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★★★★★★ THE SPIRIT OF 1848: APHA 2022 REPORTBACK ★★★★★★

TO: EVERYONE ON SPIRIT OF 1848 EMAIL BULLETIN BOARD
FROM: SPIRIT OF 1848 COORDINATING COMMITTEE
RE: REPORTBACK FROM THE 2022 APHA CONFERENCE (ver: 11/17/22)

Greetings! The Spirit of 1848 Caucus is happy to share our reportback from the 150th American Public Health Association Annual Meeting and Expo (APHA; November 6-9, Boston, MA; in-person), noting that APHA was founded in Boston, MA in 1872. In this reportback we:

(a) share decisions we made at our labor/business meeting, plus our plans for APHA 2023 (Atlanta, GA); and

(b) give highlights of our APHA 2022 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 (1995-2021; see: http://www.spiritof1848.org/apha%20reportbacks%20&%20attendance.htm).

As for the growing numbers in our ranks, we are happy to report that:

(a) As of October 18, 2022, fully **3,807** people (in US & around the world) subscribe to our listserv/email bulletin board (up from 3,689 at this time last year), and another **118** signed up to join at the APHA 2022 meeting!

(b) According to APHA, as of August 2022, we had **295** Spirit of 1848 members who were also dues-paying APHA members (down from 389 last year), which puts us well above the 2016 APHA policy which requires APHA Caucuses minimally have 25 members who pay dues to APHA. According to the survey we maintain at our Spirit of 1848 website, as of October 18, 2022, among the 517 unique individuals who responded and affirmed they were members of the Spirit of 1848, **512 also stated they were members of APHA (up from 444 last year).**

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 your name & APHA membership number & email address; 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 sub-committee & designated alternative Chair contact); email: ae.birn@utoronto.edu

-- Luis Avilés (History sub-committee); email: luis.aviles3@upr.edu

-- Marian Moser Jones (History sub-committee); email: marianmoserj@gmail.com

-- Catherine Cubbin (Politics of public health data sub-committee); email: ccubbin@austin.utexas.edu

-- Zinzi Bailey (Politics of public health data sub-committee); email: zinzib@gmail.com

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

-- Lisa Moore (Pedagogy sub-committee; Spirit of 1848 co-representative to the APHA Governing Council and APHA Caucus Collaborative); email: lisadee@sfsu.edu

-- Rebekka Lee (Pedagogy sub-committee; Activist sub-committee); email: rlee@hsph.harvard.edu

-- Vanessa Simonds (Pedagogy sub-committee); email: vanessa.simonds@montana.edu

-- Nylca Muñoz (Pedagogy sub-committee; Activist sub-committee); email: nylca.munoz@upr.edu

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

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

-- Pam Waterman (E-networking sub-committee); email: pwaterma@hsph.harvard.edu

-- Miranda Worthen (E-networking sub-committee, for social gatherings; Spirit of 1848 co-representative to the APHA Governing Council and APHA Caucus Collaborative); email: miranda.worthen@sjsu.edu

-- Note: we are in the process of expanding who is joining our subcommittees, whether volunteering to help with abstract review or to take on additional committee responsibilities, and are aiming to get the new additions finalized by mid-December. A particular emphasis is on bringing new & younger folk on board, so that we learn from and share our knowledge with the next generation!

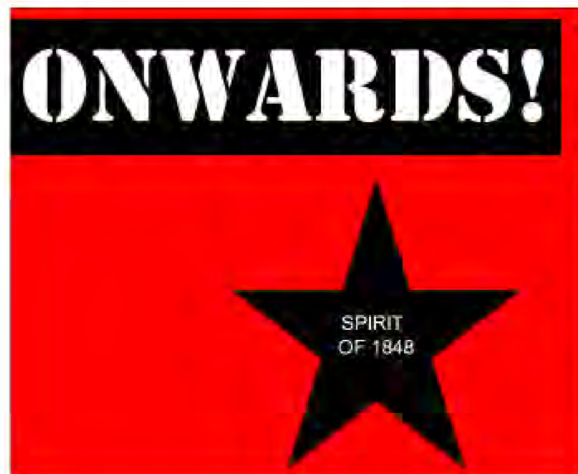
NB: for additional information about the Spirit of 1848 and our choice of name, see:

--Coordinating Committee of Spirit of 1848 (Krieger N, Zapata C, Murrain M, Barnett E, Parsons PE, Birn AE). Spirit of 1848: a network linking politics, passion, and public health. *Critical Public Health* 1998; 8:97-103.

--Krieger N, Birn AE. A vision of social justice as the foundation of public health: commemorating 150 years of the spirit of 1848. *Am J Public Health* 1998; 88:1603-1606.

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

And: APHA next year will be in **Atlanta, GA** (**Nov 12-15, 2023**); the official theme is "***Creating the Healthiest Nation: Overcoming Social & Ethical Challenges***" – and our Spirit of 1848 theme, as usual, avoids the nationalism and ups the ante -- and will be: ***CONTESTING STRUCTURAL ASSAULTS ON PUBLIC HEALTH WHILE BUILDING ANEW: RADICAL ALTERNATIVES FOR HEALTH JUSTICE*** – and to us this includes making sure our call for abstracts & the APHA conference overall upholds those groups targeted by exclusionary laws in Georgia re trans rights, LGBTQIA+ rights, abortion rights, and voting rights …



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★★★ THE SPIRIT OF 1848 LABOR/BUSINESS MEETING (Tues, Nov 8, 6:30-8:00 pm) ★★★

Attended by 19 members:

(a) Spirit of 1848 Coordinating Committee members (alphabetical order; n = 13): Luis Avilés (history); Zinzi Bailey (data); Anne-Emanuelle Birn (history); Catherine Cubbin (activist & data); Craig Dearfield (data; by Zoom); Jerzy Eisenberg-Guyot (activist; by Zoom); 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; history); Rebekka Lee (pedagogy & activist); Lisa Moore (pedagogy & Spirit of 1848 co-representative to the APHA Governing Council and APHA Caucus Collaborative; by Zoom); Nylca Muñoz (pedagogy & activist); Miranda Worthen (e-networking) [& unable to attend but engaged in planning the meeting: Vanessa Simonds (pedagogy); Pam Waterman (e-networking)]

(b) additional Spirit of 1848 members (alphabetical order; n = 6): Lianeris Estremera; Stephen Fischer; Madison Haiman; Dannie Ritchie; Lorraine Starsky; Abena Yirenya-Tawiah

Among these additional Spirit of 1848 members and also presenters at our sessions, the following persons are likely to join in with us to help with abstract review: *History*: Maria John, Stephen Fischer; *Student Poster*: Lianeris Estremera; Madison Haiman; Abena Yirenya-Tawiah; *Activist:* Lorraine Starsky

1) **Spirit of 1848 mission**. We referred everyone to our Spirit of 1848 website, which includes the mission statement of the Spirit of 1848 (also 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, rooted in 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, 2022 is our 25th year as an official APHA Caucus – but: we held our 20th year celebration back in 2014, to recognize when we actually were founded as a group – and by that timeline, 2019 was our 25th anniversary, and we celebrated accordingly!

-- Our 3 substantive foci are: (1) politics of public health data, (2) progressive pedagogy, (3) the social history of public health (with the sub-committee serving as liaison to the Sigerist Circle, an organization of progressive historians of public health & medicine). In addition to sub-committees that organize our sessions with these foci, we also have sub-committees that organize our student poster session, our activist session, and our integrative session, and we additionally have a sub-committee for e-networking, which handles our listserv, website, and social networking (including our joint social hour with Public Health Awakened).

-- 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 & co-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 18, 2022, fully **3,807 people (in US & around the world) subscribe to our listserv/email bulletin board** (up from 3,689 at this time last year), and another **118** signed up to join at the APHA 2022 meeting!

(b) As for Spirit of 1848 & APHA membership:

-- According to APHA, as of August 2022, we had **295** Spirit of 1848 members who were also dues-paying APHA members (down from 389 last year), which puts us well above the 2016 APHA policy which requires APHA Caucuses minimally have 25 members who pay dues to APHA.

-- According to the survey we maintain at our Spirit of 1848 website, as of October 18, 2022, among the 517 unique individuals who responded and affirmed they were members of the Spirit of 1848, **512 also stated they were members of APHA (up from 444 last year).**

-- As usual, we will need to send APHA our updated numbers to comply with their Dec 31, 2022 deadline to report the N of Spirit of 1848 members who are also dues-paying APHA members. We will also include these data as one of the requirements for the Memorandum of Understanding (MOU) with APHA; this MOU is renewed every 3 years, and having submitted our most recent renewal in December 2019, it will be time to submit a new MOU this December 2022.

(c) We have discontinued our 3-year-old static Facebook (FB) page, as we no longer wish to use this medium; we may explore other options that allow us to post action posts only (i.e., **NOT** serve as 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. This was the 1st in-person APHA since 2019 (with 2020 solely virtual, and 2021 hybrid, due to COVID-19).

a) we learned that for APHA this year, *the N of persons attending equaled **12,500*** **–** which is back up to pre-COVID attendance, when in-person meetings were on the order of 12,000 to 15,000 persons; by contrast, last year's hybrid conference had a total attendance of 9200, of whom 5787 (63%) were virtual, and 3413 (37%) were in person.

b) One implication is that it is not possible to make meaningful comparisons of our attendance in 2022 to either 2021 (for which ALL Spirit of 1848 sessions were VIRTUAL, in the context of a hybrid conference) or 2020 (which was 100% virtual). Comparisons to 2019 also need to take into account that COVID-19 plus costs continue to limit in-person attendance. That said, here's the data for 2019-2022 – and we are happy to note that in 2022 we are once again on part with the sorts of attendance we had back in 2019!

Session	**2022 (in person)**	2021 (virtual)	2020 (virtual)	2019 (in person)
Scientific sessions (oral): total	**780**	~ 259	~ 419	765
Social history of public health	**150**	~ 36	158 (unique count, noting we hosted this session, and it was open access)	175
Politics of public health data	**250**	~ 36	~ 69	180
Activist	**95**	~ 33	~ 71	95
Progressive pedagogy	**60**	~ 55	~ 54	90
Integrative session	**225**	~ 74	~ 67	225
Student poster session	**~100**	~ 25 (at live session)	?? (no data available)	60 to 90
Additional sessions:				
Spirit of 1848 labor/business mtg	**19**	18	36	19
Joint 1848/PHA social hour	**~ 100 to 120**	53	53	~ 100

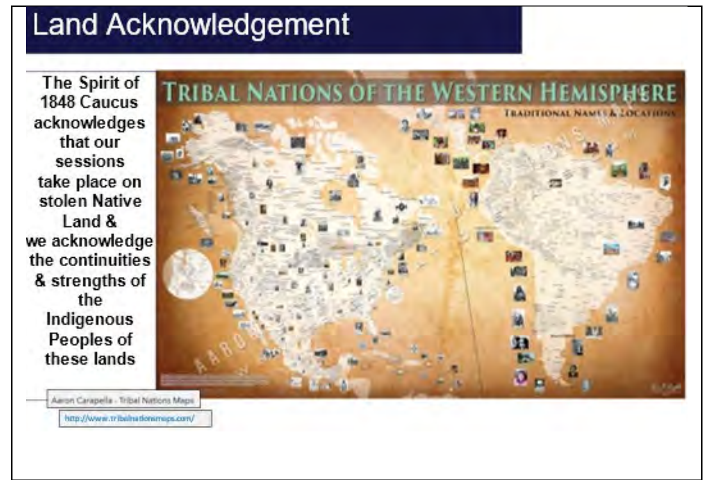
Throughout, our sessions underscored the need for critical thinking about the links between social justice & public health, per the theme for our 2022 sessions: **History, Health Justice, & Hope: Pasts, Presents, and Futures**. We provide detailed descriptions of our sessions in Part II of this reportback.

4) **Spirit of 1848 engagement with the APHA history project**. This past year we engaged 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

Marian Moser Jones, our historian Spirit of 1848 coordinating committee member who has been liaison to the APHA history project, reported that its efforts to build up websites with Caucus history appears to have stalled. Our history, however, remains accessible at our website. We are also happy to report that Marian will soon be starting in her new role as helping to edit the History section for the *American Journal of Public Health*.

5) **Institutionalizing our Spirit of 1848 policy about Land Acknowledgement and inviting submissions that bring a critical Indigenous lens.** Beginning in 2019, every Spirit of 1848 session starts with a Land Acknowledgement slide, as a very first step towards histories that must be acknowledged, as prelude to reparative action and creating better futures. 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 three of our five oral sessions (history; data; integrative session) included a presentation focused on Indigenous issues, two of which were presented by an Indigenous speaker.

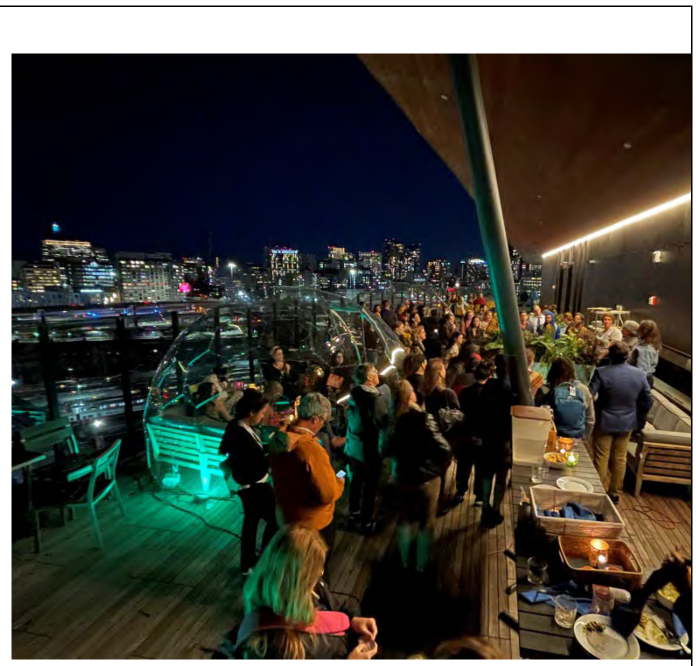


6) **Joint social hour (virtual) with Public Health Awakened.** This year we held our 4th joint social hour with Public Health Awakened – and it was glorious to be together again in person!! We kept the title to be the one we collectively came up with in 2020 as an antidote to the physical distancing in these times of COVID-19: "*Resistance & Connection Social Hour.*" We are happy to report that we had a really nice turn-out: approx. **100 to 120 folks** came and connected on a rooftop in an open air setting on what was a surprisingly warm, rain-free, albeit windy November evening – and many arrived at 6 pm & stayed on past the official 8 pm ending ...

-- at 7 pm, we had "welcomes" from Public Health Awakened (given by Sophia Simon-Ortiz) and Spirit of 1848 (given by Nancy Krieger)

-- The quick action not surprisingly was the call was to VOTE & GET OUT THE VOTE!!!, given that we held our social on Mon, Nov 7, the day before elections on Tues, Nov 8 …

-- Here are some photos (with consent for these photos to be posted granted by those present!)



Sari Bilick (PHA), Nancy Krieger (spirit of 1848), & Sophia Simon-Ortiz (PHA) welcoming everyone!

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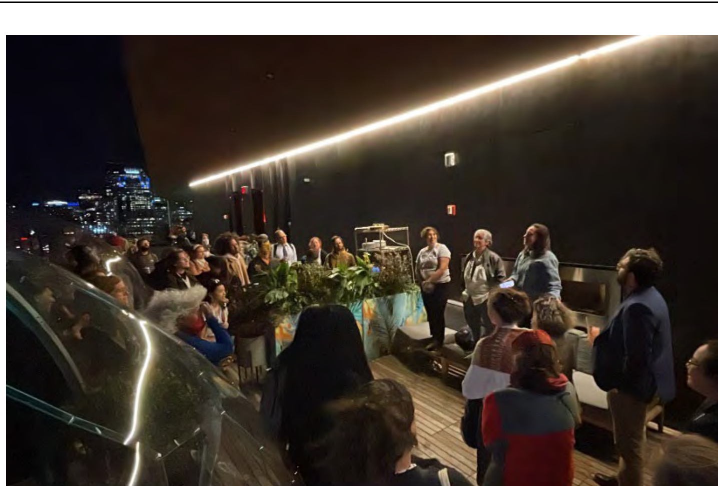

We are very happy to be live once again with our joint social hour with PHA, and likewise very happy that Miranda Worthen will continue to be the Spirit of 1848 Coordinating Committee point person for co-organizing this event!

7) **APHA Caucuses & Governing Council.** Marian Moser Jones and Lisa Moore have co-served as our co-representatives to the APHA Caucus Collaborative throughout the year; Lisa will continue to serve, and Marian will step down, to be replaced by Miranda Worthen. Updates from the Caucus Collaborative session & breakfast are as follows:

-- **CAUCUS COLLABORATIVE SESSION (Tues, Nov 8, 4:30-6 pm)**

Spirit of 1848 Coordinating Committee members who attended this session were Marian Moser Jones, Anne-Emanuelle Birn, and Nancy Krieger. At this session, each of the attending Caucuses spoke briefly about their history. We then collectively discussed challenges we face as Caucuses with APHA, including the perennial problem of the APHA Executive Board and Governing Council never giving the Caucuses their due for the critical roles we play in APHA, and also having such frequent turn over that there is little institutional memory about the Caucuses. The Spirit of 1848 emphasized that:

> (1) we appreciate being “in official relations with” APHA, as this allows us to have the APHA affiliation and platform, including the options to have scientific sessions and meetings at the APHA annual conference; and
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> (2) at the same time, we are clear that it is critical that each Caucus be its own self-governing entity, with our internal governance not subject to control by APHA, and our membership including people who are and are not dues-paying members of APHA.

We also provided the long-term perspective that since we were founded in 1994, APHA has gone through cycles of wanting to get rid of the Caucuses, of wanting to make us turn over all of our membership data (as opposed to information on the dues-paying APHA members, which is information APHA already has), and wanting to exercise more control over the Caucuses. In every case, the Caucuses have banded together to assert the importance of both our affiliation with and independence from APHA.

We additionally announced the availability, at our Spirit of 1848 website, of **our newly digitized video (Part 1 & Part 2) from our 1998 extravaganza at APHA, celebrating 150 years of the Spirit of 1848!!** For more of our past events, see here. At this extravaganza, all the Caucuses present at that time participated and affirmed their radical histories – with story, song, skits, and more. We shared the links with the Caucus Collaborative leadership, so that all members of all Caucuses have this reminder of our individual & collective rich & amazing history.

Regarding the *APHA Caucus Collaborative booth*: the stands that APHA now sets up for its Section, SPIGS, and Forums in the Exhibition area once again included a stand for the APHA Caucus Collaborative, where the Spirit of 1848 could place our flyers. This was in fact the only place we were specifically permitted to put up our flyers and leave them out for

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people to take, since APHA & the Convention Center abolished having the Activity Bulletin Board (where we used to be able to post & leave our flyers), and we were instead told we were supposed to advertise our sessions via the APHA Lead app. This app, however, simply lists postings chronologically, not thematically, and also doesn't reach people who aren't already plugged into the app. Hence: we did leave flyers on other available table surfaces, to reach new people 😊...

-- CAUCUS COLLABORATIVE BREAKFAST (Wed, Nov 9, 7 am!!)

a) *New president of the Caucus Collaborative (CC)*: Kelechi Ibe-Lamberts, affiliated with the Caucus on Refugee and Immigrant health. The outgoing president was Dr. Juanita Booker-Vaughns, affiliated with the Community-Based Public Health Caucus.

a) *CC & the APHA Executive Board.* In September 2021, the Spirit of 1848 Caucus voted in favor of the Caucus Collaborative having a Caucus ex-officio non-voting representative on the APHA Executive Board. The intent was to keep the Caucuses visible to a key body that oversees APHA policies, including about the Caucuses. This change would entail amending the APHA by-laws. Despite being supported by the majority of Caucuses, including by the Spirit of 1848 (with a small minority instead wanting a voting representative), the APHA Exec Board this year rejected this proposal, stating that because its responsibilities are mainly fiduciary, it's not the right body to have CC representative.

APHA additionally proposed several changes to the MOU that Caucuses need to have with APHA. These included:

-- adding an "incoming chair elect" of the CC to the MOU

-- requiring that a Caucus representative attend the Governing Council (albeit with no vote) and also the CC breakfast, in addition to the Caucuses each completing and sending to APHA the MOU, leadership roster, and responses to annual surveys

-- it also proposed adding to the MOU the requirement that a Caucus Chair must be a dues-paying member of APHA, and that Caucuses must submit an annual report to APHA

Of note, all of these proposals were WITHDRAWN after our Spirit of 1848 representative, Marian Moser Jones, objected on behalf of our Caucus, in keeping with the concerns raised at the Caucus Collaborative session about Caucuses being self-governing organizations that are affiliated with, but not under control of, APHA.

There will be additional discussion of any possible changes to the MOU at a meeting in early December. Meanwhile, the existing MOU is what Caucuses must use and submit for renewal by December 31, 2022, along with leadership rosters and responses to the needs assessment survey. All CC emails are now being sent through APHA Lead.

Next, several Caucus representatives noted that at the Governing Council this year, no places were set aside for Caucus representatives to sit, and nor was there a place for them to sign in. This contributes to the feeling that APHA does not value the Caucuses. In response, the APHA staff representatives, along with the incoming APHA President Ella Greene-Moton, said they would make sure that next year there would be space and a sign-in roster for Caucus representatives at the APHA Governing Council meeting.

Our Spirit of 1848 representative, Marian, then brought up the concerns we had discussed at our Spirit of 1848 Coordinating Committee meeting on Sunday, November 6, regarding the next meeting being held in Atlanta, GA. For example, California state employees will not be allowed to use funds from work to travel to APHA next year due to the ban on state-funded travel to Georgia on account of its anti-LGBTQ+ laws (which have also been passed by 21 other states). Marian asked what APHA was going to do about this, and in what ways APHA would be standing in solidarity with people affected by these laws (both California public employees and LGBTQIA+ folk).

Dr. Georges Benjamin, the Executive Director of APHA, said that APHA was already discussing these concerns, and noted too that many employees do not have their travel/conference costs covered by their employer. He affirmed that APHA already has all-gender bathrooms at all of its conferences and will ensure this is the case in Atlanta. He also said that APHA would take steps to stand explicitly in solidarity with the LGBTQ+ community/ies, and that APHA is reaching out to HRC (Human Rights Campaign) and the LGBTQ Caucus to work on these issues. He also mentioned that parallel issues concern Georgia's stance on "women's rights," specifically abortion rights, and they will address this too, and be

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visible in relation to both of these concerns. A larger point was for APHA to recognize the expertise of its Caucuses and draw on them to deal with issues related to the annual meeting (e.g., consult with the Caucus on Homelessness if the conference is in a city that criminalizes homelessness).

Other points of note:

-- The new APHA president is Dr. Chris Chanyasulkit, who is focused on eliminating structural barriers to health equity and who has a strong focus on reproductive justice and advocacy. The president elect is Ella Greene-Moton, who has served as CC chair, and is very involved in community-based work and research.

-- A list of new policies approved by APHA will be posted at: https://www.apha.org/Policies-and-Advocacy/Public-Health-Policy-Statements

8) **APHA 2023:** Below we describe our plans for next year's 151st annual meeting of APHA, to be held in **Atlanta, GA (November 12-15, 2023)**, which will again be in-person.

-- The APHA official theme is: "**Creating the Healthiest Nation: Overcoming Social and Ethical Challenges.**"

-- For the Spirit of 1848, we as usual offer a variant of this theme, informed by our longstanding approach to grounding present-day struggles for health justice in the histories of our field and in the principles of solidarity and bolstering critical analysis and action for fostering inspiring, equitable, sustainable, joyful, and dignified futures for all. Hence our theme:

CONTESTING STRUCTURAL ASSAULTS ON PUBLIC HEALTH WHILE BUILDING ANEW: RADICAL ALTERNATIVES FOR HEALTH JUSTICE

This year, the Spirit of 1848 Coordinating Committee continued with our new practice (1st used in 2021) to develop the call for abstracts in advance of the APHA meeting, which we then discussed and revised at our Spirit of 1848 labor/business meeting. Our rationale was & remains that of avoiding the extremely hectic fast-paced process of the past, whereby we previously rushed to finalize the call after the meeting, to be ready in time for the mid-December APHA deadline for posting the call. With our new approach, we can use the time at our Spirit of 1848 labor/business meeting to have more engaged discussion about the proposed call, get feedback, and elicit ideas about potential speakers.

Spirit of 1848 Caucus Labor/Business Meeting (***Tues, Nov 8, 2022, 6:30-8:00 pm, Session 444.0***) **-- 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 *January 2, 2023*.**

2) **ALL abstracts – both unsolicited and solicited – will be due on *March 30, 2023*.**

3) APHA will likely continue with the new structuring of times for general sessions and scientific sessions used in the 2022 meeting, and will revert back to the Confex platform (given the disaster with the Hubb platform this year).

4) As usual, we have $0 to pay for any speakers to come (since we are a volunteer, no-dues Caucus, noting too 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 complimentary passes for invited speakers (permitted for non-APHA members only), and on some occasions have sought out local groups who can fund travel costs as part of having the invited speaker also speak at their organization/university.

Proposed themes for APHA 2023 Spirit of 1848 sessions (listed in the order in which they take place at the APHA meeting)

- **Overall theme: *CONTESTING STRUCTURAL ASSAULTS ON PUBLIC HEALTH WHILE BUILDING ANEW: RADICAL ALTERNATIVES FOR HEALTH JUSTICE***

We expect that our 5 scientific sessions and our Spirit of 1848 labor/business meeting will continue to be in the following slots, albeit with the caveat that APHA does shift around the times of sessions – *and we will also see if can move our early*

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Tuesday morning session to a Tuesday afternoon session (given that making it to an early morning session can be a bit rough, especially if one has been at the joint social hour the night before!). And as also noted above, *we will ensure that our call for abstracts upholds those groups targeted by exclusionary laws in Georgia re trans rights, LGBTQIA+ rights, abortion rights, voting rights, etc., and we will also call upon APHA to do likewise*

Spirit of 1848 sessions (APHA 2023) – by day, name, and LIKELY time, and whether an OPEN CALL for abstracts or SOLICITED ONLY			
Monday, Nov 13, 2023	Social history of public health	10:30 am to 12 noon	**SOLICITED ONLY**
	Politics of public health data	2:30 pm to 4:00 pm	**SOLICITED ONLY**
	Activist session	4:30 to 6:00 pm	**OPEN CALL + solicited**
Tuesday, Nov 14, 2023	Progressive pedagogy	8:30 am to 10:00 am	**OPEN CALL + solicited**
	Integrative session	10:30 am to 12 noon	**SOLICITED ONLY**
	Student poster session	1:00 pm to 2:00 pm	**OPEN CALL + solicited**
	Labor/business meeting	6:30 pm to 8:00 pm	N/A

AND: we also plan to have a joint social hour again with Public Health Awakened! (date & time to be determined …)

Here is a preview of what will be our official “call for abstracts” (**opening Jan 2, 2023; due March 30, 2023**):

1. Social History of Public Health (Mon, 10:30 am -12 noon) – *invited speakers*

Health Workers Resist! Radical Historical Moments of Struggle and Reimagining for People’s Health and Health Care

How do past experiences of radical health worker resistance inform current struggles around (re-)building socially just healthcare? This panel explores varied forms of mobilization and aspirational calls around health/care justice among activist nurses, community health workers, and other medical and public health professionals in North America and around the world.

2. Politics of Public Health Data (Mon, 2:30 – 4:00 pm) – *invited speakers*

Who’s strengthening and who’s attacking data for health equity?

This will be an invited session focused on the structural assaults on public health data, including privatization, censorship, and disinvestment – and also mobilizing to counter or buffer against these assaults and spark action for better data for health justice …

3. Activist Session (Mon, 4:30 – 6:00 pm) – *OPEN CALL FOR ABSTRACTS*

Organizing to contest structural assaults and build for health justice

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.

The Activist Session welcomes abstracts that describe activism around the overall Spirit of 1848 theme of *“Contesting structural assaults on public health while building anew: radical alternatives for health justice*”. Possible examples include organizing to counter racism in the public health sector; mutual aid and labor struggles to build power for community health justice; new forms of collective agency to redistribute power and combat inequalities at the community, state, and national levels; radical alternatives to disaster preparedness & recovery; climate justice activism; and efforts to reinstate abortion rights and advance reproductive justice. Given that the conference will take place in Atlanta, GA, we especially welcome abstracts from activists engaged in locally-based organizing, and will ensure this call is seen by relevant progressive groups in the area.

4. Progressive Pedagogy (Tues, 8:30 – 10:00 am) – *OPEN CALL FOR ABSTRACTS*

Teaching for health justice and against attacks on public health

We seek abstracts for presentations discussing pedagogy, exploring how we contest and fight the structural assaults on public health while also envisioning and planning what new structures and social formations can take us into a more just future. The focus can be on teachings about public health capacity, radical initiatives within and outside educational institutions, or the social injustices that give rise to public health inequities as well as progressive efforts to strengthen

the public health workforce. We invite presentations that focus on how pedagogy can be carried out from community activists, public health practitioners, and academic teachers.

5. Integrative Session (Tues, 10:30 am – 12 noon) – _invited speakers_

The long fight for health justice: movements, data, and transformational pedagogy

In accord with our Spirit of 1848 theme for APHA 2023 -- *Contesting structural assaults on public health while building anew: radical alternatives for health justice* – the invited speakers for our Spirit of 1848 integrative session will tackle these issues in relation to the core foci of the Spirit of 1848 Caucus: social history of public health, politics of public health data, progressive pedagogy, and activism for health justice. Topics to be addressed include: (1) histories of fighting for data and power for workers' health and environmental justice; (2) building radical institutions to expose injustice and generate data for health justice; and (3) transformational pedagogy about the roots of health inequities.

6. Student Poster: Social Justice & Public Health (Tues, 1:00 – 2:00 pm) – OPEN CALL FOR ABSTRACTS

Spirit of 1848 Social Justice & Public Health Student Poster Session Call for Abstracts

For the **APHA Annual Meeting 2023**, the **Spirit of 1848 Social Justice & Public Health Student Poster Session** is issuing an **OPEN CALL FOR ABSTRACTS** for posters that **highlight the intersections between social justice and public health** from a historical, theoretical, epidemiological, ethnographic, and/or methodological perspective.

This session will have an **OPEN CALL for submissions** by students (undergraduate or graduate) that are focused on work linking issues of social justice and public health. This can include, but is not limited to, work concerned with the Spirit of 1848's focus for APHA 2023 on "***Contesting structural assaults on public health while building anew: radical alternatives for health justice*.**"

Per our Spirit of 1848 policy, we encourage submissions that bring a critical Indigenous lens, drawing on Indigenous theories, knowledge, and methods, to the specific topic that is the focus of this session, i.e., student posters on links between social justice & public health.

The submitted work can address one or more of many interlocking types of justice (e.g., racial, Indigenous, political and/or economic, gender and/or sexuality-related, environmental, restorative, etc.) We are interested in submissions not only from students in schools of public health and other health professions (e.g., nursing, medicine) but also from students in schools & programs focused on law, political science, public policy, social work, government, economics, sociology, urban planning, etc. For examples of abstracts selected in prior years, see our annual reportbacks.

Instructions for abstract submission can be found on the APHA abstract submission website.

Abstracts will be evaluated on the following criteria:

(1) Relevant to the Sprit of 1848's broader mission and theme (Spirit of 1848's theme for APHA 2023 is "***Contesting structural assaults on public health while building anew: radical alternatives for health justice***");
(2) The rigor of the research methods and theoretical foundation;
(3) Originality; and
(4) Scholarly or practical importance

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 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).

For any questions about this session, please contact Spirit of 1848 Student Poster Coordinating Committee member Charlene Kuo.

Timeline for abstract submission to APHA 2023: the **call for abstracts** will go live on the APHA website (https://www.apha.org/events-and-meetings/annual) on ***January 2, 2023 & abstracts are due on March 30, 2023.***

★★★★★★ HIGHLIGHTS OF SPIRIT OF 1848 SESSIONS (APHA 2022) ★★★★★★

Our Spirit of 1848 sessions brought all of us attending APHA together in fraught times, right before & in the midst of the mid-term election, with threats to the people's health, democratic rule, and planetary health readily apparent. We remain in the time of COVID, with gross economic & racialized inequities, in the US & worldwide, in the health, social, and economic impacts of COVID. The rhetoric and realities of right-wing, white supremacist, and fascist violence are on the rise in the US, as are assaults on abortion rights and reproductive justice more broadly, on LGBTQIA+ rights, voting rights, and more. Progressive organizing on so many fronts, both in response and forward-looking, is frenetic and multi-faceted – and as a result the US mid-term elections did achieve many progressive victories at many levels of governance, even as there were difficult loses as well. It feels to many of us that the tectonic plates of history are shifting. But history is not a given – and in the spirit of what the Spirit of 1848 stands for, we (those active in this Caucus & you reading our reportback) are each & all stepping up to shape a better future.

EVER ONWARDS: ORGANIZING & WORKING FOR HEALTH JUSTICE & HEALTH EQUITY & A BETTER & SUSTAINABLE WORLD!

The Spirit of 1848

APHA 2022

SPECIAL FOCUS:

★★ HISTORY, HEALTH JUSTICE, & HOPE ★★
PASTS, PRESENTS, AND FUTURES

linking issues of social justice & public health

Mon, Nov 7	10:30 am - 12 noon	**SOCIAL HISTORY SESSION** / Subversive, critical, and inconvenient histories of public health in North America: Upending the dominant narrative *(Session 3099, Boston Convention & Exhibition Center (BCEC), Room 258A)*
	2:30-4:00 pm	**POLITICS OF PUBLIC HEALTH DATA SESSION** / Contested histories and politics of US Census racial/ethnic data: implications for analyzing structural racism and health equity *(Session 3208, BCEC Room 258A)*
	4:30 – 6:00 pm	**ACTIVIST SESSION** / What can activists for health justice learn from history? *(Session 3305, BCEC Room 258A)*
Tues, Nov 8	8:30-10:00 am	**PROGRESSIVE PEDAGOGY SESSION** / Grounding public health pedagogy in people's history for health justice (*Session 4068, BCED Room 258A)*
	10:30 am -12 noon	**INTEGRATIVE SESSION** / Embodied histories, embodied truths, & health justice: critical reckonings for building the future (*Session 4163, BCEC Room 258A)*
	1:00-2:00 pm	**STUDENT POSTER SESSION** / Spirit of 1848 social justice & public health student poster sessions (*Session 4192, BCEC Exhibit Hall A, PS Area 4)*
	6:30-8:00 pm	**SPIRIT OF 1848 CAUCUS LABOR/BUSINESS MEETING** (*Session 444, BCEC Room 205A)*

SPECIAL EVENTS:

(1) Sat, Nov 5: 3:30 – 5 pm – RADICAL HISTORY TOUR – downtown Boston – free – limited to 60; for those who signed up, meet at Democracy Brewing (35 Temple Place) between 3 & 3:30 pm &

(2) Mon, Nov 7: 6-8 pm – RESISTANCE & CONNECTION SOCIAL HOUR – co-organized with Public Health Awakened, at Six\West (6 W. Broadway), on the rooftop! RSVP here

Resistance and Connection:

Monday, November 7th

---FOR DETAILS, SEE OTHER SIDE ---

American Public Health Association 150th Annual Meeting and Expo: Boston, MA, November 6-9, 2022

Spirit of 1848 website: www.spiritof1848.org *Email bulletin board:* spiritof1848+subscribe@googlegroups.com

Please copy & circulate *** ALL SESSIONS OFFER CME/CE CREDIT *** labor donated (ver 10/21/22)

APHA gives those of us present a chance to regroup and replenish our spirits – and one of the many reasons we organize the Spirit of 1848 sessions as we do!

Our provisional counts for attendance indicate ~ **780** people came to our 5 scientific sessions. In chronological order, they comprise our Spirit of 1848 social history of public health session (n ~**150**); politics of public health data session (n ~ **250**); activist session (n ~**95**); progressive pedagogy session (n ~ **60**); & "integrative" session (n ~ **225**) – and over **100** came to our student poster session. Attendance for our Spirit of 1848 scientific sessions were all higher than the average APHA in-person attendance of ~ 30 persons/session.

Our APHA 2022 Spirit of 1848 theme – **History, Health Justice, & Hope: Pasts, Presents, and Futures** – was, as usual, a deliberately radical rendition of the official APHA conference theme, which for 2022 was: *"150 Years of Creating the Healthiest Nation: Leading the Path Toward Equity"*

Motivating our theme is our recognition that health justice and hope have long been animating values for the movements & individuals jointly linking issues of social justice & public health. While the past shapes the present, people in the past, like now, have worked to change conditions with a vision of social justice, drawing on the experiences and aspirations of prior generations and building forward for those who come after.

We also, once again, 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"! Quite a number of folk also pointedly pointed out that the US is a long ways from being "the healthiest nation" as compared to other wealthy nations (recognizing of course the totally inequitable distributions of such wealth) – see, for example: https://www.americashealthrankings.org/learn/reports/2021-annual-report/international-comparison

● RADICAL HISTORY WALKING TOUR

Estimated attendance: ~ 45 people.

On Sat, Nov 5, preceding the start of the APHA conference, we (meaning: Marian Moser Jones, of our Spirit of 1848 history subcommittee) organized a radical history walking tour, with the tour led by 2 graduate students in the U Mass Boston Public History program: Eleanor & Chris. This tour builds on the work of Labor Resource Center founder James R. Green, who published "A Working People's Heritage Trail" with the Massachusetts AFL-CIO in 2001. Drawing on his

lifetime of efforts to collect, promote, and preserve Boston's labor and working-class history, Jim's guide was an exhaustive catalog of local sites that he and his students used to create walking and driving tours for historians, unions, and many others. Updated in 2017 by Cristina V. Groeger as a "People's History Walking Tour" of Boston, these tours are now given regularly by UMass Boston students and graduates of UMB's MA program in Public History.

The weather was beautiful and uncannily warm (and thus also eerie, given likely links to climate crisis). The tour started & finished at Democracy Brewing, a worker-owned cooperative (35 Temple Place, Boston). Keeping the Boston Commons and its histories at the center, the tours also included portions of the Back Bay, South End, and Beacon Hill – and explored the history of the area's residents, starting with the Massachusett and Wampanog who shaped the landscape and seacape of the Shawmut Peninsula to Colonial era revolutionary sailors & towns who changed their borders to prevent the King from harvesting any trees (for masts of war ships) that fell outside of town lines, to the 1st US federal army regiment of Black soldiers to fight for the Union and for freedom in the Civil War (including fighting for equal pay within the US army), to early 20th c CE striking telephone operators, women clerical workers, police, and many others. It also included visiting the plinth of a statue removed in 2020, after the police killing of George Floyd, of a statue of Lincoln "freeing" an enslaved Black American who was depicted as being on all fours, with this posture notably criticized at the time by Frederick Douglass and others when the statue was installed in the aftermath of the Civil War.

-- Here are some photos of our tour guides & walking groups (all with permission to be posted!)

Tour guide: Chris

Tour guide: Eleanor

● SOCIAL HISTORY OF PUBLIC HEALTH

https://apha.confex.com/apha/2022/meetingapp.cgi/Session/65800

Estimated attendance: ~ 150 people.

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SOCIAL HISTORY SESSION / Subversive, critical, and inconvenient histories of public health in North America: Upending the dominant narrative (*Mon, Nov 7, 10:30-12 noon; Session 3099, BCEC, Room 258A)*

10:30 AM: **Introduction – Anne-Emanuelle Birn, ScD**
10:40 AM: **The racialization of psychoactive substances in the U.S.: prelude to the War on Drugs – Samuel K. Roberts, PhD**
11:00 AM: **In the name of public health and democracy: APHA's role in US military and political interventions, 1898-1920s – Ana María Carrillo, PhD**
11:20 AM: **Native American health activism in the pandemic past and present: histories of structural invisibility and resistance – Maria K. John, PhD**
11:40 AM: **A discussant's commentary: the relevance of critical and inconvenient histories for current public health practice – Luis A. Avilés, PhD**
11:50 AM: **Q&A**

Anne-Emanuelle Birn, ScD, MA ***(Spirit of 1848 Coordinating Committee; Dalla Lana School of Public Health, University of Toronto)*** introduced the session topic and the speakers, and offered a land acknowledgment spanning the regions where the speakers are based (Canada, Puerto Rico, Mexico, and the continental US). She emphasized the need for critical histories, offered in a critical spirit to challenge public health triumphalism & acritical celebrations – and offered as a contrast the Spirit of 1848's critical celebration, in 1998, of 150 years of radical public health (see video of our extravaganza at: http://www.spiritof1848.org/1848%20past%20events.htm). By having a deeper understanding of the conflicts and compromised policies & practices of the past, as tied to racism, colonialism, imperialism, capitalism, and more, and also the histories of those who have contested these inequities, those of us active in the struggle for health justice now can build critical hope to guide action in the present and for the future.

Of note, these being the times that they are, there were changes to the presentations for two speakers. Dr. Samuel Roberts was unable to attend, due to unexpected family matters, and we were fortunate to be able to have one of our Spirit of 1848 Coordinating Committee members, Dr. Lisa Moore, step in for a video conversation focused on issues akin what Dr. Roberts would have addressed, i.e., histories of racism & the War on Drugs. Additionally, Dr. Ana Maria Carrillo was unable to attend the conference, given her inability to access the US-approved vaccines required by APHA for entry to the conference, and so she shared her presentation by video.

Lisa Moore, PhD ***(Spirit of 1848 Coordinating Committee; San Francisco State University)*****, in video conversation with Marian Moser Jones, PhD** ***(Spirit of 1848 Coordinating Committee; Ohio State University):***

In this wide-ranging interview, Dr. Moore discussed how she became involved in harm reduction and the work of the 1st needle exchange in San Francisco in the late 1980s (when this work was illegal) after doing an ethnographic study of this work for one of her courses when she was a graduate student. Aware of the critical need for more volunteer involvement, she stepped up to do the work – and also became one of the co-founders of what is now the National Harm Reduction Coalition (see: https://harmreduction.org/). Key points of the conversation were that:

1) Drug paraphernalia laws prevented the sale of needles, thereby producing a scarcity of needles; one consequence was an upsurge of shooting galleries where 40+ people shared a single needle. Hence, this socially produced scarcity, not a "culture of drug users" (whether framed in terms of "liking" to share works, or having a "death wish"), were directly responsible for the transmission of HIV (as a blood-borne disease) and the contingent massive toll of preventable deaths.

2) Public health as a profession was very slow to step up to support harm reduction, despite the ostensible commitment of public health to protection of the public's health. The lack of support for needle exchange, as tied to stigmatization of injection drug users and the dominance of the "war on drugs," was in contrast of public health support for condom use, despite the opposition of some conservative groups to such work (and the notion of "safer sex").

3) Critical analysis of the "war on drugs," and its deep roots in racism and racialized control of people of color via mass incarceration in the US, also requires engaging with the larger global context & geopolitical agenda. The 1st drug laws in the US, for example, were passed in the 1860s in San Francisco, framed as a way of controlling opium use and drug trade by Chinese immigrants, despite use of opium being rampant in every group, and this law helped pave the way for the 1882 Chinese Exclusion Act. The 1980s, in turn, saw the rise of gross disparities in sentencing for the same drug, e.g., penalties for use of crack cocaine 100x worse than for powder cocaine, with the former more likely to be used by people with less income because it could be sold in smaller more affordable amounts. While it is a victory that the discrepancies in these penalties have recently been reduced, there are nevertheless lifelong repercussions of having a felony drug offense in one's record that is not abolished by the changes in new penalties.

4) A key lesson is for public health professionals and activists to keep an eye on what is not called "public health" to see how these policies, laws, and practices are socially producing ill health, e.g., the drug paraphernalia laws, and the ways that the "war on drugs" became a way to legitimize racist policies without ever naming "race" explicitly. Another is to recognize that the US is an addicted society, with people here addicted to many types of drugs (both licit and illicit), and that what harm reduction offers is a stance that centers the voices of the people affected, especially people deeply

stigmatized and criminalized, who often have experienced deep trauma. In the case of harm reduction, the recognition of the need to provide needles came from a community survey on HIV carried out in SF in the 1980s that included one question asking people what did they need? – and the answer was: access to clean needles. Injection drug users knew what they needed, and public health needed to listen. (Note: we will be posting the video of Lisa’s talk – look for it at our website: http://www.spiritof1848.org/1848%20past%20events.htm)

Ana María Carrillo, PhD (*National Autonomous University of Mexico):*

Starting with a reminder that the US has been involved in over 400 foreign armed interventions since its founding, Ana Maria Carrillo discussed the role of US public health in justifying these interventions, including the annexation of half of the territory of Mexico in the wars of 1846-1848, and also anti-immigrant policies. Examples discussed pertained to Cuba, Panama, Mexico, Hawaii, and the Philippines.

With regard to Cuba, in the 1890s the President of APHA, Dr. Benjamin Lee, declared that Cuba should be annexed by the US to protect the US from yellow fever. As part of the Spanish American War of 1898, the US did occupy Cuba as well as take over Puerto Rico, Guam, and the Philippines – and in all cases set up military occupations that used public health rationales for the occupations. Moreover, in Cuba, Walter Reed and the Yellow Fever Commission took credit for investigating the role of the mosquito as a vector for the disease, without giving credit to the work that the Cuban physician Carlos Finlay had conducted in the 1880s establishing this mode of transmission.

In the case of Panama, the US sponsored a revolution in 1913 in Colombia, which had refused to ratify a treaty to create the Panama Canal, so that the territory could be seized and the canal built. Public health justification was again used to support the US military presence, and the US leader of the public health campaign against yellow fever, William Gorgas, was supported by the Rockefeller Foundation and nominated for the Nobel Prize by APHA.

Mexico, in turn, rejected US interventions to control yellow fever in its territories, preferring to lead its own work to control yellow fever. While the US government recognized the effectiveness of the Mexican efforts, it nevertheless quarantined Mexico, devasting trade between countries, and said it would only end the quarantine if the US were put in charge of the yellow fever work.

In both Hawaii and the Philippines, annexation and establishment of military bases in the late 1890s was likewise justified on public health grounds. In the latter case, articles published in *Am J Public Health* lamented the lack of “cooperation” by the occupied populations, and blamed them for their resistance to occupation and how it undermined disease control, while at the same time not acknowledging the famine, disease, and deaths due to the occupation itself.

The overall message was that public health has been and can be used as justification for injustice, and reckoning with this history is essential for preventing future injustice. (Note: we will be posting the video of Ana Maria’s talk – look for it at our website: http://www.spiritof1848.org/1848%20past%20events.htm)

Maria K. John, PhD *(University of Massachusetts Boston):*

After offering her own land acknowledgment, Maria John discussed how in her comparative work on Native health in Australia & the US, a common theme in both countries is the absence of Native health activism in the histories of public health. Her work and that of others seek to challenge this oversight & erasure. The specific focus of her talk was on the dominant false narrative that since the mid-20th c CE, all Native peoples in the US get free health care – a narrative used to deny health care to urban Native Americans who are not residing in the reservation areas where the underfunded Indian Health Services is supposed to provide care, and for which shortfalls in funding have been documented and reported on for decades.

In brief, in the mid-20th c CE in the US, the Bureau of Indian Affairs (BIA) tried to terminate its treaty responsibilities to tribes and initiated a program to get Native Americans to relocate from reservations to cities – with those moving then abandoned by the BIA. When urban Indigenous individuals tried to access health care in these cities, they were denied care on the grounds that they could get care from the Indian Health Services (HIS), which in fact only provided care on the reservations (noting too that in 1955 HIS was moved from under the auspices of the BIA to the US Public Health Service). If, however, they went back to the reservations, they were often disqualified from getting care because they were no longer residents of the reservations – and those on the reservations often saw those returning as a threat to the limited health care coverage and funds available at the reservations. This problem reached crisis proportions in the 1970s and contributed to urban Indigenous activism in US cities, which opposed the settler-colonial governmental logic of rendering treaty promises to provide care conditional on Indigenous individuals residing in the reservations.

Raising larger political questions as to Indigenous rights, sovereignty, and treaty promises, the BIA/PHS approach to providing health coverage by the IHS thus effectively deemed Indigenous Americans to no longer be Indigenous and due care by the IHS if they moved off reservation, even as it was precisely the BIA that had encourage moving from the reservations to the cities. Meanwhile, urban health care institutions held they were not responsible for the health care needs of urban American Indians because they believed the IHS was providing this care.

The Indian Health Care Improvement Act of 1976 thus broke ground by being the 1st US government document that recognized urban Indians as a distinct group who needed to be served by the IHS. In this way, Native activism around health care led to major policy breakthroughs regarding understanding of treaty rights of Indigenous Americans, whether living off or on reservations. Even so, this Act allocated only 1% of the IHS budget for the care of urban Indians (who even at that point comprised 70% of the US American Indian population), and this 1% allocation remains to this day. The problem of inadequate funding and medical abandonment thus persists, and the lack of health care funding and access to this care contributed to the devastating lethal impact of COVID on US Indigenous populations.

Luis A. Avilés, PhD ***(Spirit of 1848 Coordinating Committee; Kilómetro 0, Puerto Rico):*** as discussant, Dr. Avilés focused on how the kinds of inconvenient histories presented in this session were crucial to avoid silence the past. Referring to the work of the Haitian anthropologist Michel-Ralph Trouillot, and his 1995 book "*Silencing the Past: Power and the Production of History*" (Beacon Press, Boston, MA), Luis emphasized that when silences are linked to power and injustice, it is critical to uncover these links. Two mechanisms for such silencing are: (1) downplaying historical facts (e.g. silencing the work of activists for justice); and (2) rendering absent the means to conceptualize this resistance. Thus, in the case of the presentation by Maria John, the dominant approach was to downplay the historical fact of broken treaty promises, while also raising critical questions about spatial governance. In the case of Ana Maria Carillo, the silencing concerned the facts of multiple US invasions justified by public health reasons and public health institutions, including APHA, as well as deeming it unthinkable that those occupied and conquered could have made important scientific discoveries. In the case of Lisa Moore and her account of how public health was "very confused" about how to approach the issue of harm reduction for injection drug users, it was unthinkable to those in power that people in the affected communities knew what they needed. Emphasizing the necessity of learning from neglected histories and inconvenient histories, Luis returned to the histories of 1848 and its multiple conflicts and contentions that fueled the rise of the field of public health, even as dominant narratives consistently ignore this history. He concluded by saying our work should be an irritant to those comfortable with the status quo, and our motto should be "work & disturb."

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

(1) the current role of the US and UN in the ongoing cholera epidemic in Haiti;

(2) what are ways that public health workers who are not historians can best approach learning from history? – with answers emphasizing the need to: (a) seek out historically-informed literature and read critically, (b) read publications of those affected and see their agency; (c) interview people and see them as "historical actors," as per a project that Marian Moser Jones led which interviewed people who had been at Healthy Start for 40 years; (d) think critically about who has influenced you, and who influenced them, and what you need not only to learn but also unlearn; and (e) invite historians to public health conferences & projects, as many are eager to offer their knowledge to engage in addressing current issues.

● POLITICS OF PUBLIC HEALTH DATA

https://apha.confex.com/apha/2022/meetingapp.cgi/Session/65932

Estimated attendance: ~ 250 people.

POLITICS OF PUBLIC HEALTH DATA SESSION / Contested histories and politics of US Census racial/ethnic data: implications for analyzing structural racism and health equity (*Mon, Nov 7, 2:30 – 4:00 pm; Session 3208, BCEC Rm 258A*)

2:30 PM: **Introduction – Catherine Cubbin, PhD**
2:35 PM: **2020 Census results tell us about persisting problems with separate questions on race and ethnicity in the Decennial Census – Nicholas Jones, MA**
2:50 PM: **Leveraging racial and ethnic US Census data to reflect historical and contemporary structural racism: Structures, people, time, & place – Zinzi Bailey, ScD, MSPH**
3:05 PM: **Strengthening community narratives: Lessons from the NHPI journey to improve data and health equity – Richard Chang, JD, MS**
3:20 PM: **Health equity and the American Medical Association: lessons regarding racial/ethnic data -- Fernando De Maio, PhD**
3:35 PM: **Discussant – Nancy Krieger, PhD**
3:45 PM: **Q&A**

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Catherine Cubbin, PhD ***(Spirit of 1848 Coordinating Committee; University of Texas at Austin)*** opened up the session by introducing its theme and the speakers, and provided a land acknowledgement.

Nicholas Jones, MA ***(US Census Bureau):***
Mr. Jones discussed how the US Census is continuing to try to improve the data on “race” and “ethnicity,” recognizing that these are socially constructed fluid categories whose meaning changes over time. A key point was that reliance on two separate questions (one for “race,” one for “ethnicity” – which in the US refers to “Hispanic” or not) leads to inaccurate data. He described how, in the context of the 2020 decennial Census still being required to use the 2 separate questions, better and more granular approaches to asking these questions revealed that the 2nd largest group for “race alone or in combination” self-identified as “some other race” (49.9 million), larger than the Black American population (41.4 million “alone” and 46.9 million “alone or in combination”), with White Americans remaining the largest group (204.3 million “alone” and 235.4 million “alone or in combination). Such results are problematic, given that “some other race” is meant to be a small residual category. Additional research by the US Census Bureau has shown that these results in part reflect changing demographics, in part the new ways questions are asked & new ways the responses are coded, and together underscore the need to have one single question that combines “race” and “ethnicity.”

Mr. Jones then reviewed the recent history of the US Census regarding codification of the “race” and “ethnic” categories, starting with the standards set by the Office of Management and Budget (OMB) first in 1977 and then revised in 1997, with these standards affecting ALL federal data. Notably, during the past 40 years, there has been a growing increase in the percentage of respondents who either self-identify as “some other race” or opt not to answer at all. In 2007, the US Census Bureau began a new research program to improve the accuracy, reporting, and reliability of the data. The initial results indicated that using a combined question, combined with more options for writing in responses, led to lower item non-response and lower selection of “some other race,” thereby enabling over 90% of respondents to “see” themselves in the questions asked. In 2015, the US Census Bureau additionally conducted an experiment that added the category “Middle Eastern or North African” (MENA), with detailed check boxes for sub-groups, and found that this further reduced use of the category “some other race.” In the 2020 decennial Census, the use of better questions led to a 50% drop in the N of Hispanics who selected solely “white” as their “race,” shifting instead to choosing multiple racial groups.

This past summer, the OMB initiated a new critical review of the 1997 OMB standards, and they are in the midst of an extensive outreach and engagement campaign to get critical input to improve the racial/ethnic data. In June 2022, they included a notice in the Federal Register announcing this new initiative (“*Reviewing and Revising Standards for Maintaining, Collecting, and Presenting Federal Data on Race and Ethnicity*”) and established an Interagency Technical Working Group, with the intent of coming up with suggested revisions and implementing them by no later than the summer of 2024. He encouraged everyone to respond to the request for public input, noting that there are virtual bi-monthly “listening sessions” underway (which began in September 2022), and also that people can request special “listening sessions” for their organizations, via writing to: Statistical_Directives@omb.eop.gov

Zinzi Bailey, ScD, MSPH ***(University of Miami Miller School of Medicine):***
Dr. Bailey opened her talk by emphasizing that racialization creates “race,” as tied to issues of hierarchy and power, and that these socially produced “races” permeate all aspects of people’s lives, and are not tied to any one particular feature. Racism is thus an organized social system, “race” is a marker of racist social systems, and the categories used to demarcate “races” can change over time. Structural racism in turn refers to the totality of racialized systems involving racial injustice, including but not limited to institutional racism. Related, racism is not an event, it is a process, and in public health research, this means analyzing racism in relation to lifecourse, time, and history. She then provided some examples of public health research that has looked at the exposures of historical redlining and Jim Crow. She also pointed to research that has expanded use of the Index of Concentration at the Extremes to measure racialized segregation and racialized economic segregation or has sought to develop new indices to measure structural racism drawing on data regarding Black vs white differences in health care access, voting, employment, incarceration, etc. However, in the case of these latter types of metrics, they all rely on US Census data, thus raising the question of whether such measures can meaningfully be used and compared as exposures over time, given changes in the US Census approaches to obtaining and categorizing data on “race” and “ethnicity.” The combination of changing methods & metrics, and also potentially changing trust in the validity of the responses, raises critical questions that need to be addressed for metrics of structural racism.

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Richard Chang, JD, MS (*UCLA Center for Health Policy Research, Native Hawaiian and Pacific Islander Data Policy Lab*):

Dr. Chang discussed the work he has been leading with the Native Hawaiian and Pacific Islander (NHPI) Data Policy Lab, emphasizing that if one's group doesn't exist in the data, you don't exist in the eyes of policy makers and those who allocate resources. He presented a brief history of NHPI data, noting that in the 1930s, Native Hawaiians were included in the data category for residents of Hawaii, and in the 1960s, the ideal of "civil rights" upheld the idea that different groups lived together in Hawaii. However, the 1977 OMB standards for "race" and "ethnicity" imposed the lumped category of "Asian and Pacific Islander" (API), thus rendering NHPI populations invisible. In the 1980s, the groups lumped into the API category worked as allies, leading to options of sub-categories referring to Hawaiians, Guamanians, and Samoans, and in the 1990s this work also led to the new inclusion of the category "Asian Indians." In response to the call for comments for what became the 1997 OMB categories, over 7000 letters were sent by Native Hawaiians requesting that they be a separate category whose data could be disaggregated, and in 2000 the options for sub-groups increased to Native Hawaiian, Guamanian or Chamorro, Samoan, or other Pacific Islander.

Of note, the OMB agreed in 1997 to this call for disaggregation, despite the Federal Interagency review group recommending that the categories be merged. However, as Dr. Chang pointed out, the OMB regulations lack any enforcement mechanism. Moreover, although OMB did specify that "Native Hawaiian" referred solely to the original people of Hawaii (and not to anyone who happened to be born in Hawaii), and while the US Census included this as a specific category for disaggregation for data, other agencies have ignored these regulations and use only aggregated API data. For example, the CDC/ATSDR Social Vulnerability Index does not allow for disaggregation for Native Hawaiians, and there are no NHPI data available for "Healthy Places," the CDC COVID tracker, or the "Opportunity Atlas."

Key lessons learned are that: (1) implementation of appropriate data categories requires community organizing, enforcement, and funding; (2) the category "API" should not be used, and there should be partnerships with NHPI researchers and organizations to improve the data; and (3) CDC authority to collect public health department data and specify the data needed must be strengthened, with increased funding for data collection and reporting.

Fernando De Maio, PhD *(American Medical Association / De Paul University):*
Dr. De Maio opened with a description of the 2022 strategic plan of the American Medical Association (AMA) to advance health equity. This report emphasizes the need for data that supports visions of racial justice and overturning white supremacy. Its theories of change focus on the need to right the injustices of the past and to challenge malignant dominant narratives that continue to frame "race" as "biology" and marginalize work on racism in medical journals.

He then provided the example of how in 1906 the AMA began a practice of identifying Black doctors as "colored" in their directory. They stopped this practice in 1939, after a long series of protests by the National Medical Association (a Black-led organization which admitted the Black doctors excluded by discriminatory AMA chapters), given their view that this practice led to increased racial discrimination against Black doctors. Turning to the present, the AMA is wrestling with the question of whether or not they should identify the race of doctors in their directory, given that it could lead to both benefits and harm. On the plus side, it would allow for patients to seek out race-concordant physicians (e.g., Black patients seeking out Black physicians), but on the negative side, it could further entrench discrimination (e.g., White patients refusing to seek care from Black physicians).

Dr. De Maio then discussed how the AMA is newly calling for adding the MENA category to medical records. He also emphasized that there is quite a way to go when it comes to getting and analyzing the data regarding racism and health. He referred to the recent analysis in which AMA was involved which found that, since 2020 and the upsurge of anti-racist activist sparked by the police killing of George Floyd and the racialized impacts of the COVID pandemic, major medical journals have dramatically increased the number of articles they publish that refer to racism – but the vast majority of these articles are opinion pieces, not scientific investigations, and this needs to change.

Nancy Krieger, PhD *(Chair, Spirit of 1848; Harvard T.H. Chan School of Public Health):* as discussant, Dr. Krieger spoke to how data about racialized groups has a long history in the US of being used, especially initially, to entrench racial injustice, and then, more recently, to contest this injustice. She described how a new book on "*Democracy's Data: The Hidden Stories in the U.S. Census and How to Read Them*" (New York: Farrar, Straus & Giroux, 2022) by Dan Boek, a queer historian of data, forcefully makes the case that the data contained in the US census and other sources are the

product of people’s decisions about how to classify people, whether in relation to their living arrangements and the kinds of families and/or households they have, their race/ethnicity, their socioeconomic position, etc. She noted that current reports routinely decry how expensive it would be to improve the US public health data infrastructure, but as she pointed out in her just-published letter in *The Lancet*, the annual costs of $3 to $5 billion per year to do this work are less than 1% of the 2021 US military budget. She also discussed how journals serve as gatekeepers, and pointed out that JAMA’s author guidelines require that “race” and “ethnicity” be separately categorized, and they do not permit use of the term “race/ethnicity,” even if the authors provide scientific justification for how these cannot be disentangled in the context of US racism – and she noted her work-around was to use the more accurate term “racialized group,” which has the advantage of making clear that these are not “natural” categories but instead are categories that people create. She concluded by remarking that debates and discussions about the categories used by the US Census are not solely parochial US issues, given the huge influence of the US Census on practices in other countries in which there are also debates about why and how to construct and use categories pertaining to racialized groups, as shaped by histories of settler colonialism, enslavement, and immigration.

She concluded by asking how many in the audience would be willing to be part of a public health “listening group” to give input into the upcoming revisions of the US Census categories – and, seeing that nearly a third of the 250 in the room raised their hands, she said that the Spirit of 1848 would lead an effort to get such sessions set up, with this work to be led by the other 2 members of the Spirit of 1848 Coordinating Committee present at this session, i.e., Dr. Zinzi Bailey and Dr. Catherine Cubbin. So: stay tuned! – and be on the lookout for relevant notices on the Spirit of 1848 listserv!

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

(1) As raised by a Palestinian health professional, how is the US Census going to deal with the complexities of the category of “MENA,” especially given that it is a contested colonial construct, raising critical questions as to where the both the “Middle East” and “North Africa” each end and start? – and the response from Dr. Jones acknowledged this history and these complexities, and said that since 1977 the OMB categories have been geographically based, and working on how to change this approach, and that it is vital to recognize and respect the complexities of the “MENA” category.

(2) What are the best ways to engage communities to make the best use of racialized data, given how they reflect colonial mentalities? – with answers from panelists pertaining to the need to be very open and honest about what histories influence these data, and the need to pay attention to not only the categories used but the questions asked that lead to the data being sorted into these categories.

(3) What are best methods to measure structural racism? – with the answers emphasizing there cannot be simply 1 measure, and that it is an empirical question as to which measures are best for what applications.

(4) Will the AMA ever allow non-members to access its archives (since current policies are to admit only AMA members)? – since otherwise most historians who are not also MDs cannot access the archives, and it is crucial to have critical researchers from outside the AMA do archival work to uncover the thinking that underlies AMA’s changing approaches to dealing with “race” and racism over time – and the answer was that the AMA has included in its strategic goals the objective of opening the archives to researchers who are not members of the AMA.

(5) How can the problem of “monoracism” be addressed, whereby use of only 1 “race” is privileged and the the category “multiracial” is discounted? – with the responses from diverse panelists including: it is important to look at all of the data, not just the minimal data; it is important to allow for “multiracial” to be included as an additional descriptor of Indigenous populations (e.g., multiracial Native Hawaiian); and it is important to overcome the reticence of agencies that monitor population health (e.g., cancer registries) to recognize that race/ethnicity is a social construct, and to stop framing these data as if they were solely a reflection of “admixture” and “ancestry.”

● SPIRIT OF 1848 ACTIVIST SESSION

https://apha.confex.com/apha/2022/meetingapp.cgi/Session/66036

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This was our 6th 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.

Estimated attendance: ~ 95 people.

ACTIVIST SESSION / What can activists for health justice learn from history? (*Mon, Nov 7, 4:30-6:00 pm; Session 3305, BCEC Room 258A*)

4:30 PM: **Introduction – Rebekka Lee, ScD, Michael Curry, Esq, Catherine Cubbin, PhD, and Jerzy Eisenberg-Guyot, PhD**
4:35 PM: **The Tenth Crusade: A 1920s campaign to save Black babies – Wangui Muigai, PhD**
4:55 PM: **Deeply rooted: combining epidemiologic data and historical research to expose the racialized origins of modern geographic health inequities – Steven Woolf, MD, MPH and Patricia Mathews**
5:15 PM: **Public health for the people: A community-centered public health education program – Jennifer Cruz, MPH, Anna Leslie, MPH, Jonathan Lee, & Walea Hayek, MPH**
5:35 PM: **Q&A**

Rebekka Lee, ScD ***(Spirit of 1848 coordinating committee; Harvard T.H. Chan School of Public Health)*** introduced the session and speakers, with a land acknowledgment, and spoke to the importance of progressive organizing at this time.

Wangui Muigai, PhD *(Brandeis University):*
Dr. Muigai's presentation drew from a book she is writing on the history of Black infant deaths in the US from the period of slavery to the present. She discussed a 1918 campaign by the US Children's Bureau which used an "Infant Mortality Thermometer" graphic to compared the US infant mortality rates (IMR) to other nations, and also showed a 2-fold higher IMR for US Black vs white infants. A central premise was that the IMR is not a "natural" phenomena, but a public event that can be changed, and that it was embarrassing to have the US IMR so high. Their big "Save the Babies" campaign, however, focused primarily on white infants – and Black infants and women were ignored, segregated, and excluded.

Black women in turn organized their own events, e.g., the 1918 "Baby Parade" for Black children jointly held in New Jersey and Philadelphia, and the 1919 well baby clinics sponsored by the National Urban League in Detroit. These events were held at a time of rising anti-Black violence, including the 1919 race riots in Chicago, and the mounting deaths of Black persons killed by lynchings between 1901 and 1929, including Black soldiers who returned from WWI, who were assaulted by white people resentful of Black claims of political and social equality. Black activists during this period used the language of disease to refer to the epidemic of anti-Black violence, and in 1917 the NAACP launched a campaign called "Give Us a Chance to Live." As part of this campaign, in NYC over 10,000 African Americans marched down Fifth Avenue, led by Black children, in a silent protest – the 10th crusade – against anti-Black violence.

The 10th Crusade challenged the government campaign's to save babies, but not Black lives – and the Crusade was framed as a fight against the lynchers and oppressors of Black futures, in contrast to the mainstream "Save the Babies" campaign emphasis on saving white babies so that they could grow up to be soldiers. The 10th crusade also challenged the dominant views that maternal ignorance and germs were the reason the Black IMR as so high and instead placed anti-Black violence and racism as central causes. To show how Black families valued their babies, the NAACP sponsored a campaign from 1924-1931 in which branches around the country awarded "Baby Prizes" – and they combined this work with their campaign against anti-Black violence; together, the larger message was the necessity of government support to save both Black infants and Black lives. These campaigns underscore how Black activists in the US in the early 20th c CE framed violence and racism as public health issues, and argued that reducing the high Black IMR and premature mortality required addressing the underlying social inequalities and the centrality of Black freedom struggles.

Steven Woolf, MD, MPH (*Center on Society and Health, Virginia Commonwealth University*):
Dr. Woolf presented on a project that centered the importance of historical scholarship and the power of data to reveal how histories of social injustice shape current health inequities and to engage communities with this history to inform activism and policy change. One example is new work on redlining, which counters racist narratives that blame residents for the poor conditions in their neighborhoods, instead of holding accountable those who have structured neighborhood investments and disinvestments leading to a lack of community resources.

The project presented focused on North Virginia, and examined the histories of 15 clusters of census tracts doing poorly on numerous social and health indicators. For this project, they drew on archival materials in the National Library of Congress, created a 14 member advisory board which included members of the affected communities of color, historical researchers, and local government, and developed materials (print report & a website) that were visually engaging and targeted to policy makers, media, and the broader public, with an emphasis on resilience and avoiding retraumatization. A key point was made clear that if past policies have shaped the present, then today's policies can change the future.

The period of observation was from 1649 to the present, with the project showing how land grants issues in the 1600s by the King of England set the basis for property inheritance and wealth accumulation in the land-owning families and their heirs extending through the present. These early land grants were for producing tobacco, using an enslaved workforce. An additional focus was on displacement, exemplified by the displacement of the Freedman's Village, founded after the Civil War by newly freed ex-enslaved persons, to build Arlington National Cemetery. Limiting options for where the displaced families could move were the restrictive covenants in the surrounding areas, intended to keep neighborhoods white. Other archival material documented the histories of voter suppression, Jim Crow in transportation, and the use of eminent domain to seize Black property and displace Queen City to build the Pentagon, as well as documentation of African Americans' resistance and resilience.

The project's interactive website, launched in November 2021, chronicles these histories and includes interviews with current residents of the area – see: https://historyfortomorrow.org/ -- and this website, according to Google Analytics, has had nearly 16,000 website views and nearly 6000 users. The project has also been covered in the *Washington Post* and its report has been delivered to and discussed with many policy makers and members of local government. The key message is that the first step in addressing racial inequality in any community is to acknowledge its past with honest and full transparency – a stance in direct contrast to those trying to ban such history being taught in schools.

Jennifer Cruz, MPH (*Harvard T.H. Chan School of Public Health*):
Opening with a description of her own positionality as a 3rd yr doctoral student at HSPH who uses she/her pronouns, Cruz stated she is a mixed white cis-het woman who is able-bodied, from a low-income family in rural Central Washington State for which she is the first to get a higher education, and identifies as being a community member, organizer, and activist. The goal of the project she shared was to enhance community members' knowledge, skills and language to complement their existing expertise in advocating for the public health needs of their neighborhood. The group the project worked with was Boston's Allston-Brighton Health Collaboration (ABHC), comprised of 40+ organizations. The 4 sessions in which participants engaged were focused on: (1) putting community health in context; (2) doing a community assessment, focused on food access and security; (3) policy and advocacy work, focused on transportation; and (4) resource connections. At all sessions, the project provided meals, child care and transportation.

The 12 participants in the project ranged from 21-79 years old, and a grant for $2400 enabled each to receive a $200 stipend to participate. The project organized a community resource fair and block party and reached over 300 community members. An emphasis was on the knowledge already held by community members, especially its elders, and the need to articulate shared values. To continue building community ties as a basis for community action, the project is continuing to hold monthly check-ins for participants and seeking more funds to do the sessions again, on a bigger scale.

Michael Curry (President and CEO of the League of Community Health Centers in MA and former leader of the Boston chapter of the NAACP) then offered comments as a discussant and asked questions of the presenters. He reflected on how so many people do not know the history of the 10th crusade and also do not know about the Red Summer of 1919, in which so many Black communities were harmed by anti-Black violence – and he recounted how the original motivation of the early 20th c CE "Negro History Week," which later was turned into Black History Month, was to center how it was critical to study history to arrive at a reasonable interpretation of the facts. Currently, there is a lot of focus on Black maternal mortality – but as Muigai's presentation made clear, this is not a new issue, but an on-going struggle and those in the present can learn from the activists of the past. Curry also said it is striking how the histories of redlining and displacement continue to be treated as "revelations," and asked why it is important to keep revisiting this history – and who it is that needs to learn this history – including not only those in power, but those marginalized and whose educations have been shaped by dominant forces that continue to exclude these histories. Curry then remarked that the neighborhood work of Cruz resonates with the work of the new Health Equity Compact, which unites Black and Brown advocates for health equity in MA. He then turned to the idea of "weathering," especially in relation to asthma, and asked the panelists

for their thoughts on this concept. In reply: (1) Muigai discussed the context in which Geronimus developed this idea (in response to debates in the 1990s over teen pregnancy, with her research suggesting that, contrary to conventional views, Black teen mothers had better birth outcomes than Black mothers in their 20s), and Muigai also reflected on the different facets of the metaphor – since “weathering” can refer both to being worn down and also “weathering” a storm; (2) Woolf stated that “weathering” refers to the science about the biological damage caused by stress, and referred to the epigenetic transmission of damage across generations, in conjunction with damage caused by intergenerational wealth transfer; and (3) Cruz said that the image of weathering invokes stones in a river bed worn down by water, and the question for her become how to build a dam and stop the water flow, as a protective measure.

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

(1) How critical histories about racist land grabs and displacement can be used to undo these harms, as per the new reparations involving Bruce’s Beach in Los Angeles (where the first Black-owned resort in LA was displaced in the late 1920s by white city councilors’ using the tool of eminent domain, and with the descendants of the owners having only this past summer been restored their property).

(2) How best to communicate the kinds of critical histories presented? -- with answers stressing the need to use publicly engaging and freely accessible types of communication (e.g, social media, websites), and not focus on peer-reviewed articles.

(3) Epigenetics & eugenics: with a comment & question – (a) the comment was that the claim that there is direct germline epigenetic inheritance (via gametes, e.g., eggs and sperm) of risk of disease is not supported by the evidence (since during meiosis, epigenetic marks are stripped from the gametes’ DNA), and what matters instead is the social inheritance of accumulations of deprivation or privilege across generations and the impact of these social inheritances on the health of embryos and infants (if born alive); and (b) the question concerned whether the Black “better baby” fairs organized by the NAACP were in response to or in dialogue with the white eugenicist and white supremacist “fitter family” competitions held in the US in the early 20th c CE? – with the reply being that the NAACP events were meant to showcase the beauty and health of the Black babies and children who were otherwise excluded from the segregated white events, and these Black “better baby” fairs were seen as social challenges, important to Black families, to doctrines of white supremacy.

(4) Whether the international comparisons about US IMR was connected to efforts to build international solidarity in improving child health in the early 20th c CE eg via the League of Nations, or work in Brazil in that period focused on both IMR and violence? – with the answer being that in the US Black activist efforts, international solidarity was more a focus of 1960s and 1970s activism, not the early 20th c CE activism about Black infant health.

● PROGRESSIVE PEDAGOGY

https://apha.confex.com/apha/2022/meetingapp.cgi/Session/66187

Estimated attendance: ~ 60 people.

PROGRESSIVE PEDAGOGY SESSION / Grounding public health pedagogy in people’s history for health justice (*Tues, Nov 8, 8:30-10:00 am; Session 4068, BCEC Room 258A*)

8:30 AM: **Introduction – Rebekka M. Lee, ScD, Vanessa Simmonds, ScD, Lisa Moore, DrPH, Nylca Munoz, JD, MPH, DrPH**
8:35 AM: **Teaching the historical roots of health inequities and advocacy tools to transform our society – Paul Fleming, PhD, MPH**
8:50 AM: **Integrating social justice history across the higher education health curriculum – Olya Clark, Shannon Gifford, and Quinn Duclos**
9:05 AM: **Teaching antiracism through collaboration between medical history and public health practice through *The Immortal Life of Henrietta Lacks* projects – Suzanne Gaulocher, PhD, MPH, Rebecca Noel, PhD, Nicole Jaskiewicz, PhD, Brianna Luscher, and Haydn Huard**
9:20 AM: **Q&A**

Rebekka Lee, ScD ***(Spirit of 1848 coordinating committee; Harvard T.H. Chan School of Public Health)*** introduced the session and speakers, and provided a land acknowledgment.

Paul Fleming, PhD, MPH (*University of Michigan School of Public Health*):
Dr. Fleming described an elective course that he teaches which is based on the premise that how we teach public health changes how we do public health, and that it is important to study history to loosen the grip of the past and see new possibilities for the present and future. He started his talk, as he does his course, with a land acknowledgment and the ongoing need to reckon with histories of settler-colonialism. His view is that learning about how past inequities were constructed offers a means to deconstruct them and build more equitable systems, i.e., know about the past can help frame solutions to present problems differently. Examples of topics covered include: (1) who invented racial categories, for what purpose; (2) European genocide against Indigenous populations; (3) how the GI Bill helped expand the racial wealth gap; and (4) how the "War on Drugs" was used by those in power to counteract the Civil Rights Movement.

The course typically enrolls 15 MPH students (as an elective) in a 3-hr seminar that meets 1x/week, with the first half of the class involving group discussion of the assigned materials (readings, movies, podcasts, etc) and the 2nd half focusing on building an advocacy toolkit to address the issues discussed. The course is guided by anti-racist teaching principles, regarding what we teach, how we teach, and where we teach (per Kishimoto, 2010).

Regarding "what we teach," the specific sessions concern: (1) historical construction of race categories and white supremacy; (2) settler colonialism; (3) racialization and marginalization of immigrants; (4) affirmative action for whites; (5) mass incarceration and the New Jim Crow; (6) history of policing; and (7) voter suppression. Components of the advocacy toolkits presented by invited community-based activist speakers, intended to introduce the ideas of what public health workers can do (but not that they gain all of these skills in the class) included: (1) critical self-reflection; (2) power mapping; (3) anti-racist institutional change; (4) public writing; (5) community organizing; (6) electoral politics; (7) writing policy one-pagers; (8) art for social change; and (9) research/data activism. For example, for the session focused on voter suppression, the assigned readings were from Carol Anderson's book "*White Rage: The Unspoken Truth about Our Racial Divide*" (New York: Bloomsbury, 2016; with the chapter read focused on how to unelect a Black president), a podcast addressed the issue of "code switch" and the social costs of casting a ballot, and a report from the Sentencing Project focused on voting right denial to persons with felony convictions, while the advocacy toolkit focused on developing a policy 1-pager about working for legislative change about voting laws, as taught by a representative of the Human Rights Campaign.

Regarding "how we teach," the 1st class focused on building relations among the students and setting group norms, including naming power dynamics in the class. Students are also given opportunities to shape the learning, for the portions involving both small group and big group discussion. Grading is de-emphasized, and everyone gets an "A" if they engage with the course materials.

Regarding "where we teach," the course seeks to connect students to larger movements beyond the classroom, with tweets after every class publicizing the resources provided in the course, and students also posting on Instagram what they have learned. The course has also been turned into a freely accessible on-line course "*Structural racism: causes of health inequities*," which has 3 module and can be accessed at: https://online.umich.edu/courses/structural-racism-causes-of-health-inequities-in-the-us/. The syllabus for the in-person course is available at: https://tinyurl.com/historicalroots

The final assignment is to create a policy 1-pager, which students then send to relevant organizations. Topics have included Black maternal mortality and climate gentrification.

Olya Clark (*Springfield College*):
Dr. Clark described two sources of motivation for the on-line asynchronous courses she has developed with her colleagues Dr. Gifford and Dr. Duclos to teach about health equity & health promotion: (1) movements embracing links between health equity & social justice regarding COVID-19, Me Too, Time's Up, and Black Lives Matter; and (2) students not knowing the histories of social injustice and social justice affecting health inequities and action for health equity.

Noting that the courses collectively address multiple topics, she provided the example of the course on violence prevention, which among other things involves role-playing of crowd violence (e.g., Romans & gladiators; Salem witch trials; McCarthy era Red Scare), whereby students read historical materials about the events, develop theatre skits as a means of analysis, and then discuss what they have learned about causes of such crowd violence and approaches to preventing it. For the course on health systems, students represent different groups in debates over President Truman's national health insurance bill in the 1940s: the AMA, Republicans in Congress, the American Bar Association, the American Hospital Association, journalists, and the public. The module on "Our Voice, Our Stories: Health Care is a

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Human Right,” in which students are assigned to do interviews with their family members about their experiences in getting or being denied health insurance and health care. The course focused on death and dying critically examines why Black and white funeral homes are still segregated, and uses the film “Ask a Mortician.” The course on “Drugs in Society” uses primary documents to expose the explicit racism of the 1st Commissioner of the Federal Bureau of Narcotics (Harry Anslinger, who served from 1930-1962) and also the interview with one of the architects of the ”War on Drugs,” John Erlichman, who described how this “war” was actually against civil rights, with the “war against drugs” a coded cover for racist policies when it was no longer socially acceptable for government officials to be explicitly racist; the course also has students read the original laws (eg., The Harrison Act of 1914, focused on narcotics, and the Marijuana Tax Act of 1937). One course on community health focuses on narratives of women’s health as shown by art work, while other courses focus on the history of race/ethnicity and health, and also the history of race-based health care and medical bias. Two additional courses on community health respectively involve assignments on community resilience (bringing in stories from communities about their strengths in responding to health inequities) and community mapping (creating a map that conveys the history of where the students now live in relation to its changing physical and social characteristics, how these affect health, and who is responsible for these conditions).

Barriers and obstacles for these courses include: (1) time – these courses are time-intensive to prepare; (2) student push-back, especially public health student resistance to having to learn about history; (3) the lack of social justice content in other courses offered, resulting in the health equity courses having to cover ground that should be addressed in these other courses; & (4) how to make the courses engaging and not rely on lectures. For all courses, the “exit ticket” is responding to the questions: what have you learned? what is the significance? and now what? – what will you do with your learning?

Suzanne Gaulocher, PhD, MPH (*Plymouth State University):*
Dr. Gaulocher co-presented with her student Hadyn Huard on a course that involves students from three courses: Health & Illness in American History, Introduction to Biochemistry, and a Public Health seminar. The overall goal is to build students’ knowledge about the importance of the surrounding historical context for understanding medical practices and racism. The course was first offered in 2021, and was affected by COVID restrictions, with the contributing courses meeting at different times; in 2022, all of the courses were able to meet at the same time, facilitating exchange. The main product of the course is a “press book” that is a public-facing reading guide for the book on “*The Immortal Life of Henrietta Lacks*” (by Rebecca Skloot; NY: Random House, 2011). Students from the different classes work together to provide commentary on the book, to situate and expand on the social context of the material presented in the book. For the biochemistry students, the course helps them see the real-world implications of racist science, and for the history students, the course helps them see how their knowledge about history can influence the practice of newly training scientists. In the 2nd year of the course, the public health students gained experience in explaining the social determinants of health to both the biochemistry & history students. Overall, the course provided all of the students with skills to look more deeply at the who & why, and not just how, of medical practices and how these have been shaped by racism and resistance to racism.

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

(1) How to respond to students when they express anger at why they haven’t learned about this history before? – with the presenters sharing their different approaches, including: (a) emphasizing how their course enables shared learning, since many have not been taught these critical histories; (b) doing group work which focuses on the strengths the students already have to engage with material that is new to them; and (c) respecting that students may choose not to attend some sessions if the material is too emotionally hard for them.

(2) What steps are taken to avoid triggering students and, related, to deal with students who express different political views or who bully other students? – and responses by presenters included: (a) the instructors being open about their own experiences, to bring together the personal and the structural, and humanize everyone in the classroom; (b) including an exercise in which students put up 2 post-its about what most excites them about the course and what makes them the most nervous, so that all the classroom participants can be aware of the thoughts and feelings of the other students; (c) creating safe classroom spaces by being explicit about different physical signals students can use to flag when a remark is unsafe or disrespectful (e.g., putting a hand on one’s head to signal “ouch”), by having teachers intervene and explain what the history is and why the comment is offensive, and setting aside space for small group reflections in which each student gets 1 minute to share their responses to the course material, then after all have spoken each gets 1 minute to respond to what they have heard, and then there is a 3rd round where each students can say what they are feeling.

(3) How do the courses engage with controversies over the materials they teach? – e.g., the book by Skloot on Henrietta Lacks has been criticized as being racist, with invented histories of what Lacks thought and discussions she had with others, or the heroic stories about Jonas Salk not patenting his polio vaccine without any discussion of the stolen cells that were crucial to the work of developing this vaccine – and the reply re the Lacks book was that the course does include readings that are critical of the book, and gets students to engage with whether the material in the book is or isn't trustworthy, as a lesson about not reading it (or anything else) and assuming it is "true."

(4) How to translate the kinds of approaches used in these courses into big classes (e.g., 70+ students, often required), since all the courses described had small enrollment & were electives? – and this was noted to be a big challenge

(5) Who gets access to the learning? – especially among people excluded from academia? – with presenter replies including: (a) one of the courses is at an institution that teaches students who want to be teachers, so they bring what they learn in the social justice & health courses to the schools where they are doing a practicum as part of the training to become school teachers; & (b) one of the courses, as mentioned above, created a freely accessible on-line course

(6) How do the courses decenter whiteness, especially if taught at predominantly white institutions? – with one reply from the floor being the importance of addressing forthrightly the accountability of one's own institution in promulgating scientific racism, etc., as a way of teaching students to be critical of their own institutions, and be aware of these institutions' abilities to deploy the knowledge of their faculty and resources for both social justice and injustice.

● INTEGRATIVE

https://apha.confex.com/apha/2022/meetingapp.cgi/Session/66289

Estimated attendance: ~225 people.

INTEGRATIVE SESSION / Embodied histories, embodied truths, & health justice: critical reckonings for building the future (*Tues, Nov 8, 10:30 am – 12 noon; Session 4163, BCEC Room 258A*)

10:30 AM: **Introduction – Nancy Krieger, PhD**
10:40 AM: **The entangled histories of public health & social justice: knowing the conflicts and connections is crucial for advancing health justice – Evelynn Hammonds, PhD, SM, BEE, BS**
10:55 AM: **Invoking our war shields of resistance and persistence: Thrivance among Two Spirit American Indian women – Karina Walters, PhD, MSW and Michelle Johnson-Jennings, PhD**
11:10 AM: **Climate embodiment: Pollution in the infrastructural body and the human body – Michael Mendez, PhD**
11:25 AM: **Beyond powerful narratives to narrative power: historically-informed, structural approaches to narrative change to advance health equity – Makani Themba**
11:40 AM: **Q&A**

-- Nancy Krieger, PhD ***(Chair, Spirit of 1848; Harvard T.H. Chan School of Public Health)*** opened up the session with a description of its purpose, a land acknowledgement, and an introduction of the speakers. She then framed the talk in relation to the ecosocial theory of disease distribution which she first proposed in 1994 and has elaborated since, with an emphasis on the embodied facts of our lives, and of population patterns of health and health inequities, which are facts, not opinions. Reckoning with these embodied truths, and the leverage they give when one has evidence that the actions of some are harming others, in terms of lawsuits, policy change, and changing the court of public opinion, is a core part of how those in public health can advance the work for health justice.

Evelynn Hammonds, PhD, SM, BEE, BS (*Department of History of Science and of African and African American Studies, Harvard University*):
Dr. Hammonds spoke to how "disparities" in health in the US have been repeatedly "discovered," "forgotten, and "discovered again", often with a continuing narrative that the source of the problem lies with the bodies of those harmed, or else in structures that seem impossible to change. The challenge instead is to take an entangled approach, that links bodies and the body politic, in ways that demonstrate it is possible to change the historical burdens going forward.

To make her case, Dr. Hammonds focused on two examples, both involving the works of W.E.B. Du Bois: his 1906 book on "*The Health and Physique of the Negro American*" (Atlanta, GA: Atlanta University Press; for an excerpt, see:

https://pubmed.ncbi.nlm.nih.gov/12554583/) and his innovative work on data presentation for the 1900 Paris Exhibition, as recently presented in the 2018 book edited by Battle-Baptiste and Rusert on “ *W.E.B. Du Bois’s Data Portraits: Visualizing Black America – The Color Line at the Turn of the Twentieth Century*” (NY: Princeton Architectural Press).

Regarding the 1906 book, Dr. Hammonds noted it was one of 18 volumes issued by the Dept of Sociology, of which Du Bois was chair. A central point was that the color line was not absolute: the volume began with a definition of race as a social and blurred category, with photographs of students showing the diversity of appearance among people labeled as being “Negro.” The significance of this work is that it is the first major scientific study of the health problems of the “Negro” that used science to challenge the scientific racism of the times – and drew on many types of data to do so (census, vital statistics, health insurance and life insurance records, US government reports, scientific articles, data from what were then termed “Negro” hospitals and physicians, measurements of 1000 students at one of the historically Black colleges and universities etc. The intent was to produce scientific knowledge and facts about many different aspects of “Negro” health and physical characteristics, and their heterogeneities, as a way of rebutting vague statements of problems and white generalizations; topics addressed included health and mortality, skin color, hair type, “Negro” behaviors as patients, migration and freedom, body parts, and diseases. The book throughout challenged dominant ideas of innate “racial” differences. Using the example of tuberculosis, Du Bois showed data underscoring it was a social disease, not a racial disease, whereby he linked higher rates among the Black population to geographical location, and included data showing that in the Chicago stockyards, the rates were higher among white compared to Black employees.

Regarding data visualization, Du Bois worked with his students to produce 60 infographics for the 1900 Paris Convention, which used striking visual layout and colors; see, for example:

> https://medium.com/nightingale/w-e-b-du-bois-staggering-data-visualizations-are-as-powerful-today-as-they-were-in-1900-64752c472ae4 &
>
> https://www.smithsonianmag.com/history/first-time-together-and-color-book-displays-web-du-bois-visionary-infographics-180970826/)

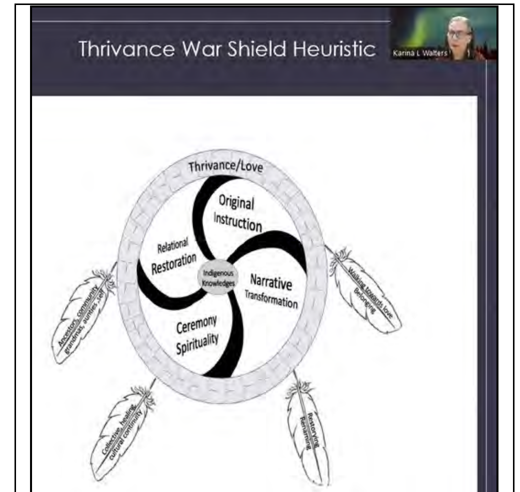
One chart notably showed trends in Black mortality rates while also including labels about the time periods in which the KKK and lynchings were on the rise, along with laws leading to disenfranchisement. Throughout, the infographics linked structures and health in relation to political and social conditions, making clear how racial oppression shaped the realities of Black lives, including their health status. However, when Du Bois published his work, including these graphics, they received virtually no attention in mainstream academia, press, or public health. While it can be said he was ahead of his times, the point is that he did produce these insightful and visually arresting works in his times – it was possible.

A key lesson from Du Bois’ work is the necessity of making explicit the structural aspects of racism that make and remake racial realities over time, and to collect and analyze data in context.

Karina Walters, PhD (*University of Washington School of Social Work):* Prevented from coming to APHA by family matters, Dr. Walters presented via video (which will be posted at the Spirit of 1848 website, at: http://www.spiritof1848.org/1848%20past%20events.htm).

Her presentation began with the story of Apanukfila, a young woman who turned into a destructive whirlwind on account of having been sexually assaulted by people from another village – and whose brother wanted to help her recover. In her spirit form, she said that maybe having a partner would help, so he traveled to villages to find someone, and in one village a woman said she would be interested, and when he made clear the partner wasn’t for him, but his sister, who was now a whirlwind, the woman said she still would like to meet her. They met, fell deeply in love, and this love helped transform the rage of the whirlwind so that Apanukfila became a spirit who regenerates the land and the earth. This story affirms not only the transformative power of love but also the existence of two spirit women, and is important for what it offers to Indigenous people who have experienced trauma tied to settler colonialism, including in the boarding schools and as tied to being two-spirit – and helps guide the Indigenous centered approach that Dr. Walters has been developing with others regarding both survivance and what Dr. Walters calls “thrivance.”

Using the metaphor of weaving, "thrivance" unites the "warp of ancestral knowledge and practices" with the "weft of transformative resistance." Dr. Walter reported on how this approach informed the work of the two-spirit health study she has co-led, called the National Multi-Site Honor Project. Of the 55 themes identified in interviews via narrative analysis, 11 had to do with thrivance. The listening guide for the project engaged with metaphors and themes, created "I" poems out of what participants said, listened for contrapuntal vices, and underly the analysis composed.



Five themes identified in the analyses, each of which Dr. Walters conveyed via reading out loud one of the "I" poems based on what the participants stated, pertained to: (1) setting the context in relation to settler colonialism and historical trauma; (2) drawing on the Original Instructions for each participant's tribe, in order to fight erasure and create a sense of belonging and purpose; (3) relational restoration, in relation to both current community members and one's ancestors; (4) narrative transformation, making clear that how we tell our stories matters, including saying enough is enough; and (5) ceremony and spirituality. This lead to developing the heuristic of "thrivance" as a war shield – whereby the tornadic wind in the middle represents the power of transformation and change. Dr. Walters concluded by stating: "As Apanukfila, the women in this study moved from a state of trauma into a collective strength of helping self, others, and ancestors (both past and future). Their reclaiming health and wellbeing resonated to their ancestors past and future."

Michael Mendez, PhD (*UC Irvine*):
Dr. Mendez then discussed the embodied connections linking climate change, public health, and environmental justice, in historical context. He opened with the image of a billboard that appeared in West Oakland, CA in 2010, which stated "It's not just about the polar bears" that was set up by youth activists involved in climate justice work who were challenging and decentering the then (and still) dominant scientific approach to climate change that is not human-centered, let alone people of color-centered. The youth, however, were bringing to light the embodied community perspectives of those living in urban centers who could see how climate change was affecting their lives, not just the more distant (but still important) rainforests. A similar environmental justice (EJ) perspective was conveyed by the slogan created by an Atlanta workshop: "We Can't Breathe" – weaving together themes of EJ (& air pollution), criminal justice, housing, etc.

Currently, "beyond polar bears" framings are increasingly being used and are needed. In California the public health threats due to climate change include wild fires, blackouts, droughts, and heat waves, all compounding the crisis of COVID-19 and disproportionately affecting low-income communities of color. The "Green New Deal" proposed by Alexandria Ocasio-Cortez et al includes measures not only to decarbonize but also to reduce poverty. That said, the "Green New Deal" is not per se new, and in California has been part of what EJ and climate justice activists have been fighting for since at least 2004 – with a key fight being between top-down vs community-based views on the needed policies and solutions. In CA, the fights have involved politics of scale, economics, class, and racism, and one way to advance the EJ and climate justice argument has been to focus on climate embodiment and the harms done to bodies and communities. Dr. Mendez spoke to how his awareness of these connections has been shaped by his own experiences growing up in LA as an immigrant child in a low-income community.

More specifically, the work is to tell stories about how people's bodies bear the marks of the human embodiment of these entangled environmental, climate, social, economic and political crises. Climate embodiment thus refers to the links between the infrastructural "body" and the contamination of and harm done to human bodies (and other species) and the two cannot be divorced. Centering who is harmed, especially low-income communities of color, this stance is opposed to the mainstream focus, as exemplified by a recent major report, which said the history of environmentalism in California began with John Muir and Yosemite, thereby completely erasing Indigenous histories. This embodied stance also expands engagement with relevant stakeholders, including undocumented Latinos & Indigenous migrants, linking the global and local. A new report on "Queer and Present Danger" additionally provides evidence of how disasters disproportionately impact LGBTQ+ communities, with FEMA now for the 1st time considering the legal, psychological, physical, and theological threats LGBTQ+ people encounter when faced by disasters, and these concerns are now being incorporated into the US national climate assessment work. Focusing on climate embodiment is key to making these links.

Makani Themba (*Higher Ground Change Strategies*):
Makani Themba started by saying that in a session focused on embodiment, it was important for us all to recognize we felt nervous about today (the day of the elections), and she asked everyone present to take a breath, first, for ourselves, then a breath for our ancestors, who didn’t have a chance to breathe, and then a breath for the generation to come. She then presented her critical work on narratives, framed as a journey she started when a child, in a family that was a little bit “crazy,” leading to the ongoing question of why are people messed up – with the conventional response being to blame the people who are messed up and not the reasons why the are messed up.

She specifically challenged approaches to “narrative work” that frame the issue solely as coming up with a “better story,” and said that narrative work instead has to engage with and expose how societal structures reproduce and replicate narratives. Simply taking the approach of “telling a better story” is like trying to weed a garden by only cutting off the parts of the plants above ground; one needs instead to pull them out by their roots. Stated another way, transforming how we think – our understanding of why things are as they are – is more important than changing the story.

Five big ideas for changing minds are thus: **(1) we are interconnected** – with each other and everything thing on this planet; **(2) history matters** – which is why it is so often contested; **(3) it’s not you, it’s the system** – to avoid victim blaming and identify the real culprits; **(4) aligning our vision of justice and that we deserve it**; and **(5) we can change things.** The key task is to construct a vision of justice and the understanding that we deserve justice. This requires grappling with the concentration of resources and power over time, and how this creates the patterns of the present. For examples of what this can look like, Themba referred us to the video on *“Narrative Power: The Epic Adventure”* (27 minutes) – with the animated film and discussion guide available at: https://bnpower.org/

One approach to building ***narrative power*** is to lean into the contradiction of building a new world out of who we are now. A key question is what do we want to see 150 years from now and what would those institutions look like. This is contrast to the current approach of using fear to activate politics, which is deployed by the left as well as the right. The question is to ask how we can use instead the rest of our brain, including compassion, without giving a pass to injustice – and this means deeply knowing that our very existence depending on us thinking and acting differently, and ditto for institutions.

A stark example concerns Jackson, Mississippi, where Themba lives. How can it be legal, she asked, for a city that is adjacent to 2 rivers to lack water for its residents and divert funds intended to improve the water system to other uses in the state? How can people be so separated from each other that some people just don’t care about the harm they are doing to others? Countering the harmful narratives requires countering the structures and systems that structure the inequities and require grappling with history, interconnection, and clearly stating our values.

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

(1) How can we become ready for Du Bois? – with Hammond’s response being to take history seriously & move beyond the 3 examples endlessly repeatedly (US Public Health Syphilis Study, which is correct way to refer to what is wrongly called the “Tuskegee Syphilis Study”: J. Marion Sims and his surgical experimentation on enslaved Black women; and Henrietta Lacks and the use of her cells for scientific research without her permission) – and ask what structures allow for the continued replication of this types of injustice.

(2) How can the kind of work discussed at this panel be carried out in conservative states such as Alabama? – with Themba replying that: (a) as Malcolm X observed, the Mason-Dixon line is the border with Canada (i.e., racism in the US is ubiquitous, not just in the US South); and (b) she was based in Mississippi, and literally walks in the footsteps of Fannie Lou Hamer, literally going up and down the steps she walked on, and how could she not do this work?

(3) How can we better make the links between EJ and climate justice and find space in the larger space of climate change work that is more welcoming and aware of these links? – with the person raising the question saying that her initial attitude was that climate work had to be about people not just trees, and then coming to the understanding that the presence of trees was critical for better air and reducing asthma – and the response from Mendez was to stress that in this work, local matters, work that we can do in our own streets and backyards, with Themba also lifting up the work of Robert Bullard in sparking the frame and work of EJ, tackling cancer alley in Louisiana.

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● STUDENT POSTER SESSION

https://apha.confex.com/apha/2022/meetingapp.cgi/Session/66334

Estimated attendance: ~100 people (during the 1-2 pm slot)

Our 21st **"STUDENT POSTER SESSION: SOCIAL JUSTICE AND PUBLIC HEALTH"** had 10 posters (the maximum permitted), with the students able to engage in lively conversations with all who came by to see their work as well as engage with each other! As usual, for most of those sharing their student posters, 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 public health professionals & practitioners 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!

STUDENT POSTER SESSION / Spirit of 1848 social justice & public health student poster sessions (*Tues, Nov 8, 1:00-2:00 pm; Session 4192, BCEC Exhibit Hall A, PS Area 4)*
• Poster 1 – Mechanisms of racialized neoliberalism: How U.S. policy creates racial health inequities – Maren Spolum, MPH, MPP
• Poster 2 – What if…we had listened to scholars about Black health? A review of policy suggestions from the Journal of Negro Education (1949, volume 18, no 3). – Nelia Ekeji, BA, Ian Flowers, BA, Melody Goodman, PhD, and Diana Silver, PhD, MPH
• Poster 3 – Breaking down the color line: A Du Boisian lens for communities of health equity researchers – Samuel Mendez, SM
• Poster 4 – Reducing poverty and building capacity- family impacts of the Child Tax Credit Expansion – Roddrick Dugger, MPH, Elizabeth Adams, PhD, Phoenix Brice, Robert Glenn Weaver, Becky Sicecloff, Tegwyn Brickhouse, PhD and Melanie Bean, PhD
• Poster 5 – Experiences of police-related stress among a U.S. national cohort of gay and bisexual men – Erinn Bacchus, MPH, Alexa D'Angelo, MPH, and Christian Grov, PhD, MPH
• Poster 6 – Assessing the experiences of a university health science community to address issues of discrimination – Meghna Iyer, Sarah Abukwaik, Sameera Nayak, MA, Emily Grilli-Scott, MPH, and Elizabeth Glowacki, PhD
• Poster 7 – Access to COVID-19 vaccination for immigrant agricultural workers in rural Maryland and Delaware. – Amara Channell Doig, MPH, Juliana Munoz, PhD, Sarah Goldring, MS, Lisa McCoy, MS, RDN, Catherine Sorenson, MPH, Gina Crist, MS, CHES, Crystal Terhune, LMSW, and Jinhee Kim, PhD
• Poster 8 – Inequities in chronic food insecurity among college students during the COVID-19 pandemic – Dordaneh Ashourha, Maria Koleilat, DrPH, MPH, Pumbucha Rusmevichientong, PhD, MS, Mojgan Samie, PhD, MA, and Tabashir Z. Nobari, PhD, MPH
• Poster 9 – Diversity, cultural competence and recruitment: a critical content analysis of G1 and H4 in CEPH accredited institutions – Krishi Rana
• Poster 10 – Rural Washington State hospitals are failing to provide required charity care and burdening low-income patients with medical debt lawsuits – Kali Curtis, BA, Sherry Jones, Attorney, Emily Brice, Attorney, and Amy Hagopian, PhD

Onwards! ....

Spirit of 1848 Coordinating Committee

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SPIRIT OF 1848 MISSION STATEMENT

November 2002

The Spirit of 1848:
A Network linking Politics, Passion, and Public Health

Purpose and Structure

The Spirit of 1848 is a network of people concerned about social inequalities in health. Our purpose is to spur new connections among the many of us involved in different areas of public health, who are working on diverse public health issues (whether as researchers, practitioners, teachers, activists, or all of the above), and live scattered across diverse regions of the United States and other countries. In doing so, we hope to help counter the fragmentation that many of us face: within and between disciplines, within and between work on particular diseases or health problems, and within and between different organizations geared to specific issues or social groups. By making connections, we can overcome some of the isolation that we feel and find others with whom we can develop our thoughts, strategize, and enhance efforts to eliminate social inequalities in health.

Our common focus is that we are all working, in one way or another, to understand and change how social divisions based on social class, race/ethnicity, gender, sexual identity, and age affect the public's health. As an activist and scholarly network, we have established four sub-committees to conduct our work:

1) Public Health Data: this sub-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 sub-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 sub-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 sub-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 sub-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 sub-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 sub-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

WHY "SPIRIT OF 1848"?

Selected notable events in and around 1848

1840-1847:

Louis René Villermé publishes the first major study of workers' health in France, *A Description of the Physical and Moral State of Workers Employed in Cotton, Wool, and Silk Mills* **(1840)** and Flora Tristan, based in France, publishes her *London Journal: A Survey of London Life in the 1830s* **(1840)**, a pathbreaking account of the extreme poverty and poor health of its working classes, including sex workers***;** in England, Edwin Chadwick publishes *General Report on Sanitary Conditions of the Labouring Population in Great Britain* **(1842)**; first child labor laws in the Britain and the United States **(1842)**; end of the Second Seminole War **(1842)**; prison reform movement in the United States initiated by Dorothea Dix **(1843)**; Friedrich Engels publishes *The Condition of the Working Class in England* **(1845)**; John Griscom publishes *The Sanitary Condition of the Laboring Population of New York with Suggestions for Its Improvement* **(1845)**; Irish famine **(1845-1848)** despite high agricultural output and protests against British agricultural and trade policies; start of US-Mexican war (in Mexico, known as "La invasión de Estados Unidos a México," i.e., "The United States Invasion of Mexico") **(1846)**; Frederick Douglass founds *The North Star*, an anti-slavery newspaper in the United States **(1847)**; Southwood Smith publishes *An Address to the Working Classes of the United Kingdom on their Duty in the Present State of the Sanitary Question* **(1847)**

1848:

World-wide cholera epidemic

Uprisings in Berlin, Paris, Vienna, Sicily, Milan, Naples, Parma, Rome, Warsaw, Prague, Budapest, and Dakar; start of Second Sikh war against British in India

In the midst of the 1848 revolution in Germany, Rudolf Virchow founds the medical journal *Medical Reform (Medizinische Reform*), and writes 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" and radical measures rather than "mere palliatives"

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, 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, New York

Henry Thoreau publishes *Civil Disobedience*, to protest paying taxes to support the United States's war against Mexico

Karl Marx and Friedrich Engels publish *The Communist Manifesto*

77 enslaved persons in the District of Columbia attempt to escape to freedom aboard *The Pearl* schooner. While the attempt is unsuccessful and many participants are sold to Southern plantations, the *Pearl Incident* provokes renewed activism for abolition of slavery in the U.S. Frederick Douglass highlights the hypocrisy of enslavers in Washington who stopped the Pearl while "feasting and rejoicing over" the 1848 democratic revolution in France.*

The Seneca Nation of Indians is founded as a modern democracy with a constitution and elected representative government, building on a democratic self-governing tradition begun in 1200 C.E. by the Hodinöhsö:ni'or Six Nations Confederacy.*

First Chinese immigrants arrive in California: Chinese immigrants comprise 90% of workers who build the Central Pacific Railroad and complete the transcontinental rail system. Paid 30% less than white workers, suffering high injury rates from this hazardous work, and excluded from citizenship, they persist and form the foundation of vibrant Chinese American communities (with parallel migration and exploitative labor experiences across the Americas).*

1849-1855:

European and US-settler prospectors, mostly White, flock to California during the 1849 Gold Rush, bringing disease, ecological destruction, and waves of genocidal violence against Indigenous communities. These events, followed by wars against Indigenous peoples throughout the West and Southwest U.S. (1849-1892), seed Indigenous resistance movements that continue into the 21st century.*

Elizabeth Blackwell (1st woman to get a medical degree in the United States, in 1849*) sets up the New York Dispensary for Poor Women and Children **(1849)**; John Snow publishes *On the Mode of Communication of Cholera* **(1849)**; Lemuel Shattuck publishes *Report of the Sanitary Commission of Massachusetts* **(1850)**; founding of the London Epidemiological Society **(1850)**; Compromise of 1850 retains slavery in the United States and Fugitive Slave Act passed; Harriet Beecher Stowe publishes *Uncle Tom's Cabin* **(1852)**; Sojourner Truth delivers her "*Ain't I a Woman*" speech at the Fourth Seneca Fall convention **(1853)**; John Snow removes the handle of the Broad Street Pump to stop the cholera epidemic in London **(1854);** James McCune Smith (1st African American to get a medical degree, awarded in 1837 by University of Glasgow) co-founds the interracial Radical Abolitionist Party (**1855**)*

* denotes entries added since the original list created in 1994 (version: 6/21/22)