student poster submissions have provided an important avenue to push back at these narrow and harmful framings. He also noted that the student poster session has helped contribute to student organizing around police violence and public health, including the recent passage of an APHA resolution on this issue.

Eisenberg-Guyot also spoke to important issues involving unionization of graduate students, pertaining to not only economic issues but also harassment at work. He has found that public health students have also become engaged in efforts to stop the deep cuts to social sciences and the humanities, since progressive public health students know such work is vital for the work we do in public health for health justice. He concluded by saying that the 1848 student poster session is a place that can connect these issues and the students working on them, as can the listserv, and it is important to make space to build and strengthen these connections.

During the **Q&A** period, comments and exchanges focused on:

- (1) The necessity of going beyond land acknowledgements, and instead centering Indigenous people and their ways of knowing in all of the work.
- (2) The importance of including dialogue with researchers, educators, and activists in the Global South, and find ways to make classrooms more inclusive of their knowledge and be more participatory.
- (3) What makes this time different from earlier times, given the histories recounted – with one answer being these times are increasingly polarized, and public health has to increase its capacity for effective communication to advance health equity.
- (4) The role of the Spirit of 1848 in addressing less progressive aspects of APHA – with clarification provided that the Spirit of 1848 has a deliberate policy of not becoming involved in internal APHA matters, including endorsements of candidates or resolutions. Our foci instead are on providing a platform for – and building the field of public health’s ability to engage with and act on the kinds of ideas and work mentioned, regarding the social history of public health, the politics of public health data, progressive pedagogy, and building capacity too via our activism session and student poster session.
- (5) The importance of keeping in mind a story shared by Walters that she heard from Native Hawaiian elder, that led to an “aha” moment for her. In brief: if crabs are put in a bucket, they try to crawl out, in part by bringing other crabs down – and this can be a metaphor for internalized violence. In their natural state, crabs don’t live in buckets. They are put in buckets. Social movements can raise us out of the buckets into which we’ve been placed. Our task is to identify the buckets and who is putting us in them. Moreover, crabs in the wild have been observed to help other crabs climb rocks. We limit ourselves if we accept the buckets. If, however, we break the buckets, we will have settler anxiety. That is a necessary step, as it shakes people in accepting what is otherwise around them. Walters concluded with the reminder that decolonization is not a metaphor – it is something to make real.

-- We then closed the session, and celebrated 25 years of the Spirit of 1848, by singing “Where All Can Truly Thrive,” using words Makani Themba penned to “Down by the Riverside” (in honor of 20 years of the Spirit of 1848) – as follows!

WHERE ALL CAN TRULY THRIVE

Original song: "Down by the Riverside"
New lyrics: **Makani Themba***



We're gonna build a world for you and me Where all can truly thrive Where all can truly thrive Where all can truly thrive Where all can truly thrive Where everyone will truly thrive!

* written by Makani to celebrate the Spirit of 1848's 20th anniversary, celebrated at APHA 2014 in New Orleans, LA

MORE VERSES

- Cuz we know what we're fighting for ...**
- We'll see the end of greed and poverty in a world...**
- Where health's a human right by law**
- We'll build real schools and close the jails ...**
- No matter who you are who you love you can live...**
- Mother Earth, all life in harmony...**
- Peace and justice the whole world round...**

• STUDENT POSTER SESSION

Our 18th “**STUDENT POSTER SESSION: SOCIAL JUSTICE AND PUBLIC HEALTH**” had 10 posters (listed below; presenters’ names in **bold font**); the abstracts are available at: <https://apha.confex.com/apha/2019/meetingapp.cgi/Session/58160>

As usual, many people came to see the Spirit of 1848 student posters – and the students presenting were glad to share their work with so many others as well as with each other. For many of the students, it was their first time presenting at a scientific meeting. The student poster session accordingly continues to meet our objective of helping to bring forward & connect the next generation linking social justice and public health in their work – and surely we need their enthusiasm, energy, outrage, insights, and organizing for all the challenges we face!

Spirit of 1848 social justice & public health student poster session (Tues, Nov 5, 1:00-2:00 pm, Session 4214.4; PCC Hall AB)

- **Poster 1 – Associations between breastfeeding duration and overweight/obese among children aged 4-10: a focus on racial/ethnic minority children in California.** *Christian Vazquez, MSW, PhDc*, Catherine Cubbin, PhD
- **Poster 2 – Framing health behavior and structure: a critical discourse analysis of commonly assigned social and behavioral health science textbooks within Master of Public Health coursework in the US.** *Marisa Westbrook, MPH, PhDc*, Michael Harvey, DrPH, Margaret McGladrey, PhD
- **Poster 3 – Promoting social justice within cross-cultural exchange programs: Fulbright student researchers reflect on experiences in India.** *Divya Patil, MPH*, Hannah Hulshult, BA, Rachel Maggi, BA
- **Poster 4 – Unaffordable water in the United States: a public health & health equity issue.** *Mariana Sarango, MPH, PhDc*
- **Poster 5 – Relationship between fear since the change in presidential administration and anxiety and depression among undocumented university students.** *Reid Whaley*, Marie-Claude Couture, PhD, Dellanira Valencia-Garcia, PhD, Erin Grinshteyn, PhD
- **Poster 6 – Political economy of the opioid epidemic: a social justice approach to an evolving public health crisis.** *Mari Matsumura, MPHc*, Michael Harvey, DrPH
- **Poster 7 – Queering public health data: lessons from a queer feminist approach to critical data studies.** *Maureen Rees, MPH*
- **Poster 8 – Assessing the unique vulnerability of Puerto Rican neighborhoods to violence in inner-city Philadelphia: putting epidemiology and ethnography into conversation for anti-racist research.** *Joseph Friedman, MPH*, Philippe Bourgois, PhD

• Other:

a) *Celebrating 25 years of the Spirit of 1848 in a joint social hour with Public Health Awakened!*

Spirit of 1848 & Public Health Awakened “RESISTANCE & REFRESHMENT” Social Hour– Tues, Nov 5, 5 to 7 pm -- with toast to 25 years of the Spirit of 1848 at 5:30 pm! – Harper’s Garden, 31 S. 18th St (<https://harpersgardenphilly.com/>)

This social gathering was attended by ~ 100 people – and was truly a place where kindred spirits could chat with their friends, and meet new ones – from all around the US & some other countries as well!

To see more about Public Health Awakened, which is focused on “organizing for health, equity, and justice,” visit: <https://publichealthawakened.com/>

Welcome from Public Health Awakened (Sophia Simon-Ortiz) & toast to 25 years of the Spirit of 1848 (Nancy Krieger) – photos by Nylca Muñoz (Spirit of 1848 coordinating committee)



b) We also, as usual, co-sponsored the Occupational Health and Safety health activist dance on the Tuesday night of APHA, one as usual held in the spirit of the phrase attributed to Emma Goldman, to wit: “If I can’t dance, I don’t want to be part of your revolution!”

Co-sponsored: Tues, Nov 5: 7:30 pm+: ♪ ♪ ♪ ♪ ANNUAL HEALTH ACTIVIST DANCE PARTY ♪ ♪ ♪ ♪ (sponsored by the Occupational Health & Safety Section), at **Ladder 15** (1528 Sansom St, a 10 min walk from the Conference Center; www.ladder15philly.com)

Because our fight for health equity & a sustainable world is all about everyone being able to live full, fun, healthy, unalienated, loving, and dignified lives, we as usual provide, below, the full text which has been distilled into this apocryphal saying. The text is excerpted from Goldman's 1931 autobiography, "*Living My Life*":

I became alive once more. At the dances I was one of the most untiring and gayest. One evening a cousin of Sasha, a young boy, took me aside. With a grave face, as if he were about to announce the death of a dear comrade, he whispered to me that it did not behoove an agitator to dance. Certainly not with such reckless abandon, anyway. It was undignified for one who was on the way to become a force in the anarchist movement. My frivolity would only hurt the Cause.

I grew furious at the impudent interference of the boy. I told him to mind his own business, I was tired of having the Cause constantly thrown into my face. I did not believe that a Cause which stood for a beautiful ideal, for anarchism, for release and freedom from conventions and prejudice, should demand the denial of life and joy. I insisted that our Cause could not expect me to become a nun and that the movement should not be turned into a cloister. If it meant that, I did not want it. "I want freedom, the right to self-expression, everybody's right to beautiful, radiant things." Anarchism meant that to me, and I would live it in spite of the whole world — prisons, persecution, everything. Yes, even in spite of the condemnation of my own closest comrades I would live my beautiful ideal.

(see: <http://theanarchistlibrary.org/library/emma-goldman-living-my-life.pdf>; pp. 40-41)

And, also as usual, we had our brightly colored poster 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 (Die Medizinische 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

Seneca Nation of Indians adopts its Constitution

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)