★★★★★★ THE SPIRIT OF 1848: APHA 2020 REPORTBACK ★★★★★★

TO: **EVERYONE ON SPIRIT OF 1848 EMAIL BULLETIN BOARD**
FROM: **SPIRIT OF 1848 COORDINATING COMMITTEE**
RE: **REPORTBACK FROM THE 2020 APHA CONFERENCE** (ver: 11/7/20)

Greetings! The Spirit of 1848 Caucus is happy to share our reportback from the 148th annual meeting of the American Public Health Association (APHA; October 24-28, 2020; virtual), written before, but being shared just after, the November 4 US elections – and the critical defeat of #45 (aka President Trump). In this reportback we:

(a) share decisions we made at our labor/business meeting, including initial ideas for the APHA 2021 sessions; and

(b) give highlights of our APHA 2020 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 (1995-2019; see: http://www.spiritof1848.org/apha%20reportbacks%20&%20attendance.htm).

As of October 2020, we are happy to report that:

(a) 3,495 people (in US & around the world) subscribe to our listserv/email bulletin board – and another **77** people signed up at the 2020 APHA meeting to be added to the listserv. Of note, the N of persons on the listserv is lower than last year (3,948) because, as some of you may recall (or not, since it was in the time before COVID!), in January 2020 we transitioned from being a Yahoo to Google Groups listserv, and in the process we weeded out numerous no-longer-functional email address that had accumulated over the years. Our sense is that the actual number of people actively subscribed to our listserv probably is on par with or higher than what it was before the switch to Google Groups.

(b) we have **416** Spirit of 1848 members who are also dues-paying APHA members (up from 372 last year), which puts us well above the 2016 APHA policy which requires APHA Caucuses minimally have 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. Since 2006, we have been required to report ANNUALLY to APHA 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: zinzib@gmail.com

    -- Craig Dearfield (Politics of public health data committee); email: craig.dearfield@gmail.com

    -- Lisa Moore (Pedagogy committee; Caucus Collaborative); 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 (Pedagogy committee; Student poster session); email: nylca.munoz@upr.edu

    -- Jerzy Eisenberg-Guyot (Activist committee; Student poster session); email: jerzy.eisenbergguyot@gmail.com

    -- Charlene Kuo (Student poster session); email: cckuo@umd.edu

    -- 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 a hybrid meeting, with the in-person part in **Denver, CO** (**Oct 23-27, 2021**); the official theme is "*Creating the Healthiest Nation: Strengthening Social Cohesion and Connectedness*" – and our Spirit of 1848 theme, giving this a health justice angle, will be: *"Building solidarity & strengthening networks for health justice"*

Attended by 36 members:

   (a) <u>Spirit of 1848 Coordinating Committee members</u> (alphabetical order; n = 15 – All members!): Luis Avilés (history); Zinzi Bailey (data); Anne-Emanuelle Birn (history); Catherine Cubbin (activist & data); Craig Dearfield (data); Jerzy Eisenberg-Guyot (activist & 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); Charlene Kuo (student poster session); Rebekka Lee (pedagogy & Spirit of 1848 co-representative to the APHA Governing Council and APHA Caucus Collaborative); Lisa Moore (pedagogy); Nylca Muñoz (pedagogy & student poster session); Vanessa Simonds (pedagogy); Pam Waterman (e-networking); Miranda Worthen (e-networking)

   (b) <u>additional Spirit of 1848 members </u>(alphabetical order; n = 21): Naheed Ahmed; Rosemary Caron; Celeste Davis; Wesley Epplin; Noelle Fries; Jeff Gillingham; Eli Godwin; Faye Grimsley; Trina Jones Artis; Jordan Jurinsky; Melissa Kealey; Juan Luque; Shane McCarty; Erin Nolen; Maria Perez; Musarrat Rahman; Lauren Ramsey; Celestina Reed; Sarah Romano; Laura Syron; Stephanie Teeple; Katherine Zuk

1) **Spirit of 1848 mission**. We referred everyone to our Spirit of 1848 website, which includes the mission statement of the Spirit of 1848 (included at the end of this reportback; see also: http://www.spiritof1848.org/) – and 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, 2020 is our 23rd 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 was 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 & frequently 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 October 16, 2020: 3,495 people (in US & around the world) subscribe to our listserv/email bulletin board – and another **77** people signed up at the 2020 APHA meeting to be added to the listserv. Of note, the N of persons on the listserv is lower than last year (3,948) because, as some of you may recall (or not, since it was in the time before COVID!), in January 2020 we transitioned from being a Yahoo to Google Groups listserv, and in the process we weeded out numerous no-longer-functional email address that had accumulated over the years. Our sense is that the actual number of people actively subscribed to our listserv probably is about on par with, or slightly larger than, what it was before the switch to Google Groups.

(b) we have **416** Spirit of 1848 members who are also dues-paying APHA members (up from 372 last year), which puts us well above the 2016 APHA requirement that APHA Caucuses have a minimum of 25 members who pay dues to APHA. We will send APHA the updated number to comply with their Dec 31, 2020 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 Memorandum of Understanding (MOU) with APHA; this MOU is renewed every 3 years, and we submitted our most recent renewal in December 2019.

 (c) our 3-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 832 "likes" (up from 734 last year) and 862 followers (up from 754 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*** from 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.

3) **Spirit of 1848 Sessions**. We reported back on how our various sessions went (see detailed descriptions below), discussing both attendance and content. As we all know, attendance for a virtual conference is different than for an in-person conference (and for APHA this year, registration was for approx. 8,000 people, down from the usual 12,000 for the in-person meetings) – so we don't think the attendance numbers can be directly compared to prior years. There's also the new twist that people registered for APHA can view sessions for a full year after the conference, meaning that attendance at the live session is only part of the picture. An additional wrinkle is that because we don't have access to the background controls for the APHA ZOOM hosting (except for the one open session that we directly hosted), for the live sessions we could view solely the N of participants listed by ZOOM, but we lacked the data on how many were unique individuals (for example: if, say, 10 arrived and later left, and then 10 more joined the session, the N of participants listed by ZOOM at the live session site wouldn't change, even though the true number was 20 unique individuals). We have reached out to APHA to request updated attendance data, regarding the N of unique individuals who joined each session while it was live AND also the total who have viewed our sessions one year from now (since these videos will be available, on-line, to people who registered for this year's APHA until next year's conference). If we do get updated attendance data, we will post this to our website.

That said, basing participant counts on the N of people we saw listed as participants in the ZOOM function, we are provisionally recording attendance at our sessions this year as follows, in chronological order:

Total (scientific sessions)	N ~ 419 (last year, 765 people attended our sessions, in person)
Activist session:	N ~ 71 (last year: 95, in person)
Social history of public health:	N = 158 (unique count, since we hosted it)(last year: 175, in person)
Politics of public health data:	N ~ 69 (last year: 180, in person)
Progressive pedagogy:	N ~ 54 (last year: 90, in person)
Integrative session:	N ~ 67 (last year: 225, in person)
Student poster session: and also:	[no way to record attendance; last year: 60 to 90 folk visited the posters]
Spirit of 1848 labor/business mtg:	N = 36 (unique count, since we hosted this open session) (last year: 19)

Throughout, our sessions underscored the need for critical thinking about the links between social justice & public health, per the theme for our 2020 sessions: **"Political Power & The People's Health: Countering Structural Violence & Promoting Health Justice."** We provide detailed descriptions of our sessions in Part II of this reportback.

4) **Spirit of 1848 engagement with the APHA history project**. We will continue to engage with the APHA history project, which was launched in 2018 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/apha%20reportbacks%20&%20attendance.htm

We are happy to report that one of our historian Spirit of 1848 coordinating committee members, Marian Moser Jones, is continuing to take the lead in facilitating our links with the APHA history project, and the website they are creating – and she will also advise other APHA Caucuses on how to document and preserve their history.

5) **Institutionalizing our Spirit of 1848 policy about Land Acknowledgement and inviting submissions that bring a critical Indigenous lens.** Starting with our Spirit of 1848 sessions in 2019, 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. We are also happy to report that, in response to our new 2019 policy of ensuring that all calls for abstracts invite submissions that bring a critical Indigenous lens to the specific topic that is the focus of each session, drawing on Indigenous theories, knowledge, and methods, this year two of our five oral sessions (history & integrative session) and our student poster session included presentations on Indigenous issues, presented by Indigenous participants.

6) **Joint social hour (virtual) with Public Health Awakened.** This year we held our 2nd joint social hour with Public Health Awakened and, as an antidote to the need for physical distancing in these times of COVID-19, we called our session the "*Resistance & Connection Virtual Social Hour.*" Despite our not being able to be together in person (which truly is a big loss), we are happy to report that we had spirited & spirit-lifting discussion among the 53 folk who participated – and one person commented that this was the first time in months she had smiled for so long in one block of time, given all going on this year. The spirit of the session is captured by these screen shots of the gathering! – with & without some signs some us made for our health justice goals for the coming year (noting that everyone who left their cameras on provided oral consent to have this picture taken for display with materials from Public Health Awakened and this social hour):
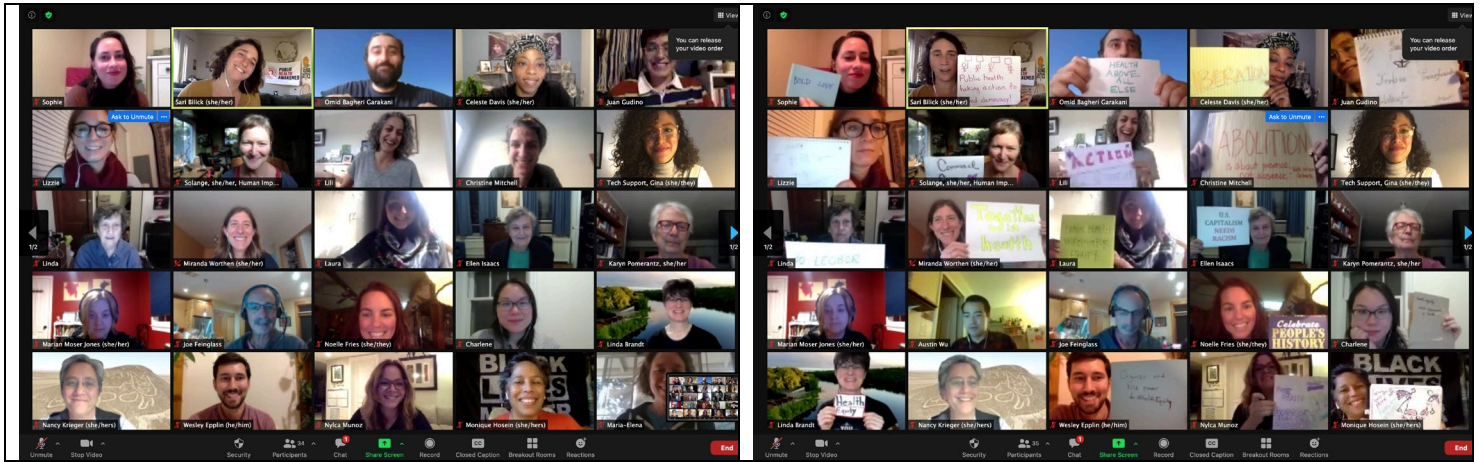
We look forward to continuing this tradition of joint social hours with PHA, and we are very glad that Miranda Worthen will continue to be the Spirit of 1848 Coordinating Committee point person for this event, drawing on her wonderful skills for virtual as well as in-person organizing! – and note that at our Spirit of 1848 labor/business meeting, Wesley Epplin volunteered to help out Miranda with this organizing for APHA 2021.

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 virtually by Marion Moser Jones at the APHA Governing Council (where we and the other Caucuses now can speak from the floor, but do not have a vote). Marian and/or Bekka will also participate in the annual APHA all-caucus breakfast, which was revised to be a post-APHA ZOOM meeting to be held on November 20, 2020. Marian will continue on this committee and Bekka will start to transition off during the coming year, and will be replaced by Lisa Moore (now on the pedagogy committee). Key items to note are:

-- GOVERNING COUNCIL

At the Governing Council session, there was a reminder that the theme for the APHA 2021 meeting is ***"Creating the Healthiest Nation: Strengthening Social Cohesion and Connectedness"*** and the theme for the APHA 2022 meeting will be ***APHA@150: Leading the Path Towards Equity.*** The incoming president of APHA is **José Ramón Fernández-Peña** (see: https://www.apha.org/about-apha/executive-board-and-staff/apha-executive-board/jose-ramon-fernandez-pena) ; and the president-elect (whose term starts in November 2021) is **Kaye Bender** (see: https://www.apha.org/about-apha/governance/apha-boards-and-councils/executive-board/apha-candidates/kaye-bender).

Additionally, among the 19 new APHA policies approved, several had a direct focus on social justice & public health, including: "Opposing the separation of immigrant families" (#20207) and "Call for a nuclear free world" (#20209); and among the 6 late-breakers approved, those also directly focused on social justice & public health included: "Reproductive health care violations in immigrant detention" (LB20-01); "Disparities in COVID-19 infection, pandemic response" (LB20-02); "Structural racism as a public health issue" (LB20-04); "Addressing harms of the carceral system" (LB20-05); and "Universal health care and pandemic response" (LB20-06) – and this last one is the first resolution in 20+ years from APHA endorsing universal health care. For a full list of the approved resolutions (whose full texts will be posted soon), see: https://www.apha.org/news-and-media/news-releases/apha-news-releases/2020/2020-apha-policy-statements

(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 Moser Jones created a video for the virtual booth based on our Spirit of 1848 introduction slides, and she staffed one slot to answer questions from any who wandered through cyberspace to find the booth!

-- CAUCUS COLLABORATIVE BREAKFAST

The breakfast was postponed and will be a one-hour ZOOM meeting that will take place on November 20, 2020. Bekka and Marian will attend the meeting and if there are any reportbacks of note, we will share via our Spirit of 1848 listserv. The current chair of the Caucus Collaborative is Dan Duquette from the Men's Health Caucus.

8) **APHA 2021:** Below we describe our provisional plans for next year's **149th annual meeting of APHA, to be held in Denver, CO (October 23-27, 2021)**, and our understanding is that it will be a hybrid meeting. The details of what this means will be explained as they get worked out, and we will of course share this information when we get it. Our current understanding is that both presenters and participants will have the option to come in person or attend remotely, and that there will be reduced registration costs for virtual participation only (especially for students). The official APHA theme is: ***"Creating the Healthiest Nation: Strengthening Social Cohesion and Connectedness."*** As usual, we will orient our Spirit of 1848 theme to a version that is more explicit about health justice, i.e.:

"Building solidarity & strengthening networks for health justice."

The plans below 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, Oct 27, 6:30-8:00 pm MT, Session 426.0***) **-- 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 ==Friday, December 18, 2020==.

2) <u>All CONTRIBUTED (i.e., unsolicited) abstracts</u> will be due ==*during mid-February 2021.*==

3) All solicited (invited) abstracts will be due ==*during mid-April 2021.*==

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 <u>non-APHA members only</u>), 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 2021 Spirit of 1848 sessions (listed in the order in which they take place at the APHA meeting)*==

■ **Overall theme:** ==*"Building solidarity & strengthening networks for health justice."*==

Motivating our theme is recognition is that:

(1) Social movements and solidarity are key to advancing social justice and health equity – via bringing people together to attain the power to, in the words of Alicia Garza, one of the founders of Black Lives Matter, move "from a shared

problem to a shared future" (see: Garza A. *The Purpose of Power: How We Come Together When We Fall Apart*. New York: One World, Penguin Random House, 2020 [quote: Loc 818 in Kindle edition]).

(2) A critical role for public health in building solidarity & strengthening networks for health justice is simultaneously: (a) respecting the leadership of social movements; (b) engaging with them to learn what they consider to be threats to health equity and to be needed to advance to health justice; and (c) contributing our specific public health expertise as warranted, premised on the understanding of the profound inextricable links between social justice and public health.

-- 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 also plan to have a joint social hour again with Public Health Awakened!

We affirmed adherence to the two new policies we adopted in 2019:

(1) *include 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) *ensure that the call for abstracts for each session 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 an **OPEN CALL** for abstracts that will focus on themes of **"Building solidarity & strengthening networks for health justice."**

-- Taking into account numerous suggestions based on the participants' knowledge of activism in & around Colorado, members of the Spirit of 1848 subcommittee organizing this session will also do outreach to see if we can bring in local activists, whether involved in local activism or as representatives of regional or national organizations. Examples of the sorts of groups discussed (as just preliminary examples, based on brainstorming & some quick on-line searches!) include:

The Chinook Center (a progressive, mission driven community space that empowers and connects people and grassroots organizations working for social, economic and environmental justice in the Pikes Peak region): https://chinookcenter.org/

Colorado Organization for Latina Opportunity and Reproductive Rights (COLOR): https://www.colorlatina.org/

Harm Reduction Action Center (Denver, CO): http://harmreductionactioncenter.org/

Youth on Record: https://www.youthonrecord.org/

Leslie Herod: queer Black legislator in Colorado who was key to getting the "no qualified immunity" bill (which curbs immunity of police for prosecution for use of excessive force, etc.) by the CO state legislature; https://leg.colorado.gov/legislators/leslie-herod

Black Lives Matter (https://blacklivesmatter.com/): Colorado affiliate -- https://www.facebook.com/BlackLivesMatter5280

National Domestic Workers Alliance (https://www.domesticworkers.org/): Colorado affiliate – El Centro Humanitario (http://www.centrohumanitario.org/)

Poor People's Campaign (https://www.poorpeoplescampaign.org/): Colorado affiliate --
https://www.poorpeoplescampaign.org/committee/colorado/

Thus: organizing for this session will likely involve not only putting out an "open call" for abstracts but also ensuring this call is seen by these and other progressive groups in the Colorado area.

-- If you are interested in helping with this session, please contact Spirit of 1848 Coordinating Committee members Jerzy Eisenberg-Guyot, Rebekka Lee, and Catherine Cubbin (contact info provided above).

-- **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 Spirit of 1848 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 2021, this session will use case examples, ***based on invited presentations***, to engage with themes of: **"Histories of Transnational Solidarity for Health Justice."**

-- Possible cases might include:
(1) Transnational solidarity in the 1930s between activism in Ethiopia & Philadelphia, PA about social justice, including health justice, in Black communities;
(2) Histories of solidarity in opposition to rapacious mining, and the harmful effects on workers' health, community health, and planetary health, in Colorado, Canada, Latin America, and Australia;
(3) Transnational solidarity of public health and medical workers in the 1930s-1940s against fascist regimes in Germany, Spain, Italy and related fascist movements in other countries

-- This session will be developed by the history subcommittee: Marian Moser Jones, Anne-Emanuelle Birn, and Luis Avilés. If you have ideas, please contact them! (emails provided above)

-- **Note:** all abstracts for this session will be **SOLICITED.** Per our Spirit of 1848 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: **"Solidarity, social movements, and uses of data by, for, and against health justice work."**

-- Possible foci for presentations, all in relation to issues of health justice, might be:
(1) how health justice activists & social movements & public health researchers and practitioners can use data (including app-based data, e.g. for contact tracing; other public health monitoring data; other Big Data) for progressive ends – albeit with a critical eye on what sorts of ethical informed consent practices are followed in the collection of these data;
(2) how state surveillance can be used against health justice activists (e.g., facial recognition technologies used by police departments in cities and universities as deployed against protestors publicly challenging health injustices), and impacts this can happen on other types of public health data collection (e.g., increase mistrust of contact tracing)
(3) public health monitoring data: ethical & health justice considerations in the design and use of the systems, including in relation to who is included in these processes and decisions from the start

-- This session will be organized by the politics of public health data subcommittee (Zinzi Bailey, Catherine Cubbin, Craig Dearfield, and Nancy Krieger). If you have ideas, please contact us! (emails listed above).

-- **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 Spirit of 1848 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 <mark>OPEN CALL</mark> for abstracts which focus on: <mark>**"Teaching for solidarity with social movements for health justice."**</mark>

-- 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 that focus on "how to do it right" to build solidarity for health justice, including in relation to anti-Black racism – as opposed to window dressing, superficial trainings, and lip service
(2) courses focused on health justice issues in rural Colorado

-- This session will be organized by the progressive pedagogy committee (Vanessa Simonds, Rebekka Lee, Lisa Moore, and Nylca Muñoz). If you have ideas, please contact us! (emails provided above).

-- **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 Spirit of 1848 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: <mark>**"Social movements: using public health data in solidarity for the fight for social justice."**</mark> Possibilities include: (a) examples of cases where use of extant public health data has been useful; (b) examples of cases where social movements have called on public health researchers to address gaps in data they need to understand and organize around issues of social justice & public health; and (c) examples of cases where public health researchers & practitioners have brought issues and data to the attention of social movements, to help inform their work.

-- Groups selected to present will be identified in January 2021, in light of the US political context at that time (as shaped by results of the Nov 4, 2020 elections). Possible approaches might include addressing the session themes in relation to:

Black Lives Matter (https://blacklivesmatter.com/)

Black Future's Lab (https://blackfutureslab.org/)

Poor People's Campaign (https://www.poorpeoplescampaign.org/)

People's Budget movement (see, for example: https://www.peoplesbudget.org/ ; https://peoplesbudgetla.com/peoplesbudget/ ; https://peoplesbudgetoc.org/ ; http://peoplesbudgetsac.com/ ; https://peoplesbudgetchicago.com/ ; https://peoplesbudgetbirmingham.org/actnow/ ; http://peoplesbudgetnj.org/ ; https://www.peoplesbudget.eu/)

Green New Deal (see, for example: https://www.sunrisemovement.org/green-new-deal/ ; https://www.congress.gov/116/bills/hres109/BILLS-116hres109ih.pdf)

People's Health Movement (global: https://phmovement.org/)

Indigenous Environmental Network (https://www.ienearth.org/) or other Indigenous movements

Damayan Migrant Workers Association (https://www.damayanmigrants.org/organizing)

-- This session will be organized by Nancy Krieger, with input from the rest of the Spirit of 1848 Coordinating Committee.

-- **Note:** all abstracts for this session will be **SOLICITED.** Per our Spirit of 1848 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 2021: (a) **"Building solidarity & strengthening networks for health justice"**; and (b) bringing a critical Indigenous lens to the specific project at issue.

-- This session will be organized by the Spirit of 184 Student Poster committee, chaired by Charlene Kuo, with support from prior members Jerzy Eisenberg-Guyot & Nylca Muñoz. Charlene will be looking for new students to join to help review abstracts! – so if you are interested, please contact her (email provided above). Additional students at the Spirit of 1848 labor/business meeting who volunteered to help out are: Steph Temple, Lauren Ramsey, & Erin Nolen.

-- **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 2021** is as follows:

(a) the **call for abstracts** will go live on the APHA website (https://www.apha.org/events-and-meetings/annual) on **FRIDAY, DECEMBER 18, 2020.**

(b) **abstracts (unsolicited) will be due** **mid-February 2021**. 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 mid**-April 2021**.

We will publicize the actual due dates on our Spirit of 1848 website and listserv when the dates are available.

Our sessions brought us together in turbulent times, vividly revealing the destructive impact of structural violence on the people's health. We connected virtually the week before the November 4 election, with frenzied organizing underway to protect the possibilities for building a multiracial democracy in this country vs. escalation of authoritarian rule by a political minority devoted to protecting private wealth and white supremacy. With COVID-19 cases climbing to record daily highs, the White House Chief of Staff Mark Meadows said on record (on Oct 25), while we were at APHA: "We're not going to control the pandemic. We are going to control the fact that we get vaccines, therapeutics and other mitigation efforts" (https://tinyurl.com/yyqwtpf8) – a stance which will worsen already horrific COVID-19 health inequities – and which intensifies the fight for health justice.

Our provisional counts for attendance (based on provisional ZOOM data) indicate a minimum of ~ 419 people came to our 5 scientific sessions. In chronological order, they comprise our Spirit of 1848 activist session (n ~ 71); social history of public health session (n = 158); politics of public health data session (n ~ 69); progressive pedagogy session (n ~ 54); "integrative" session (n ~ 67), and our student poster session, for which all posters received comments! Attendance for our Spirit of 1848 scientific sessions were all considerably higher than the average APHA in-person attendance of ~ 30 persons/session.

Of note, our APHA 2020 Spirit of 1848 theme -- **"Political Power & the People's Health: Countering Structural Violence & Promoting Health Justice"** -- is a deliberately radical rendition of the official APHA 2020 conference theme: *"Creating the Healthiest Nation: Preventing Violence."*

Motivating our theme was recognition 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; and

(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 would 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 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"!

● **SPIRIT OF 1848 ACTIVIST SESSION**

This was our 4th 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 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. **The estimated minimal attendance for this session was ~ 71 people**.

SPIRIT OF 1848 ACTIVIST SESSION: Organizing against structural injustice & for health justice (*Mon, Oct 26, 8:30-10:00 am MDT; Session 3056.0,*)

    8:30 AM : **Introduction** -- *Jerzy Eisenberg-Guyot, PhD*, Catherine Cubbin, PhD, Rebekka Lee, ScD
    8:35 AM: **Overturning the toxic poverty narrative: why it matters more than ever** – *Mary O'Hara*
    8:55 AM: **Organizing the gig economy for social justice** – *Vanessa Bain*
    9:15 AM: **Health not punishment** – *Amber Piatt, MPH*

Jerzy Eisenberg-Guyot (Spirit of 1848 coordinating committee; Columbia University, NYC) introduced the session and speakers, emphasizing the importance of progressive organizing at this time.

Mary O'Hara, a **journalist based in the UK & US** (see: https://www.theguardian.com/profile/maryohara ; http://www.maryohara.eu/ presented via a video she prepared (and she was unable to attend the session Q&A due to a medical emergency). She spoke as a journalist whose work focuses on poverty and who is committed to making accessible the voices of people who are impoverished, so that they can tell their stories and create a counter-narrative to the dominant narrative of shame and blame, i.e., that it is one's own fault that one is poor. Her work seeks to demystify poverty, challenge stereotypes, reintroduce dignity and humanize people who are impoverished, in contrast to how they are routinely dehumanized by the status quo. She also said she brings to this work her own perspective of having grown up impoverished in the UK, living on Council estates. Her work has revealed how people who are impoverished in the UK and US feel demonized and scapegoated and used as props for politicians pushing austerity budgets. She shared video clips from her Project Twist-It, which is a two-year old multi-platform initiative that shares the stories of people who are poor in both the UK and US (see: https://www.projecttwistit.com/), with many discussing how impoverishment has harmed their health. Her new book *The Shame Game* (see: https://www.shamegamethebook.com/) builds on Project Twist-It. The political objective is to overturn the toxic poverty narrative that underlies the politics of austerity budgets and the view that the role of the state is to kick down the poor, and replace it by creating a caring society that dismantles the structural barriers that drive people into poverty and keep them there. To date, relying on methods of "myth-busting" haven't worked, e.g., experts reporting on the actual data; what's needed instead is bringing the framework of "nothing about us without us" into the realm of anti-poverty activism, and working to create a counter-narrative that appeals to the *common good*, *compassion*, and *common purpose*, which have been shown to shift perspectives and aid action for progressive change. The only way to fight a powerful story is with a more powerful story, she argued, and she said that working with young people to change the narrative is key to building a more equitable society.
-- If you would like to connect with Mary O'Hara, she would welcome your interest, and she shared her contact info: her email is mohara646@googlemail.com, and her twitter handle is: @maryohara1

Vanessa Bain, an organizer who four years ago co-founded and continues to lead the non-profit group **Gig Workers Collective, based in Oakland, CA** (see: https://www.gigworkerscollective.org/home), next spoke about the organizing she has been doing to improve labor conditions for people in the gig economy, which she described as "app-based, app-bossed work." She shared her email address to enable folk to contact her: vanessa@gigworkerscollective.org
-- She discussed how the gig economy has magnified a fundamental problem in US labor relations, one that pre-dates the rise of tech & apps, which is the deliberate misclassification of certain groups of employees as "independent contractors." Historically, these misclassified workers have been in extremely dangerous and high-risk occupations, with the intent of employers being to pass off the cost-risk liabilities onto the employees. This issue of high-risk continues in the gig economy, with one example, in this time of COVID-19, being workers employed by Instacart to deliver groceries and or by DoorDash to deliver take-out restaurant orders. Both of these industries have expanded exponentially during the pandemic, with Instacart now valued at $17.7 billion – and despite the gig workers being deemed "essential," they are precariously employed and at high risk of exposure to COVID-19.
-- She reported that a recent survey of gig workers in the SF Bay Area found that 78% were people of color, 56% were immigrants, 21% had no health insurance, 15% relied on public assistance, and 71% worked full-time as gig workers (defined as 30+ hours per week). Additional evidence indicates gig workers have 2 to 4 times risk of death compared to first responders (e.g., firefighters and police), that they typically are uninsured and cannot afford to pay health care costs out of pocket, and are experiencing high levels of housing insecurity, with many of them "couch-surfing" or living in the vehicles that they work out of (e.g., if they are drivers for Uber or Lyft, or driving to deliver groceries or take-out).
-- Physical and mental health challenges include: (1) lack of accessible bathrooms, leading many to under-hydrate, resulting in documented cases of kidney issues (due to holding urine in their bladder too long, or else not drinking enough water); (2) back and limb problems (from sitting too much; from delivering heavy packages); (3) high levels of anxiety and depression; (4) increased risk of suicide (documented for Uber and Lyft drivers); and (5) increased risk of exposure to COVID-19. Despite all these health issues, gig workers are, by design, ineligible for workers compensation and sick

leave, since they are classified as "independent contractors." As a result, many often work while they are sick, including with COVID-19 – and she described how some drivers have been transporting people with COVID-19 to hospitals, with no protection for themselves.

-- She also discussed the challenges of organizing in the gig economy, with five major challenges being: (1) there is an oversaturation of labor, so that every job is paid at the lowest level possible; (2) there is no central space to bring people together to meet (in contrast, say, to unions that have physical union halls, or to places where workers can gather at physical workspaces, e.g. break rooms or shop floors); (3) the employers waging psychological warfare via messaging, pitting one worker against another for tasks; (4) if gig workers organize, they can be accused of conspiring to "fix prices" because they are treated as "independent businesses" working together; and (5) the high-turn over, where only 5% of gig-workers stay in a particular job for more than a year. Another challenge is the asymmetrical data: the employers have lots of data on the gig workers, and the gig workers do not have access to these data or data on the employers. As a result, *she and other gig workers are reliant on academic and movement research to understand who gig workers are and their conditions of work.*

-- She reported on some successes for gig worker organizing, including: (1) restoration of in-app tipping; (2) return of misappropriated tips; (3) in California, passage of AB5, a law which clarifies distinctions between independent contractors and employees and has a default presumption that people are employees if they work for a hiring entity that uses hired labor – and she also noted that this law is now under assault in CA via Prop 22, on the November 2020 ballot, which would carve gig workers out of the protections of AB5; right now, polls indicate close margins on Prop 22, and she said that a NO vote on Prop 22 would support gig workers (and further noted that 5 companies have broken records by together pouring $2 million into their campaign for Prop 22) *[POST-ELECTION UPDATE: Prop 22 was passed on November 3, 2020, which not only will adversely affect gig workers in California but also may set a harmful model nationwide for ensuring they remain wrongly classified as "independent contractors"; see: https://www.theguardian.com/us-news/2020/nov/04/california-election-voters-prop-22-uber-lyft]* ; and (4) numerous lawsuits that have provided injunctive relief over misclassification of gig workers as "independent contractors" (e.g., in San Diego, against Instacart; the CA attorney general against Uber & Lyft; in San Francisco, against DoorDash).

-- Solutions she described include: (1) creating an infrastructure of breakroom/shop floor via social media, to connect a remotely working and atomized workforce; (2) advocating for structural change, especially government regulation of the gig economy, with the caveat that this requires not only new laws but also their enforcement; (3) protecting the right to organize and unionize; and (4) creating more stringent definitions of "employees," with the default being that workers ARE employees (and not "independent contractors").

Amber Piatt, Director of the "Health Instead of Punishment Program" (https://humanimpact.org/about-us/key-initiatives/health-instead-of-punishment/) at Human Impact Partners (https://humanimpact.org/) next spoke about their work, grounded in Black feminism, and which focuses on injustice, working towards a vision of a society "where all people can thrive." Centered on racial justice and premised on a systems analysis of racism as a public health issue, the work of this program works to reframe criminalized behaviors (e.g., drug use, sex work) and to expose and end the harms of this type of criminalization on individuals and communities.

-- Examples of their work pertaining to APHA include their core role in co-creating:

a) the APHA policy "Addressing law enforcement violence as a public health issue" (Policy Number 201811, passed in 2018, on the 3rd attempt; see: https://www.apha.org/policies-and-advocacy/public-health-policy-statements/policy-database/2019/01/29/law-enforcement-violence)

b) the APHA late breaker resolution passed at this 2020 APHA annual meeting, on "Addressing harms of the carceral system) (Policy Number LB20-05; see: https://www.apha.org/news-and-media/news-releases/apha-news-releases/2020/2020-apha-policy-statements).

-- Their approach prioritizes building power in coalition, emphasizing long term relationship with groups, variously at he local, state, and national levels. Examples include: Decarcerate Alameda County, a coalition of local groups (http://www.decarceratealameda.org/); Dignity not Detention California, a statewide coalition (https://www.facebook.com/DignityNotDetentionCA/); and the People's Coalition for Safety & Freedom, a national coalition focused on replacing the 1994 crime bill (http://safetyandfreedom.org/).

-- Future work will include research relevant to removing police from schools.

-- Additional foci of work include: (a) the legislative arena, i.e., advocacy for or against specific bills pertaining to incarceration (such as support for the Crisis Act in CA, which would have supported use of non-police emergency responders, especially important for undocumented persons, but which was vetoed by Gov. Newsom), and (b) budget advocacy, in relation to divestment from punishment and investment in public health.

-- Additional resources posted to the ZOOM chat produced by the "Health Instead of Punishment" program were:

a) "Liberating Our Health: Ending the Harms of Pretrial Incarceration and Money Bail" (February 2020); see:
https://humanimpact.org/HealthNotBail

b) "Stop ICE Transfers: Promoting Health, Unifying Families, Healing Communities" (August 2020); see:
http://humanimpact.org/HealthNotTransfers

c) "How Health Departments Can Address Police Violence As a Public Health Issue" (September 2020); see:
https://humanimpact.org/hipprojects/how-health-departments-can-address-police-violence-as-a-public-health-issue/?strategy=all

-- If you would like to contact Amber, her email address is: amber@humanimpact.org

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

(1) How researchers can contribute to the types of activism discussed – and in reply:

(a) Amber emphasized that people should contribute in ways that best mesh with what they can do, with commitment and enthusiasm, over the long haul, in ways that build trust – some people may be comfortable speaking at events or testifying, or marching in the streets, while others may prefer to do literature searchers or conduct analyses, etc. – and she noted that a very important role for researchers is to document the impact of "wins," because typically the organizers move on to the next fight, and yet it is crucial to document the impacts of "wins" to help bolster future campaigns and initiatives.

(b) Vanessa spoke to how difficult it is for gig workers to access data and that researchers have a crucial role to play in obtaining the data so as to substantiate what are otherwise dismissed by the employers as simply "anecdotal" accounts; types of data needed pertain to: earnings; the social and demographic characteristics of people who do gig work; the health impacts of doing gig work, etc. – and she further noted that a key role of organizers can be to connect researchers and the workers who need these types of data to advocate for better conditions and regulations.

(2) Strategies for getting health departments to take a stand on the kinds of issues discussed – and in reply both observed that it is critical to have grit, determination, and a commitment to "stick to it" – to win justice in the end. Additionally:

(a) Amber, in relation to abolition, said that strategies were specific to each place, but that a common theme was the need for a champion within the institution, who is willing to be a consistent presence on the issues.

(b) Vanessa described how, for the organizing she has been doing, the first few years may seem like screaming into a void, and it is important to know that organizing takes time; key advice was to be loud, all the time, not presume you know in advance who will be the champion on the inside and seek out these allies, and center demands around the people doing the advocacy, because once you start to build what she termed "raw people power" – i.e., people who are committed to act together with a common understanding of the problem and potential solutions, it is very hard to "stuff them back into the box."

(3) Many of the issues discussed are longstanding struggles – how does one jump into them, to help integrate or strengthen the role of public health in the work?

(a) Amber said it wasn't "all or nothing," that one has to take small sustainable steps, and build relationships that build accountability, be clear about what one needs to learn, and realize that while the work is hard and for the long-haul, what's sustaining are the vital human connections you make in this work.

(b) Vanessa said that solidarity and intersectionality are key frameworks to hold, recognizing that in the US genocide, slavery, and imperialism are the underpinnings of the problems people are confronting and seeking to change – and she emphasized that the advocacy for gig workers is not solely a "labor issue," but from an intersectional vantage, is also a health justice issue, an undocumented and immigration issue, and a racial justice issue.

● SOCIAL HISTORY OF PUBLIC HEALTH

This session was attended by 158 people – which we know, because we arranged for it to be an "open session," free to participants outside of the APHA meeting, and thus we know the count because we hosted the ZOOM session! We will be posting the ZOOM link to this session sometime in November and will send an update to the 1848 listserv when the link is available and also post this information on our website.

Critical Historical Perspectives on the Struggles Against Violence across the Americas: Hypercapitalism, Genocide, Racism, and Liberation from 1848 to 2020. (Mon, Oct 26, 10:30 am-12 noon MDT; Session 3146.0)

10:30 am – Introduction to: "*Critical Historical Perspectives on Struggles Against Violence across the Americas: Hypercapitalism, Genocide, Racism, and Liberation from 1848 to 2020,***"** Anne-Emanuelle Birn, ScD, MA

   10:35 am – Indigenous allottees' strategies of survival and resistance in northern California, past and present. *Beth Rose Middleton-Manning, PhD*

    ~~**10:50 am – Forward to the past: How the Yanomami in Brazil have dodged conquest.** *Alcida Rita Ramos, PhD*~~ [emergency cancellation]

    11:05 am – Tepito exists because it resists: Economic and cultural strategies to resist urban displacement in a marginal neighborhood. *Ernesto Aréchiba-Córdoba, PhD*

   11:20 am -- The dark side of prosperity in the San Francisco Bay Area. *Richard Walker, PhD*

   11:35 am – Q&A

Anne-Emanuelle Birn (Spirit of 1848 Coordinating Committee; University of Toronto) introduced the session, noting that the virtual format and our arrangement with APHA to have this be an "open session" (which is NOT the norm!) enabled us to include Latin American colleagues as well as those in North America. She further noted that one speaker unfortunately had to cancel, with the time re-allocated to enable one of the session speakers to present in Spanish with translation. Additionally, in the land acknowledgment, she emphasized their centrality throughout the Americas, given the histories of Indigenous people and the impacts of settler-colonialism across the continent, a central theme of the session.

Beth Rose Middleton-Manning, Professor and Chair of Native American Studies at the University of California, Davis, whose work "centers on Native environmental policy and Native activism for site protection using conservation tools" along with "intergenerational trauma and healing, rural environmental justice, indigenous analysis of climate change, Afro-indigeneity, and qualitative GIS" (see: https://nas.ucdavis.edu/people/beth-middleton), spoke about the history of allotments in Northern California, in the Wintun and Patwin homelands.

-- She began her presentation with a map depicting the allotments, saying that many had been flooded for development, and constituted a legacy of land theft. She described California as an international Indigenous landscape, home to 109 of the 574 recognized federal tribes in the US, with another 78+ tribes recognized within the state. She described how 18 treaties between the US and the tribes in these homelands were signed between 1851 and 1852, encompassing over 8 million acres, and how these were deliberately never ratified, but instead hidden by the US Congress in Washington, DC, due to pressure of the white settlers in California and mining and development businesses. In the interim, the US waged war on American Indians, and in 1877 the US Congress passed the Allotment Act (Dawes Act), which broke up tribal lands, with an assimilation goal. Often, these land parcels were illegitimately sold by government agencies, such as the Indian Agency, including to lumber companies, who first took the trees, sold them for money, then sold the land to power companies, who then flooded the lands to make money from the dams they built, to generate energy for California cities and industries.

-- The health implications of this land theft that she described include: loss of gathering areas for food, loss of spiritual areas, and loss of ways of life, compounded by denial of the right to represent themselves in a court of law to challenge the land theft. She also noted the race and gender bias, whereby if a tribal member had a white father, they were denied any compensation for the land.

-- Erasure of this history has also contributed to contemporary problems in addressing this land theft. For example, PG&E (Pacific Gas & Electric, the massive corporation with a long-time monopoly over the northern 2/3 of California), which bought and flooded many of the allotments, often in the wake of the US government exercising its right to condemn any property for public purpose and allowing it to be sold, said nothing about Indigenous people in their 1950s publicity as they began to expand their dams.

-- The 2001 bankruptcy of PG&E provided an opening for tribal leaders to advance in the long struggle to get the allotted lands back. As part of the bankruptcy agreement, PG&E agreed to give back 140,000 access of watershed land, and tribal leaders worked to establish a Stewardship Council, which currently oversees 38,545 acres of land, of which 20% is under control of 3 tribal entities (Potter Valley Tribe, Pit River Tribe, Maidu Summit) – but PG& E still retains 100,586 acres. In 2019, the Maidu Summit initiated land restoration projects.

-- She concluded with a quote from Lorena Garbet, from an interview in 2014, who said "The Maidu lost salmon, turtles, ceremonies, language, and story, and everything that goes with the land. We have always been looking for compensation, always".

-- Finally, she listed several resources in the ZOOM chat to support allotment struggles:

1) the Maidu Summit Consortium at https://www.maidusummit.org/

2) the CA Public Domain Allottee Association via CA Indian Legal Services at https://www.calindian.org/.

Ernesto Aréchiba-Córdoba, PhD, Autonomous University of Mexico City, Ciudad de Mexico, Mexico, next gave a presentation in Spanish, with verbal translation provided by Anne-Emanuelle Birn and with slides remade to be in both Spanish and English by Luis Avilés, both members of our Spirit of 1848 Coordinating Committee and History

subcommittee. Ernesto provided a long view of the history, health, and struggles of the inhabitants of Tepito, which is about a mile northeast of the center of present-day Mexico City, traversing the area's history from 1521 to the present.
-- The first period pertained to "Indian Neighborhoods" (1521-1868), the second to "Neighborhood of `lost souls'" (1868-1930), the third to "Tough Neighborhood" (1930-2020). The presentation emphasized both ruptures and continuities.
-- In the first period (1521-1868), Tepito was known as "the place where our slavery began," as it was the last stronghold of the Mexica-Tlatelolca, in their resistance against the Spaniards. From 1521-1868, Tepito was a locale of shared governance, whereby there was collective tenure of the land, and self-government by its Indigenous inhabitants that was nevertheless under city administration. The Spanish colonizers reserved the city center ("the pale") for themselves, as European "men of reason," while the "Indian Neighborhood" of Tepito was deemed beyond "the pale." Moreover, notwithstanding centuries of resistance against the colonizers, during the early 19th c CE, new epidemic diseases almost succeeded in wiping out the Indigenous inhabitants of Tepito, and contributed to Tepito being reconstrued as a slum. Particularly devastating were epidemics of hemorrhagic fevers in 1813 and cholera in 1833 and 1850
-- The second period (1868-1930) was a time of expropriation of the land in the "Indian neighborhoods," the forced transformation of collective property into private property, and "urban underdevelopment," that is, undergoing urbanization, but without necessary services (e.g., sanitation). Tepito became the site of street markets which were relocated to this neighborhood, and which sold poor people's goods, as well as second hand and stolen items. At night, the vendor stalls were transformed into sleeping quarters for both shopkeepers and indigent residents. The area was increasingly associated with a negative, morally suspect reputation and designated the "Neighborhood of Lost Souls," marked by substandard housing and overcrowding. The contrast to the wealthy "European" parts of Mexico City, with European architecture and amenities, were stark.
-- During the third period (1930-present), Tepito became stereotyped as a "tough neighborhood" in the mainstream tabloid press, a place rife with homicides, crime, drugs, and prostitution. By contrast, the residents of Tepito viewed themselves and their neighborhood as a place of resistance, with a saying being: "In Tepito, everything can be sold except dignity." During the 1970s, artisans in Tepito organized to use culture as resistance, via murals, painting, storytelling, theatre, etc. This activity declined in the late 20th c, due to the passing of some of the initial founders, but has revived, and contributes to the present widely-held self-representation: "Tepito exists because it resists"

Richard Walker, Professor Emeritus of Geography at UC Berkeley, then presented on the history of the "dark side" of prosperity in the San Francisco Bay Area, a region that now is one of the leading examples of hypercapitalism. He described the origins of California as being the site of some of the worst genocide of Native Americans in North America, and argued that the hypercapitalism of the SF Bay Area has a specificity, as distinct from that of Los Angeles and other US cities. In the 2010s, San Francisco was one of the fastest growing cities in the world, and the capital of the tech industry (e.g. Apple, Google, Twitter, Lyft, Uber, Facebook, etc), with a very powerful capitalistic class led by tech billionaires, and the greatest number of billionaires per capita compared to any other city in the world, except Hong Kong. A key feature is one of extreme inequality: one the one side are the billionaires and a high-paid, college-educated professional workforce (primarily but not exclusively in tech) and on the other, low-wage workers who are predominantly of color (the largest group being Latinx, including immigrants). Among the latter, poverty rates are high, and many in live in cars or the rising number of tent cities located under freeways. The housing crisis is severe, with housing costs among the highest in the world. In 2015, the median price of a home in San Francisco was $1,350,000, for California overall it was $489,500, and for the US overall it was $236,400. Evictions and displacements are on the rise, part and parcel of gentrification. Contrary to popular wisdom, it is a demand-driven housing crisis, and is not supply-driven (that is, there is not a shortage of housing units per se, in comparison to other similarly-sized cities; there is a shortage of *affordable housing*). With the advent of COVID-19, tech is thriving, professional workers are doing well, and are buying up houses (and driving up prices) in and around San Francisco. Meanwhile, low wage essential workers, predominantly of color, are in deepening crisis, landlords continue to raise rents, and homelessness is on the rise. Moreover, it is an illusion that California can simply be described as "progressive," because it is hypercapitalist too, and has been taken over by the neoliberals. Their agenda has begun to be challenged, however, by new organizing led by workers of color, who are advocating for public investment, unionization, immigrant rights, and a functional government that meets people's needs.

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

(1) Parallels between the types of land theft described in Northern California and land theft in both Palestine and India;

(2) The impact of COVID-19 in Tepito, whereby residents organized against having their market closed, and evidence indicates that it is not a region of high incidence; and

(3) Whether the phrase "structural violence," the framing term used for this session, is or is not a useful concept to apply to the issues presented in the 3 different talks – with the responses being: (a) <u>Beth Rose Middleton-Manning</u>: yes, useful,

as a way of conceptualizing institutionalized violence enacted through law and policy, with ties to the framings used in the environmental justice movement; (b) <u>Ernesto Aréchiba-Córdoba</u>: yes, useful to describe institutional violence, including extreme inequalities in basic services (example: it is structural violence to tell people to wash their hands when there is no running water); and (c) <u>Richard Walker</u>: he recognized the political and pedagogical importance of the use of the tem, but he was concerned by its overuse, and thinks it is important to distinguish between physical violence (e.g., police brutality), or the ways bodies can be invaded by pollutants, versus the material effects of class, race, and gender inequities; he said there is a need to rediscover materialism and to be able to discuss the material structures of social and economic policies and inequities, without equating them with the other two types of violence.

● POLITICS OF PUBLIC HEALTH DATA

The estimated minimal attendance for this session was ~ 69 people.

Public health data & structural violence: from Big Data and countering algorithmic bias to confronting state and corporate surveillance (*Mon, Oct 26, 3:00-4:30 pm MDT; Session 3313.0*)
3:00 PM: **Introduction** – *Zinzi Bailey, ScD,* Catherine Cubbin, PhD, Craig Dearfield, PhD, MSPH, Nancy Krieger, PhD
3:05 PM: **California's Medicaid population health management proposal: How the state's use of risk assessment algorithms may further entrench health inequities** – *Michelle Grisat, PhD* and Carmen Comsti, JD
3:25 PM: **The racial health (in)equity implications of a machine-learning based tool for emergency department triage: Examining feature bias** – *Stephanie Teeple, MD-PhD(c)*
3:45 PM: **Queer risk data: an emerging material commodity in global PrEP science** – *Amaya Perez-Brunner, PhD, MSc*
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.

Michelle Gristat, the National Director of Health and Regulatory Policy for National Nurses United, offered a policy perspective, rather than a technical perspective, on how the use of risk assessment algorithms is not improving, and may instead be harming, quality of care for the Medicaid population in California. To provide context, she first described some of the features of the complex Medicaid system in California, known as MediCal, which is the 2nd largest source of health coverage in California, covering 13.2 million people in 58 counties, with 6 types of managed care plans, 24+ different public and private plans, with 65% of the counties offering both a county-run and private plan, 20% offering solely county-run plans, and 15% offering regional or geographic plans. A new plan for MediCal, called CalAIM (California Advancing and Innovating MediCal) is seeking to bolster: (1) population health management and "whole person care" (e.g., cover medical, dental, behavioral, etc. care); (2) reducing complexity by standardizing enrollment and benefits; and (3) "value-based payments" – which in her view are really a form of risk-based payment, and which are dependent on algorithms, and make doctors act like health insurance companies.
-- Key issues regarding the use of the algorithms identified were: (a) bias, (b) opacity, and (c) lack of oversight. For example, above and beyond the documented problems of how bias involving race, class, and gender affects the quality of medical care and thus the data in patients' charts, commonly used algorithms are not trained on populations like those enrolled in MediCal, i.e., younger age and predominantly people of color. Other documented problems of extant algorithms include wrongly using prior use of care as an indicator for need of care, whereby because of lack of access to care, Black patients have scored as being in less need of care than White patients despite actually being in worse health and needing more care. Additionally, the algorithms are "black boxes" that are proprietary and require extensive expertise to use, making it difficult to gauge their assumptions and quality. Lack of regulatory oversight is exacerbated by each plan using its own algorithm, which not only is a massive duplication of effort but also renders it impossible to compare the impact of use of algorithms across plans. There are also major grounds for lack of trust, given that 12 insurers (including 8 of the top 10 MediCal insurers) were just fined $1.9 million for improperly denying care to MediCal patients, via wrongly delaying care and also falsifying records.
-- The best alternative, for patient care and for cost of care, would be to create a single risk-pool in a single-payer plan, which would integrate public health and medical care. Research has shown that the best quality of care scores in the MediCal system have been in the public health model where solely the county has paid for and provided care, while the worst scores were in the for-profit plans, underscoring that competition does not improve quality of care. The bottom line is "Medicare for All" and avoiding use of biased, opaque algorithms that make providers act like insurers.

Steph Temple, at University of Pennsylvania, presented research based on her dissertation, in which she investigated the use of algorithms based on data obtained from electronic health records (EHR). She noted that social harms involving algorithms are not new, citing such examples as "race corrections" used in medicine (e.g., for spirometry and kidney function). Her focus was to examine how racism encoded in the EHR data could affect predictive performance of algorithms across racialized groups, with a major concern being socially-patterned misclassification error. The study focused on a commonly used metric to do triage in emergency departments, the ESI (Emergency Severity Index). She used data from the National Hospital Ambulatory Medical Survey (training 2017 data on 2016 data) to see if bias might affect triage, using bootstrapping and simulation approaches. Although results did not find strong evidence of bias, a fundamental problem unaddressed by the study approach is that racism patterns the validation data. An implication is that new methods are needed to get at how to study algorithmic bias when so much of the data at issue is biased.

Amaya Perez-Brumer, at University of Toronto, used ethnographic methods to explore the way in which queer risk data from Peru has become an important commodity in global HIV research on PreP (pre-exposure prophylaxis), especially in relation to the categories of "MSM" (men-who-have-sex-with-men, regardless of their sexual identity) and "transgender women" (with the quotation marks to indicate that these terms may not always mean what they at first glance imply). In her study, which spanned from 2016-2018, she found evidence of a "micro-economy" for data collection, whereby many of the transveti (who do not use the gringo term "transgender") were already enrolled in multiple studies, setting up competition for recruitment, in a context of recruiters being underpaid. She also observed that researchers often assert their expertise as "being" MSM or trans researchers, as if a research brand, without acknowledging that their research would not exist without the participation of the queer communities from whom they recruit their study participants. An additional problem is the construction of the "at risk" categories of "MSM" and "transgender," to the point where one recruiter, who identified as being a gay man, was clear he did not belong to the category of "MSM" because he said "MSM" were people who used few condoms, had lots of partners, had little money, and were primarily poor sex workers – and he was none of those things. The two-fold implications are that: (a) the data might not be what they are framed as being (i.e., instead of "MSM" being a group which contains "gay men," "gay men" might in fact resist being labeled as "MSM"), and (b) the social suffering of risk is erased from the labels, whereby the label "MSM" appears to be solely a label about gender identity and sexual behavior, but in fact is a marker for economic impoverishment. The making of "queer risk data" into a commodity thus obscures the forces of social marginalization that produce "queer risk."

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

(1) How the findings of the first study underscore that more competition does not lead to better care, with the reply being that competition routinely is premised on cost ("value") and not quality of care, and the best way to shift to the latter as the key comparator would be to move to "Medicare for All" (removing competition on cost from the equation).

(2) How might data relevant to health justice analyses be incorporated into the kinds of data sets discussed? – with answers being: (a) from Amaya, acknowledging the politics and values incorporated into the data and who is missing from study design, conduct and interpretation (e.g., "MSM" may not mean what it seemingly signals it means), so that there is intentionality and active consideration of political issues when conducting a study that will generate data; (b) from Steph, being clear that data can be used for health justice, but don't assume that automatically is the case, and need to do research that gets at the lived experience intended to be captured by the data, hence need qualitative as well as quantitative data, and also research that assesses what the health impacts would be if algorithms are biased, rather than just use the algorithm and see if there is bias; and (c) from Michelle, clinical judgement, not data, should be the ultimate decider, since for individual patients needed this judgement, not just reliance on "on-average" population statistics.

● PROGRESSIVE PEDAGOGY

The estimated minimal attendance for this session was ~ 54 people.

Pedagogies for survivance: addressing structural violence in its many forms (*Tues, Oct 27, 8:30-10:00 am MDT; Session 4060.0*)

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

8:35 AM: **Health equity and advocacy: Institutions' roles and responsibilities in making agents of social change –** *Sophia Geffen, MPHD,* Danny McCormick, MD, MPH, and Gaurab Basu, MD, MPH

8:50 AM: **Radical public health co-developed course: Epidemics of injustice – debunking 500 years of myth–** *Jeni Herbert-Beirne, MPH, PhD,* Cheryl Connor, Richard David, Kelsey Arnold, Kate Craemer, Anna Yankelev, BS, MPH, MBA, and Linda Rae Murray, MD, MPH, FACP

9:05 AM: **Training teachers to resist: Critical pedagogy to survive the academy --** Marty Martinson, DrPH, MEd, and *Savita Malik, MPH, EdD*

9:20 AM: **A pedagogy in health activism to combat mass incarceration –** *Mark-Anthony Clayton-Johnson,* Shamsher Samra, MD, MPhil,

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Vanessa Simonds (Spirit of 1848 Coordinating Committee; Montana State University, Bozeman, MT) introduced the session's theme and the speakers.

Sophia Geffen, from the Cambridge Health Alliance, described the work of the newly established Center for Health Equity Education & Action (CHEEA; see: https://www.healthequity.challiance.org/), which offers a variety of social justice curricular programs for health care professionals at different points in their career. The patient population (approx. 140,000+ people) served by the Cambridge Health Alliance, located in Cambridge, Somerville, and the Metro North areas of Massachusetts, is primarily underserved, with health equity being a longstanding focus of patient care. A precursor program, in place for the last 15 years, trained medical residents in a research-based advocacy course. The newest course is a 1-year program for health equity advocacy, which is a mid-career health equity scholars program, and there are also community organizing trainings and anti-racism workshops. The theory of change informing all of these programs is that courses should provide a space to learn about health equity and the skills needed for advocacy. The point is to develop a structural analysis, and understand that a concern with health justice is not, as stated by one participant, just a "hobby" outside of medical practice, but instead is fundamental to being a health professional. Another objective is to train the course participants in how to advocate for change in policy, whether by using research strategically or via direction action.
-- The new Health Equity Scholars program, launched last month, focuses on learning the skills to do health equity analyses, leadership development, advocacy, and action projects in the scholars' home institutions. Its launch was on-line (given COVID-19), and it will include monthly seminar, coaching office hours, networking through peer learning, and a final gathering; it is designed to be an on-line course that can reach a national audience. A wonderfully skilled graphic notetaker participated in the launch (Rio Holiday; see: https://www.rioholaday.com/) and drew the health equity scholars and their "superpowers," and also developed a graphic regarding community agreements for accountability, using animated drawings in real time.
-- Topics to be covered in the monthly sessions are: (1) November: racism and health; (2) December: introduction to public narrative; (3) January: brief history of social medicine; (4) February: building relationships for change; (5) March: immigration and health; (6) April: strategizing for advocacy campaigns; (7) May: effective leadership teams and coalitions; and (8) June: climate change and health.
-- Challenges ahead include: achieving financial stability (right now, have only a 3-year grant); recruitment; and designing a course evaluation to determine if the program is meeting its objectives.

   -- For more information, you can contact Sophia Geffen at: sgeffen@challiance.org

Kelsey Arnold, a graduate student at University of Illinois-Chicago School of Public Health and member of the school's Radical Public Health Group (see: https://publichealth.uic.edu/current-students/student-organizations/radical-public-health/ and also https://www.facebook.com/RadicalPublicHealth) next reviewed the history, content, and evaluation of a recently developed course at the school, titled ***"Epidemics of Injustice"*** (see: https://sites.google.com/uic.edu/epidemicsofinjustice2020/home?authuser=1).
-- Regarding the history of the course, she first mentioned an article published in 2018 in AJPH by Kelli et al. which reviewed the MPH curricula of US schools of public health, and found that of the 275 courses evaluated, only 16% provided explicit content on the structural determinants of health (see: https://doi.org/10.2105/AJPH.2018.304309 ; PMID: 29513578). A major concern is how most MPH courses continue to present depoliticized and acontextual analyses of health behaviors, with little to no attention to structural barriers. Also motivating creation of the course was the group Radical Public Health, founded in 2012, which in 2017 conducted a survey among students and scan of curricula at UIC School of Public Health, and documented that 77% of the students reached agreed that they needed a course on the structural determinants of health in order "to be effective in their research or practice as a result of the current administration," with specific reference to the context of growing organizing by Black Lives Matter, the undermining of DACA, and the Muslim travel ban.
-- In 2018, the course was first offered, titled "Epidemics of Injustice," and was an optional (i.e., not required) special topics seminar (IPHS 495), open to all students at UIC, with lectures open to the broader community. The course had 300 registrants, and 150 in-person participants. The focus was on "Understanding History to

Fight for a Liberated Future" and the expert presenters included faculty from the UIC school of public health, community members, and historians.

-- In 2019, the course focused on structural violence in Chicago, and included more action labs and sessions to develop concrete advocacy skills.

-- In 2020, the focus of the course is on "Debunking 500+ Years of Myth," with reference to both the 400th anniversary of 1619 (when enslaved Black Africans were first transported to and sold in North America) and American Indian history, and with issues of racism and health analyzed in relation to infant mortality. The action labs were designed to equip students with diverse skills sets: there was a knowledge translation class, a session with organizers on "rich pictures" and community stories, a session on theatre of the oppressed, and a visit to "Story Corps," which is an organization whose mission is to "record, share, and preserve the stories of communities in Chicago" (see: https://storycorps.org/chicago/).

-- Regarding course evaluations, in 2018 the evaluation was designed to assess changes in knowledge (pre/post the course) and found that 76% of students said their knowledge about structural determinants of health increased, 58% said their knowledge about how to take action increased, and 45% said their sense of hope increased; additional written feedback included comments saying the course filled important gaps in knowledge and that it should be mandatory, not optional. In 2020, comments included in the evaluations stated that students learned more in the class than in any of their required courses, and that they appreciated the diverse views and voices included in the course. An active discussion concerns whether the course could be required.

   -- For more information, you can contact Kelsey Arnold at: knarnol2@uic.edu

Marty Martinson, Assoc Prof and Department Chair in the Department of Health Education at San Francisco State University, next described a course intended to create a faculty learning community to teach teachers how to resist, using critical pedagogy to survive the academy. She started by reviewing documented harms in the classroom, including: (a) education for assimilation and annihilation (e.g., the Carlisle Native American Boarding School, whose objective, as described by Capt. Richard H. Pratt in 1892 was to "Kill the Indian, and Save the Man" and whose actions led to massive intergenerational trauma)(see: http://carlisleindian.dickinson.edu/ and http://carlisleindian.dickinson.edu/teach/kill-indian-and-save-man-capt-richard-h-pratt-education-native-americans); (b) the school-to-prison pipeline, whereby funds are cut for public education, thereby feeding the prison-industrial complex; and (c) microaggressions, which communicate the message that "they" don't belong "here."

-- To address the challenge of creating educational equity, which is intentionally not in service of white supremacy, the new metro faculty learning course was designed for new tenure track faculty in the SF Bay Area who were interested in teaching about social justice and health, with the goals of developing methods to create educational equity, build confidence and identity, and foster community. The emphasis is on critical reflective practice, with critical pedagogy at the center, in a repeating cycle of: unlearning → learning → relearning → reflection → evolution → unlearning, etc. To achieve this, the types of content included pertain to: readings and discussions; exploring teaching philosophies; bringing in students to talk about their experiences and learning to listen to and see students; and discussion about how to democratize power in the classroom.

-- The year-long course includes: (1) a 2-hour orientation; (2) a 2-day learning institute (initially 4 days, but now shortened to 2); (3) monthly follow-ups (for reflective practice); and (4) ongoing practice in relation to courses being developed or taught. Workshop activities included: (a) reflection on an empowering or disempowering experience in the classroom; (b) "t-shirt identity" exercise, regarding which of one's identities one was or was not comfortable sharing on a paper "t-shirt" and why; (c) spectrogram, an exercise to see where one falls (from agree to disagree) in relation to statements about roles as a teacher and expectations of students; and (d) discussion of systems of privilege & oppression at work (institutional, interpersonal, internalized), with the classroom framed as microcosm of society that can either be reinforced or disrupted, requiring understanding that teaching is never neutral and is always political.

-- Together, the course evaluations indicate it is meeting the 3 key aims, which are to support educational equity, build confidence & identity as foundation for teaching, and build community.

   -- For more information, you can contact Marty Martinson at: martym@sfsu.edu

Mark-Anthony Clayton-Johnson, an organizer and acupuncturist in Los Angeles, was the final speaker and discussed trainings he developed to "politicize health" in a context of mass incarceration, and bring health care providers into the campaign opposing the LA County Board of Supervisors' 2016 plan to replace a LA county jail with a mental

health jail, instead of a mental health care facility. The workshop was intentionally developed to reach health professionals at medical schools, clinics, and hospitals, to expose them to the analysis that "health is political" and to get their support for the campaign against a mental health jail. He defined "political" as being "when power and ideology converge to move an agenda," which then raises the question of whose agenda, for what purpose. He gave two historical examples: (a) one concerning Samuel Cartwright and other pro-slavery physicians, who in 1830s-1860s promoted the idea of black racial biological inferiority to serve the agenda of supporting slavery; and (b) the case of James L. Smith, whose autobiography described how, when he was an enslaved child, he broke his leg, hid himself, was found by his grandmother, who demanded that the plantation owner call the doctor, who then replied it didn't matter if the boy lived. A contemporary example concerned the "War on Drugs" launched by the Nixon Administration in 1968 to go after the anti-war movement and Black activists, where the strategy was to equate "hippies" with "marijuana" and "Blacks" with "heroin" and imprison them for drug use, as a way to suppress their political activism. A third example pertained to the initial autopsy of George Floyd, whereby Dr. Andrew Baker alleged that his death was due to intoxication, not police violence. These and other cases raise the questions of: (1) what is the purpose of being well; (2) who becomes more powerful as a result of this health; and (3) whose agenda does this practice move forward – in other words, is the point of medical care to exploit Black bodies or to advance Black health and well-being?

-- From this standpoint, the proposal of the LA County Supervisors to spend $4 billion on a mental health jail, rather than invest those funds in the community, is telling. He pointed to a website which shows how much the LA Sheriff's Department and the LA Police Department have spent each year to incarcerate residents of LA neighborhoods each year, from 2012-2017 (see: Million Dollar Hoods, at: https://milliondollarhoods.pre.ss.ucla.edu/test-iframe/). He also discussed how the purpose of health care in jails was to protect the sheriff's office from liability, not provide adequate care to prisoners. As alternative examples of health care models that have challenged anti-Black medicine, he cited the work of the Black Panther Party to establish free health care in 1969, as part of their 10-point program, and also the work of the Medical Committee for Civil Rights, founded in 1963, which worked to end segregation in hospitals and also responded to the requests of the Mississippi Freedom Democratic Party for assistance.

-- He concluded by discussing how health care workers, reached by the training course on "politicizing health" became part of the campaign against building a mental health prison, to the point where 500 marched in their white scrubs to shut down the jails and call for support for the mental health hospital. As a result of all the organizing against this proposal, in 2018 the LA County Supervisors changed course and approved $2.2 billion to replace the Men's Central Jail with a mental health hospital for inmates.

    -- For more information, you can contact Mark-Anthony Clayton-Johnson at: markanthony@frontlinewellnessnetwork.com

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

(1) The need to provide guidance on how these kinds of courses can be replicated in other institutions and context – with points raised in the discussion concerning: (a) the need embrace an ethos supporting replication, rather than hold onto "exclusive ownership"; (b) the need to develop similar evaluation forms that can be used across diverse courses and institutions, to show long-term effectiveness; (c) the need to find ways to bring people together, in-person, even if temporarily everything has to be remote because of COVID-19; and (d) the value of rooting a course in an on-going campaign, to reframe how health is political and also allow public health and health care professionals to bring their skills and institutional power to the mix in support of these campaigns.

(2) Why teachers need risk-supporting spaces to learn and unlearn, including examining how the unexamined role of being a teacher can do harm.

(3) The strategic plan for the LA course on politicizing health – whereby the course was deliberately designed to focus on health care providers in 5 key medical schools, with the goal of having the course participants be able to use their socially powerful voice in support of the campaign against the mental health jail, as powerfully demonstrated by their march, 500 strong, described above, to shut down the jails.

(4) Finally, Nancy Krieger (Chair, Spirit of 1848 Caucus) closed by noting that the Spirit of 1848 Caucus recently was fortunate to have a volunteer (who has requested to be anonymous) go back and compile the reports on all of the pedagogy sessions we have organized, starting in 1995; they are available as one document at: http://www.spiritof1848.org/courses.htm -- and also available at this site is an open source document of "Progressive Pedagogy Resources," including links drawn from Spirit of1848 reportbacks and from postings on the Spirit of 1848 listserv, and is a place where people can contribute links to materials they have developed for progressive pedagogy in public health.

● INTEGRATIVE

The estimated minimal attendance for this session was ~ 67 people.

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US Census 2020, political power & resource: health equity implications of new differential privacy policy (*Tues, Oct 27, 10:30 am – 12 noon MDT; Session 4156.0*)

10:30 AM: **Introduction** – *Nancy Krieger, PhD*
10:40 AM: **Differential privacy and the 2020 decennial census** – *Michael Hawes, PhD, US Census Bureau*
10:55 AM: **Studying social determinants of health using differentially private data** - *Dave Van Riper*
11:10 AM: **The importance of accurate census counts for small populations for vital statistics: American Indians and Alaska Natives** – *Randall Akee, PhD*
11:25 AM: **Discussant** – *Mahasin Mujahid, PhD, MS*
11:35 AM: **Q&A**

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-- Nancy Krieger (Chair, Spirit of 1848; Harvard T.H. Chan School of Public Health, Boston, MA) opened up the session with a description of its purpose, a land acknowledgement, and a framing regarding the critical links between census data and health equity, in relation to: (a) denominators for calculating health rates, as well as population data for sampling frames for surveys; (b) resource allocation; and (c) political representation. From this standpoint, it is critical to understand the impact of differential privacy on accuracy of population data, especially for small populations and small geographic areas. Along these lines, she briefly mentioned an in-press study she has, which compared the impact on estimating health inequities using census tract data from the 2010 decennial census, the 2010 decennial census with differential privacy (using the October 2019 vintage data released by the US census), and the 2008-2012 American Community Survey 5-year estimate. The case study focused on premature mortality rates (death before age 65) in Massachusetts, analyzed in relation to census tract measures of poverty and racialized economic segregation, and using census tract population data by age to generate the denominators for the health rates. In this particular case, similar magnitudes of health inequities were detected using all 3 sources of denominators; whether such a finding would hold for other regions of the US, other outcomes, and other vintages of the census data with differential poverty are empirical questions that need to be investigated.

-- The citation for the in-press study, which is scheduled to be published on-line (ahead of print) on Dec 17, 2020, is:
Krieger N, Nethery RC, Chen JT, Waterman PD, Wright E, Rushovich T, Coull BA. US census tract sources and monitoring health inequities: comparing use of 2010 decennial census with and without differential privacy and American Community Survey 2008-2012 data. *American Journal of Public Health* (in press).

She closed by noting that these issues of differential privacy are going to be with us, above and beyond whatever issues are posed by the impact of COVID-19 on the census count, and also the political pressures being brought to bear by the current administration, in relation to trying add a citizenship question, exclude undocumented persons from the total count used for reapportionment, or exacerbating the undercount by cutting short time for data collection.

Michael Hawes, with the US Census, gave a presentation reflecting his own views on what differential privacy is, why it is important, and updates on Census work in implementing differential privacy for the 2020 decennial census. The home page for the US Census Bureau on differential privacy is:
https://www.census.gov/about/policies/privacy/statistical_safeguards/disclosure-avoidance-2020-census.html
-- He began by noting that it is core to the US census to protect the privacy and confidentiality of responses, as mandated by Title 13 Section 9 to prevent disclosure, with strict penalties for violations (including up to a $250,000 fine and 5 years in prison).
-- The key privacy challenge is that if the Census publishes too many statistics too accurately, e.g., to support all users via provision of granular published data, it can reveal the underlying confidential data sources. There is a growing threat of such disclosures due to ever more data, faster computers, and the combination of machine-learning and algorithms using 3rd party data to try to identify people in the underlying data. For example, for the 2010 census, the Census Bureau released 150 billion statistics and had 1.9 billion data points based on approx. 309 million people – and, using the census block data, they found they could use computing power to identify 71% of the US population, and when they linked to 3rd party data, they could get accurate individual-level data on 52 million people.
-- Regarding differential policy, he noted it was the most recent of several iterations of census privacy policies, including: (a) 1930: stopping publishing detailed small area data; (b) 1970: whole-table suppression; (c) 1990: data swapping; and now: (d) 2020: differential privacy. Without going into the technical details, he explained that differential privacy quantifies the precise amount of privacy at risk, independent of 3rd party data, and can be used to determine the precise amount of noise to inject into data to mitigate the risk. He said the amount of risk deemed acceptable is a policy decision, and he pointed out that the only way to have 0 risk is not to publish any data. The trade-off is between sufficient accuracy and sufficient privacy. The specified privacy loss budget (PLB), represented by the Greek letter epsilon (ε), is then

allocated to different data processes, including: (1) Group 1: redistricting files; demographic and housing files (SF1); (2) Group 2: detailed data by race, ethnicity, age, gender, and other demographic categories, and also household data; and (3) Group 3: all the rest, which gets whatever is left of the PLB after the allocations to Group 1 and Group 2. He also noted that to the extent that variables are cross-stratified, e.g., age x sex, or race x ethnicity, that takes up more of the PLB.

-- Regarding implementation of differential privacy for the 2020 decennial census: the operational timeline has been affected both by COVID-19 and litigation. They are working on a compressed schedule to meet the redistricting data deadline of March 31, 2021. Once that is complete, they will apply differential privacy to the other census products.

-- In response to issues raised at the December 2019 National Academies of Science "Workshop on 2020 Census Products: Data Needs and Privacy Considerations" (https://sites.nationalacademies.org/DBASSE/CNSTAT/DBASSE_196518meeting) and other user input, on September 17, 2020, the Census released an updated 3rd census demonstration product with differential privacy, for the PL94 redistricting data only (see: https://www.census.gov/programs-surveys/decennial-census/2020-census/planning-management/2020-census-data-products.html). The major changes, in response to concerns raised, were to: (1) bring American Indian and Alaska Native (AIAN) tribal areas onto the "spine" of the central units of census geography for allocation of the PLB; (2) set state-level AIAN tribal populations as an invariant; and (3) change the underlying form of the distribution used in the model, from geometric to discrete Gaussian.

-- To access the 3 extant vintages of the 2010 decennial data with differential privacy, see:

> DDP (October 2019 data release; Vintage 1) - https://www.nhgis.org/differentially-private-2010-census-data
>
> V20200527 (vintage 2) & V20200917 (vintage 3) both available at: https://nhgis.org/privacy-protected-demonstration-data

-- For updates on what is happening with differential privacy, you can sign up for the US Census Bureau newsletter on this issue at: https://www.census.gov/programs-surveys/decennial-census/2020-census/planning-management/2020-census-data-products/2020-das-updates.html

> -- For further information, you can contact Michael Hawes at: Michael.B.Hawes@census.gov

Dave Van Riper, at University of Minnesota and IPUMS, introduced his empirical research by commenting on how public health relies on census data: for denominators, to stratify by demographic categories, and to analyze the social determinants of health. Of concern is how differential privacy could affect these uses of census data, especially at the smaller levels of geography that public health is increasingly using, e.g., sub-county level data. Differential privacy may be at cross-purposes with public health work relying on more granular data.

-- To address these questions, he conducted a study examining age-adjusted rates using the 1st and 2nd releases (Vintages V1 and V2) of the 2010 decennial census data with differential privacy since they contain age data (by contrast, the new September 2020 release, V3, doesn't contain age, because it is the redistricting file). He shared with us the preliminary results, noting that the study is being done in collaboration with the CDC and is presently under review at the agency.

-- The study employed two outcomes: (a) emergency department (ED) admissions for asthma, and the units of analysis were the counties in 25 states that sent ED data in 2010 to the CDC, and also towns in Massachusetts. The age-bands for the county data were: 0-4, 5-9, … , 80-84, 85+ yrs; for the MA town data, the available age categories were: 0-4, 5-14, 15-34, 35-64, and 65+ yrs; and (2) acute myocardial infarction (AMI) hospitalizations in 2010, with these data available for counties in 31 states. Age-adjustment was to the year 2000 standard million. Denominator data were from: (1) 2010 Summary File 1 (which used the technique of swapping to avoid disclosure, and it is not possible to know what the swap rate is); (2) Vintage 1 (DP1), released in October 2019, which privileged the redistricting and central census "spine" geographies; and (3) Vintage 2 (V20200527), which corrected some of the errors in Vintage 1, by using different algorithms and different parameters. For the rate comparison across sources of census data, the study computed the % difference, defined as:

$$[(DP_{rate} - SF1_{rate})/SF1_{rate}] \times 100$$

-- Results for the asthma ED analyses found that for MA towns, the biggest distortions occurred in the smaller towns, and for the county analyses, if analyzed in relation to a rural-urban continuum, bias was greatest in V1 for the more rural counties, and they were estimated to have higher rates of asthma ED as compared to analyses based on SF1.

-- Results for the AMI analyses found evidence of sign change (i.e., going from a positive to negative difference, which is a big problem!), especially in the more rural counties, with the bias detected less bad for V2 compared to V1.

-- The net implication is that public health analyses at the county level and below WILL be impacted by use of differential privacy, due to more inaccurate denominators, especially for small areas and small populations. Quantifying the uncertainty resulting from use of differential privacy is essential, and the Census Bureau will need to produce bounds for these data so that they can be better analyzed.

-- For further information, you can contact Dave Van Riper at: vanriper@umn.edu

Randall Akee, based in the Department of Public Policy and the Department of American Indian Studies at UCLA and Chair of the UCLA American Indian Studies Interdepartmental Program, then presented on differential privacy in relation to analysis of American Indian and Alaska Native data. Outcomes of interest pertained to: (1) health insurance coverage, and (2) impact of changed population counts on resource allocation.

-- He first presented an overview of American Indian and Alaska Native (AIAN) data, noting that most of it is derived from administrative data, especially the US census, but also sometimes from the Indian Health Service, the Veterans Administration, and sometimes housing data (e.g., HDMA, the data required by the Home Mortgage Disclosure Act). Survey data typically are inadequate, given small numbers, unless they are focused on specific AIAN groups or else oversample. The census data thus become essential for governance, funding, and research.

-- Regarding differential policy, the 1st version (V1) was inadequate, because it did not include AIAN areas in the core geographic areas first considered in the Privacy Loss Budget (since it followed the conventional "spine" of nested geographic areas, i.e., nation-state-county-census tract-census block group-block). The Census responded to concerns raised and released a new product which include the AIAN in the core geographic areas for the Privacy Loss Budget.

-- For the empirical study he conducted, he used US Census 2010 differential privacy products (V1, V2, and V3) and also IPUMS data. Looking solely at AIAN populations included in reservations, he showed that for V1 (released December 2019) and V2 (released July 2020), there were similar amounts of undercount of populations in the smaller reservations, but this problem was substantially resolved in V3 (September 2020) because V3 did include the AIAN areas in core geographic areas for the privacy loss budget.

-- In relation to health insurance coverage, he presented data showing that for smaller areas, their extent of health insurance coverage was overestimated to the extent their population was undercounted. For example, in some reservations shown to have 10% coverage using the decennial 2010 data, this coverage was inflated to 15% if the first two iterations of the differentially private data were used. Although the problem was reduced using the V3 data, there were still some very noticeable outliers, which require urgent investigation into what is causing these problems of extreme overestimation.

-- In relation to allocation of CARES Act Funding for COVID-19, tribal allocation is based on population size, using HUD data (from the US Department of Housing and Urban Development) which draws on "race" data from the census. However, other sources of population data exist, including data on the enrolled population. He reported that discrepancies between population counts could results in some of the smaller tribes being deprived of funding to which they were entitled (e.g., Delaware tribe would lose out on $23 million), and other larger tribes getting extra funding (e.g., Hopi nation, gaining $56 million extra). These are consequential differences.

-- He concluded by saying: (1) it is essential to engage Tribal governments in making decisions about the privacy loss budget; (2) differential privacy is going to have an important impact on AIAN geographies; (3) research is needed to understand why some extreme outliers were generated for AIAN populations using the V3 data; and (4) differential privacy is going to affect not only how data are used and interpreted, but also funding allocation as well.

Mahasin Mujahid, in the Epidemiology Department at the UC Berkeley School of Public Health, served as discussant, focusing on differential privacy and what's at stake. She started by observing that the US Census has an impossible task when it comes to balancing accuracy and privacy, with the latter mandated to be protected by law (Title 13, Section 9). She noted that, in reality, there is no balance, since the scale is weighted towards privacy – and the question becomes: "acceptable risk" for whom? In other words, how much is the Census willing to deviate from privacy, with the algorithms used by definition deprioritizing accuracy.

-- Her primary concern is that too much emphasis on privacy will impede health equity efforts. She pointed to *Healthy People 2030*, which reaffirms the mandate to eliminate health disparities (see: https://health.gov/healthypeople/about/healthy-people-2030-framework and also: https://www.cdc.gov/nchs/about/factsheets/factsheet-hp2030.htm), and this requires monitoring health inequities. Accurate census data are vital for doing this, in relation to: denominators; sampling frames; estimates of neighborhood characteristics; and measures of structural discrimination, such as residential segregation.

-- Commenting on each presentation, she said the study by Dave Van Riper underscored that data for small populations may be adversely affected by differential privacy, and this will disproportionately adversely impact smaller underrepresented and marginalized populations, as well as impact efforts to quantify place-based disparities. The study by Randall Akee also provided evidence that undercounts affecting the smaller tribal areas can lead to inflated rates of health insurance coverage. Adding to these concerns, is a new paper by Santos-Lozada et al (see: https://www.pnas.org/content/117/24/13405/tab-article-info) which examined mortality data at the county level using the census data with differential privacy, and found acceptable ratios (comparing the rates computed without and with

differential privacy) only for the total and white non-Hispanic population, and unacceptable ratios for the Black non-Hispanic and the Hispanic populations.

-- More generally, she noted that there currently are 3 threats to the 2020 Decennial Census: COVID-19, budgetary constraints, and xenophobia, in relation to the rhetoric around who should be counted. She noted that census data historically has been used as tool to marginalize people of color and uphold white supremacy, and continues to be used for both racial and prison gerrymandering. So the questions become, from the standpoint of health equity: (1) what is the real threat involving "privacy" and privileging it over accuracy?, (2) what kind of transparency will there be around the decisions affecting implementation of differential privacy?, and (3) what can we do about it?

-- **Nancy Krieger, as moderator,** then noted that the purpose of this Spirit of 1848 session was to raise the awareness of these issues among public health researchers and also bring them into dialogue with the Census. This is akin to the role the Spirit of 1848 Caucus played in 1995, one year after our founding, when we sponsored a session on "The Politics of Naming: Implications of Proposed Changes in Federal Classification of `Race' and `Ethnicity'" (see: http://www.spiritof1848.org/apha%20reportbacks%20&%20attendance.htm and http://www.spiritof1848.org/1995_reportback.pdf) which brought together all the caucuses of color in APHA and representatives from the US Office of Management and Budget to have the first exchange between this office and public health professionals regarding the impending changes (which were issued in 1997; see: https://obamawhitehouse.archives.gov/omb/fedreg_1997standards and https://www.census.gov/topics/population/race/about.html). It is crucial to be aware so as to be able to do informed advocacy, as per how the AIAN input made major changes to the V3 census product with differential privacy. Before turning to Q&A with participants, she then asked the speakers if they had any questions for each other.

-- Questions among the panelists addressed the following points:
(1) Randy asked Michael about problems caused by having invariants pegged to the 100% vacancy rate, since this prevents populations being "siphoned off" from these areas for redistribution elsewhere, and Michael said this problem has been addressed, and will be used in the new census product with DP to be released in November 2020. He also said that in the coming months the Census will make decisions about the authorized invariants (i.e., quantities which must match in the 2020 decennial data with and without differential privacy), which minimally will include the total population at the state level, the AIAN population at the state level, and the number of housing units at the block level.
(2) Michael further pointed out that the Census has been using differential privacy since 2008 in its business/commerce files, but it is only in 2020 that it is acting on its goal to use differential privacy in all of its products, on a rolling basis. He also clarified that applying differential privacy to the American Community Survey (ACS) requires a lot more work and a lot more engagement with stakeholders, given the complexities of the sampling frames and the multiple uses to which the data are put (whereas the decennial census has to first and foremost meets its constitutional duty of providing a count of the population for reapportionment). The earliest ACS data with differential privacy is likely to be produced is in 2025.
(2) David asked Michael about power dynamics, with regard to who will be making the decisions about the privacy loss budget. He noted that the group that has thus far been most vocal has been focused on AIAN data, with advocacy led by the National Congress for American Indians. Michael replied to agree that the Census has heard most from AIAN groups, and relatively little from groups representing Black Americans, Hispanic Americans, or other US racial/ethnic groups.
(3) Michael clarified that two sources of error accounted for some of the problems with the first vintage of the 2010 decennial data with differential privacy: the algorithm and also the post-processing of the differentially private data, and the latter was the bigger problem. V2 and V3 differ from V1 mainly in relation to the post-processing of the data, and not in the use of the differential privacy algorithm. David pointed out that it was a big change to shift from a LaPlace to Gaussian distribution, since the latter minimized distortions at the tails.
(4) Mahasin asked who will be at the table when the Census makes decisions regarding differential privacy – will there be diversity? Representation matters, and lack of representation is a source of distrust. Michael said there was a National Advisory Committee and also a civil rights group that is giving input. He said that what is needed is actionable input, and, given the complexity of the issues, this also requires educating the data users so that they can give this input.
(5) Nancy then asked if any of the panelists knew if any funders were providing funds to support education for the data users, including from diverse constituencies of color. David said there were some funds being provided by the Sloan Foundation; he had talked with RWJ, and while they were interested, they weren't yet giving any funds on this issue. His sense is that there is starting to be a critical mass of engaged and concerned data users, way more than a year ago, and that it would be good to think about how to start to bring people together to address these concerns.
(6) Nancy also asked about how the undercount intersects with issues of differential privacy. Michael said that differential privacy is applied to the data collected, and he is not part of the group that addresses issues of data quality, e.g., regarding the undercount, but instead deals with the data once sent to his group. He did clarify that errors in the census due to the

undercount would not have any impact on the selection of the value of ε chosen for the privacy loss budget, and he also said that imputation does not protect privacy.

(7) Mahasin raised concerns about what the impact of COVID-19, the undercount, and differential privacy will be for users of the 2020 decennial census and subsequent census products and said it really is critical to start bringing together a critical group of equity-oriented researchers to start addressing these concerns – and Nancy added that issues of temporal discontinuities in the data (pre- vs post-2020) will also need to be addressed!

During the **Q&A** with people attending the session, additional comments and exchanges focused on:

(1) What the schedule is for moving forward with differential privacy, and whether any decisions can be reversed. Michael stated that there has not been a date fixed yet for deciding on the privacy budget loss allocation, and it will happen after the Census gets its mandated data to Congress, and so not likely until sometime in January. He also emphasized that the decision will be made by career census employees and will not involve any political appointees.

(2) How best to stay up-to-date with developments affecting implementation and analysis of census data with differential privacy – with the answer being to monitor the census website and sign up for its blogs and updates (see: https://www.census.gov/about/policies/privacy/statistical_safeguards/disclosure-avoidance-2020-census.html) – and these data and updates about the data will also be available at IPUMS (see: https://ipums.org/changes-to-census-bureau-data-products).

Hence all in all it was a very rich and informative – and troubling – session!

● **STUDENT POSTER SESSION**

Our 19th **"STUDENT POSTER SESSION: SOCIAL JUSTICE AND PUBLIC HEALTH"** had 8 posters (listed below; presenters' names in **bold font**); the abstracts & video presentations can be seen (if you registered for the APHA meeting) at the APHA website until next October; you can visit them at:

We are happy to say that many people engaged with the Spirit of 1848 student poster presenters even in this virtual context! 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 of scholars linking social justice and public health in their work – and we surely 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 MDT, Session 4179.0*)

• Poster 1 – A demographic analysis of sterilizations performed under Michigan's eugenic laws, 1929-1952. *Kate O'Connor, MPH, PhD(c),* **Project Manager of the Sterilization and Social Justice Lab at the University of Michigan • Poster 2 – Mental health implications of immigration detention in mixed status families: findings from a community-engaged storytelling study.** *Alexa Kort, BS,* Naomi Marroquin BA, Natalia Espina BA, Juan Gudino MPH, Isabella Reyes, BS, and Nicole Novak, PhD, MSc **• Poster 3 – Advancing immigration justice through intersectional research design.** *Pieta Check, MPH, DrPH(c),* Signe Flieger PhD, MSW, Vanessa Martinez, PhD, Kenneth K.H Chui PhD MS/MSPH, and Fernando Ona, PhD **• Poster 4 – Mino-pimatisiwin – an indigenous, integrative and (W) holistic theoretical research framework.** *Harlan Pruden, Two-Spirit Community Organizer,* Travis Salway, PhD, Aidan Ablona, MPH, Theodora Consolacion, PhD, Jannie Leung, and Ryan Stillwagon, MA *[abstract only; no poster provided]* **• Poster 5 – Reducing institutional barriers faced by transgender survivors of violence: development of the transgender anti-violence codebook.** *Nicky Tettamanti, BS* **• Poster 6 – Racial inequality in voting and health.** *Anna K. Hing, MPH* **• Poster 7 – Embodiment of carceral contexts: solitary confinement and self-injury in a Deep South prison system.** *David Cloud, JD, MPH* **• Poster 8 – Racism and health: exploring correctional control as an indicator of institutional racism.** *Lauren Ramsey, MPH* **• Poster 9 – Housing insecurity is associated with food insecurity: utilizing a more comprehensive measure of housing insecurity.** *Erin Nolen, MSW* & Catherine Cubbin, PhD

Onwards! ....

Spirit of 1848 Coordinating Committee

<u>SPIRIT OF 1848 MISSION STATEMENT</u>
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@googlegroups.com
Subscribe:	spiritof1848+subscribe@googlegroups.com
Unsubscribe:	spiritof1848+unsubscribe@googlegroups.com
List owner:	1848.spirit@gmail.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, <u>A Description of the Physical and Moral State of Workers Employed in Cotton, Linen, and Silk Mills</u> **(1840)** and Flora Tristan, based in France, publishes her <u>London Journal: A Survey of London Life in the 1830s</u> **(1840)**, a pathbreaking account of the extreme poverty and poor health of its working classes; in England, Edwin Chadwick publishes <u>General Report on Sanitary Conditions of the Laboring Population in Great Britain</u> **(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 <u>The Condition of the Working Class in England</u> **(1844)**; John Griscom publishes <u>The Sanitary Condition of the Laboring Population of New York with Suggestions for Its Improvement</u> **(1845)**; Irish famine **(1845-1848)**; start of US-Mexican war **(1846)**; Frederick Douglass founds <u>The North Star</u>, an anti-slavery newspaper **(1847)**; Southwood Smith publishes <u>An Address to the Working Classes of the United Kingdom on their Duty in the Present State of the Sanitary Question</u> **(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 <u>Medical Reform</u> (<u>Die Medizinische Reform</u>), 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 <u>Civil Disobedience</u>, to protest paying taxes to support the United State's war against Mexico

Karl Marx and Frederick Engels publish <u>The Communist Manifesto</u>

1849-
1854: Elizabeth Blackwell sets up the New York Dispensary for Poor Women and Children **(1849)**; John Snow publishes <u>On the Mode of Communication of Cholera</u> **(1849)**; Lemuel Shattuck publishes <u>Report of the Sanitary Commission of Massachusetts</u> **(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 <u>Uncle Tom's Cabin</u> **(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)**