

November 16, 2007

**TO: EVERYONE ON SPIRIT OF 1848 EMAIL BULLETIN BOARD**  
**FROM: SPIRIT OF 1848 COORDINATING COMMITTEE**  
**RE: REPORTBACK FROM THE 2007 APHA CONFERENCE**

Greetings! The Spirit of 1848 Caucus is happy to share our reportback from the 135<sup>th</sup> annual meeting of the American Public Health Association (Washington, DC, November 3-7, 2007). Below we:

- (a) present decisions we made at our business meeting, including the call for abstracts for APHA 2008, and
- (b) give highlights of our sessions.

We are sending this reportback by email and posting it on our web site. Currently, nearly 2,583 people (up from ~2300 last year) – from both the US and elsewhere in the world – subscribe to our email bulletin board. We expect still more to sign up, given the interest expressed at the APHA meeting. We are happy to report that a record-breaking ~1065 persons attended our 4 oral sessions (up from 610 last year).

Please encourage interested colleagues & friends to subscribe to our bulletin board too, and feel free to email them this update/report.

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 (with each committee having 2 co-chairs, for good company & to move the work along!):

- Nancy Krieger (Chair, Spirit of 1848, & data & integrative & e-networking); email: [nkrieger@hsph.harvard.edu](mailto:nkrieger@hsph.harvard.edu)
- Catherine Cubbin (Politics of public health data committee); email: [CubbinC@fcm.ucsf.edu](mailto:CubbinC@fcm.ucsf.edu)
- Anne-Emanuelle Birn (History committee); email: [ae.birn@utoronto.ca](mailto:ae.birn@utoronto.ca)
- Kirby Randolph (History committee); email: [krandolph@kumc.edu](mailto:krandolph@kumc.edu)
- Suzanne Christopher (Curriculum committee; student poster session); email: [suzanne@montana.edu](mailto:suzanne@montana.edu)
- Lisa Moore (Curriculum committee); email: [lisadee@sfsu.edu](mailto:lisadee@sfsu.edu)
- Luis Avilés (integrative session); email: [laviles@uprm.edu](mailto:laviles@uprm.edu)
- Pam Waterman (E-networking committee); email: [pwaterma@hsph.harvard.edu](mailto:pwaterma@hsph.harvard.edu)
- Vanessa Watts (student rep for the Student poster session); email: [vwatts@hsph.harvard.edu](mailto:vwatts@hsph.harvard.edu)

Finally, our webpage (with information on our mission statement, past year's programs & activities, including selected presentations & syllabi from prior sessions, etc) can be found at:

<http://www.Spiritof1848.org>

## **I. SPIRIT OF 1848 BUSINESS MEETING**

Present (16 persons):

- 1) Coordinating committee members: Nancy Krieger (Chair/CC), Pam Waterman (CC/e-networking), Lisa Moore (CC/curriculum), Luis Avilés (CC/integrative) Suzanne Christopher (CC/curriculum), Vanessa Watts (CC/student posters), Kirby Randolph (CC/history); Unable to attend but provided updates by proxy: Catherine Cubbin (CC/data), Anne-Emanuelle Birn (CC/history)/
- 2) Additional persons attending meeting (in alphabetical order): Nadav Davidovitch, Dorothy Faulkner, Emily Galpern, Megan Gaydos, David Gibson, Penny Killian, Donna Odierna, Nancy Partika, Tony Schlaff

## A. Review of scope & structure of Spirit of 1848 (see mission statement & 1848 timeline at end of this report)

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 bolstered by a sense of history (see our mission statement, at end of this report). Growing out of the work in the late 1980s of the National Health Commission of the National Rainbow Coalition, we cohered as the Spirit of 1848 network in 1994 and began organizing APHA sessions as an affiliate group to APHA that year. In 1997 we were approved as an official Caucus of APHA, enabling us to sponsor our own sessions during the annual APHA meetings.

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 handles our listserv and website. 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. 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 email bulletin board and website, and thanked Pam Waterman for ensuring their smooth functioning – and likewise thanked Makani Themba-Nixon, from the Praxis Project, for covering costs for us to maintain a website.

3) We will, as usual, work with the same APHA time slots that we had this year, and will likewise (in keeping with our 2004 policy) only co-sponsor sessions we have helped organize and accept co-sponsorships from only groups that have helped with organizing sessions for which we are the primary sponsor. We also reaffirmed our 2005 decision that we will no longer offer a prize as an incentive for submitting to the Student Poster session; instead, the incentive is the satisfaction of being included in a Spirit of 1848 session. Our time slots remain as follows:

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 1:30 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), on the Tuesday, 2:30-4:00 pm. P. Ellen Parsons was one of the original members of the Spirit of 1848 Coordinating Committee, and we help with organizing this session.

4) Pam Waterman will update the “signature” to our listserv so that it reminds subscribers they can receive posts in “digest” or individually; we will also ensure our slides about the listserv make the “digest” option clear. We will also continue to post periodically an email reminding subscribers that they should only post items explicitly linking issues of social justice and public health, per the instructions we include in the “footer” to every email; the updated “footer” will be:

We welcome posting on social justice & public health that provide:

a) information (e.g. about conferences or job announcements or publications relevant to and making explicit links between social justice & public health), and

b) substantive queries or comments directly addressing issues relevant to and making explicit links between social justice and public health.

If your posting is only about social justice/political issues, or only about public health issues, and does not explicitly connect issues of social justice & public health, please do not post it on this listserv.

Please note that the listserv does not accept attachments. For petitions, please post only the text, accompanied by the explicit instruction not to reply to the listserv but to reply to you directly with signatures.

Community email addresses:

Post message: [spiritof1848@yahoogroups.com](mailto:spiritof1848@yahoogroups.com)

Subscribe: [spiritof1848-subscribe@yahoogroups.com](mailto:spiritof1848-subscribe@yahoogroups.com)

Unsubscribe: [spiritof1848-unsubscribe@yahoogroups.com](mailto:spiritof1848-unsubscribe@yahoogroups.com)

List owner: [spiritof1848-owner@yahoogroups.com](mailto:spiritof1848-owner@yahoogroups.com)

Web page: [www.spiritof1848.org](http://www.spiritof1848.org)

To subscribe or un-subscribe send an e-mail to the address specified above with the word "subscribe" or "unsubscribe" in the subject line. To change to digest mode (one daily e-mail containing the day's postings), you need to access your account via the YahooGroups website and select the digest option under "Message Delivery".

For more information, please see the Spiritof1848 Listserv Semi-Regular Reminder or e-mail the list owner.

We remind everyone that, per our Dec 1, 2002 policy regarding inappropriate postings on the Spirit of 1848 listserve, individuals who post inappropriate postings (e.g., focused only public health with no explicit link to social justice, or only in social justice with no explicit link to public health) are sent a private warning. After 4 requests regarding inappropriate postings to a particular subscriber, that person will no longer be able to post to the 1848 bulletin board. Since instituting this policy in December 2002, 90 members have been sent 1 warning (up by 5 since last year), of whom 10 have received 2 warnings (up by 1 since last year), 1 has received 3 warnings (same as last year), and only 3 have been removed from the list after being sent 4 warnings (same as last year). Overall, this means that subscribers to our listserve overwhelmingly post notices consonant with the purpose of the listserve.

Finally, please do encourage your colleagues and friends to subscribe to our listserve!

5) After our Tuesday evening Business Meeting, we received an update on the APHA Caucus Breakfast, which was held on the following morning (Wed, Nov 7) and which was attended by Pam Waterman on behalf of our Caucus. Pam will continue to represent our Caucus at the APHA Caucus phone meetings held during the year and also at the yearly breakfast meeting held at the APHA Conference.

Key points to flag from the Caucus Breakfast meeting are as follows:

1) The breakfast was very well attended with almost all Caucuses represented. Caucus members on several occasions noted that APHA has become significantly more responsive to our needs, as evidenced by the massive effort expended to form the Memorandum of Understanding and the more simple adjustment of scheduling all Caucus meetings and sessions in the same building. The Black Caucus noted that for the first time the option to register and pay for their annual dinner was part of the overall annual meeting registration process. This worked seamlessly and saved them an enormous amount of work. More generally it was noted that the overall tone of the relationship between APHA and the Caucuses has shifted from being somewhat antagonistic some years ago to currently being supportive and respectful. Thanks were given to Lisa Maldonado in particular for all of her hard work on our behalf to make these changes happen.

2) In the introductory remarks offered by Dr. George Benjamin, the Executive Director of APHA, he said that APHA's aim is to strengthen its relationship with the Caucuses and Affiliates. He also advised, given the ever-present scrutiny of tax-free entities, that Caucuses be careful in the conduct of their business operations, especially regarding "accounting standards."

3) Memorandum of Understanding (MOU): Signed MOUs were collected from those Caucus representatives that had brought them to the meeting (including the Spirit of 1848) and arrangements were made to collect the remaining MOUs.

4) Governing Council Representation: It was unanimously agreed by the Caucus Representatives that a resolution should be submitted to the APHA Joint Policy Committee (JPC) requesting an ex-officio seat on the APHA Governing Council for EACH Caucus. If granted, each Caucus would then have the ability to participate in General Council discussions and debates, albeit would not have the right to cast votes. Presenting this option to the JPC was preferred over the two other proposed recommendations: (a) allowing Caucus members to run for unaffiliated seats; and (b) developing a model that requests both ex-officio status and a limited number of unaffiliated seats.

5) Organizational Support: Some Caucuses are interested in obtaining aid from APHA to set up websites, while the Caucuses that already had established websites expressed interest in having a link to their websites from the APHA website. To better understand how Caucuses operate and what their needs are, APHA will send out a survey to the Caucuses regarding their organizational structure, e.g., membership criteria, committee structure, etc. Additionally, APHA will continue to request each Caucus to submit, annually, its member list to APHA, so that APHA knows how many APHA members are in each Caucus. This information is used by APHA in two ways: in the short term, to give a basis for providing a discount on the cost to rent booths in the exhibitors hall; and, in the long terms, to recruit Caucus members who are not members of APHA to become APHA members. The LBGT Caucus requested that APHA help the Caucuses by returning information on the status of their members, and perhaps eventually helping to synchronize the dual processes of renewing APHA and Caucus membership.

6) Caucus Visibility: Several Caucus representatives inquired about the possibility of having Caucus membership included on ID badges. The possibility of updating the APHA information technology (IT) system to accommodate

Caucus affiliation in membership records was discussed, noting that further discussion with the APHA IT staff would be needed.

7) All Caucus representatives were in favor of more regular discussions. APHA will investigate setting up an e-community for Caucus leaders/representatives, and also maybe schedule a mid-year conference call for Caucus Representatives.

## **B. Plans for the coming year**

Next year's 136<sup>th</sup> annual meeting will be focused on the theme of "*Public Health Without Borders*" and will be held in San Diego, CA, DC (Sat, October 25 through Wednesday, October 29, 2008); the opening general session takes place at noon on Sunday, October 26, 2008.

Below we provide the decisions made at our Business Meeting about the sessions we will organize for next year. We will post our final "call for abstracts" in mid-December, which is when the official APHA "Call for Abstracts" is scheduled to go live (on Mon, Dec 17, 2007, at: <http://apha.confext.com/apha/136am/oasys.epi>). ***ALL SOLICITED AND UNSOLICITED ABSTRACTS WILL BE DUE DURING THE WEEK OF FEBRUARY 4, 2008***; as soon as we know the specific deadline for the Spirit of 1848 submissions, we will post this on our listserve.

**SESSION FOCUS FOR APHA 2008:** Overall, we decided to have our sessions focus on two themes: (1) **the 160<sup>th</sup> anniversary (in 2008) of the spirit of 1848**, building on a suggestion offered at our meeting last year by Anne-Emanuelle Birn (one of our history co-chairs), and (2) **the APHA conference focus of "Public Health without borders."** Our preliminary session ideas are as follows, with 3 session eagerly seeking abstract submissions (data, curriculum, and the student poster session) and 2 restricted to solicited abstracts only (history and integrative sessions). **The final call for abstracts will be posted on Dec 17, 2007.**

### **1) POLITICS OF PUBLIC HEALTH DATA SESSION**

For APHA 2008, the session will focus on "**Analyzing health inequities: what's new since 1848? – applying new methods to longstanding problems of health injustice.**" Our twin premises for this session are that: (1) many of the types of health inequities that exist today, in 2008, were also present in 1848 – that is, unjust and unfair differences in health status and health care as caused by inequitable social divisions involving class, racism, gender, and sexuality, within and across countries, and (2) even so, much has changed in the 160 years since 1848. Within many countries, both the absolute rates and leading types of causes of disease, disability, and death have changed. Additionally, new technologies have altered the ability to define and detect disease and to conduct research to describe and explain the population distribution of – and inequities in – an array of outcomes involving health, morbidity, disability, mortality, and access to care. For this session, we are issuing an open call for abstracts for presentations focused on how new technologies are changing the ability of public health researchers, practitioners, and advocates to analyze the magnitude of health inequities and reveal their societal determinants. Abstracts addressing issues of the politics of public health data in relation geopolitics, immigration, and the very definitions of "borders" (geopolitical and social) are especially welcome!

This session will be in the Monday afternoon 2:30 pm to 4:00 pm APHA time slot.

### **2) SOCIAL HISTORY OF PUBLIC HEALTH SESSION:**

For APHA 2008, our session will focus on issues of borders, immigration, and public health, by critically examining the use of health exams, from 1848 until now, for deciding who is and is not fit, according to whom, to become a legal immigrant. Case examples will focus on the role that public health, as a field, has played in immigration policy in both the US and other countries, with particular attention on public health, immigration, and the US-Mexico border.

No unsolicited abstracts will be considered for this session.

This session will be in the Monday morning 10:30 to 12 noon APHA meeting timeslot.

### 3) PROGRESSIVE PEDAGOGY SESSION:

For APHA 2008, keeping in the spirit of commemorating 160 years of the Spirit of 1848, our session will focus on teaching critical history – of both public health and health policy. Building on the discussion at our APHA 2007 session, we are seeking submissions that describe courses that engage students in the histories of diverse aspects of public health and societal determinants of health, so that they can better understand how we got to where we are now, what the struggles and victories and setbacks have been, and what the options are for engaging in a more historically conscious and grounded way in the issues confronting us now. Also, continuing with our focus from 2007, we are interested in receiving submissions that are about teaching the critical history of public health in a broad range of settings including schools of public health and medicine, worksites, K-12 schools, legislatures, communities, undergraduate education, and professional schools other than public health/medicine, including law, social work, journalism, and policy.

This session will be in Tuesday morning 8:30 to 10:00 am APHA time slot.

### 4) INTEGRATIVE SESSION:

Starting with the APHA 2002 Conference, the Spirit of 1848 has added a new oral session, in which we integrate the 3 themes of our Caucus. These pertain to the inextricable links between social justice & public health, as embodied in: the politics of public health data, the social history of public health, and progressive pedagogy.

For APHA 2008, our integrative session will focus on “**160 years of the Spirit of 1848: a critical celebration.**” Back in 1998, we organized an extravaganza to commemorate 150 years of the Spirit of 1848. We intend to do the same, albeit on a somewhat more modest scale, but still featuring, like the one 10 years ago, a combination of music, poetry, dramatizations, photography, and academic presentations to stimulate reflection on and commitment to public health activism. The intent is to regitalize the spirit of 1848 and ask us to think critically about the accomplishments of the past 160 years we can celebrate, the setbacks endured and the suffering they have caused, and the work we need to do now, in our generation, in our own times, to advance the agenda of social justice and public health.

No unsolicited abstracts will be considered for this session.

This session will be in the Monday afternoon 4:30 to 6:00 pm APHA time slot.

### 5) STUDENT POSTER SESSION:

**Title:** “*Social Justice & Public Health: Student Posters*”

The Spirit of 1848 Caucus is soliciting abstracts from students of public health and health-related programs that highlight the intersection between social justice and public health from a historical, epidemiological, and/or methodological perspective. We welcome abstracts on topics ranging from public health research to public health practice to student-initiated courses on connections between social justice & public health. The work presented can be global, country-specific, or local.

We will encourage students at ALL levels of training in their work on public health to submit abstracts, whether undergraduates, master students, MPH students, or doctoral students; submissions will be judged in accordance to expectations appropriate for each level of training. Postdoctoral fellows are NOT eligible to submit posters.

Abstracts should focus on furthering understanding and action to address the ways that social inequality harms, and social equity improves, the public’s health. Examples of social inequality include inequitable social divisions within societies based on social class, race/ethnicity, and gender, as well as inequitable relations between nations and geographical regions. Given the theme of the conference, we especially welcome abstracts on the topic of public health and borders, whether referring to geopolitical boundaries or social divisions that harm health.

All posters for this session will be selected from contributed abstracts.

This session will be in the Tuesday afternoon 12:30 pm to 1:30 pm APHA time slot.

**6) P Ellen Parsons Memorial session:** we will propose that it focus on a critical analysis of how issues pertaining to health status and health care were – and weren’t – discussed in the US elections, noting that the 2008 presidential election will take place the week after the APHA conference!

## II. SPIRIT OF 1848 SESSIONS AT APHA (Washington, DC, Nov 3-7, 2007)

As usual, our sessions were very well attended, thought provoking, and clearly useful to those who came. In total, we estimate approximately 1065 persons attended our 4 oral sessions (up from 610 last year, i.e., an additional 455 people!), and approximately 75 also attended the P. Ellen Parsons session we co-organized/co-sponsored (up from 30 last year!).

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

### 1) HISTORY

Our powerful and informative session was attended by ~ 70 people (fewer than the ~120 in both 2006 and 2005, but more than the 45 in 2004).

#### **POLICING REPRODUCTION: LESSONS AND LEGACIES OF EUGENIC STERILIZATION MON, NOV 5 \*\*\*10:30 AM-12 NOON (SESSION 3161.0) \*\*\* WA CONV. CENTER (WCC) 103A**

**10:30 AM — Introduction: History, public health, and social justice – the Spirit of 1848 & reproductive health. Anne-Emmanuelle Birn, MA, ScD & Kirby Randolph, PhD**

**10:35 AM — Why the history of reproductive health matters to public health. Alexandra Stern, PhD**

**10:45 AM — Looking back at Buck v. Bell. Paul Lombardo, PhD, JD**

**11:05 AM — Poor women, poor choices: dilemma of civil rights and reproductive health in the 1970s. Gregory Dorr, PhD**

**11:25 AM — “We will no longer be silent or invisible”: Latinas organizing for reproductive justice. Elena Gutierrez, PhD**

**11:40 AM — Question & answer period**

**Kirby Randolph** introduced the session and speakers and was followed by **Alexandra Stern**, who briefly described the dual origins of the session, as linked to the projects of: (1) the Spirit of 1848, with regard to promoting critical historical analysis of how we have come to where we are today, and (2) work funded by an ELSI grant to commemorate, in 2007, the 100<sup>th</sup> anniversary of the world’s 1<sup>st</sup> eugenic law, passed in the US, in Indiana in 1907.

**Paul Lombardo** then described the eugenic thinking and work, and its key proponents, which led up to the infamous 1927 US Supreme Court decision, “Buck v. Bell,” which sanctioned eugenic sterilization in the US (and also served as inspiration for the Nazi’s eugenic laws passed in 1933). In addition to making the case that the evidence presented in this case was flawed and that the trial leading up to the Supreme Court decision was fixed (with the lawyer for the defense colluding with the lawyer for the prosecution to get the case to go to the Supreme Court as a model case), Lombardo emphasized that key themes of the eugenic movement were that persons who were “poor,” “sexually immoral,” and “imbeciles” were: (1) “manifestly unfit,” (2) causing the US to be “swamped by incompetence,” and (3) producing “generations of imbeciles,” who were a drain on the public purse. A common argument was to suggest social problems were the result of bad heredity; the chilling logic was that stopping the procreation of the unfit would reduce not only crime but also taxes, since the state would no longer have to pay for the problems caused by defective persons. All told, 32 US states passed eugenic laws; to date, only 7 have issued formal apologies for having done so.

**Gregory Dorr** next discussed cases involving sterilization abuse of poor women of color in the 1970s, especially the Relf case in Mississippi in 1973, in which two relatively poor black adolescent girls were sterilized after their mother was tricked into providing “consent” for the procedure. Following shortly after the revelations about the Tuskegee syphilis study in 1927, the Relf case generated an uproar that led to tightening of regulations about informed consent, so as to prevent sterilization abuse. The case also reflected the persistence of eugenic ideology, with its concerns about preventing the “poor” (and especially the poor of color) from “breeding,” so as to lower government costs (and taxes) and implement population control, with this type of thinking evident not only in the white population but also among middle-class black health care professionals. Dorr further reminded the audience that while the 1960s and 1970s is often portrayed as a time of progressive work vis a vis civil rights, the war on poverty, women’s rights, ecology, etc., it was also a time when others, such as Paul Erlich, were raising alarm about the “population bomb” – and Nixon was keen to reduce the size of the population dependent on welfare (via limiting births, not raising income!). One unintended consequence of the Relf ruling, however, was that it provided the legal basis for current US policies that limit provision of birth control and HIV/AIDS control abroad. It consequently is important to understand how current policies bear the imprint of past fights about eugenics and reproductive rights.

**Elena Gutierrez** then focused on the history of sterilization abuse among Mexican women in California in the 1970s and the subsequent organizing carried out by the women involved in these and related cases. Her three major points were that:

(1) racism – structural, institutional, and ideological – is central to the phenomenon of sterilization abuse; (2) the activism of Latinas, including those subjected to sterilization abuse, refutes the notion that these women were only “victims” and instead points to their significance for setting new standards and strengthening reproductive rights; and (3) the contribution of Latinas is often overlooked by others involved in the reproductive rights movement.

There was then a very engaged Q&A period, addressing such topics as: the continued persistence of racist eugenic thought; the seductiveness of the eugenic framework of wanting to “improve” the human population and its relation to new technologies of genetics and prenatal testing; the persistence of eugenic economic arguments, as represented by current cases in which judges are prohibiting women criminalized for drug use when pregnant from having future children; and a reminder that reproductive rights spans the full spectrum, from the right not to conceive (i.e., to be sterilized) to the right to have an abortion to the right to have children.

**Note:** the organizers of this session have created a **2-page resource list of books, articles and website about “Policing Reproduction”** that is freely available at our Spirit of 1848 website; you can access & download this resource sheet at:

<http://www.spiritof1848.org/PolicingReproduction-Oct22.pdf>

## 2) POLITICS OF PUBLIC HEALTH DATA

Our data session, attended by ~ 220 people (up from 140 in 2006, and the same 220 as in 2005) focused on:

### **INTRODUCING THE US RWJ COMMISSION ON HEALTH EQUITY: EVIDENCE, POLITICS, & ACTION**

**MON, NOV 5 \*\*\*2:30 PM-4:00 PM (SESSION 3363.0) \*\*\* WA CONV. CENTER (WCC) 146B**

**2:30 PM — Introduction to the Politics of Public Health Data session.** Catherine Cubbin, PhD & Luis Alberto Avilés, PhD

**2:35 PM — Introducing the US RWJF Commission on Health Equity: Evidence, Politics, and Action.** Paula A. Braveman, MD, MPH, David R. Williams, PhD, MPH, Robin E. Mockenhaupt, PhD

**3:20 PM — Comments from an international perspective.** Jeannette Vega, MD, PhD

**3:30 PM — Discussant: on the US RWJ Commission on Health Equity and evidence, politics, and action.** Nancy Krieger, PhD

**3:40 PM — Question & answer period**

**Luis Avilés** introduced the session & speakers, noting the range of politics of data issues that would be addressed.

**Robin E. Mockenhaupt** then presented, as a Robert Wood Johnson (RWJ) Foundation staff member, the reasons that RWJ became involved in sponsoring this Commission, now termed the “RWJ Commission to Build A Healthier America.” She recounted how the RWJ had a long legacy of concern about health care disparities, which then broadened to a focus on racial/ethnic disparities in both health and health care, as part of their concern for “society’s most vulnerable populations.” The new Commission will further expand the focus, by looking at policies that promote economic development, reduce poverty, and promote child and youth development. As part of the work leading to the formation of the RWJ Commission, which will be announced on December 5, 2007, RWJ did a survey among target audiences and policy makers, and found that: (1) there is a lack of awareness about the extent of health disparities and of policies that address these disparities; (2) little distinction is made between health disparities and health care disparities; (3) there is a strong feeling that individuals are responsible for their own health; and (4) there needs to be a “bridge” between “ideological and political differences” about how to address health disparities. The RWJ Commission that is being established will accordingly be non-partisan and will have 4 goals: (1) increase knowledge about the relationship between social and economic factors and health; (2) generate concern about and motivate efforts to address health disparities; (3) foster and inform constructive public discussion about ways to reduce these disparities; and (4) identify and prioritize the adoption of potential individual, public, and private sector solutions.

**David Williams**, as Staff Director for Central Office of the Commission, then discussed how the Commission would emphasize socioeconomic inequities in health in the US, overall and in relation to race/ethnicity. He stated the primary aim of the Commission is to increase the awareness level of socioeconomic, and not just racial/ethnic, health inequities and to point to actionable strategies, in both the public and private sector, that can be implemented now to address these inequities. The Commission infrastructure is as follows: (1) the RWJ Foundation Board and staff; (2) the Central Office (based at George Washington University, Dept of Health Policy); (3) the Research Arm (based at the Center on Social

Disparities in Health at University of California at San Francisco); and (4) Communication Partners, two firms focused on policy makers. The program will seek to: (a) target decision makers in the private and public sectors, at the federal, state, and local levels; (b) bring in new allies, above and beyond those concerned about health care; (c) make academic research more accessible to policy makers; (d) conduct work in a “resolutely non-partisan fashion”; and (e) emphasize “sustainable” and “flexible” plans to address health disparities. To develop the work of the Commission, RWJ plans to use message testing, polling, and interviews with key stakeholders, as well as “scan the environment” to see what is already being done, including in Congress. The Commissioners that are being recruited are all nationally recognized, diverse, networked to key constituencies, non-partisan and bi-partisan, with demonstrated leadership to improve conditions in America. The activities of the Commission most likely will include: (1) Commission meetings and special events; (2) field hearings; (3) reports; (4) creating story links (i.e., stories of real people, to illuminate the statistics on health inequities); (5) outreach development; and (6) creating a website. The timeline is for a 2-year Commission, to be launched on Dec 5, 2007, that will continue through 2009, with the goal of creating “actionable recommendations.”

**Paula Braveman** then described the current and planned work of the Research Arm of the RWJ Commission. This work has involved a review of the literature, an updating of the analyses on US national socioeconomic and racial/ethnic health inequities that was last presented in *Health, United States, 1998*, and preliminary work to estimate the monetary costs of health inequities. Informing their work is a lifecourse perspective and the need to address societal as well as individual responsibility for health, along with a focus on seeking solutions (and not just describing problems). The expectation is that there will be an initial report, issued when the Commission is announced on Dec 5, 2007, followed by interim reports and a final report. Briefs also will be prepared on: (1) the economic costs of social inequalities in health; (2) social factors affecting health; (3) what is known about how to reduce health inequities for selected conditions; and (4) promising policies and programs to reduce health inequities. A focus will be on how the middle class, and not only the poor, are harmed, with an emphasis on understanding cycles of opportunities vs obstacles. Likely challenges include: (a) “science vs sound bites” (i.e., how to be clear without oversimplifying, how to communicate to a wide audience, how to integrate concerns about race/ethnicity with those about socioeconomic factors, and how to be clear on data limitations), and (b) establishing “when we know enough to recommend action,” which involves grappling with issues of deciding what counts as evidence, and who decides. An unacceptable conclusion would be that “more research is needed”; the alternative is to weigh the cost of acting vs. the costs/risks of the status quo.

**Nancy Krieger**, as discussant, commenced by returning to 1848 – and the Spirit of 1848. Describing the 1848 revolutions and focusing on the work of Virchow, she discussed how there can be common agreement that there is a “problem” – but radically different understanding of why the problem exists. For example, those benefiting from the status quo typically argue the poor are poor and unhealthy because they are inferior; the alternative argument, based in principles of social justice and public health evidence, is that the poor are poor and unhealthy because the economic system produces poverty and ill-health as part of producing wealth for the few. Since the 1980s, there has been a rise in work addressing social determinants of health, prompted in part by the 1980 UK Black Report (which provided evidence of continued class inequities in health despite a national health service) and also by concerns about the health impact of the neo-liberal/neo-conservative agenda to shrink the welfare state and increase the private sector. While more and more health professionals and organizations are now speaking about “health equity,” one needs to distinguish between lip service and the real thing. From this standpoint, the RWJ effort can be seen as a type of “health education” for policy makers, to affect their “behavior” when it comes to policies about societal determinants of health. Yet for this work to be effective, we need to learn from the past histories of successful and failed progressive struggles and revolutions. This means that it is essential to: (a) locate the source health inequities as being in social inequities arising from conflicts involving power, politics, and economics (i.e., political economy); (b) engage with social movements seeking to redress health and other societal inequities, since they play a unique role in forcing policymakers to pay attention to issues of social inequities; and (c) not be limited to proposing initiatives deemed “actionable now” (even as such initiatives matter). Consider only the case of abolition of slavery, or what the Tennessee Valley Authority accomplished (as recounted by CEA Winslow in his 1948 address, as APHA president, on “Poverty and Disease”), or the demands infusing the 1960s Civil Rights Movement and the War on Poverty: would any of these have been considered “pragmatic” recommendations that were, in their times, “actionable now”? Unlikely. To make a dent in health inequities, we need constituencies to turn up the heat, as recognized by the upcoming PBS series “Unnatural Causes: Is Inequality Making Us Sick?” The need for social movements galvanized around health inequities remains essential, and the RWJ Commission should ensure its audience includes the broader public and its organized constituencies for health equity, not just policy makers.



During the **Q& A**, discussion concerned: (1) whether the RWJ Commission will look at “privilege,” as opposed to focusing only on “vulnerable populations”; (2) whether, in the name of “fairness,” the Commission will be too “timid”; (3) whether there will be any focus on those who benefit from the status quo; (4) how members of the Commission will be chosen; (5) whether the non-partisan stance translates to simply engaging with only the Democratic and Republican parties or whether other political views will be considered; and (6) whether conflict of interest will be avoided by not having pharmaceutical companies or other corporate sponsors contribute to the Commission and shape its agenda. Replies emphasized that: (a) the Commission will produce data showing that the “status quo” is costly; (b) the Commissioners, not the staff, will be in charge (meaning it is not pre-determined by the staff what the Commission will produce); and (c) the ultimate goal of the Commission is to change the national conversation about health inequities and set a new path (since in 2 years it will not be possible to change actual policies).

**NB:** Jeanette Vega, the representative of the WHO Commission on the Social Determinants of Health, was unable to attend the session.

### 3) INTEGRATIVE SESSION

Our integrative session drew a very large turn-out of ~ 550 people (compared to 300 last year), filling the room to more than standing-room only – and not counting those who tried to get into the room but were unable to do so! The energy and spirit evident were amazing, with those attending moved, energized, and galvanized by the showing of the clips of *Unnatural Causes* and the opportunity for talking – there and then, in the session – with others present about how to start organizing to use this powerful new resource. The line-up of the session was as follows:

**THE SPIRIT OF 1848 PRESENTS: “UNNATURAL CAUSES: IS INEQUALITY MAKING US SICK?” – INTEGRATING POLITICS, PASSION, AND PUBLIC HEALTH**  
**MON, NOV 5 \*\*\*4:30 PM-6:00 PM (SESSION 3432.0) \*\*\* WA CONV. CENTER (WCC) 146B**  
**4:30 PM — Introduction: passion, politics, and public health – The Spirit of 1848 presents “Unnatural Causes: Is Inequality Making Us Sick?” Nancy Krieger, PhD**  
**4:35 PM — Introduction to the PBS series “Unnatural Causes: Is Inequality Making Us Sick?” and screening of excerpts. Larry Adelman**  
**5:15 PM — Using “Unnatural Causes” and other tools to build a movement: presentation and guided dialog. Makani Themba-Nixon**  
**5:55 PM — Discussant: “Unnatural Causes: Is Inequality Making Us Sick?” Nancy Krieger, PhD**

**Nancy Krieger** introduced the integrative session, intended to integrate the 3 themes of the Spirit of 1848 Caucus – the social history of public health, progressive pedagogy, and the politics of public health data – in relation to connections between social justice & public health, and the fundamental role of organizing for social change. She discussed the Boston screening she and others organized this past October, which drew over 500 people, in part because of inviting local and state organizations working on health inequities to be in-kind co-sponsors, meaning that in exchange for being listed as co-sponsors, they had to publicize the event to their constituents and in return could set up resource tables at the event (which were thronged). What stood out from the screening was how the film draws on data, history, and people’s lives in a profound and dignified way and affirms the experiences of those now suffering the brunt of health inequities, breaking through the individualism so rampant in our society – making clear, in the old-fashioned language of the day, the personal is in fact political. People’s health woes are at once individual and societal: we experience them as the unique individuals we are, and at the same time there is a profound commonality as to what are the options and constraints we face by virtue of the social structure of society. She then visually contrasted an image that some concerned about social determinants of health use to describe the social structure of society – i.e., the “ladder” – with another image from a more progressive tradition, i.e., the pyramid, with those standing on top literally standing on those below, gaining benefits from the squalid yet suppressed realities of oppression, exploitation, and the prioritization of profit over public health that together lie at the heart of health inequities and threats to global health. Consequently, to make a difference, we not only need concerted action across different sectors of government – including housing, transportation, education, commerce, and more – along side and in collaboration with public health agencies, medical institutions and civil society more generally, but we also need to shift government priorities so that the purpose of our economy – private as well as public – is the well-being and welfare of all, not the enrichment of the few. And for this to happen, we need a roused public. As Frederick Douglass (1817-1885), the ex-slave and abolitionist famously said: “Power concedes nothing without a demand. It never did and it never will.” The Michael Moore film “Sicko” has helped move discussion in the US on the urgent need for national universal health care. But we also need society-wide efforts to make it possible for everyone to live healthier lives and to prevent health inequities. This is where the PBS series “Unnatural Causes” fits in: to open up the discussion, so that it can be both/and, not either/or. We need BOTH to address the societal determinants of health AND to ensure appropriate

medical care for any who suffer from physical and mental ailments, injuries, and disabilities. The purpose of the session accordingly was to help all of us present to leave with a clearer sense of what we can do, collectively, to leverage the remarkable opportunity created by this PBS series to advance the research, work, policies, and organizing needed to end health inequities.

**Larry Adelman**, the co-director of California Newsreel, then described why they produced *Unnatural Causes*: to help build a social movement to tackle health inequities, since evidence alone is not enough. The upcoming PBS airing of the 7-part series (1 one hour opening episode, 6 half-hour episodes) is now scheduled for **4 one-hour showings at 10 pm on the Thursday evenings of March 27 and April 3, 10, and 17** (noting that dates & times may vary by location). But beyond the PBS showing, the DVD of the series will be available starting in January 2008 and the launch of the official *Unnatural Causes* website, which will contain a host of resources and links relevant to organizing around health inequities, will take place in March 2008 (replacing the current temporary placeholder website, available at: <http://www.unnaturalcauses.org/>). He discussed how hardly any popular books or media address the topic of health disparities, leaving a gap in public understanding. Accordingly, the purpose of the series is to reframe the debate, changing it from the “old story” of “medicine, genes, and behaviors” and “common-sense” victim-blaming, to a new story that focuses on the societal determinants of health. He briefly summarized the range of issues that will be covered by each of the episodes (see list below) and showed clips from 3 of them: “Becoming Americans,” “Bad Sugar,” and “Place Matters.” He then discussed different ways the film series can be used: at town halls, for showings to elected officials and policy makers, for staff trainings, for events intended to promote cross-sectoral discussions, to build community-campus initiatives addressing health inequities, etc. He urged everyone present to contact their local PBS station’s outreach director, to build up the publicity campaign for and organizing around the series, and also referred everyone to the *Unnatural Causes* website to obtain more information about the series (see information below).

**Makani Themba-Nixon**, the Executive Director of the Praxis Project, a non profit organization helping communities use media and policy advocacy to advance health equity and justice, then led the guided dialogue. She reminded everyone that the series did more than simply present information: it provided a power analysis of why health inequities exist, thereby pointing to the type of organizing needed to end them. She then asked everyone present to take up to 12 minutes to talk to the people sitting next to them to discuss how they might each use the series to get the word out and build the social movement needed to end health inequities. She asked people to take notes, stating that the Praxis Project had committed to typing up the notes and disseminating them (via the Spirit of 1848 website, among others). Most of the audience stayed for the discussion and many were inspired to organize events where they are located, all around the US. People continued talking for quite some time after the session was officially over, and folk left energized and inspired.

**Description of the *Unnatural Causes* episodes** (excerpted from their website; “wt” = “working title”)

**Program One: Sick of It? (wt) - 55 minutes**

Why do some of us get sicker and die sooner? What are the connections between healthy bodies, healthy bank accounts and skin color? We travel to Louisville, Kentucky to discover how social policy, growing economic inequality and racism affects our health.

**Program Two: Place Matters (wt) - 26 minutes**

Our street address can be a powerful predictor of our health. In Richmond, California we witness how one neighborhood exposes its residents to health threats while in Seattle, Washington, another neighborhood is being created that promotes health. What public policies and community actions make the difference?

**Program Three: Becoming American (wt) - 26 minutes**

On average, poor immigrants of color actually arrive in the U.S. healthier than the average American. But the longer they are here, the less healthy they become. We follow Mexican immigrants laboring on the mushroom farms of Pennsylvania to find out why they are healthier, what’s grinding down their health over time (and even more so, that of their children), and what they are doing to reverse this trend.

**Program Four: When the Bough Breaks (wt) - 26 minutes**

African American pre-term births and infant mortality rates remain more than twice the national average. The babies of African American women with professional degrees face as much risk as being born early and low-birthweight than white high school drop-outs. Might the cumulative impact of racism over the life-course be the culprit?

**Program Five: Bad Sugar (wt) - 26 minutes**

Diabetes is a growing American epidemic and Native Americans were the first to suffer its profound effects. We travel to the O’odham Indian reservations of southern Arizona to see how history and powerlessness can drive the disease, while Native efforts to regain control of their communities’ economic destiny and re-connect to their culture offer hope for the future.

**Program Six: Not Just a Paycheck (wt) - 26 minutes**

Unemployment and job insecurity isn’t just bad for your pocketbook – it’s bad for your health. Must it be this way? Workers in Michigan and Sweden were both thrown out of work by the same corporate giant. One town struggles against depression, spousal abuse and an uptick in heart disease and diabetes while the other seems to be doing just fine.

**Program Seven: No Man Is an Island (wt) - 26 minutes**

Pacific Islanders, even native Hawaiians, have poor health outcomes. In the Marshall Islands and in the unlikely spot of Springdale, Arkansas we can see how U.S. occupation, foreign policy and globalization impact peoples’ health--often in unanticipated ways.

**Note: please go to the “Unnatural Causes” website, listed below, to download their handouts on:**

**-- how to become part of the *Unnatural Causes* Public Impact Campaign --**

**-- how to do event planning for screenings and organizing using *Unnatural Causes* --**

**<http://www.unnaturalcauses.org/>**

#### **4) CURRICULUM/PROGRESSIVE PEDAGOGY**

Our pedagogy session, attended by ~ 225 people (a huge jump from last year’s count of 50!), was as follows:

#### **BROADENING TEACHING ABOUT HEALTH INEQUITIES AND SOCIAL JUSTICE** **TUES, NOV 6 \*\*\* 8:30 AM-10:00 AM (SESSION 4070.0)\*\*\* WA CONV. CENTER (WCC) 144C**

**8:30 AM — Session introduction. Suzanne Christopher, PhD, Lisa Dorothy Moore, DrPH**

**8:35 AM — Social justice as the organize theme in undergraduate education. Mary Beth Love, PhD, Vicki Legion, MPH, Amanda R. Goldberg, MPH, Ingrid Ochoa, MPH, Savi Malik, BA, Rachel Poulain, MPH, Cathy Rath, MA, Sarah Rodriguez**

**8:50 AM — Alameda County Public Health Department’s pedagogy for social justice. Mia Luluquisen, DrPH, Sandra Witt, DrPH, Katherine Schaff, BA, Sandi Galvez, MSW**

**9:05 AM — Linking health inequities and social justice: teaching the social determinants of health. C. Linn Gould, MS, MPH**

**9:20 AM — Using “Unnatural Causes” to educate and advocate for health equity. Rachel Poulain, MPH**

**9:35 AM — Question & answer period**

**Note: all speakers for this session have agreed to have their powerpoint presentations posted on the Spirit of 1848 website; be on the look out for them, at: <http://www.spiritof1848.org/>**

**Suzanne Christopher** introduced the session & speakers, noting the range of types of teaching issues that would be addressed.

**Mary Beth Love** began by describing the Community Health Certificate program for frontline community health workers, informed by a social justice perspective, that San Francisco State University (SFSU) has developed, in collaboration with the City College of San Francisco. Certificates currently are offered for: Community Health Workers; Drug and Alcohol Studies (a public health approach to addiction and harm reduction); Health Care Interpreter; HIV/AIDS Prevention Education; and Trauma Prevention and Recovery; more are being developed (e.g., re mental health, youth, and post-incarceration re-entry workers). Their new initiative, Metropolitan Health Academies, is intended to address the under-preparation of many people who want to get a higher education and be leaders in public health. It contextualizes public health issues by using a social justice framework, and has four components: critical thinking, oral communication, quantitative skills, and writing. She also described an introductory film-based course on social justice and public health, and also an advanced course in which students learn to make films focusing on the links between social justice and public health. Also mentioned was the Katrina Teach-In at SFSU and their Masters of Public Health program, requiring community involvement. Among lessons learned, she emphasized: (1) courses should start with case studies, then work their way to more theoretical material about racism, class, gender, and health; and (2) four different lenses are needed to engage students in active learning: emotional engagement, vision (i.e. there is an alternative), analysis (about developing historical consciousness and recognition that policies have been made and can be un-made and re-made), and strategy (about power analysis and both long-term and short-term plans to combat health inequities). Major teaching challenges include: (a) overcoming the feeling that this is all too depressing; (b) spending too much time on the problems, rather than the solutions; and (c) having too much content crowd out interactive pedagogy. The best approach for addressing these challenges is to increase the time span for teaching and engaging the students with the course materials. All of the programs described are summarized in a handout that will be posted on the Spirit of 1848 website. See also:

-- for the Community Health Certificate program: [http://www.ccsf.edu/Departments/Health\\_Science](http://www.ccsf.edu/Departments/Health_Science)

-- for the Metropolitan Health Academies: <http://www.sfsu.edu/~hed/faculty/grants.htm>

-- for two film-based health & social justice courses: [http://www.communityhealthworks.org/film\\_series.html](http://www.communityhealthworks.org/film_series.html)

-- for the MPH program in Community Health Education at San Francisco State University:

<http://www.sfsu.edu/~hed/masters/glance.htm>

**Mia Luluquisen** next described the work she is doing in the Alameda County Health Department to train its workers in pedagogy for social justice and public health, with a particular emphasis on institutional racism. One critical problem is that most staff at most US health departments lack training in either public health or social justice. Her program uses a Friarian popular education approach to engage the students so that they develop a deep understanding of – and are motivated to address – the health inequities in their communities. The approach involves: emotional connection with what is being addressed; critical reflection; praxis; and a liberatory approach to education. The goal is to move through a 2-year planning process to develop a strategic orientation and plan, throughout the health department, to address health inequities. The course components include: an overview of public health; cultural competency and cultural humility; health inequities; undoing racism; and social justice dialogues. The discussions can be very charged, so experienced facilitators are needed, and it is important to be flexible, so that it becomes possible for all participants to deal with the difficult material presented and to generate ownership of the decisions about the direction of strategic planning for the health department.

**C. Linn Gould** then described the Population Health Project in Seattle, WA, which takes a population health approach to teaching students in elementary and high school, and also health department staff, about population health and the social determinants of health. They have offered their program in diverse venues: the Seattle Girls School, the Puget Sound Early College program, University of Washington, and SeaMar Community Clinic. Their emphasis is on critical health literacy, which includes functional literacy (to understand factual information), interactive literacy (to develop personal skills based on the information learned), and critical literacy (to develop the capacity to understand and change social determinants of health). The six modules they have prepared (with others in the works) focus on: “introduction to population health” (what it is, how measured, what are health inequities, and what are their causes); “civic engagement/advocacy” (what is social change, what is activism, what is civic engagement); “food security” (designed to complement traditional nutrition courses, including material on food security, malnutrition, over-nutrition, and local and global data on food production and distribution); “environmental justice” (whose voices are heard, what is the precautionary principle, who are the stakeholders and what are their debates, plus a trip to a superfund site); and “global health and art activism” (with the teens who have taken this course focusing their project on issues of teen violence and teen crime, which they did by doing a public play on this topic, performed at a major transit center). Pre- and post-test evaluations show that participants do gain in their knowledge about social determinants of health, health inequities and their root causes, and what kinds of action are needed to change them. Challenges include: (a) the originators of the program were all white women, so they co-teach their courses with people of color, and (b) they have encountered some resistance about getting into the public health system, since many staff at the health department do not see links between social justice and public health.

**Rachel Poulain** next presented a brief overview of *Unnatural Causes* (see details in the “integrative session,” above) and described the public health impact tools that California Newsreel and its collaborators have developed. These are available at the *Unnatural Causes* website (see above, and also: <http://www.unnaturalcauses.org/>) and include: (1) a Tool Kit on how to host a screening (developed with the Praxis Project); (2) a discussion guide for each episode; (3) a handout & fact sheet on health inequities; (4) a viral marketing “myth-buster” set of video clips for dissemination on-line; (5) a press kit; (6) Extension Tools (e.g., an on-line course for which one can get credit); (7) a “getting connected” data base (to link people organizing around the series and health inequities); and (8) a companion website, which will be officially launched in March 2008, and which will feature “self-directed learning, engaging interactivities, audio and video clips, discussion guides, teaching tools, and a valuable archive of research materials” to enable people to learn about “the social conditions that underlie our health” and encourage people to “take action to create better health outcomes for everyone” (see description of what the final website will contain at: <http://www.unnaturalcauses.org/site-description.html>). To date, *Unnatural Causes* has commitments from over 100 outreach partners to do screenings, with the diverse objectives of these screenings including: (1) building leadership within health departments to tackle health inequities, (2) reframing the public debate about health disparities (e.g., the town forums that the National Association of County and City Health Officers [NACCHO] is planning with over 100 local health departments), (3) spurring investigation of community conditions and health inequities, and (4) building strategic alliances across “silos” (e.g., SEIU adding a focus on health inequities to its current work on health care). Additional uses of the series include: (a) organizing events to increase participation and democratic accountability around issues of health inequities; (b) mobilizing constituencies (per the October 2007 screening organized by the Harvard Center for Society & Health); (c) dialoguing about health inequities

with journalists and bloggers; and (d) encouraging implementation of health impact assessments (HIA) regarding the health impacts of social policies.

**Lisa Moore** then moderated the Q&A period, which focused on such issues as: (1) how to handle the resistance to addressing health inequities, whether by individual students or organizations; (2) how to address the anger of people who feel they have been trying to raise these issues for years, especially in communities of color, with recognition of health inequities only given when academics (and especially white academics) focus on these issues; (3) the need to distinguish between civic action (based on a social justice perspective) from the “civic engagement” fostered by Bush et al (which favors volunteerism and no analysis of power inequities); (4) the challenge of doing creative teaching when students and teachers are increasingly forced to teach towards an exam; (5) how to forestall a slide from raising demands for fundamental change to being focused on short-term “fixes”; (6) how to teach about who is benefiting from the status quo; (7) the ways the series can be used in a health department (e.g., the San Francisco Department of Health is planning to: screen each of the episodes, with community residents acting as facilitators; host a town meeting; and also use the series to train members of the health department); and (8) whether *Unnatural Causes* will be available in languages other than English (the answer was: yes, it will be dubbed and sub-titled in Spanish, and they are seeking funds now to have it be sub-titled in several different Asian languages).

## 5) STUDENT POSTER SESSION

Our 6<sup>th</sup> “**STUDENT POSTER SESSION: SOCIAL JUSTICE AND PUBLIC HEALTH**” (session 4100.0, Tues, Nov 6, 12:30 to 1:30 pm) had 10 posters accepted (of which 2 had to withdraw). There was a good turn out, with lots of good discussion with the student presenters about their work. The eight posters displayed were as follows:

**Poster # 1: Health and social justice: a model for creating an interdisciplinary, student-driven course.** Julie Self, BS, Carey Melmed, BSN, RN, Tamika Davis, BS, MS

**Poster # 2: Identifying supports and barriers among dental hygiene students of color in program completion and serving their respective communities.** Rheena Yangson, MPH (c), Jason Lim, MPH (c), Kanwarpal Dhaliwal, MPH (c), Craig Wingate, MPH (c), Kristina Spurgeon, MPH (c)

**Poster # 3: Results of a public advocacy campaign to increase access to condoms in Washington, DC.** Shumaya Ali, MPH candidate, Suja Shunmugavelu, MPH candidate, Sophia Vourthis, MPH candidate, Carolyn Watson, MPH candidate, Caroline H. Sparks, Faculty Advisor

**Poster # 4: Wrong side of the river: overcoming health disparities in rural North Carolina.** Arin Ahlum Hanson, Katie M. Keating, Jiang Li, Anne M. Morris, Ellie M. Morris, Jennifer M. Wieland, Melvin R. Muhammad, AA, Taro Knight, BA

**Poster # 5: Racial and ethnic disparities in Medicaid expenditures for infants in North Carolina.** Stephanie Z. Moultrie, MPH, Dara Mendez, MPH, Vijaya K. Hogan, MPH, DrPH, J. Tim Whitmire, PhD

**Poster #6: Politics of HIV/AIDS data reporting.** Dana Thomson; **Poster #9: Human trafficking: a social justice issue for women and children.** D. Paxson Barker, RN, BS, Jeffrey V. Johnson, PhD, Kathleen Mc Phaul, PhD, MPH, RN

**Poster #7: Human trafficking: a social justice issue for women and children.** D. Paxson Barker, RN, BS, Jeffrey V. Johnson, PhD, Kathleen Mc Phaul, PhD, MPH, RN;

**Poster #8: Rates, trends and socioeconomic characteristics of attempted suicide in Taiwan, 1996-2004.** Ruoh-Ning Wu, Cheng Yawen

## F) Other:

We co-sponsored & helped organize the **P. Ellen Parsons Memorial Session, on “Congressional Update on Hot-Button Issues”** (Session 4242.0, Tues, Nov 7, 2:30 to 4:00 pm). The primary sponsor was the Medical Care Section; other co-sponsors included the Women’s Caucus and the Socialist Caucus. It was attended by 75 people (standing room only, and up from 30 people last year). Aides presented for the following Congressional representatives on the following topics: (1) Representative Barbara Lee, re the militarization of US foreign policy, especially regarding Iraq and Iran, and alternative policy proposals seeking to divert military dollars to domestic needs; (2) Representative Jerrold Nadler, re threats to reproductive rights, especially abortion rights, and the Freedom of Choice Act he and others in Congress have reintroduced to codify Roe v. Wade; (3) Representative Charles Rangel, for the House Committee on Ways and Means, focusing on trade issues, especially free trade agreements regarding pharmaceutical products (e.g., repatent extensions and compulsory licensing) and tobacco; and (4) Representative John Conyers Jr, regarding efforts to create national universal health care in the US, including Bill HR676, the “Expanded and Improved Medicare Act” that Conyers is sponsoring, which would “provide for comprehensive health insurance coverage for all United States residents” by: (a) giving all US residents a national health service card that can be used with any health care provider in the US, (b) cover all residents on US soil (including undocumented persons), and (c) work through the mechanisms already in place for Medicare, whereby

there would be a single-payer national health insurance system (whereby government covers expenses but does not employ the health care providers).

Finally, the Spirit of 1848 co-sponsored the Occupational Health and Safety dance on the Tuesday night of APHA.

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.

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

## 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:**

<b>Post message:</b>	<a href="mailto:spiritof1848@yahoogroups.com">spiritof1848@yahoogroups.com</a>
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<b>Web page:</b>	<a href="http://www.Spiritof1848.org">www.Spiritof1848.org</a>

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

## NOTABLE EVENTS IN AND AROUND 1848

### 1840-

**1847:** Louis Rene Villermé publishes the first major study of workers' health in France, A Description of the Physical and Moral State of Workers Employed in Cotton, Linen, and Silk Mills (1840) and Flora Tristan, based in France, publishes her London Journal: A Survey of London Life in the 1830s (1840), a pathbreaking account of the extreme poverty and poor health of its working classes; in England, Edwin Chadwick publishes General Report on Sanitary Conditions of the Laboring Population in Great Britain (1842); first child labor laws in the Britain and the United States (1842); end of the Second Seminole War (1842); prison reform movement in the United States initiated by Dorothea Dix (1843); Frederick Engels publishes The Condition of the Working Class in England (1844); John Griscom publishes The Sanitary Condition of the Laboring Population of New York with Suggestions for Its Improvement (1845); Irish famine (1845-1848); start of US-Mexican war (1846); Frederick Douglass founds The North Star, an anti-slavery newspaper (1847); Southwood Smith publishes An Address to the Working Classes of the United Kingdom on their Duty in the Present State of the Sanitary Question (1847)

**1848:** World-wide cholera epidemic

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

In the midst of the 1848 revolution in Germany, Rudolf Virchow founds the medical journal Medical Reform (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)