

November 25, 2003

TO: EVERYONE ON SPIRIT OF 1848 EMAIL BULLETIN BOARD
FROM: SPIRIT OF 1848 COORDINATING COMMITTEE (Nancy Krieger [chair], Catherine Cubbin [data], Luis Avilés [history], Lisa Moore [curriculum], Pam Waterman [e-networking/student poster], and Emily Galpern [student poster])
RE: REPORTBACK FROM THE 2003 APHA CONFERENCE

Greetings! The Spirit of 1848 Caucus is happy to share our reportback from the 131st annual meeting of the American Public Health Association (San Francisco, CA, November 16-19, 2003). Below we:

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

We are sending this reportback by email and posting it on our web site. Currently, over 1,500 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 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.**

And, 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); email: nkrieger@hsph.harvard.edu
--Catherine Cubbin (Politics of public health data committee); email: ccubbin@stanford.edu
--Luis Avilés (History committee); email: laviles@uprm.edu
--Lisa Moore (Curriculum committee); email: lisadee@sfsu.edu
--Pam Waterman (E-networking committee/Student Poster session); email: pwaterma@hsph.harvard.edu
--Emily Galpern (student rep for the Student poster session until Dec 31, 2003; email: emilyg@sfsu.edu);
& Donna Willmott (student rep, starting Jan 1, 2004; email: donnawillmott@mindspring.com)

We also would like to give a big THANKS to members of our prior Coordinating Committee who will continue on as members of their committees but will no longer be on the Coordinating Committee, given the decision to streamline the committee to have 1 member per subcommittee, as explained below – so, THANKS to: Kristen Marchi, Anne-Emanuelle Birn, and Theresa Teti.

Finally, our webpage (with information on our mission statement, activities, etc) can be found at:

<http://www.progressivehn.org>

P.S. Be on the lookout, in the **December 2003 issue** of *Am J Public Health*, for the papers based on our integrative session we held at APHA 2002, on **“LATIN AMERICAN SOCIAL MEDICINE AND THE QUEST FOR SOCIAL JUSTICE & PUBLIC HEALTH: LINKING HISTORY, DATA, AND PEDAGOGY”!**

I. SPIRIT OF 1848 BUSINESS MEETING

Note: CC = Spirit of 1848 Coordinating Committee member (2002-2003)

Present: Nancy Krieger (Chair/CC), Catherine Cubbin (co-chair: data/CC), Kristen Marchi (co-chair: data/CC), Pam Waterman (e-networking & student poster/CC), Theresa Teti (co-chair: history/CC), Emily Galpern (co-chair: student poster/CC), Heidi Strupp, Megan Gaydos, Dan Scott, Amani Nuru-Jeter, Diane Bennett, Cathy Tashiro, Dabney Evans, Carles Muntaner, Hal Strelnick, Sarah Raskin, Kay Eilbert, Jennifer Garcia, Donna Willmott; Unable to attend but provided updates by proxy: Lisa Moore, Anne-Emanuelle Birn, Luis Avilés, Babette Neuberger; Unable to attend but expressed interest in being part of a subcommittee: Janine Jurkowski, Gerard Ferguson, Marion Fass; APHA Executive Board Liaison: Diane Rowley.

A. Review of scope & structure of Spirit of 1848

1) We reaffirmed that 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 the late 1980s as part 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.

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 we streamlined to consist of the Chair of the Caucus (who also serves as Program Chair) and one representative from each sub-committee (with the e-networking/student poster committee also including a student representative). 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 website, and thanked Pam Waterman for ensuring their smooth functioning.

3) We will continue with the same APHA time slots that we had this year. We agreed we would continue to be open to co-sponsoring the labor/radical history tours that the Occupational Safety & Health Section typically organizes each year (although they didn't organize one this year) and would not separately revive the radical history tours we have previously organized.

Thus, the Spirit of 1848 time slots (assigned by APHA) are:

Spirit of 1848 session*	Day	Time
History (social/progressive history of public health)	Monday	10:30 to 12 noon
Politics of public health data	Monday	2:30 to 4:00 pm
Integrative session (history, data, pedagogy)	Monday	4:30 to 6:00 pm
Curriculum (progressive pedagogy)	Tuesday	8:30 to 10:00 am
Student poster session: social justice and public health	Tuesday	12:30 to 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) At the beginning of our business meeting we were joined by Diane Rowley, the APHA Executive Board liaison to our Caucus. Diane informed us that APHA : (a) has initiated an interactive governing council, active throughout the year, (b) is no longer running a deficit (plus has established a finance committee, in addition to having a treasurer), and (c) is looking forward to devoting more time and energy to addressing policy issues and resolving some outstanding membership issues now that it has dealt successfully with the prior budget issues. Priority areas of work include: access to care; eliminating health disparities; and strengthening the public health infrastructure. Membership issues to be prioritized for the coming year are: addressing the decline in membership (which may be related to students no longer getting the print journal as part of their membership, a prior Executive Board decision that will be revisited and likely reversed), plus developing and improving relationships between the affiliates and the national organization (including the ongoing concern that only 20% of affiliate members additionally belong to the national organization).

After thanking Diane for the update, we shared with her our key concern for the coming year: our being dropped from 4 to 2 complimentary passes. This was especially surprising because the Spirit of 1848 sessions last year

RANKED #1, as compared to the scientific sessions of all other APHA Sections, SPIGs, and Caucuses, for:

- (a) the most attendees (combining attendance across all sessions organized by a given group; n = 711);**
- (b) the highest average attendance per session (n = 177.8, compared to an overall average of 47 attendees per session), and**
- (c) the highest number of folk attending any 1 session (n = 308),**

as documented in the APHA Feb 2003 attendance report (the first such report issued by APHA). We expressed our concern that the rationale for providing the widely varying number of complimentary passes to the different Sections, SPIGs, and Caucuses was likewise unclear. We requested an explanation both for the allocation of these passes to the different groups and also why we were cut from 4 to 2. We also noted we had excellent relations with Donna Wright, the APHA staff person who generously gave us an extra pass this year, when we recognized 3 would not suffice. At issue was our desire to include historians and others who do not typically belong to APHA; if we are to encourage truly interdisciplinary exchanges beneficial to public health, we need to be able to provide complimentary 1 day passes to such speakers. Diane said she would check into our concern and get back to us about the rationale for the number of complimentary passes. We also flagged this issue at the Program Planner meeting that happens directly after the APHA conference each year.

B. Plans for the coming year

NOTE: on December 19, 2003, the APHA website for abstracts will go “live”. The deadline for submitting abstracts will then be Feb 2-6, 2004. 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, focused on the theme of “Public Health and the Environment,” will be in Washington, DC (November 6 through November 10, 2004), with the opening general session on Sunday, November 7, 2004). I.e., right after the elections ...

Also, we note that the 2004 meeting will be the **10th anniversary** of the founding of the Spirit of 1848 at APHA (initially as an affiliated organization, in 1994). We will recognize this in the session organized for the “Politics of Public Health Data” session.

Finally, reflecting on the sessions this year, we have decided that to improve integration of presentations in any given panel, we will likely require that, for each session, all participants (presiders, speakers, and discussants) will participate in a conference call in the late spring. In this call, we will discuss the ideas motivating the session and the likely content of -- and relationships between -- each of the presentations. We will also make sure each session has adequate time at the end for questions & answers & discussion with the audience. Plus, at least for several sessions, we plan on developing resource guides that either can be distributed at APHA or else posted on our website.

1) POLITICS OF PUBLIC HEALTH DATA: APHA session for next year

This session will focus on “*Social Justice, Data, Discrimination, and Social Inequalities in Health: A Critical Review of Concepts, Methods, and Evidence—the 1st Decade of the Spirit of 1848*”. It will recognize the 10th anniversary of the founding of the Spirit of 1848 by focusing on issues addressed in our first 2 sessions, held in 1994: (a) “Discrimination: a risk factor for health status? – a look across the lines of color, class, gender, and sexual identity,” and (b) “Social inequalities in health: measures and trends.” We will solicit abstracts for four 15-minute talks. These solicited presentations will review and critically address progress and setbacks in research during the past decade (1994-2004) regarding: (1) frameworks, concepts, and controversies regarding research on social inequalities in health; (2) concepts, methods, and evidence on racial/ethnic discrimination and health; (3) concepts, methods, and evidence on sexuality and anti-LGBT discrimination and health; and (4) concepts, methods and evidence on multilevel approaches to studying relationships between characteristics of areas and health (which may also include mention of issues pertaining to environmental justice). A discussant will then be asked to reflect briefly on the work over the past decade, including policy relevance and gaps that need to be addressed. Additionally, members of the data sub-committee will work on developing a resource guide of books, articles, and websites relevant to the topics addressed. ALL presentations will be solicited.

Members of the Spirit of 1848 “politics of public health data” subcommittee for 2003-2004 are:

Catherine Cubbin (CC) (ccubbin@stanford.edu)
Nancy Krieger (CC) (nkrieger@hsph.harvard.edu)
Kristen Marchi (kmarchi@itsa.ucsf.edu)
Heidi Strupp (hidie@prisonerswithchildren.org)
Megan Gaydos (mgaydos@phrusa.org)
Dan Scott (dscott@dhs.ca.gov)
Amani Nuru-Jeter (anjeter@itsa.ucsf.edu)
Carles Muntaner (muntaner@son.umaryland.net)
Kay Eilbert (kk81@cox.net)

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

Given the wonderful success of the session this year, the committee will organize an encore! “*Teaching activism for public health, Part II*” will accordingly focus on teaching activism in public health to students in diverse kinds of classes: at professional schools, in colleges, or community-based settings. The committee will use the same open call for abstracts employed last year but may also solicit some of the presentations. Additionally, members of the curriculum subcommittee will work on obtaining syllabi of courses linking issues of social justice & public health that can be shared on our website. This session builds on the enthusiasm for our previous session held this topic last year, hence “Teaching Activism for Public Health, Part 2”!

Members of the Spirit of 1848 “curriculum/progressive pedagogy” subcommittee for 2003-2004 are:

Lisa Moore (CC) (lisadee@sfsu.edu)
Babette Neuberger (bjn@uic.edu)
Marion Fass (fassm@beloit.edu)

Diane Bennett (dianbenn@medscape.com)
Cathy Tashiro (ctashiro@u.washington.edu)
Megan Gaydos (mgaydos@phrusa.org)
Dabney Evans (devan01@sph.emory.edu)
Hal Strelnick (hstrelni@montefiore.org)

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

3) HISTORY: APHA session for next year

To address issues of the environment and public health, the history subcommittee will organize a session focused on “*Environmental Histories, Social Justice & Public Health.*” This session will include a variety of presentations examining how progressive public health action has resulted in different understandings of “the environment” (“natural,” “built,” and “social”) and affected policies regarding links between these environments and health. Case examples likely will focus on issues involving nuclear testing, air and water pollution, and hog farming and nitrates, in relation to the public health issues, cover-ups, and policy responses to activist organizing on these issues. A key theme will be the importance of these historical examples to contemporary debates regarding environmental health and environmental justice activism. The committee will develop an open call for abstracts for this session and also solicit presentations.

Members of the Spirit of 1848 “history” subcommittee for 2003-2004 are:

Luis Avilés (CC) (laviles@uprm.edu)
Anne-Emanuelle Birn (ae.birn@utoronto.ca)
Theresa Teti (theresa@resource411.org)
Janine Jurkowski (janin@uic.edu)
Gerard Ferguson (gfergerson@earthlink.net)

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

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

For our 3rd integrative session, we will develop a session focused on “*Social Justice, Urban Planning, and the Built Environment: integrating history, politics of public health data, and progressive pedagogy*”. The session will include three 15-minute presentations, plus a discussant. The first presentation will focus on the history of social justice concerns in relation to urban planning and public health. The second presentation will focus on developments in GIS & spatial analysis relevant to linking issues of social justice, urban planning, and public health. The third presentation will discuss case examples of progressive pedagogy linking issues of social justice, urban planning, and public health. The discussant will be asked to reflect on connections between the 3 presentations and their relation to issues of environmental justice. All presentations for this session will be solicited.

Members of the Spirit of 1848 “integrative session” subcommittee for 2003-2004 are:

Nancy Krieger (CC), Catherine Cubbin (Data/CC), Luis Avilés (History/CC), Lisa Moore (Curriculum/CC), plus Amani Nuru-Jeter (data).

This session will be in our Monday afternoon slot, 4:30 pm to 6:00 pm.

5) STUDENT POSTER SESSION: SOCIAL JUSTICE AND PUBLIC HEALTH

Our poster session is for *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). The call for abstracts will note that, given the theme of the conference, we will especially welcome posters on environmental justice issues. To aid students in preparing their submissions, we will: (1) encourage them to look at titles of previous posters included in our session, and (2) display the winning posters from each year on our website. Additionally, since many students have not created a poster before, we will also newly develop a “tip sheet” for how to prepare a poster, to be adapted from the one prepared by the APHA International Committee on Human Rights, via Dabney Evans (devan01@sph.emory.edu). Recognizing that students often have limited funds for travel, we will publicize this session especially to students in DC area & eastern seaboard, plus will reach out to students in schools of public health, medicine, dentistry, nursing, etc. and also to undergraduate programs oriented to public health. Possible contacts for spreading the word include: Megan Gaydos, who is part of the data committee & has access to thousands of students through Physicians for Human Rights (mgaydos@phrusa.org), and also the students from the MPH program in San Jose who presented at the progressive pedagogy session. We likewise will encourage members of the Spirit of 1848 email bulletin board to post the call for submissions onto student listserves at the universities/teaching institutions where they are based, as either students, faculty, or staff, if applicable. Lastly, we will continue with our tradition of awarding a prize to the best student poster, namely: \$50 to purchase books 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, & staff alike) to get the word out to students that we are eager for their submissions!

Members of the Spirit of 1848 “student poster” subcommittee for 2003-2004 are:

Pam Waterman (CC) (pwaterma@hsph.harvard.edu)
Emily Galpern (CC until 12/31/03)(emilyg@sfsu.edu)
Donna Willmott (CC starting 1/01/04)(donnawillmott@mindspring.com)
Dabney Evans (devan01@sph.emory.edu)

This session will be in our Tuesday afternoon slot, 12:30 pm to 2:00 pm.

6) E-networking

a) Email bulletin board: Pam Waterman remains in charge of all logistical aspects of running our email bulletin board, which now serves over 1,500 people; Nancy Krieger helps ensure all postings are consonant with the stated purpose of the bulletin board. 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 you 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 2004 planning meeting, represented by Lisa Moore, one of our Spirit of 1848 coordinating committee members. Our contribution, as usual, was to suggest progressive themes and speakers for the APHA plenary sessions. Regarding complimentary passes: (1) we learned they are in part determined by the number of sessions organized by a given Section, SPIG, or Caucus, rather than attendance at the sessions, and (2) we should check in with APHA staff if we need more than the 2 passes currently allocated to our Caucus, to see what we can arrange.

II. SPIRIT OF 1848 SESSIONS AT APHA

Our sessions were well attended, thought provoking, and clearly useful to those who attended them. Not only did we learn a lot from the presentations included in each session but, as noted above (in our ideas for sessions for next year), we also have some ideas for how to make the sessions even better in the future. In total, we estimate approximately 775 persons attended our 4 oral sessions.

The specifics, in chronological order, are as follows:

1) HISTORY

Our session, attended by about 75 people, was on “**IMMIGRANT CALIFORNIA: INEQUALITY AND PUBLIC HEALTH IN HISTORICAL PERSPECTIVE**” (Session 3155.0, on Mon, Nov 17, 10:30 am to 12 noon). The line-up was as follows:

10:30 AM Introduction. **Anne-Emanuelle Birn, ScD, Luis Avilés, PhD, Theresa Teti, DN, MPH**

10:40 AM Sterilized in the name of public health: Eugenics, race, and immigration in modern California. **Alexandra Minna Stern, PhD**

11:05 AM Pox, Plague and the Histories of Health Security in Immigrant California. **Nayan B. Shah, PhD**

11:30 AM Discussant. **Natalia Molina, PhD**

11:45 AM Question & answer period

Alexandra Minna Stern reviewed the history of the eugenic sterilization in California, noting that approximately 20,000 of the estimated 60,000 forced sterilizations in the US between 1900 and 1960 occurred in this state, chiefly among persons institutionalized and deemed “mentally feeble.” During the first decade of the 20th century, laws were enacted that permitted these sterilizations to be performed without consent and protecting physicians from complaints lodged by or on behalf of the persons sterilized. Rising throughout the first decades of the 20th century, these sterilizations peaked in the late 1930s and early 1940s, then declined during the 1950s. The reported cases are likely an undercount, as they do not include sterilizations carried out at prisons and also by private physicians. Support for sterilizations was based in a dynamic movement involving many in public health and medicine, including academics, providers, and practitioners, along with many in the legal system, industrialists, and the public at large. Arguments for sterilization were often framed in terms of “improving the human race” and also their fiscal benefits, preventing care for the “mentally feeble” from draining state resources. IQ tests were used to determine who was “mentally feeble.” Initially, sterilizations were performed chiefly on men who were manual workers, but the focus then shifted to lower income women “homemakers”; in both groups, Mexican Americans and African Americans were disproportionately overrepresented. Loud echoes of the eugenic rhetoric supporting forced sterilization remain apparent, both in cases defending against charges of sterilization abuse in the 1970s and also in arguments for welfare repeal in the 1990s.

Nayan Shah then considered issues of “health security,” “sanitary citizenship,” “normalcy,” and social inequality in relation to immigrants, smallpox, and plague in California in the early 20th century. Contrasting the usually limited funding for public health with its powerful impact on public policy and perceptions, he reviewed how anti-Chinese and anti-Japanese stereotypes and discrimination became intertwined with the state-mandated role of public health to remove “threats” to society. Examples included how Chinese residents of California were blamed for a smallpox epidemic in the 1870s, and how the 1906 quarantine of San Francisco’s Chinatown for bubonic plague was highly selective: only Chinese residents were quarantined, while white and other non-Chinese residents of the 12-block area were free to come and go. Subsequently, unions representing white laundry workers sought to depict Japanese laundries as unsanitary and a threat to their clients. In these cases, public health rhetoric helped foster inequality; whether a more inclusive approach to address population health issues can be achieved remains to be seen.

Natalia Molina, as discussant, encouraged a focus on the networks of institutions that together shaped policies and practices tying citizen status to health status and resulting in immigrants being singled out as health threats.

During the Q&A period, discussion focused on the importance of examining not only cases when public health is divisive and exclusionary, but also examples of when public health practice works because it is inclusive and premised on social justice. By considering both, we can better inform the frameworks and workings of contemporary public health.

Primary Sponsor: SPIRIT OF 1848 CAUCUS; Co-sponsors: APHA: Caucuses: Asian Pacific Islander Caucus; Caucus on Refugee and Immigrant Health; Health Equity and Public Hospitals Caucus; Labor Caucus; Latino Caucus; Lesbian, Gay, Bisexual & Transgender Caucus; Socialist Caucus; *Sections:* Epidemiology; Maternal & Child Health; *SPIGs:* Health Law Forum.

2) POLITICS OF PUBLIC HEALTH DATA

Our session, attended by about 230 people, was on “**SOCIAL JUSTICE & PUBLIC HEALTH: DATA NEEDS AND DATA PRIVACY**” (Session 3313.0, on Mon, Nov 17, 2:30 to 400 pm). The line-up was as follows:

- 2:30 PM** Introduction. **Catherine Cubbin, PhD, Kristen S. Marchi, MPH**
- 2:40 PM** What HIPAA Means to Public Health Research. **Sarah Putney, JD**
- 3:00 PM** Eliminating race, ethnicity and national origin information from public health research and programs: California's ballot initiative. **Carmen Nevarez, MD, MPH**
- 3:20 PM** Grassroots organizing for social justice & public health: Data needs & strategies to address them. **Makani Themba-Nixon**
- 3:40 PM** Discussant. **Nancy Krieger, PhD**
- 3:50 PM** Question & answer period.

Sarah Putney reviewed some of the key aspects of protection of the privacy of medical records afforded by HIPAA, in terms of who it affects and what some of the social justice implications are. Noting that its provisions do not cover prisoners or persons without access to medical care, she also emphasized that its requirements for informed consent were likely to limit participation in research among persons with low levels of literacy. Her recommendations for action included a call for institutions to ensure their HIPAA forms were as simple and straightforward as possible. Suggesting this is feasible, she cited as an example one health maintenance organization which reduced a highly legalistic 16 page HIPAA document to a much more reader-friendly 2-page document accessible to persons of low literacy.

Carmen Nevarez then described the development of the campaign against Proposition 54, which was recently defeated in California by a 64% majority (even though surveys indicated 60% of the population had initially supported the measure). Prop 54, termed the “Racial Privacy Initiative” by its supporters, would have banned state agencies in California from using or analyzing racial/ethnic data. Framed as opposing “racialism” and promoting “colorblindness,” its intent was to undermine statistical evidence of racial/ethnic discrimination and affirmative action. Although the proposition had an exemption for data on “medical patients,” legal analysis showed that this exemption would not have included routine public health surveillance data. Public health advocates were critical in developing the campaign against Prop 54, with a final TV advertisement featuring the prior Surgeon General Koop stating Prop 54 was bad for health and opposed by numerous health organizations (the message found to resonate best with the likely voters). Despite defeat, it is likely that proponents of Prop 54 (including an organization deceptively named the “American Civil Rights Institute”) will seek to win passage of a revised version of Prop 54, in California and possibly other states.

Makani Themba-Nixon of the Praxis Institute then spoke of the complex needs for data by advocacy organization. While noting it would be nice to think policy is driven by a vision, informed by right and good data, in fact it typically is driven by problems – with sometimes data collection becoming the policy (rather than addressing the problems the data reveal). Recognizing a need for data and monitoring regarding social disparities in health, she noted that if the data are collected only on individuals, then individuals become the focus of the problem. Urging more attention to data on institutions and their

processes and practices that drive social inequalities in health, she cited as one example a study that used paired testers (one white, one Indian) to assess practices involving racial/ethnic discrimination affecting enrollment in a health plan. She likewise emphasized the importance of doing a “landscape” analysis that focuses on who are the decision makers and the decisions they make, rather than solely on people affected by the decisions.

Nancy Krieger, as discussant, linked the presentations by considering the two-edged nature of data on social injustice and health: depending on how the data are framed, they can be used to illuminate inequity or to victim-blame. Contrary to its literal meaning as “that which is given,” “data” in fact are collected, generated, analyzed and interpreted by people – such that frameworks and accountability for these frameworks and the use of the data are always at issue and must be addressed, explicitly.

Primary Sponsor: SPIRIT OF 1848 CAUCUS; Co-sponsors: APHA: Caucuses: Asian Pacific Islander Caucus; Black Caucus; Caucus on Refugee and Immigrant Health; Health Equity and Public Hospitals Caucus; Labor Caucus; Lesbian, Gay, Bisexual & Transgender Caucus; Socialist Caucus; **Sections:** Community Health Planning & Policy Development; Epidemiology; Maternal & Child Health; Statistics; **SPIGs:** Health Law Forum.

3) INTEGRATIVE SESSION

Our session, attended by about 270 people, was on **“THE POLITICS OF WAR & HEALTH: LINKING SOCIAL JUSTICE & PUBLIC HEALTH--HISTORY, DATA, AND PEDAGOGY”** (Session 3382.0, Mon, Nov 17, 4:30 to 6:00 pm). The line-up was as follows

- 4:30 PM** Introduction. **Nancy Krieger, PhD, Luis Avilés, PhD, Babette Neuberger, JD, MPH**
- 4:35 PM** Social injustices caused by war and their impact on public health. **Barry S. Levy, MD, MPH, Victor W. Sidel, MD**
- 4:55 PM** Epidemiology of Collective Violence. **Richard Garfield, DrPH, RN**
- 5:15 PM** Continuums of Violence: Learning the Link between Subterranean Violence to War. **James Quesada, PhD**
- 5:35 PM** Discussant. **Linda Rae Murray, MD, MPH**
- 5:45 PM** Question & answer period

Barry Levy presented a talk jointly prepared with **Vic Sidel** that presented evidence of the direct and indirect toll of war during the 20th century, as well as the changing nature of war over the course of this century. Estimating that approximately 191,000,000 persons have died during the 20th century due to the overall impact of war, their presentation also emphasized how war has increasingly changed from inter- to intra-state conflict, with civilian deaths accounting for an ever greater proportion of casualties. Thus, whereas civilians accounted for approximately 14% of deaths in WWI, by the 1990s, civilians accounted for 90% of deaths. Causes of death were both direct (due to injuries) and indirect (due to harm to infrastructure, e.g., lack of potable water). Additional types of harm included rape, children forced into being combatants, and displacement of populations, with 20 million people in the world now estimated to be refugees. A public health perspective on these problems is essential, because it counters fatalism and instead focuses on how these problems can be predicted, analyzed, and addressed.

Richard Garfield then discussed the importance – and difficulties – of obtaining data on the mortality and morbidity due to war, especially given the shift from casualties born chiefly by the military (which kept careful records) to those borne by civilians (for whom much of the harm is unrecorded). Focusing on combinations of risk and population size, he noted two trends in late 20th century warfare: the rising toll on civilians and the shift of risk to developing countries. The former is occurring because (a) while troops are at relatively high risk, they are relatively small in size, compared to (b) civilian non-combatants who, while at lower risk, are much more numerous, hence giving rise to a much greater number of deaths. Commenting on Iraq, where he had just been, he noted that this conflict represents the first time that US troops have experienced more deaths after the war than when in major conflict, even as the war-related mortality rate of Iraqi civilians is beginning to decline. He likewise explained how the large number of Iraqi civilian deaths before the recent war arose from the persistence of the sanctions over many years, resulting in a small elevated risk affecting a large population over time, generating many deaths, as compared to the smaller number of deaths occurring during the temporally brief span of intense warfare.

Emphasizing that if deaths are not recorded, they do not “count” when tallying the toll of war, he urged improvement of data gathering for purposes of accountability.

James Quesada then presented an anthropological analysis of how people learn to understand war and use violence and urged attention be paid not only to overt warfare but also to the structural violence that sets the basis for this warfare. Emphasizing that warfare requires dehumanization, he urged promotion of humanistic frameworks that highlight why and how war and violence are preventable.

Linda Rae Murray, as discussant, reflected on how the presentations clarified the changing nature of war, and hence the challenges and responsibilities of framing war as a public health problem and developing strategies to promote peace. Given the declining number of “formal” inter-state wars and rising number of intra-state conflicts, with roots in inequities in globalization, it is no longer sufficient to wait for declaration of war to oppose war. Instead, peace movements must address the underlying global inequities that give rise to conflict; to prevent war, it is necessary to fight for social justice.

In the **discussion period**, **Vic Sidel** underscored that the changing nature of war required going beyond international law addressing conflicts between states to protection of human rights within states embroiled in internal conflicts. This will require both strengthening as well as reforming the UN.

Primary Sponsor: SPIRIT OF 1848 CAUCUS; Co-sponsors: APHA: Caucuses: Asian Pacific Islander Caucus; Black Caucus; Health Equity and Public Hospitals Caucus; Labor Caucus; Peace Caucus; Socialist Caucus; **Sections:** Epidemiology; Injury Control & Emergency Health Services; Maternal & Child Health; Public Health Nursing; **SPIGs:** Health Law Forum.

4) CURRICULUM/PROGRESSIVE PEDAGOGY

Our session, attended by about 200 people (the highest by far for this “early bird” session!), was on **“TEACHING ACTIVISM FOR PUBLIC HEALTH” (session 4085.0, Tues, Nov 18, 8:30 to 10:00 am)**. The line-up was as follows:

- 8:30 AM** Introduction. **Lisa D. Moore, PhD, Babette J. Neuberger, JD, MPH**
- 8:35 AM** Community Action Model: Working with advocates to change the place they live. **Christine Carpenter, Isabel Auerbach, MPH; Buffy Bunting, MPH; et al.**
- 8:50 AM** Using Literature to Teach Activism for Public Health. **Martin T. Donohoe, MD, FACP**
- 9:05 AM** Unlocking students' activist spirits: Experiential learning and leadership in the San Jose State University MPH program. **Kris Friewald, Emalie Hurliaux, MPH(c)**
- 9:20 AM** Media Advocacy: Using news as a pressure tool for social change. **Sonja Herbert, MPH, Lori Dorfman, DrPH**
- 9:35 AM** Discussant. **Meredith Minkler, DrPH**
- 9:45 AM** Question & answer period

Christine Carpenter presented the Community Action Model she and her colleagues are using, based on a Friesian approach, to build community capacity via participatory action to address public health problems. The concrete example was a youth campaign to address smoking of bidis (an Indian cigarette), where the youth involved in the campaign did research on the internet, plus conducted key informant surveys and surveyed sales and purchase of bidis. Their work resulted in the FDC placing warning labels on bidis, increasing local enforcement of laws about sales of bidis, and lessening the appeal of bidis among their peers by documenting how bidis are produced by child labor in India.

Martin Donohoe next described how he has included use of short stories, with accompanying scientific articles, to engage students more deeply in learning about the realities of disease and social injustice as a cause of ill health. Using the twin strategies of getting stories included in already existing curricula and also development of new training programs linking medical students with English literature students, he emphasized the importance of this approach especially when training students whose lives have been privileged. He provided numerous examples of short stories that he uses; his reading list will be posted on the Spirit of 1848 website, and he can also be reached directly at: martin.donohoe@verizon.net

Kris Friewald then described the innovative learning program involving MPH students, with faculty support, at San Jose State University. Based on the principles of praxis, community, and love – for which

the students offered definitions reflecting the complexity of each construct -- the program encourages students to become engaged and reflexive learners who take on the commitment and responsibility of working for social justice and public health. The program involves seminars, work on concrete projects, mentoring of students by each other, and advocacy within the university to address issues of discrimination. It is also making links with the undergraduate student groups as well as making ties with public health student organizations at other campuses.

Sonja Herbert then described the importance of linking concerns with social justice with media advocacy to promote public health prevention policies that keep the focus on structural and policy determinants of health. Noting that individual stories tend to be interpreted in relation to individual-level solutions, the Berkeley Media Group has developed a variety of training programs to help make sure an effective and engaging public health message gets across to policy makers via the media. Her 7 key recommendations were: (1) develop an overall strategy before the interview for key points to emphasize; (2) talk more about the solution and less about the problem; (3) talk about why the issue matters, from a social justice perspective, as that is what is engaging; (4) identify who has accountability for the problem or can help facilitate the solution (e.g., in a mid-western state, the voices able to reach policymakers re a problem affecting youth were those of the football coaches); (5) train a variety of spokespersons, as different kinds of voices are needed to get a particular story across; (6) build a news story, not a scientific journal article, so use media bites, visual, and humor (e.g., the message: “having a non-smoking section in a restaurant is like having a non-peeing section in a swimming pool”); and (7) present data in an accessible way (e.g., risk is 1 in 5, rather than the number of people affected; make contrast without even using data, e.g., students in college spend more on alcohol than they do on textbooks).

Meredith Minkler, as discussant, emphasized how these courses are key are essential for training public health advocates. Common themes were: the importance of participatory approaches, an emphasis on lived experience, and an explicit focus on social justice. She recommended that training in media advocacy be a core requirement for any degree in public health.

Primary Sponsor: SPIRIT OF 1848 CAUCUS; Co-sponsors: APHA: Caucuses: Asian Pacific Islander Caucus; Health Equity and Public Hospitals Caucus; Lesbian, Gay, Bisexual & Transgender Caucus; Peace Caucus; Public Health Student Caucus; Socialist Caucus; *Sections:* Epidemiology; Maternal & Child Health; Occupational Health & Safety; Public Health Education & Health Promotion; School Health Education & Services; *SPIGs:* Community Health Workers; Health Law Forum.

5) STUDENT POSTER SESSION

Our 2nd-ever “**STUDENT POSTER SESSION: SOCIAL JUSTICE AND PUBLIC HEALTH**” (session 4172.0, Tues, Nov 18, 12:30 to 2:00 pm) had 6 entries this year. The line-up was as follows:

Board 1: Mobilizing students for action: A model for training HIV/AIDS activists locally, regionally, and nationally. **Robert T. Elliott; Robert F. Luo; Elizabeth G. McCarthy; Melissa S. Tracy; Adam R. Taylor;**

Board 2: Participatory Action Research as a Feminist Methodology: A Case Study of Immigrant Latina Janitors' Health. **Roona Ray [THIS POSTER WAS AWARDED OUR STUDENT POSTER PRIZE];**

Board 3: A glimpse of post-intervention Afghanistan: Re-establishing health care and the perspectives of Afghan health care professionals. **Marian Morris;**

Board 4: A snapshot of the linguistic needs of San Francisco safety net providers and their views on foreign-trained health professionals. **Emily Galpern; Amanda Goldberg; Regina Lagman;**

Board 5: Addressing the challenge of medications for the uninsured: Solutions for a cardiovascular disease prevention project. **Julia E. Heck, Suzianne Garner; Julie C. Will; Sonya Lewis;**

Board 6: Integrating social justice principles within public health interventions. A reflection on Amartya Sen's contribution. **Katia S. Mohindra; Béatrice Nikiema; Eric Breton; Anne Guichard; Pascale Mantoura**

Primary Sponsor: SPIRIT OF 1848 CAUCUS; Co-sponsors: APHA: Caucuses: Asian Pacific Islander Caucus; Black Caucus; Health Equity and Public Hospitals Caucus; Lesbian, Gay, Bisexual & Transgender Caucus; Peace Caucus; Public Health Student Caucus; *Sections:* Epidemiology; HIV/AIDS; Maternal & Child Health; Public Health Education & Health Promotion.

F) Other:

We co-sponsored many more sessions this year, following our policy of reviewing & approving all requests for co-sponsorship through the Spirit of 1848 Coordinating Committee. For 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. Because the number of sessions we were requested to co-sponsor this past year escalated dramatically, we are re-thinking our policy of co-sponsoring sessions, given the major time demands placed on Coordinating Committee members to review all the abstracts.

The sessions we co-sponsored for the APHA 2003 meeting were (in alphabetical order, by primary sponsor):

American Indian, Alaska Native & Native Hawaiian Caucus: Effects of Social Determinants on Native Health (4108.0; Tues, 12:30-2:00 pm); Impacting Health Disparities (4246.0; Tues, 4:30-6:00 pm);
Asian Pacific Islander Caucus: The Documentation, Measurement, and Amelioration of Health Disparities Within API Populations (4186.0; Tues, 2:30-4:00 pm);
Black Caucus of Health Workers: Research Symposium: Are We Confronting the Social, Economic and Environmental Factors of Health Disparities? (4187.0; Tues, 2:30-4:30 pm);
Community Health Worker SPIG: Transforming Communities through Popular Education (3024.0; Mon, 8:30-10:00 am); Community Health Workers as Activists: Meeting the Needs of the Community (3114.0; Mon, 10:30-12:00 noon); Community Health Workers Addressing Health Disparities in their Communities (5090.0; Wed, 12:30-2:00 pm);
Environment: Children's Environmental Health & Vulnerable Populations - Disproportional Affected Communities (3117.0; Mon, 10:30-12 noon); Environmental Health and Policy: The politics of science (4196.0; Tues, 2:30-4:30 pm); Social Determinants of Health - Sound Science for Sale? Industry Influence over Research, Risk Assessment and Regulation of Tobacco, Food and Toxic Chemicals (4259.0; Tues, 4:30-6:00 pm); Social Determinants of Health - Effects of Social Factors on Environmental Health (5023.2; Wed, 8:30-10:00 am);
Food & Nutrition: Determinants and Barriers to Health Behavior Change (4038.0; Tues, 8:30-10:00 am);
Gerontological Health: Diversity over the Life Course: Race, Ethnicity, and Aging (4268.0; Tues, 4:30-6:00 pm);
Health Equity & Public Hospital Caucuses: Bay Area Community Organizing for Health Justice (4273.0; Tues, 4:30-6:00 pm);
Labor Caucus: The Social Costs of Large Retailers' (and Other Large Employers) Health Care Practices (4216.0; Tues, 2:30-4:00 pm);
Latino Caucus: Health Disparities as a Determinant of Latino Health (3356.0; Mon, 4:30-6:00 pm); Health disparities (4217.0; Tues, 2:30-4:00 pm);
Lesbian, Gay, Bisexual & Transgender Caucus: Working Towards LGBT Equality: Legal, Medical, and Legislative Perspectives (4283.0; Tues, 4:30-6:00 pm);
Maternal & Child Health: Walk in My Shoes: A Health Access Simulation (3361.0; Mon, 4:30-6:00 pm); Programs to Reduce Health Disparities and Infant Mortality (5115.0; Wed, 12:30-2:00 pm); Racial Disparities in Maternal and Child Health (5169.0; Wed, 2:30-4:00 pm);
Medical Care: P. Ellen Parsons Memorial Session: Globalization and Health (3218.0; Mon, 10:30-12 noon); The History of Immigration Policy: At Home and Abroad (3295.0; Mon, 2:30-4:00 pm); Poverty Does Matter - The Social Determinants of Health (4157.0; Tues, 12:30-2:00 pm); Ethnic and Racial Disparities Contributed Papers: Empiric Studies (4291.0; Tues, 4:30-6:00 pm);
Occupational Health & Safety: Addressing Class and Cancer: Forging Labor and Public Health Coalitions in Cancer Prevention Efforts (3144.0; Mon, 10:30-12 noon); Training Young Minority Workers: A Comprehensive Approach to Providing Workforce, Health and Safety Skills to a Highly Vulnerable Worker Population (4224.0; Tues, 2:30-4:00 pm);
Peace Caucus: War and Public Health (3225.0; Mon, 12:30-2:00 pm); Epidemiology of War (5125.0; Wed, 12:30-2:00 pm);
Public Health Education & Health Promotion: Impact of Racism, Homophobia and Stigma on Health (3373.0; Mon, 4:30-6:00 pm);
Social Work: Financial, Racial and Ethnic Disparities of a Diverse Population (3084.0; Mon, 8:30-10:00 am);
Socialist Caucus: Universal Health Care as the Civil Rights Struggle of the 21st Century (3154.0; Mon, 10:30-12:00 noon); Drug Pushers: How Big Pharma is Hazardous to Women's Health (3244.0; Mon, 12:30-2:00 pm); The Politics of Food: The American Diet and Food Safety (4171.0; Tues, 12:30-2:00 pm); Globalization, Health and Liberation Medicine (4237.0; Tues, 2:30-4:00 pm); For-Profit Health Care: Does Corporate Care Breed Corporate Crime? (4320.0; Tues, 4:30-6:00 pm);
Women's Caucus: Social and Political Aspects of Health (3402.0; Mon, 8:30-10:00 pm); Speaking Truth to Power: Feminist Health Organizing and Advocacy in a Conservative Era (4088.0; Tues, 8:30-10:00 am)

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

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.

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 mailings; it also coordinates the newly established student poster session.
- 4) History:** this committee is in liaison with the Sigerist Circle, an already established organization of public health and medical historians who use critical theory (Marxian, feminist, post-colonial, and otherwise) to illuminate the history of public health and how we have arrived where we are today; its presence in the Spirit of 1848 will help to ensure that our network's projects are grounded in this sense of history, complexity, and context.

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

Community email addresses:

Post message:	spiritof1848@yahoogroups.com
Subscribe:	spiritof1848-subscribe@yahoogroups.com
Unsubscribe:	spiritof1848-unsubscribe@yahoogroups.com
List owner:	spiritof1848-owner@yahoogroups.com
Web page:	www.progressivehn.org

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

NOTABLE EVENTS IN AND AROUND 1848

1840-

1847: Louis Rene Villermé publishes the first major study of workers' health in France, A Description of the Physical and Moral State of Workers Employed in Cotton, Linen, and Silk Mills (1840); 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)