

November 20, 2002

TO: EVERYONE ON SPIRIT OF 1848 EMAIL BULLETIN BOARD
FROM: SPIRIT OF 1848 COORDINATING COMMITTEE (Nancy Krieger, Catherine Cubbin, Babette Neuberger, Anne-Emanuelle Birn, Luis Avilés, Pam Waterman, Lisa Moore, Kristen Marchi, Theresa Teti, Emily Galpern)
RE: REPORTBACK FROM THE 2002 APHA CONFERENCE

Greetings! The Spirit of 1848 Caucus is happy to share our reportback from the 130th annual meeting of the American Public Health Association (Philadelphia, PA, November 9-13, 2002). In this reportback, we:

- (a) present decisions we made at our business meeting, and
- (b) give highlights of our sessions.

We are sending this reportback by email (via our electronic bulletin board) and posting it on our web site. Currently, over 1,250 people subscribe to our email bulletin board, from both the US and elsewhere in the world ... !

Please encourage interested colleagues & friends to subscribe to our bulletin board too, and feel free to email them this update/report. Also, if you know of someone who wants our report but does not have access to email or the web page, please feel free to send them a copy OR email their address to Pam Waterman <pwaterma@hsph.harvard.edu> and we'll send out a copy by regular mail.

If you have any questions, please feel free to contact any of us on the Spirit of 1848 Coordinating Committee:

- Nancy Krieger (Chair, Spirit of 1848, plus co-chair, data & e-networking); email: nkrieger@hsph.harvard.edu
- Catherine Cubbin (co-chair, politics of public health data committee); email: ccubbin@stanford.edu
- Kristen Marchi (co-chair, politics of public health data committee); email: kmarchi@itsa.ucsf.edu
- Babette Neuberger (co-chair, curriculum committee); email: bjn@uic.edu
- Lisa Moore (co-chair, curriculum committee); email: lisadee@sfsu.edu
- Anne-Emanuelle Birn (co-chair, history committee); email: aebirn@newschool.edu
- Luis Avilés (co-chair, history committee); email: laviles@ucsd.edu
- Theresa Teti (co-chair, history committee); email: terryteti@earthlink.net
- Pam Waterman (co-chair, e-networking committee; co-chair, student poster); email: pwaterma@hsph.harvard.edu
- Emily Galpern (co-chair, student poster session); email: emilyg@sfsu.edu

We also would like to give a big THANKS to two members of our prior Coordinating Committee who, after years of wonderful service, have decided to step down: Cheryl Merzel and Marion Fass. And we welcome our new members: Lisa Moore, Kristen Marchi, Theresa Teti, and Emily Galpern.

Finally, the address for our webpage (which contains information on our mission statement, activities, etc) is:

<http://www.progressivehn.org>

I. SPIRIT OF 1848 BUSINESS MEETING

--Present: Nancy Krieger, Catherine Cubbin, Pam Waterman, Luis Avilés, Theresa Teti, Emily Galpern, Zara Sadler, Ash Segal, Amy Carroll, Sarah Stone, Tinea Stevenson, Susan Goodwin, Diba Rab, Martha Livingston, Kristen Marchi, Susan Egerter, Lisa Moore, Barbara Goldoftes, Lowell Shipley

--Unable to attend but provided updates/ideas by proxy: Anne-Emanuelle Birn, Babette Neuberger

--APHA Executive Board Liaison: Cheryl Blackmore Prince

A. Review of scope & structure of Spirit of 1848

1) We reaffirmed we are volunteer network of folk drawn to the combination of politics, passion, and public health, seeking to connect issues of social justice and public health in our lives and work and multiple communities, large and small—and that we want to do this bolstered by a sense of history, learning from the experiences (for good and for bad) of those who have come before (see our mission statement, at end of this report). Our origins lie among folk who began working together in late 1980s as part of the 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.

2) We reviewed the structure & purpose of our 4 sub-committees: (a) politics of public health data, (b) progressive pedagogy & curricula, (c) history (with the sub-committee serving as liaison to the Sigerist Circle, an organization of progressive historians of public health & medicine), (d) e-networking, which also coordinates the student poster session. We also reaffirmed that, to ensure accountability, all projects carried out in the name of the Spirit of 1848 are approved by the Spirit of 1848 Coordinating Committee, which consists of the chair/co-chairs of the organization and the chair/co-chairs of our sub-committees. The Coordinating Committee communicates regularly (by email) and its chair (and other members, as necessary) deals with all paperwork related to organizing & sponsoring sessions at APHA and maintaining our Caucus status. The subcommittees also communicate regularly by email in relation to their specific projects (e.g., organizing APHA sessions). We likewise reaffirmed the purpose of our bulletin board and commended Pam Waterman for helping to keep it on course during the past year, despite occasional excitements ...

3) We reaffirmed our decision to keep our current Spirit of 1848 sessions in the same time slot every year, with one exception, so that people know what to expect and so that we can minimize conflicts with other caucuses & sections & SPIGs scheduling sessions on related topics. The one exception is to move the history slot from Monday afternoon to Monday morning, so that it does not conflict with the new Medical Care section history slot (which used to be on Wednesdays but, given the new condensed APHA meeting schedule, has been shifted to Monday afternoons). We also agreed to discuss with the Socialist Caucus & the Occupational Safety and Health Section the possibility of organizing the radical history tour on Sunday morning, before the Opening General Session at 12 noon, so that we don't conflict in the afternoon with the Socialist Caucus meeting.

Thus, the Spirit of 1848 time slots we've agreed (using time slots assigned by APHA) are:

Spirit of 1848 session*	Day	Time
Radical history walking tour(s)	Sunday	morning
History (social/progressive history of public health)	Monday	10:30 to 12 noon
Politics of public health data	Monday	2:30 to 4:00 pm
Integrating public health history, the politics of data, and progressive pedagogy	Monday	4:30 to 6:00 pm
Curriculum (progressive pedagogy)	Tuesday	8:30 to 10:00 am
Student poster session: social justice and public health	Tuesday	12:30 to 2:00 pm
Business meeting	Tuesday	6:30 to 8:00 pm

*We are also one of the designated co-sponsors of the P. Ellen memorial session (primary sponsor = Medical Care Section) which is in the Tuesday, 2:30 to 4:00 pm slot; P. Ellen Parsons was one of the original members of the Spirit of 1848 Coordinating Committee.

Which should keep us all rather busy !! ☺

4) Our meeting was attended briefly by Cheryl Blackmore Prince, the APHA Executive Board liaison to our Caucus and also chair, for the past year, of the Executive Board. Cheryl updated us as to the results of the APHA elections and the appointment of Dr. Georges Benjamin as the new Executive Director of APHA (chosen from a pool of 80 applicants). She then filled us in on the fiscal status of APHA, which is moving from having had several years of deficits to just now being in the black. Because of these deficits, APHA had to make what Cheryl termed “hard decisions,” resulting in staff layoffs and not filling vacancies, thereby making it harder to respond to member requests. She noted that membership dues cost \$180/member, but member services cost \$240/member, and that dues currently pay for only 30% of Association expenses. Other revenue comes from publications (a decreasing source, due to people obtaining more via the internet) and from the annual convention. The Governing Council accordingly approved a small increase in membership dues: \$10 for regular members, \$5 for special members, no increase for students, and 20% for agency members. To address fiscal issues, APHA created a new finance committee, a personnel committee (to handle issues arising from all the staff turnover, and whose chair is a member of the Executive Board), and a new development review committee (which will consider issues related to corporate donations to APHA). APHA also took steps to increase the likelihood of getting revenue from renting space in its new headquarters. Financing of property was premised on APHA being a non-profit agency (501c-3), with financing legally restricting APHA to rent only to other non-profit organizations. Given that most non-profits can pay only limited rent, APHA recently sold off some of its investment portfolio so as to be able to own more of their building outright and thus be able to rent it to other-than-non-profit groups (compatible with APHA values) who can afford more rent. Another update, relevant to students, was that APHA added a student representative to the Executive Board, who served on the search committee for the new Executive Director; APHA also made it possible for students again to get the paper version of the journal for an additional \$30. Lastly, Cheryl urged APHA members **to send comments to the Task Force on Association Improvement and Reorganization (TFAIR) by December 20th, as follows:**

TO SEND COMMENTS TO APHA RE TFAIR (MUST SUBMIT BY DECEMBER 20TH 2002):

- a) go to the TFAIR link in the “members only” section of the APHA website (www.apha.org)
- b) follow the link to the online bulletin board & read the questions by TFAIR, then post your ideas, opinions & suggestions on the bulletin board

TFAIR is then supposed to compile all of the postings and prepare a document of priority areas for association improvement, and then develop & present multiple ideas for improving the association to the Governing Council based on the priority areas.

IT IS IMPORTANT THAT CAUCUS MEMBERS SEND IN YOUR VIEWS, ESPECIALLY TO BOLSTER SUPPORT FOR THE PRESENCE OF CAUCUSES IN APHA.

We in turn thanked Cheryl for the update. And likewise thanked APHA having given us our 2 new slots, in recognition of the quality of our program and high attendance at our sessions, noting that we made a good start with both of them this year (i.e., the integrative session and the student poster session). We also said it worked very well to have all our scientific sessions in the same room and noted this was one of the easiest APHA meetings to navigate in recent memory, partly because the convention center was well planned and because the other key hotels were right near by. We likewise said it would be good to avoid having similar sessions scheduled in the same time slot, while noting that the complexities of planning programs within each of the Sections, SPIGS, and Caucuses might make this difficult to accomplish.

B. Plans for the coming year

NOTE: on December 20, 2002, the APHA website for abstracts will go “live”. The deadline for submitting abstracts is Feb 3-7, 2003. We will keep everyone informed of what our call for abstracts will look like via the Spirit of 1848 bulletin board; be on the lookout in early/mid-December.

Next year’s meeting will be in San Francisco (Sat, Nov 15 - Wed, Nov 19, 2003), with the opening general session on Sun, Nov 16.

1) Politics of Public Health Data: APHA session for next year

This session will focus on “*Social Justice & Public Health: Data Needs and Data Privacy.*” Following the format we used this year, we will have 3 presentations (20 min each), following by a brief set of discussant comments. One talk will address issues pertaining to data needs of grassroots organizations organizing around issues of social justice & public health. The focus will be on what these needs are, innovative ways that groups are meeting these needs, and how these needs can be communicated to and acted upon by public health researchers, agencies, and funders. Another talk will address the data privacy issues relevant to the “Privacy Rule” re “individually identifiable health information,” required by the Health Insurance Portability and Accountability Act of 1996 (HIPAA). This regulation took effect in April 2001, with final rules issued this past August; compliance is mandated by April 2003. At issue is how these regulations will affect researchers, especially regarding data access and sharing, and their likely impact on research and initiatives focused on links between social justice & public health. The third talk will give an update on the Racial Privacy Initiative, scheduled to appear on the California ballot in March 2004, which would ban collection of racial/ethnic data by government agencies, albeit possibly with some exemptions for some kinds of medical records. The discussant will be asked to reflect on issues of data needs & data privacy in relation to work on social justice & public health. Presentations will be solicited.

Co-organizers of the data session are Catherine Cubbin <ccubbin@stanford.edu>, Kristen Marchi <kmarchi@itsa.ucsf.edu>, Susan Egerter <hubbell@itsa.ucsf.edu>, Sarah Stone <stone@samuelsandassociates.com>, and Amy Carroll <amy@samuelsandassociates.com>, and Nancy Krieger <nkrieger@hsph.harvard.edu>.

This session will be in the usual Monday afternoon 2:30 to 4:00 pm APHA meeting timeslot.

2) Curriculum/Progressive Pedagogy: APHA session for next year

The committee will develop a session focused on “*how to teach activism for public health,*” in courses intended for students in public health, medicine, and other health professional training programs. The committee will develop an open call for abstracts but may also solicit some of the presentations.

Co-organizers of the session are: Lisa Moore <lisadee@sfsu.edu>, Babette Neuberger <bjn@uic.edu>, Barbara Goldoftes <bgoldoft@wellesley.edu>, Ash Segal <axs81@po.cwru.edu>, Susan Goodwin <susan_goodwin@nymc.edu>, and Lowell Shipley (no email address provided).

This session will be the usual Tuesday morning 8:30 to 10:00 am APHA meeting timeslot.

3) History: APHA session for next year

Given that APHA will be in San Francisco, the committee decided to focus its session on “*(Im)migration to California: A Public Health History Perspective,*” especially in light of immigration from numerous and diverse Asian and Latin American countries. Also relevant is the 75th anniversary of 1929 stock market crash that set the Depression in motion—and led to the internal migration of many to California, including the “Okies” (poor white farmers from Oklahoma), as vividly described in John Steinbeck’s 1939 epic novel, “*Grapes of Wrath.*” The committee will solicit presentations for this session.

Co-organizers of the session are: Luis Avilés <laviles@ucsd.edu>, Anne-Emanuelle Birn <aebirn@newschool.edu>, Theresa Teti <terryteti@earthlink.net>, and Kristen Marchi <kmarchi@itsa.ucsf.edu>.

This session will be moved to our Monday morning slot, 10:30 am to 12 noon.

Also, this committee will coordinate with the Socialist Caucus and the Occupational Safety & Health Section to see if we can together organize a radical history walking tour on the Sunday morning of APHA. Luis Avilés will take the lead on this effort. We will keep everyone posted via the Spirit of 1848 bulletin as to what gets decided.

4) Integrative session: integrating history, politics of public health data, and progressive pedagogy

Noting the success of our 1st integrative session this year (on Latin American Social Medicine; see below), we will continue to have this new session bridge across our 3 areas of focus: politics of public health data, social history of public health, and progressive pedagogy. We decided to have the Spirit of 1848 Coordinating Committee select the theme of this session after our business meeting, since this session's focus would depend in part on what each committee decided to do. Possible ideas raised for a theme at the business meeting included: (a) war & public health, (b) health impact assessment, and (c) analyzing social determinants of population health. After some deliberation, we opted for the theme of "war & public health" and will be soliciting presentations for this session.

Co-organizers of this session are: Nancy Krieger <nkrieger@hsph.harvard.edu>, Catherine Cubbin <ccubbin@stanford.edu>, Babette Neuberger <bjn@uic.edu>, and Luis Avilés <laviles@ucsd.edu>.

5) Student poster session: social justice and public health

We will continue to devote our new poster session to *student* posters on topics explicitly linking social justice and public health. In our call for abstracts, we will encourage students to submit abstracts to this session, and then will pick **10** posters for presentation (this is the maximum number of posters allowed for an APHA poster session). Recognizing that students often have limited funds for travel, we will publicize this session especially to students in the Northern California area (including San Francisco, Berkeley, San Jose, Monterey, etc.) and will reach out to students in schools of public health, medicine, dentistry, nursing, etc. and also to undergraduate programs oriented to public health. We also continue with our new tradition of awarding a prize to the best student poster (funds to purchase books, via the web, at an independent book store in their city). We will post an open call for submissions for this session, and encourage everyone in the Spirit of 1848 (students & faculty alike) to get the word out to students that we are eager for their submissions!

Co-organizers of this session are: Pam Waterman <pwaterma@hsph.harvard.edu> and Emily Galpern <emilyg@sfsu.edu>.

6) E-networking

a) Email bulletin board: Pam Waterman remains in charge of running our email bulletin board, which now serves over 1,250 people. If you have any questions or concerns about how our bulletin board is functioning, please contact Pam at <pwaterma@hsph.harvard.edu>.

b) Web page: our web page currently includes all past and current reportbacks from Spirit of 1848. If have suggestions for additional web-links that should be included on our web-page, please email your suggestions to Pam.

7) Additional APHA business

We attended the first day of the APHA 2002 planning meeting, represented by Catherine Cubbin, one of our Spirit of 1848 coordinating committee members. Our contribution, as usual, was to suggesting progressive themes and speakers for the APHA plenary sessions, as well as learn about new issues relevant to planning APHA sessions. We need to designate a volunteer from the Spirit of 1848 Coordinating Committee to stay for the program planning session on Thurs, Nov 20th, after APHA in San Francisco (and may choose one of our SF Bay Area members ... ☺).

II. SPIRIT OF 1848 SESSIONS AT APHA

Our sessions were well attended, thought provoking, and clearly useful to those who attended them. The specifics being, in chronological order:

A) Integrative session: politics of public health data, social history of public health, progressive pedagogy

Our session, attended by about 250 people, was on “**LATIN AMERICAN SOCIAL MEDICINE AND THE QUEST FOR SOCIAL JUSTICE & PUBLIC HEALTH: LINKING HISTORY, DATA, AND PEDAGOGY**” (Session 3133.0; Mon, Nov 11, 10:30 am to 12:00 noon). This session was generously co-sponsored by the Pan American Health Organization (PAHO, which covered the travel expenses of the participants) and by the Latin American Social Medicine Association (ALAMES, which helped in identifying speakers). The purpose of this session was to provide insights into the history, frameworks, finding, pedagogy, and applications of Latin American social medicine. The line-up was as follows:

MON, NOV 11 *10:30 AM-12 NOON (SESSION 3133.0) *** (PHIL. CONV. CENTER (PCC) 108B)**

- 10:30 AM Introductory Remarks—**Nancy Krieger, Luis Avilés, Babette Neuberger**
- 10:40 AM Social history of Latin American social medicine: an overview and present challenges—**Debora Tajer, MsCs, PhD (Professor and Research Director on Gender Studies, Faculty of Psychology, University of Buenos Aires; past president of ALAMES)**
- 11:00 AM A social-medical approach to Colombian violence—**Saul Franco Agudelo, MD, MsCs, PhD (Professor and Researcher, Department of Collective Health, Universidade Nacional de Columbia en Bogata)**
- 11:20 AM On teaching what Latin American social medicine does when it is in charge of health policy—**Asa Cristina Laurell, MD, MPH, PhD (Secretary of Health, Mexico City Government, and Professor, Metropolitan University of Mexico City)**
- 11:40 AM Discussant—**Seiji Yamada, MD, MPH (Clinical Associate Professor of Family Practice, Univ of Hawai'i)**
- 11:45 AM Discussion

--**Debora Tajer** briefly reviewed the origins of Latin American social medicine as a social, academic, and political movement and the founding of ALAMES in 1984 to counter conventional, reductionist, and positivist public health frameworks and programs. Their alternative focus is on the social production of the health-illness-care process, with an emphasis on the role of social class and the production/reproduction of class relations and inequality in relation to state policies. Defending health as a public good and civil right, ALAMES is geared towards building ties between academics and activists, seeing knowledge generation and transfer as a tool for social change. New emphases including incorporating gender analysis and engaging with movements for human rights.

--**Saul Franco** then presented a social-medicine analysis of violence in Colombia, for which he defined violence “as a *specific form of human interaction in which force produces harm or injury to others in order to achieve a given purpose.*” Emphasizing that violence is a process and has a historical nature, he argued that that violence must be analyzed in relation to an explanatory context, taking into account “*the specific combination of cultural, economic, social-political and legal conditions that make a phenomenon historically possible and rationally understandable.*” He then presented data on the extraordinarily high rates of homicide in Colombia, which he attributed to “three structural conditions - inequality, impunity and intolerance - and three transitional processes – illegal drug traffic, the internal armed conflict and the introduction and development of a neoliberal model.”

--**Asa Cristina Laurell** then presented the accomplishments of social medicine in improving access to needed health care among residents of Mexico City, drawing on the legacy of progressive Brazilian health reforms in the 1980s, which asserted health as a universal social right to be guaranteed by the state. She then described how in the 2000 Mexican election the PRD, a left party, came to power in Mexico City and instituted a comprehensive and redistributive social policy, in part based on Latin American Social Medicine. Aiming to decrease inequality between groups and geographic areas, the core was a Broadened Health Care Model, which was explicit and outspoken about its values. These were: the intrinsic and equal value of all persons, women and men; the obligation of government to honor and protect the life of all human beings; and the right to health as a social right and a responsibility of government as the guardian of collective interests. By enacting an “austerity program” that reduced salaries of high officials by 15% and by attacking corruption, they saved \$200 million in the first year and used these funds to increase the health budget by 67%. With these funds, they were able to provide free health services and drugs to 98% of all persons age 70 and older, plus also provide them \$70/month (there having been no social security program prior to this). As of Oct 2002, they had also succeeded in enrolling 310,000 families (out of 1 million) into a new program for free universal health services in Mexico City. Other accomplishments included increasing public participation in health programs and improving transparency of government

action in all 1,352 administrative sectors of the city, thereby challenging conventional notions of public institutions as incapable of offering appropriate services.

--Finally, **Seiji Yamada**, as discussant, reflected on how themes raised by Latin American Social Medicine are relevant to other regions of the world. In his comments, he focused on the public health impact of both early-to-mid-20th century Japanese imperialism on other Asian countries and of mid-to-late-20th & 21st century US imperialism on Asian countries and other places around the world.

We're also happy to report that the *American Journal of Public Health* has expressed interest in publishing the papers from this session as a forum, and their new associate editor from Latin America, César Victora (from Brazil), will be working with the panelists to move the papers towards publication.

Primary Sponsor: SPIRIT OF 1848 CAUCUS; Co-sponsors: Pan American Health Organization (PAHO); Latin American Social Medicine Association (ALAMES); *APHA: Caucuses:* Asian Pacific Islander Caucus of APHA; Health Equity and Public Hospitals Caucus; Latino Caucus; Socialist Caucus; Women's Caucus; Vietnam Caucus; *Sections:* International Health; Medical Care; Public Health Education and Health Promotion; School Health Education and Services; *SPIGs:* Alternative and Complementary Health Practices

B) Politics of Public Health Data

Our session, attended by about 350 people (standing room only!), was on “**MEASURING AND MONITORING SOCIAL INEQUALITIES IN HEALTH IN THE UNITED STATES**” (Session 3278.0, on Monday, November 11, 2:30 to 4:00 pm). The purpose of the session was to learn new developments in measuring and monitoring social class and racial/ethnic disparities in health. The line-up was as follows:

MON, NOV 11*2:30 PM-4:00 PM (SESSION 3278.0) *** PCC 108B**

2:30 PM	Introductory Remarks— Nancy Krieger, Catherine Cubbin
2:35 PM	Geocoding and monitoring US socioeconomic inequalities in health: Does choice of area-based measure and geographic level matter?--the <i>Public Health Disparities Geocoding Project</i> — Nancy Krieger, Pamela D. Waterman, Jarvis T. Chen, Mah-Jabeen Soobader, S.V. Subramanian, and Rosa Carson.
2:55 PM	An approach to policy-oriented monitoring of social disparities in maternal and infant health— Paula Braveman, Catherine Cubbin, Kristen S. Marchi, Susan Egerter, Mah-Jabeen Soobader, Gilberto Chavez
3:15 PM	A policy perspective on using multi-racial/ethnic categories deployed in the Year 2000 census— Olivia Carter-Pokras
3:35 PM	Discussant— Sherman James
3:45 PM	Discussion

--**Nancy Krieger** presented results of her team's *Public Health Disparities Geocoding Project*, geared towards determining which census-derived area-based socioeconomic measures, at which geographic level (census block group, census tract, or ZIP Code), are most apt for monitoring socioeconomic inequalities in health. The impetus was to increase accountability by addressing the lack of socioeconomic data in most US public health surveillance systems, which renders invisible both socioeconomic gradients in health within racial/ethnic-gender groups as well as their contribution to racial/ethnic disparities in health. The project used data from 2 states for 7 public health surveillance systems (birth, death, cancer incidence, sexually transmitted infections, tuberculosis, childhood lead poisoning, non-fatal weapons related injury), and analyzed these in relation to 19 area-based socioeconomic measures (11 single-variable, 8 composite) at each of the 3 geographic levels. Preliminary results suggest that the census tract measure “percent below poverty” may be the most apt choice, in relation to a priori criteria pertaining to: external validity, robustness, completeness, and user-friendliness. Selected citations for this study are provided below.

--**Paula Braveman** first presented a conceptual framework for policy-oriented monitoring, premised upon the concept of equity in health. Emphasizing the ethical principle of justice and the need to be consistent with human rights values, she stressed the importance of equalizing opportunities to be healthy and the critical need of monitoring for accountability. She then reported on results for data obtained from several postpartum surveys in CA, focusing on 3 outcomes (“unintended pregnancy,” “delayed or no prenatal care,” and “never breastfed”). Multivariate analyses indicated that different socioeconomic measures (at the individual and tract level) together contributed to risk of these outcomes, even after taking into account numerous “downstream” factors. Key points concerned the need to consider trends in absolute and relative disparities (which may display different patterns), and to look at disparities affecting not only the poor and near-poor but also households up to 300% of poverty and those without a college education (not just without a high school education). Additional recommendations pertained to the need to stratify data by racial/ethnic and socioeconomic position, and to target programs based on distributions of outcomes and risk factors.

--**Olivia Carter-Pokras** then presented on the complexities of using the new multi-racial ethnic categories employed in the 2000 US Census (as reflective of the new federal policy established in 1997). She noted that while considerable

challenges remain, the new categories did prompt useful reflection on why data on race/ethnicity are collected. She then reported that that few states are likely to meet the January 1, 2003 deadline of updating their systems to accommodate these new categories, let alone bridge from prior approaches to the new guidelines, and that meeting this deadline requires additional resources at a time of serious budget cuts. Further complicating matters, several states have passed their own stand-alone multiracial categories. Additionally, despite pre-testing, results from the Year 2000 census indicate that asking the “ethnicity” question (re Hispanic origin) prior to the “race” question did not reduce the proportion of Hispanics who identify their “race” as “other” and may prompt use of a single “race/ethnicity” question in the 2010 census. Her two recommendations were, first, if you don’t need to “bridge” data (from single to multi-racial/ethnic), don’t, and avoid reallocating multi-racial respondents back to single “race” categories. Second, if you do need to “bridge”, assign people to the group that they would have reported under the “single race” option, either by including questions re “best” or “preferred” option for “single race” or, if not available, using estimates based on National Health Survey Interview data. She then discussed a new threat to collecting racial/ethnic data, the proposed California “Racial Privacy Initiative” (scheduled to be on the ballot in March 2004 and sponsored by opponents of affirmative action), which would ban collection of any racial/ethnic data (with possibly some medical exemptions). She closed by encouraging the audience to contact: (a) Ken Keppel at CDC (at: kkeppel@cdc.gov) to provide input into the report they plan to issue next spring on measuring disparities in health, and (b) Jan Liu (at: Jliu@aphahf.org) to provide examples of how public health agencies and researchers have used—and need—information on race/ethnicity to conduct their work, especially in relation to reducing social disparities in health.

--**Sherman James**, as discussant, then reflected on the need for reliable, valid, and user-friendly measures for monitoring social disparities in health. He noted that results of *the Public Health Disparities Geocoding Project* were useful in highlighting how the single-variable measure “percent below poverty” at the census tract level could be a useful indicator, one which also hinted at the role of concentrated poverty in contributing to racial/ethnic disparities in health. He likewise emphasized that data presented by Braveman et al were consonant with prior research documenting differential improvement in health status over time. Specifically, those who are socially privileged take advantage of health improvements more quickly, resulting in widening relative disparities even as overall rates may be declining in all groups, unless policy makers ensure possibility of more equal uptake. He then observed we are likely to have a long trial-and-error approach to collecting and using multiracial categories, which while politically and psychologically relevant, fail to meet any of the 4 criteria for useful social indicators, as they are not reliable, valid, practical, or user-friendly. Noting that how people answer these questions depends in part whether they are alone, with friends, or with family, he emphasized the fluidity of the response and the importance of taking into account context when collecting and analyzing these data.

Primary Sponsor: SPIRIT OF 1848 CAUCUS; Co-sponsors: *Caucuses:* American Indian, Alaska Native and Native Hawaiian Caucus; Asian Pacific Islander Caucus of APHA; Caucus on Refugee and Immigrant Health; Health Equity and Public Hospitals Caucus; Socialist Caucus; Women’s Caucus; Vietnam Caucus; *Sections:* Community Health Planning and Policy Development; Epidemiology; Health Administration; Medical Care; Public Health Education and Health Promotion; School Health Education Services; Social Work.

Selected citations for Public Health Disparities Geocoding Project:

- Krieger N, Waterman P, Lemieux K, Zierler S, Hogan JW. On the wrong side of the tracts? Evaluating the accuracy of geocoding in public health research. *Am J Public Health* 2001; 91:1114-1116.
- Krieger N, Waterman P, Chen JT, Soobader M-J, Subramanian SV, Carson R. ZIP Code caveat: bias due to spatiotemporal mismatches between ZIP Codes and US census-defined areas—the Public Health Disparities Geocoding Project. *Am J Public Health* 2002; 92:1100-1102.
- Krieger N, Chen JT, Waterman PD, Soobader M-J, Subramanian SV, Carson R. Geocoding and monitoring US socioeconomic inequalities in mortality and cancer incidence: does choice of area-based measure and geographic level matter?—the Public Health Disparities Geocoding Project. *Am J Epidemiol* 2002; 156:471-482.
- Krieger N, Chen JT, Waterman PD, Soobader M-J, Subramanian SV, Carson R. Choosing area-based socioeconomic measures to monitor social inequalities in low birthweight and childhood lead poisoning—The Public Health Disparities Geocoding Project (US). *J Epidemiol Community Health* (in press).
- Krieger N, Waterman PD, Chen JT, Soobader M-J, Subramanian SV. Monitoring socioeconomic inequalities in sexually transmitted infections, tuberculosis, and violence: geocoding and choice of area-based socioeconomic measures—The Public Health Disparities Geocoding Project (US). *Public Health Reports* (in press).
- Krieger N, Zierler S, Hogan JW, Waterman P, Chen J, Lemieux K, Gjelsvik A. Geocoding and measurement of neighborhood socioeconomic position. In: Kawachi I, Berkman LF (eds). *Neighborhoods and Health*. New York: Oxford University Press (forthcoming).

C) History

Our session, attended by about 150 people, was on “**LIVE FROM THE CITY OF SISTERLY & BROTHERLY LOVE: THE FOUNDING MOTHERS AND FATHERS OF PUBLIC HEALTH & SOCIAL JUSTICE**” (Session 3339.0, on Monday, November 11, 4:30 to 6:00 pm). The purpose of the session was to learn from—and enjoy!—a mini-

extravaganza of “in-character” presentations, music, and visuals based upon figures from the distant and recent past whose work revolves around questions of social justice and public health. The final program was as follows:

MON, NOV 11 *4:30 PM-6:00 PM (SESSION 3339.0) *** PCC 108B**

Prelude Music by Andyblue (a.k.a. Andy Antipin) and Slides
Welcome Anne-Emanuelle Birn and Ted Brown (conveners)
Luis Avilés as Ramón Emeterio Betances
Kirby Randolph as Ida Bell Wells-Barnett
Walter Lear as himself
Alison Eisinger as Alice Hamilton
Edward Morman as Henry Sigerist
Music by Andyblue
Theodore Brown as Friedrich Engels
Andrea Kidd Taylor as Fannie Lou Hamer
Meredith Holmes as Maud Gonne
Anne-Emanuelle Birn as Nawal el Saadawi
Stephen Thomas as W.E.B. Du Bois
Betty Bekemeier as Lillian Wald
Mark Hannay A tribute to Paul Wellstone
Music by Andyblue
Walter Lear as himself
Janet Golden as S. Josephine Baker
Simon Piller as Norman Bethune
David Rosner as Bernardino Ramazzini
Marcos Cueto as Manuel Nuñez Butrón
Nancy Krieger A tribute to Paul Cornely, Milton Terris,
Tony Mazzocchi, & Helen Rodríguez-Trias
Music by Andyblue

Mini-biographies for each of the persons represented are provided below, at the end of this report (and prior to our mission statement)—so do read on, to learn from & be inspired by these folk & this history!

Primary Sponsor: SPIRIT OF 1848 CAUCUS; Co-sponsors: *Caucuses:* Asian Pacific Islander Caucus of APHA; Lesbian, Gay, Bisexual, and Transgender Caucus of Public Health Workers; Peace Caucus; Socialist Caucus; Women’s Caucus; *Sections:* Gerontological Health; Health Administration; Medical Care; Public Health Education and Health Promotion.

D) Curriculum/progressive pedagogy

Our session, attended by about 30 people, was called “**DISTANCE EDUCATION - PROMISE OR PERIL?**” (Session 4078.0; Tuesday, November 12, 8:30 to 10 am). The purpose was to learn about the context & content, plus promise & pitfalls, of web-based education for progressive public health education. The line-up was as follows:

TUES, NOV 12 * 8:30 AM-10:00 AM (SESSION 4078.0)*** PCC 108B**

8:30 AM Introductory remarks: **Cheryl Merzel**
8:40 AM The turn to technopedagogy: a contextual appraisal—**Janice A. Newson**
9:00 AM Activist pedagogy in cyber-space—**Lisa D. Moore, Maria Chavez**
9:20 AM Distance learning: promises, opportunities, constraints, and threats: sorting it all out—**Babette J. Neuberger**
9:40 AM Discussion

--**Janice Newson**, Associate Professor of Sociology, York University, Toronto, Canada, focused chiefly on the perils, noting that the use of technology for distance-learning represents a decision, not just an inevitable outcome (per technological determinism), as linked to the commodification of education. Key contextual factors included a drive to managerialism in academia, due to cuts in public funding, leading to an emphasis on market-oriented notions of “efficiency,” “productivity,” and “accountability,” coupled with an opening of academia to the “private sector” (to peddle their wares) and a market-oriented redefinition of students as “consumers” and of universities as “service providers” in the “knowledge business.” Noting that one can only get to the promise of distance-based technologies if one acknowledges their perils, she discussed 4: (a) the view that embracing technology is key, thereby losing sight of the purpose of academic activity: teaching and learning; (b) choosing teaching technologies based on comparisons to

conventional methods (“chalk and talk”) without recognizing their degradation due to underfunding; (c) accepting “efficiency,” “productivity,” and “accountability,” as pedagogical criteria (rather than as budgetary criteria); and (d) a narrow assessment of the benefits of these technologies, without considering their toll (e.g., long hours on email, ergonomic problems, etc.).

--**Lisa Moore**, Assistant Professor, San Francisco State University, then discussed her ambivalent embrace of distance-learning, in the context of a community partnership intended to teach activists as well as students about matters pertaining to harm reduction (i.e., reduction of drug-related harms). She underscored that her teaching took place in a CA state university in a context of state putting more money into prisons than schools, and where an explicit goal is to find ways to teach more people without having to build more facilities—and where fewer and fewer working class students can afford to go to college full-time and instead have to work multiple jobs to meet their rent. The course she and her colleagues developed consisted of readings, threaded discussions (on-line), and required volunteer work in communities. They found it was more popular than any of the other courses on drugs and harm reduction that were taught face-to-face, that some students found it easier to share their thoughts on-line than in the classroom, but that it was harder to get completed course evaluations. Important concerns pertained to a lack of an interactive learning community (partly mitigated by the required 40 hours of community service), an inability to read body-language and other non-text forms of “dissent” when presenting controversial material, a reliance on teaching by text (rather than by interpersonal engagement), and the greater likelihood of less motivated students to get lost in cyberspace. Hence, pluses and minuses: it has the promise of opening up possibilities of education for people who cannot afford to be at college, but also many drawbacks, some of which may be countered, but will require concerted attention.

--**Babette Neuberger** then offered her perspectives as both Associate Dean for Academic Affairs and as a faculty member who has taught the “same” session of a course on environmental law and policy both in-class and on-line. She first offered a definition of progressive pedagogy as “*education that provides student with the skills they need to critically assess and understand the world about them within a framework that envisions a just and humane; and that takes that knowledge from theory to action.*” She then offered an analysis of distance learning at 3 levels: (a) the instructor: does the methodology work?, (b) institutional: does a systemic shift to this technology impede or advance progressive pedagogy; and (c) social/economic/political context: as exemplified by the use of distance-learning at a university in Palestine, when regular teaching at the school was rendered impossible by the militarized crisis. On the plus side, she found that teaching her environmental law session on-line improved use of case-oriented material, enabled her to bring in students—and experts—from around the world, reduced time constraints of the classroom, and allowed multiple layers of material to be provided (via hyperlinks) assisting students needing remedial or more advanced instruction. On the negative side, she found it took much more work to engage students, including in on-line discussion, and could never generate the kind of excitement that occurred in real-time live classrooms as students presented their experiences and debated ideas. She also noted that the institutional drive to use web-based classes to recoup more money for universities and even individual departments may end up countering the promise of reaching students with fewer economic resources, if the courses are priced out of their range.

Primary Sponsor: SPIRIT OF 1848 CAUCUS; Co-sponsors: *Caucuses:* Asian Pacific Islander Caucus of APHA; Lesbian, Gay, Bisexual, and Transgender Caucus of Public Health Workers; Socialist Caucus; Women’s Caucus; *Sections:* Epidemiology; Public Health Education and Health Promotion; School Health Education and Services; *SPIGs:* Alternative and Complementary Health Practices.

E) Student poster session

The purpose of our **NEW “SPIRIT OF 1848 STUDENT POSTER SESSION,”** which debuted this year with 3 entries, was to give us all an opportunity to learn from the next generation of progressive public health scholars & practitioners working for social justice & public health (Session 4166.0; Tuesday, November 12, 12:30 to 2:00 pm). The line-up was as follows:

TUES, NOV 12 * 12:30 PM-2:00 PM (SESSION 4166.0)*** PCC EXHIBIT HALL A & B**

Presider: Pam Waterman

Board 2: Did avoidable mortality decline more rapidly in better-off regions in Taiwan?—**Jung-Hua Liu, Tung-liang Chiang** [**PRIZE FOR BEST PRESENTATION**] (This poster showed that even as income inequality rose during the years of Taiwan’s “economic miracle,” the relative gap in preventable mortality (defined in terms of deaths that can be averted by appropriate medical care) across socioeconomic strata remained the same (with rates falling in all groups), suggesting a positive impact of policies insuring universal access to care.

Board 3: Environmental Justice in Chester and Delaware Counties, Pennsylvania: Social Class, Race and Proximity to Toxic Release Inventory Sites—**James Galloway, Charles V. Shorten** (This poster explored the hypothesis that siting of toxic wastes is associated with both the socioeconomic and racial/ethnic composition of an area’s population).

Board 4: Role of race in health research: New directions and policy implications—Amani Nuru-Jeter (This poster reviewed the literature on why “race” should not be construed as a proxy for “class” and why instead research on racial/ethnic disparities in health should take into account both racial discrimination and economic inequality.)

Primary Sponsor: SPIRIT OF 1848 CAUCUS; Co-sponsors: *Caucuses:* American Indian, Alaska Native and Native Hawaiian Caucus; Asian Pacific Islander Caucus of APHA; Lesbian, Gay, Bisexual, and Transgender Caucus of Public Health Workers; Public Health Student Caucus; Socialist Caucus; Women’s Caucus; *Sections:* School Health Education and Services; Social Work; *SPIGs:* Alternative and Complementary Health Practices.

F) Other:

We co-sponsored several sessions, following our policy of reviewing & approving all requests for co-sponsorship through the Spirit of 1848 Coordinating Committee. In this process, we review abstracts for presentations in each sessions (not just titles) to ensure the session as a whole is consistent with the mission of the Spirit of 1848. The sessions we co-sponsored for the APHA 2000 meeting were (in alphabetical order, by primary sponsor):

Health Equity and Public Hospitals Caucus: Community Organizing For Public Health: What Strategies Worked? (*Session 3349.0; Mon, 8:30-10:00 pm*); Survival of hospitals serving vulnerable populations (*Session 4132.0; Tues, 12:30-2:00 pm*)

Institute of Social Medicine and Community Health: Exhibit “Putting the Public In Public Health—the Philadelphia Story, 1972-2002,” guided tour by Walter J. Lear (*Tues, Nov 12, 10:30 to 11:00 AM, PCC Exhibition Hall, Booth 1046*)

Lesbian, Gay, Bisexual, and Transgender Caucus of Public Health Workers: Transhealth: Transgender/Transsexual Health Activists Discuss the Future (*Session 3253.0; Mon, 2:30-4:00 pm*); LGBT Caucus Poster Session (*Session 3319.0; Mon, 4:30-6:00 pm*); LGBT Youth Research (*Session 4276.0; Tues, 4:30-6:00 pm*); Lesbian and Bisexual Women's Health and Access to Healthcare (*Session 5117.0; Wed, 12:30-2:00 pm*); Gay and Bisexual Men's Health (*Session 5181.0; Wed, 2:30-4:00 pm*)

Socialist Caucus: The Right-Wing Avalanche against Public Health (*Session 3211.0; Mon, 12:30-2:00 pm*); Building a Movement for Global Health Justice: A Conversation and Movement-Building Session (*3338.0; Mon, 4:30-6:00 pm*); Social Justice in Practice: Evidence from the Field (*Session 4165.0; Tues, 12:30-2:00 pm*); Globalization and the Politics of Health: Latin America (*Session 4309.0; Tues, 4:30-6:00 pm*); The Politics of Health and Health Care (*Session 5072.0; Wed, 8:30-10:00 am*)

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

FINALLY, if any of the activities and projects we are reporting to you grab you or inspire you--JOIN IN!! We work together based on principles of solidarity, volunteering whatever time we can, to move along the work of social justice and public health. We look forward to hearing from you

Onwards!

Spirit of 1848 Coordinating Committee

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

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

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

BIOGRAPHIES FROM THE HISTORY SESSION MINI-EXTRAVAGANZA:

Sara Josephine Baker (1873- 1945) graduated from the Women's Medical College of New York in 1898. She opened a private practice but struggled to survive financially and took a part-time position as a medical inspector to help make ends meet. In 1908 she founded New York's Bureau of Child Hygiene, the first of its kind in the country. Believing that the way to keep people from dying was to keep them from falling ill, she developed programs to educate the mothers of newborns, baby health stations, clean milk distribution schemes, and Little Mothers' Leagues, which educated girls to care for younger siblings while their mothers worked. Her efforts were so successful that, as one biographer noted, "By the time of her retirement in 1923, New York City had the lowest infant mortality rate of any of the major cities in Europe or America." Baker published five books and numerous professional articles as well as several hundred popular pieces.

Ramón Emeterio Betances (1827-1898) was born in Cabo Rojo, Puerto Rico. A son of a prosperous family, he graduated from the University of Paris School of Medicine in 1856, participating as a student in the anti-monarchic revolutions of 1848. In 1856 he became a leader in the combat against the cholera epidemic in Puerto Rico, afterwards demanding hospitals for the poor. Betances combined his medical practice with an ardent advocacy for revolution against Spanish colonialism. His first exile resulted after organizing clandestine groups to abolish slavery. His second exile resulted from his organization of the Lares insurrection ("Grito de Lares"), which proclaimed the Republic of Puerto Rico in 1868. Afterwards, from New York and Paris, centers of political organization, he advocated the "West Indian Confederation" ("Confederación Antillana") to unite Cuba, the Dominican Republic, and Puerto Rico. He died in Paris a few months before the United States invasion of Puerto Rico.

Norman Bethune (1890-1939) was born in Gravenhurst, Ontario, the son of a Presbyterian minister and missionary. Trained as a thoracic surgeon, he never made much money as he went out of his way to treat those unable to pay. His concern for social welfare led him to the Soviet Union in the early 1930s. There he saw how medicine under socialism could work. Later he joined the Canadian Communist Party and then the International Brigades in Spain against Franco's fascists. His contribution, greater than any discovery he might have achieved in research, arose from his "inflexible determination to take blood to the wounded near the front." After a brief return to Canada, he went to China. With Mao Tse-tung's backing, Bethune set up a string of military hospitals in the mountains and held crash courses in first-aid, sanitation, and basic surgery to create "instant" doctors for the Red Army (for which his memory lives on). He died in China of septicemia.

Paul B. Cornely (1906-2002) was the first African American to obtain a public health doctorate, awarded in 1934, 3 years after he received his MD. Director of the Howard University Hospital from 1947 to 1958, Dr. Cornely was a leader in fighting against racial segregation and discrimination in health care and a lifelong advocate of universal health insurance. In the 1950s, Dr. Cornely was instrumental in using *Brown v. Board of Education's* finding that "separate but unequal" education was unconstitutional to challenge segregation in hospitals, and thereafter he helped found the Civil Rights era "Medical Committee for Human Rights." In 1968, he was one of the founders of the APHA Black Caucus of Health Workers and in 1970 became the first African American President of APHA. Among his last articles published in the *American Journal of Public Health* was his 1976 editorial on "Racism: the ever-present hidden barrier to health in our society."

William Edward Burghardt (W.E.B.) Du Bois (1868-1963) was born in Great Barrington, Massachusetts. He graduated from a racially-integrated public high school. With scholarship funds, he enrolled at Fisk University in Nashville, Tennessee where he had his first extended encounters with black culture and white racism. Graduating from Fisk in 1888, he then enrolled as a junior at Harvard where he received a B.A. in 1890, an M.A. in 1891 and a Ph.D. in 1895. In 1896, he conducted a detailed sociological study of blacks in Philadelphia for University of Pennsylvania. It was published in 1899 as *The Philadelphia Negro*. This study emphasized the historical and social context rather than hereditary explanations for the decrepit conditions in the black community. In 1897, he became editor of the Atlanta University conferences for the "Study of the Negro Problems." The 1906 proceedings were titled, *The Health and Physique of the Negro American* in which he argued that health disparities between whites and blacks were a consequence of the poorer economic, social, and sanitary conditions facing blacks. In 1961, he renounced his American citizenship and moved to Ghana. He died there on August 27, 1963, just as the masses gathered for the March on Washington where Dr. Martin Luther King, Jr. delivered his "I have a dream" speech.

Nawal el Saadawi (1931-) is an Egyptian doctor, author of several dozen books, and militant on Arab women's problems and their struggle for social and intellectual liberation. Overcoming enormous obstacles imposed on rural women by both religious and colonial oppression, she qualified as a psychiatrist in 1955 and rose to become Egypt's Director of Health Education in the early 1970s. The publication of her book *Women and Sex* in 1972 resulted in her dismissal from the Ministry of Health and from her post in the Egyptian Medical Syndicate, as well as the closing down of her medical journal and the banning of the book. She returned to private life for six years, later serving as the United Nations advisor on women's programs in Africa and the Middle East. In 1981, she was imprisoned under Anwar Sadat's regime. After her release in 1982, she founded the Arab Women's Solidarity Association (AWSA), an international organization dedicated to "lifting the veil from the mind" of Arab women.

Friedrich Engels (1820-1895), the scion of a wealthy German textile factory owner showed a knack for leading a "double life" from a young age: businessman by day, radical during off hours. He affiliated with left wing intellectuals and began a career as a political journalist under a pseudonym. In 1842 Engels moved to Manchester, England to work in the family business, continuing his radical activities. In 1845 he published *The Condition of the Working Class in England*, which has been called "the best invective ever written ... against industrial society and its conditions." He also began to write for a publication edited by Karl Marx, cementing their friendship, writing collaboration, and work building an international communist movement -- leading to their *Communist Manifesto* of 1848. After hopes for revolution faded in the late 1840s, Engels returned to Manchester and supported Marx, now London-based, with his earnings from the factory. After Marx's death in 1883, Engels served as the leading authority on Marx and Marxism.

Maud Gonne (1865-1953) was an Irish nationalist and activist who worked tirelessly to improve the health and welfare of the Irish. From a wealthy family, she was radicalized in Paris and returned to Ireland in the 1880s where she became an advocate for evictees. Forced out in 1890 she began a journal dedicated to Irish independence. In 1900 she returned to Dublin and founded the revolutionary feminist group Daughters of Erin. Together with a group of radical writers, she started a scheme to feed poor Irish children, campaigned against the conscription of Irish men into the British army in World War I, helped the victims of the War of Independence, and formed a Women's Prisoners' Defense League. She was imprisoned in 1918 and again in 1923. It was said that she was "slandered by the English because she felt in her heart and soul that she could not have peace in life if she did not share in the misery of the people."

Fannie Lou Hamer (1917-1977) was born on a tenant farm in Ruleville, Mississippi, the youngest of twenty children. She challenged the conscience of white America by waging a lifelong battle against racism and oppression in her native state. Her voter registration efforts in the early 1960s led to arrests, evictions, threatening phone calls, abusive letters, and beatings. Hamer was enthusiastic and intense in her fight for justice and against racial oppression. She led the fight to defeat the Mississippi political structure at the national level and she spearheaded two local projects in Ruleville - a garment factory and a day care center. She also initiated the Freedom Farm Cooperative. Hamer's drive and determination to better the lives and health of African-American people led to improved housing, jobs, security, and new dignity for many of the oppressed and exploited in Mississippi and throughout the South.

Alice Hamilton (1869-1970), the founding mother of environmental health and occupational medicine, began her industrial disease career while working at Hull-House in Chicago. Trained as a doctor, she investigated working conditions in "the dangerous trades." She skillfully combined scientific expertise with political organization to initiate safety and health regulations which protect many today. Her work required her to address "ignorance and indifference" within the professional medical establishment (which Hamilton wrote "had never taken industrial diseases seriously"), as well as that of factory workers and employees. She wrote that "employers could... shut their eyes to the dangers their workmen faced, for nobody held them responsible, while... workers accepted the risks with fatalistic submissiveness as part of the price one must pay for being poor." Part of Hamilton's legacy is public health's duty to challenge such fatalism and to ensure responsibility for minimizing or eliminating dangers at work.

Walter J. Lear (1923-) is President of the Institute of Social Medicine and Community Health. For over twenty years before he founded the Institute in 1970 and became a medical historian, he served as a public health and medical services administrator and as a health and community advocate. His history research and writings focus on the U.S. Health Left—its people, organizations, publications, movements and issues. His political activism began in 1945 as a medical student and has included substantial work in the peace movement, the civil rights movement, and the gay and lesbian liberation movement. In 1998 he received the Paul Robeson Award for Social Justice from the Bread and Roses Community Fund of Philadelphia, and in 1994 the Paul Cornely Award from the Physicians Forum.

Anthony Mazzocchi (1926-2002) was a key leader in occupational health and safety, an advocate of environmental justice, civil rights, women's rights, and social justice. Most of his union career was with the Oil, Chemical, and Atomic Workers Union (OCAW), for which he served as a local union president, legislative director, health and safety director, vice president and secretary-treasurer. Tony Mazzocchi was instrumental in the passage of the 1970 Occupational Safety and Health Act, which established OSHA. He was also advisor to Karen Silkwood, the union activist who brought attention to safety violations at a nuclear power plant and died mysteriously in a car crash. In 1996, he helped found the Labor Policy and until his death publicized 4 key components of its platform: national health insurance, free college tuition, full employment as a legal right, and changes in labor laws to make it easier for workers to join unions.

Manuel Núñez Butrón (1899-1952) was born in a small town in Peru and studied medicine in Lima and Barcelona before returning to the southern Andes. Going far beyond the traditional role of provincial physicians, he created a public health and nationalistic movement that relied upon indigenous values and local leadership. In 1933 he established the first sanitary brigade of voluntary health workers, given the Quechua name *rijchary*, which translates as "awaken." The name suggested that the backwardness of the native groups was not a permanent condition. Another decisive step was the publication, in April 1935, of the journal *Runa Soncco*, which in Quechua means "Indian heart." His work simultaneously respected indigenous community values and used Indian leaders to extend smallpox vaccination and promote a campaign against epidemic typhus. Núñez Butrón died when he was only 52. In his will he requested that his tombstone bear an inscription regarding the *rijchary* brigade, perhaps because he considered this to be his most important achievement.

Bernardino Ramazzini (1633- 1714) was born in Modena, Italy and studied anatomy and medicine in Parma and Rome. As a practicing physician, he found that his colleagues had largely captured the practices of the wealthy and he began a long journey throughout northern Italy looking for a stable income. It was not until 1690, when he was 57 years old, that he began what we might call the modern school of occupational epidemiology. His *De Morbis Artificum* (Diseases of Workers) was first published in the year of his death at the age of 81.

Helen Rodriguez-Trias (1929-2001) was a key activist in the US and international women's health movement, gaining international renown for her battles against sterilization abuse, resulting in a change in US federal sterilization guidelines in 1979, and for legalization and safe provision of abortions. Galvanizing her work were her experiences as a health care provider and activist concerned about the health of other Puerto Rican women and other women of color and low-income women. A pediatrician by training, a key focus of her work was women's health, women's lives, women's rights, and reproductive rights, and she was also vitally concerned with provision of patient-centered community-based health care and the need for a national health program in the US. In 1971, she helped found the Women's Caucus in APHA, was active in the LatinoCaucus and Medical Care Section, and in 1993, became the first Latina President of APHA.

Henry Sigerist (1891-1957) was born in Paris to a patrician Swiss family and studied language before going to medical school. Serving in the Swiss army, he developed a sympathy for the working class men he treated, but he soon gave up medical practice for medical history and became director of the Medical History Institute in Leipzig, Germany in 1925. He moved to the U.S. in 1932, happy to get away from the growing Nazi threat. While serving as Director of the Johns Hopkins Institute of the History of Medicine he became a leading advocate of socialized medicine. His political activities forced him to suspend much of his historical work, and his uncritical support of the Soviet Union resulted in his becoming a target of anti-Communist witch hunters. Sigerist returned to Switzerland in 1947, planning to complete an eight-volume history of medicine. Impaired by a series of strokes, at his death he had only completed the first volume and a half.

Milton Terris (1915-2002), was an internationally renowned social epidemiologist and proponent of progressive policies for the public's health. An advocate of national health insurance, Dr. Terris likewise worked to draw attention to the adverse health impact of both the arms race and what he termed "the neo-liberal triad of anti-health reforms: government budget cutting, deregulation, and privatization." His early epidemiologic research focused on socioeconomic inequalities in tuberculosis mortality and social determinants of cardiovascular disease. Subsequent work focused on policies to decrease national and global health disparities, on the need for a public health movement and the lessons we could learn from earlier public health advocates—such as C-E.A. Winslow,

George Rosen, and Henry E. Sigerist, and on analyses of how broader social, political, and historical trends shape population health. He encouraged others to develop these types of critical analyses by founding, in 1980, the *Journal of Public Health Policy*.

Lillian Wald (1867-1940) was raised in a prosperous, liberal-Jewish family in Rochester, graduating as a nurse in 1891, then enrolling in the Women's Medical College in New York. Upon becoming aware of the suffering and oppression of the poor, she left her medical training and aristocratic family to live and work in the tenements of Manhattan's Lower Eastside. In 1893 she became the first public health nurse - coining the name of the profession- and two years later founded what would become the Henry Street Settlement, later the Visiting Nurse Service. Wald began with 10 nurses, increasing to 250 nurses serving 1,300 people a day by 1916. Operating on a sliding fee-scale, the nurses visited the poor and forgotten in their five-story, walk-up, cold-water flats, providing preventive, acute, and long-term health care. A suffragist, worker safety advocate, and pacifist, Wald was also instrumental in putting nurses into New York's public schools, the creation of the federal Children's Bureau, and placing nursing education within the university context.

Ida Bell Wells-Barnett (1862-1931) was an anti-lynching activist, teacher, editor, suffragette, and mother of four. After her parents died in a yellow fever epidemic in 1878, she assumed responsibility for the care of her six younger siblings. In 1883, she was forcibly removed from the "Ladies" car of a train after refusing to move to the Jim Crow smoking car. She filed a successful lawsuit challenging segregation on public transportation. Her accounts of the case launched her career as a journalist. Viewed by many as "militant" and as an uncompromising "defender of the race" by others, Wells became an internationally recognized leader in the anti-lynching movement following the lynching of three Black businessmen, who were her friends, in 1892. She protested the World Columbian Exposition in 1893 with Frederick Douglass, and participated in the founding of the NAACP, social service organizations and women's clubs.

Paul Wellstone (1944-2002) was an activist, academic, 2-term Senator from Minnesota, and advocate of health care as a human right.

SPIRIT OF 1848 MISSION STATEMENT

November 2002

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

Purpose and Structure

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

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

- 1) Public Health Data:** this committee will focus on how and why we measure and study social inequalities in health, and develop projects to influence the collection of data in US vital statistics, health surveys, and disease registries.
- 2) Curriculum:** this committee will focus on how public health and other health professionals and students are trained, and will gather and share information about (and possibly develop) courses and materials to spur critical thinking about social inequalities in health, in their present and historical context.
- 3) E-Networking:** this committee will focus on networking and communication within the Spirit of 1848, using e-mail, web page, newsletters, and occasional mailings; it also coordinates the newly established student poster session.
- 4) History:** this committee is in liaison with the Sigerist Circle, an already established organization of public health and medical historians who use critical theory (Marxian, feminist, post-colonial, and otherwise) to illuminate the history of public health and how we have arrived where we are today; its presence in the Spirit of 1848 will help to ensure that our network's projects are grounded in this sense of history, complexity, and context.

Work among these committees will be coordinated by our Coordinating Committee, which consists of a chair/co-chairs and the chairs/co-chairs of each of the four sub-committees. To ensure accountability, all public activities sponsored by the Spirit of 1848 (e.g., public statements, mailings, sessions at conferences, other public actions) will be organized by these committees and approved by the Coordinating Committee (which will communicate on at least a monthly basis). Annual meetings of the network (so that we can actually see each other and talk together) will take place at the yearly American Public Health Association meetings. Finally, please note that we are NOT a dues-paying membership organization. Instead, we are an activist, volunteer network: you become part of the Spirit of 1848 by working on one of our projects, through one of our committees--and we invite you to join in!

First prepared: Fall 1994; revised: November 2000, November 2001, November 2002

NOTABLE EVENTS IN AND AROUND 1848

1840-

1847: Louis Rene Villermé publishes the first major study of workers' health in France, A Description of the Physical and Moral State of Workers Employed in Cotton, Linen, and Silk Mills (1840); in England, Edwin Chadwick publishes General Report on Sanitary Conditions of the Laboring Population in Great Britain (1842); first child labor laws in the Britain and the United States (1842); end of the Second Seminole War (1842); prison reform movement in the United States initiated by Dorothea Dix (1843); Frederick Engels publishes The Condition of the Working Class in England (1844); John Griscom publishes The Sanitary Condition of the Laboring Population of New York with Suggestions for Its Improvement (1845); Irish famine (1845-1848); start of US-Mexican war (1846); Frederick Douglass founds The North Star, an anti-slavery newspaper (1847); Southwood Smith publishes An Address to the Working Classes of the United Kingdom on their Duty in the Present State of the Sanitary Question (1847)

1848: World-wide cholera epidemic

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

In the midst of the 1848 revolution in Germany, Rudolf Virchow founds the medical journal Medical Reform (Medicinische Reform), and publishes his classic "Report on the Typhus Epidemic in Upper Silesia," in which he concludes that preserving health and preventing disease requires "full and unlimited democracy"

Revolution in France, abdication of Louis Philippe, worker uprising in Paris, and founding of The Second Republic, which creates a public health advisory committee attached to the Ministry of Agriculture and Commerce and establishes network of local public health councils

First Public Health Act in Britain, which creates a General Board of Health, empowered to establish local boards of health to deal with the water supply, sewerage, cemeteries, and control of "offensive trades," and also to conduct surveys of sanitary conditions

The newly formed American Medical Association sets up a Public Hygiene Committee to address public health issues

First Women's Rights Convention in the United States, at Seneca Falls

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

Karl Marx and Frederick Engels publish The Communist Manifesto

1849-

1854: Elizabeth Blackwell sets up the New York Dispensary for Poor Women and Children (1849); John Snow publishes On the Mode of Communication of Cholera (1849); Lemuel Shattuck publishes Report of the Sanitary Commission of Massachusetts (1850); founding of the London Epidemiological Society (1850); Indian Wars in the southwest and far west (1849-1892); Compromise of 1850 retains slavery in the United States and Fugitive Slave Act passed; Harriet Beecher Stowe publishes Uncle Tom's Cabin (1852); Sojourner Truth delivers her "Ain't I a Woman" speech at the Fourth Seneca Fall convention (1853); John Snow removes the handle of the Broad Street Pump to stop the cholera epidemic in London (1854)