

★★★★★ THE SPIRIT OF 1848: APHA 2013 REPORTBACK ★★★★★

TO: EVERYONE ON SPIRIT OF 1848 EMAIL BULLETIN BOARD
FROM: SPIRIT OF 1848 COORDINATING COMMITTEE
RE: REPORTBACK FROM THE 2013 APHA CONFERENCE (11/13/13)



Greetings! The Spirit of 1848 Caucus is happy to share our reportback from the 141st annual meeting of the American Public Health Association (November 2-6, 2013, in Boston, MA). In this reportback we:

- (a) present decisions we made at our business meeting, including initial ideas for the APHA 2014 sessions; and
- (b) give highlights of our APHA 2013 sessions.

And: as usual, we are sending this reportback by email and posting it on our web site. As of November 6, 2013, we are happy to say that 3,253 people (in US & around the world) subscribe to our email bulletin board (up from 3,035 at this time last year). Attendance at our sessions, however, was lower than in the past 3 years, possibly due to our focus on a topic not yet widely embraced in public health (links between health equity & global climate change) and also due to growing limitations re who can afford to come to APHA (given both sequestration and also the government shut-down). In total, we estimate 380 persons came to our sessions (not counting those who visited the very popular student poster session or the sessions that we co-sponsored), which is fewer than the 470 in 2012, the 650 in 2011, and the 675 in 2010, but on par with the 400 in 2009. That said, our sessions as usual had very good attendance by APHA standards, which typically have ~30 persons/session, and our 2013 attendance for scientific sessions ranged from 60 to 150 persons per session (not including the 40 who came to our “special hour” with Winona LaDuke on the Tuesday night).

And also:

- 1) please feel free to email interested colleagues & friends this update/report, which can also be downloaded from our website, along with our mission statement and other information about Spirit of 1848, at: <http://www.spiritof1848.org>
- 2) please likewise encourage them to subscribe to our listserve! – directions for how to do so are provided at the end of this email and on our website. If any of the activities and projects we are reporting, either in this reportback or on our listserve, 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.**
- 3) if you have any questions about our work, please contact any of us on the Spirit of 1848 Coordinating Committee:
 - Nancy Krieger (Chair, Spirit of 1848, & data & integrative & e-networking); email: nkrieger@hsph.harvard.edu
 - Catherine Cubbin (Politics of public health data committee); email: ccubbin@austin.utexas.edu
 - Vanessa Simonds (Politics of public health data committee); email: vanessa-simonds@uiowa.edu
 - Anne-Emanuelle Birn (History committee); email: aebirn@utoronto.ca
 - Luis Avilés (History committee); email: laviles@upm.edu
 - Samuel Roberts (History committee); email: skroberts@columbia.edu
 - Suzanne Christopher (Pedagogy committee); email: suzanne@montana.edu
 - Lisa Moore (Pedagogy committee); email: lisadee@sfsu.edu
 - Rebekka Lee (Pedagogy committee); email: rlee@hsph.harvard.edu
 - Allegra Gordon (student rep for the Student poster session); email: argordon@mail.harvard.edu
 - Tabashir Sadegh-Nobari (student rep for the Student poster session); email: tabashir@ucla.edu
 - Jake Coffey (student rep for the Student poster session); email: JCoffey@uams.edu
 - Pam Waterman (E-networking committee and Spirit of 1848 representative to the APHA Governing Council and APHA Caucus Collaborative); email: pwaterma@hsph.harvard.edu

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 **posted** on our website, at: <http://www.spiritof1848.org/>

A note re APHA next year: it will be in New Orleans (Nov 15-19, 2014), with the designated theme: **“How Where You Live Affects Your Health and Wellbeing.”**

★★★ THE SPIRIT OF 1848 BUSINESS MEETING (Tues, Nov 5, 2013, 6:30-8:00 pm) ★★★

Attended by: (a) Spirit of 1848 Coordinating Committee members (alphabetical order): Suzanne Christopher (pedagogy); Allegra Gordon (student poster); Nancy Krieger (chair & integrative & data); Rebekka Lee (student poster); Vanessa Simonds (data), and Pam Waterman (e-networking and Spirit of 1848 representative to the APHA Governing Council and APHA Caucus Collaborative), and (b) additional Spirit of 1848 members (alphabetical order): Ashley Bachelder; Jake Coffey; Heather Cristiano; Gabe Eber; Alma Knows His Gun McCormick; and Lexi Nolen.

NB: Spirit of 1848 Coordinating Committee members who were unable to attend were: Luis Avilés (history), Anne-Emanuelle Birn (history), Catherine Cubbin (data), Lisa Moore (pedagogy), Samuel Roberts (history), and Tabashir Sadegh-Nobari (student poster), who provided input previously either at the Spirit of 1848 coordinating committee on the Sunday morning of APHA or else via email.

And: as of this 2013 APHA meeting, Rebekka Lee switched from being on the student poster session to the pedagogy subcommittee, reflecting the happy fact that she is no longer a student!

- 1) We re-affirmed the mission statement of the Spirit of 1848 (included at the end of this reportback and also available at our website, at: <http://www.Spiritof1848.org>) which, among other things, describes our purpose, our subcommittee structure, and our history.
 - In brief, we grew out 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.
 - We have 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), and (d) e-networking, which handles our listserv and website.
 - 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).
- 2) We noted that our listserv membership has increased to 3,253 people (up from 3,035 at this time last year) and also that our new static facebook page is working as intended – via directing people (who do “like us” ☺!!) to our website!
- 3) We reported back on how our various sessions went (see detailed descriptions below), discussing both attendance and content. The estimated attendance for our sessions ($n \approx 380$ total), was as follows (in chronological order): social history of public health ($n \approx 70$); the politics of public health data ($n \approx 60$); “integrative” session ($n \approx 150$); progressive pedagogy in public health ($n \approx 60$); and special hour with Winona LaDuke ($n \approx 40$). These attendance data are, as noted above, on par with 2009 but lower than for 2010, 2011, and 2012. That said, attendance at our scientific sessions remains far higher than the average attendance of 30 people/session for APHA scientific sessions. As per our reportback below, our sense was that the sessions by and large went quite well, and succeeded in making new connections for many people, vis a vis both ideas and also finding others like-minded folk concerned re links between health equity & global climate change.
- 4) In our Tuesday night business/labor meeting, we did a bit of brainstorming as to how the Spirit of 1848 listserv could be helpful to advance the research objectives of the People’s Health Movement (PHM), who was represented at our meeting by Lexi Nolen. She will follow-up with PHM and get back to us on possibilities. To learn more about the People’s Health Movement – whose objective #1 is “To promote the Health for All goal through an equitable, participatory and inter-sectoral movement and as a Rights Issue” – and to sign onto The People’s Charter for Health, see: <http://www.phmovement.org/>
- 5) Pam Waterman continued to do a wonderful job representing us at both the APHA Governing Council (where we and the other Caucuses are now present and can speak from the floor, but do not have a vote) and also at the now annual APHA all-caucus breakfast, held on Wed, November 6. She has reported back to us as follows:

-- GOVERNING COUNCIL

At the Governing Council session, the theme for the 2015 was voted to be "Health in All Policies". The other two themes under consideration were: "Collaborative Innovation: Technology for Global Health Communities" and "Native Health: What Indigenous People Can Tell Us About Everyone's Health".

Several amendments to the By-laws were passed, with two that pertained to making some meetings more transparent to the public, and others -- particularly Executive sessions -- closed to the public (with more exact policy language to follow next year).

There was significant discussion regarding policy C7: "Improving Health in Occupied Palestinian Territory" which was submitted by the International Health Section (prime), and co-sponsored by the Medical Care, Occupational Safety and Health, and Peace Caucuses. The policy statement was defeated.

The election winners for next year are:

President-Elect -- Shiriki Kumanyika

Executive Board -- José-Ramón Fernández-Peña, Gail Bellamy, Barbara Levin, and Ella Greene-Moton

Treasurer -- Richard Cohen

(Note: the Spirit of 1848 was not involved with the above-mentioned resolution or with any candidate's election because our policy is not to become involved with either the APHA resolution or election process, since with our volunteered time we prioritize our mission of spurring connections to advance work linking social justice and public health, as opposed to focusing on APHA internal policies and politics.)

-- reportback on CAUCUS BREAKFAST (attended by 12 of the 20 APHA caucuses)

Dr. Benjamin (APHA Executive Director) welcomed the Caucus representatives, whose Caucuses "range from a listserv to incorporations", and offered help from the APHA to the (relatively) newly formed Caucus Collaborative (CC) as pertains to fiscal issues, noting the need of any Caucus with the intention of incorporating to strengthen its fiscal knowledge of running an organization. He also cited the formation of the Caucus Collaborative as an excellent mechanism for coming to consensus for collective action and for communicating with the Executive Board.

Caucuses in attendance at all or part of the breakfast were (in alphabetical order): Academic Public Health Caucus; Asian and Pacific Islander Caucus; Black Caucus of Health Workers; Caucus on Homelessness; Family Violence Prevention Caucus; Immigrant and Refugee Health Caucus; Latino Caucus; LGBT Caucus; Peace Caucus; Public & Faith Community Caucus; Socialist Caucus; and Spirit of 1848 Caucus.

The primary point of discussion at the breakfast was the future of the CC, with Elena Ong, the incoming Chair of the CC, presenting 2 models: a flat model, i.e., with just a Chair vs. a more hierarchical model with a Board of Directors, Chairs, Co-Chairs, etc. Further discussion addressed the possibility of the CC eventually incorporating as a 501c3 entity capable of fundraising and other fiscal activities.

Among the 10 Caucuses present actively engaged in discussion of these possibilities, a straw poll was taken to assess level of interest in: (1) the Caucuses having a vote on the APHA Governing Council, and (2) transforming the CC into a more formal structured entity.

The Spirit of 1848 was the only Caucus, out of 10 who expressed views, that explicitly does not want a vote on the Governing Council, consonant with our policy that we do not become involved with APHA policy resolutions or internal politics. Among the other 9 Caucuses voicing opinions, the majority were in favor of having a vote, of whom the Socialist and Peace Caucuses were in favor, but less strongly inclined. The majority was also in favor of each Caucus having its own vote on the Governing Council, as opposed to the CC having one single vote that would represent ALL Caucuses. The one-vote option, however, is actually a more realistic initial goal, given APHA by-laws, even as it is more complicated for the Caucuses (since there is no a priori reason to believe consensus exists on any given issue).

Additionally, 8 of the 10 Caucuses voicing opinions were likewise interested in some form of fiscal/financial support from APHA. Of interest was: (a) help forming a 501(c)3 to fundraise for scholarships for students to attend APHA, and/or (b) help from APHA with handling funds that have been raised/ donated. Two of the Caucuses (The Spirit of 1848 and Socialist Caucus), however, noted that their Caucuses were not in need of fiscal/financial support as non-dues paying and minimal-dues paying Caucuses, respectively. Less interest was expressed in changing the organizational structure of the CC, e.g., having the CC turn into a 501(c)3 entity.

Further discussion of these issues will require input from the remaining 8 of the 20 of APHA Caucuses not involved in the CC breakfast discussion, with conversations to continue during the quarterly CC phone conference calls.

6) With regard to our Spirit of 1848 sessions for next year (**142nd annual meeting of APHA, November 15-19, 2014, in New Orleans, LA, whose theme is “How Where You Live Affects Your Health and Wellbeing”**), we decided to plan our sessions keeping 3 things in mind:

-- 2014 is the 20th anniversary of the 1st Spirit of 1848 sessions, which were held at the 123rd annual meeting of APHA (San Diego, CA, Oct 29-Nov 2, 1994) and which focused on: “Mentoring Health Professionals for the 21st Century,” and “The Politics of Naming: Implications of proposed changes in federal classification of ‘race’ and ‘ethnicity,’” a session that pulled together all the caucuses of APHA and several of the APHA sections to present our views to the US Office of Management and Budget, thereby contributing to what eventually became the 1997 US OMB rules (still in effect).

-- the importance of calling attention to issues of global climate change & health equity in many if not all of our sessions, as the sessions we organized at this year’s APHA made it clear that climate change and inequities in its impact will continue to be a critical and contentious public health issue for the foreseeable future

-- the salience of “place” vis a vis New Orleans, in terms of not only the continued impact of Hurricane Katrina (including the link of changes in storm systems and their magnitude as related to global climate change) but also the politics of enumeration (both naming and counting) and its relevance to health equity

Thus, our provisional plans are as follows (listing sessions chronologically by when they occur at the meeting), with details to be clarified when the APHA call for abstracts goes live on December 16, 2013:

a) social history of public health: a focus on the public health importance of port cities (such as New Orleans) – past and present and in comparative perspective -- in terms of trade, migration, epidemics, and ecological disasters (including global climate change in terms of rising sea levels and extreme weather, and the role – or neglect – of policies dealing with these issues). All abstracts will be solicited.

b) politics of public health data: a focus on counting to make people count for health equity – the focus will be on the politics of enumeration, including: (i) continued discussions of counting in relation to race/ethnicity, e.g., new possible revisions being considered for the 2020 US census, and (ii) counting in relation to: political boundaries (such as voting districts), institutions (such as prisons), and evacuees and refugees (as per people uprooted by Hurricane Katrina), all of which have implications for political representation and resource allocation, and hence health impacts that can either exacerbate health inequities or promote health equity. All abstracts will be solicited.

c) integrative session: critical reflections on 20 years of the Spirit of 1848 – the session likely will include: (i) 4 short presentations (one on what the Spirit of 1848 has accomplished over the past 20 years, and one each on persistent and emerging challenges pertaining to our 3 foci of the social history of public health, the politics of public health data, and progressive pedagogy), and (ii) videos of winners & selected entries from a contest we plan to hold for songs, chants, and short videos intended to galvanize action to protest health inequities, feed the spirit, and advance health equity! All abstracts for the presentations will be solicited. All submissions for the songs, chants, and videos will be via our Spirit of 1848 website, by a process that we plan to figure out by the end of January 2014.

d) progressive pedagogy: mentoring for health equity – the session will focus on issues of mentoring vis a vis both content and the people involved, regarding: (i) how positive mentoring can contribute to building a workforce that advocates for social justice in public health; (ii) how mentoring can provide insights into the challenges of doing work that explicitly confronts health inequities by calling attention to issues of various permutations of exploitation, oppression, exclusion, and degradation of the world in which we live, and (iii) power involved in the mentor/mentee relationship, in relation to

institutional/academic position of the mentor & mentee and also their social positions vis a vis race/ethnicity, nationality, immigrant status, social class, gender, sexuality, and age. All abstracts will be solicited.

e) student poster session – this session will as usual have an *OPEN CALL* for submissions by students that are focused on work linking issues of social justice and public health.

NB: we will also be investigating possibilities for reviving a past tradition of “**radical history tours**” and see if we can find someone who arranges such tours that we could work with to have a tour of this type on the Sunday afternoon of APHA (after the opening general session) – and we will keep everyone posted via the 1848 listserv. If you do know of anyone in New Orleans who does offer such tours, please email Anne-Emanuelle Birn (ae.birn@utoronto.ca) and Jake Coffey (JCoffey@uams.edu) – and please be sure to send the email to BOTH of them!

Lastly, please note that the timeline for abstract submission to APHA 2014 is as follows:

(a) the **call for abstracts** will go live on the APHA website (<http://www.apha.org/meetings/>) on **MONDAY, DECEMBER 16, 2013**.

(b) **abstracts will be due between FEBRUARY 10-14, 2014**. As soon as we know the date of the abstract deadline assigned to the Spirit of 1848, we will post it on our listserv.

(c) **we will issue our own separate Spirit of 1848 call for entries for songs, chants, and videos likely by the end of January, with submissions likely due in mid/late spring** – and we will keep everyone posted on our plans via the Spirit of 1848 listserv and website.

If you have ideas for speakers who can address any of the themes or issues discussed above, please let us know! The contacts for our sessions are:

History: Spirit of 1848 Coordinating Committee members Anne-Emanuelle Birn (email: aebirn@utoronto.ca), Samuel Roberts (email: skroberts@columbia.edu) and Luis Avilés (email: laviles@upm.edu)

Data: Spirit of 1848 Coordinating Committee members Catherine Cubbin (email: ccubbin@austin.utexas.edu), Vanessa Simonds (email: vanessa-simonds@uiowa.edu), and Nancy Krieger (email: nkrieger@hsph.harvard.edu).

Pedagogy: Spirit of 1848 Coordinating Committee members Lisa Moore (email: lisadee@sfsu.edu), Suzanne Christopher (email: suzanne@montana.edu), and Rebekka Lee (email: rlee@hsph.harvard.edu)

Integrative: Spirit of 1848 Coordinating Committee members Nancy Krieger (email: nkrieger@hsph.harvard.edu).

Student poster session: Spirit of 1848 Coordinating Committee members Tabashir Sadegh-Nobari (email: tabashir@ucla.edu), Allegra Gordon (argordon@mail.harvard.edu), and Jake Coffey (JCoffey@uams.edu)

We note that the day & time of these sessions will be in our usual time slots:

Spirit of 1848 session* -- name, day, and time (listed in chronological order)
-- 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.

★★★★★ HIGHLIGHTS OF SPIRIT OF 1848 SESSIONS (APHA 2013) ★★★★★

As usual, our sessions were lively and thought provoking, with good attendance – noting that we estimate \approx 380 persons came to our sessions (not counting either those who visited the very crowded student poster session or who attended the sessions that we co-sponsored). The range for our scientific sessions was from 60 to 150 persons/session, all considerably higher than the average APHA attendance of \approx 30 persons/session.

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

1) SOCIAL HISTORY OF PUBLIC HEALTH

This session was attended by \approx 70 people (down from \approx 95 people last year).

RESOURCE INEQUALITIES & HEALTH INEQUITIES: CONNECTING THE LOCAL AND GLOBAL IN HISTORICAL ANALYSIS, CRITIQUE, AND BEST PRACTICES (Mon, Nov 4, 10:30 am – 12 noon; Session 3180.0) BCEC Room 259A
10:30 AM: **Introduction** – *Anne-Emanuelle, PhD*
10:35 AM: **Oil riches and health inequities: Comparing experiences in the petro-states of the United States and Mexico over the 20th century** -- *Christopher Sellers, M.D., Ph.D.*
10:55 AM: **Princeville flood and the continuity of inequality** -- *Richard Mizelle Jr., Ph.D*
11:15 AM: **Climate justice: urban vulnerability to extreme weather and the environmental justice movement in historical perspective** – *Joyce Rosenthal, PhD*
11:35 AM: **open discussion/questions & answers**

Anne-Emanuelle Birn opened up the session, introducing both the speakers and the theme of the session

Christopher Sellers, a historian who has focused on occupational and environment health, critically examined the theoretical proposition known as the “resource curse,” which posits that regions rich in “natural” resources are bound to end up with authoritarian governments that promote social inequality, poor on-average health, and health inequities. A related issue raised by this thesis is that better levels of on-average health and also health equity should be associated with democracy, and especially participatory democracy, with an engaged citizenry (as opposed to solely a formal democracy defined principally by regular elections). Sellers traced the democracy + health idea back to Virchow who in his classic 1848 analysis of the typhus epidemic in Upper Silesia (a coal-rich region) argued it resulted from both lack of democracy and impoverishment. The “resource curse” hypothesis in turn had its origins among economists in the 1920s, with its initial articulation ignoring health entirely. He then considered two early 20th c CE case examples, involving oil towns on the Gulf of Mexico – one in the US, one in Mexico. In the 1920s, the US town seemed to exemplify the “oil curse,” with lax anti-pollution laws, no workers compensation, etc, whereas in the Mexican city there was a strong labor movement and the industry was nationalized. Over time, however, there was a reversal of fortunes, whereby economic and health conditions: (a) worsened among the workers in the Mexican town, who remained residents of the town with nowhere nearby to move for better conditions, but (b) improved for workers in the US town, whose labor movement strengthened, as did the occupational and environmental health regulations and enforcement, accompanied by an increasing exodus of oil workers to nearby suburbs where they became homeowners. Two key dynamics Sellers identified as being overlooked in the “resource curse” literature were: (1) transnational differences in urbanization, and (2) the influence of private multinational companies on the global distribution of wealth from oil. Thus, the US town became less of an enclave, with labor relations in part reflecting access to oil profits from around the world, whereas the Mexican town became more of an enclave, with local oil profits flowing mainly to the capital, with little secured for the town. The larger implications is that whether resources are a “curse” or “blessing” depends not simply on the geographic locale of the resources per se, but the larger political economy.

Richard Mizelle Jr, a historian whose work, in his own words, “explores the historical borders and overlap between questions of race, environment, technology, and health in modern America,” in his presentation challenged the notion that the US black population has been complacent about the environment. Using the lens of disasters, he discussed findings from his first book (forthcoming), *Backwater Blues: The 1927 Mississippi River Flood and the African American Imagination*, which he was working on when Hurricane Katrina hit. That flood and other floods revealed how much black Americans, and others who were impoverished and put in a category of “otherness” defined by racism and class inequality – and hence in the literal as well as metaphorical “backwaters” – were disproportionately at risk of being harmed by and

unable to recover from these environmental disasters. As the flip side to harm by dangerous environments, he also discussed the impact of segregation on black American's beneficial access to good environments, with battles to desegregate beaches in the Jim Crow era as fierce as those to desegregate lunch counters. In the case of the 1927 Princeville flood, Mizelle traced the history of Princeville as one of the oldest black incorporated towns in North Carolina, built by freed slaves along the banks of the Tar River, in a location that typically had seasonal flooding, and also downstream from a more wealthy and whiter city, Rocky Mount. Environmental protections from flooding for Princeville lagged those of Rocky Mount, and in 1999, when Hurricane Dennis devastated North Carolina, the city managers of Rocky Mount unilaterally dropped the water barriers by 3 feet, to protect themselves from flooding, albeit with this action likely aggravating the flooding in Princeville. Questions raised pertain to who controls water, and who is disproportionately affected by – and protected from – environmental disasters.

Joyce Rosenthal, an urban planner focused on urban design, sustainability, and health, provided historical background to her current work on urban inequities in exposure to and vulnerability to unevenly distributed urban heat pollution. Describing the environmental justice movement as a reaction to the largely white and affluent nature conservation movement that arose in the early 20th c CE, itself a reaction to growing urbanization, and which conceived of the “natural environment” as free from the presence of humans (except for wealthy hunters; American Indians were to be removed), she flagged the shift brought about by growing concerns of chemical pollution (per Rachel Carson's 1962 *Silent Spring*), leading to Earth Day in 1970, and growing federal legislation to curb pollution, including hazards posed by commonplace illegal and also legal but still unsafe chemical dumps. She described how in the 1980s growing action started to challenge environmental racism, citing the largely black protests against PCB dumping in 1982 in Warren County, NC, the 1987 release of the 1st major report on toxic wastes and race (led by Rob Bullard), and GIS research showing the disproportionate exposure of communities of color, especially low income, to toxic dumps, along with excess exposure of Native Americans to pollution resulting from energy extraction and production. At issue are both unfair risk distribution and unfair allocation of resources to deal with these risks, both within the US and between countries. Turning next to the specific example of heat pollution, she described a critical 1896 heat wave in NYC in which over 15,000 people died, leading to the 1st public distribution of cooling blocks of ice to low-income residents and the beginning of NYC health department responses to heat waves. In her current work, she is looking at how community-level and household/individual-level characteristics act as stressors and buffers to vulnerability to urban distributions of heat, as magnified by heat waves. Key community-level factors that are predictors of increased heat-related mortality, above and beyond individual/household characteristics, for example, include: property tax delinquency (precursor to foreclosures), housing violations, and poverty level.

During the **Q&A period**, comments focused on: (1) students' lack of awareness of environmental history and its links to social history and their need to learn the connections; (2) fragmentation of fields studying social and environmental hazards, and the needs for integration of knowledge especially as the technical knowledge continues to explode, leading to a need to be explicit about selection principles for cases chosen as an illustration of any given point; (3) the extent to which the public vs private nature of commodity resource extraction affects the likelihood of there being a “resource curse,”; (4) the example of Detroit, where de-industrialization is now leading to problems previously associated with the “resource curse,” including not only exacerbation of poverty of people in the city but also increasingly authoritarian rule; and (5) what can be learned from the Latin American Indigenous “buen vivir” movement, focused on living in harmony with resources.

2) POLITICS OF PUBLIC HEALTH DATA

Our session was attended by ≈ 60 people (notably lower than the 175 last year).

POLITICS OF PUBLIC HEALTH DATA: GLOBAL CLIMATE CHANGE, PUBLIC HEALTH, AND HEALTH EQUITY (Mon, Nov 4, 2:30-4:00 pm; Session 3387.0) BCEC Room 205AB
2:30 PM: **Introduction – Catherine Cubbin, PhD**
2:35 PM: **Health inequities related to occupational health impacts of climate change** – D.H. Wegman, MD, MSOH; C. Hogstedt, MD, PhD; T. Kjellstrom, MD, PhD; **Rebekah Lucas, PhD**
2:50 PM: **Climate change and heat exposure to sugarcane harvesters in Costa Rica: Health and productivity outcomes** -- **Jennifer Crowe, MPH**; C. Wesseling, MD, PhD; T. Kjellstrom, MD, PhD; M. Nilsson, PhD
3:05 PM: **Power for the people: Examining energy insecurity as a hidden dimension of risk among vulnerable populations** -- **Diana Hernandez, PhD**
3:20 PM: **Building local capacity to address the health equity implications of climate change: A case study of public health involvement in sustainability and adaptation planning** -- **Sandi Galvez, MSW**; C. Baker, MPP; M. Mena, MSW; S. Gould, MPH; M. Kent; W. Dominie; S. Stuart, MA, MPH; A. Smith, MPH; P. Willow,

Catherine Cubbin opened up the session, introducing both the speakers and the session's theme, whose presentations included both quantitative and qualitative studies.

Rebekah Lucas presented work in which she used a quantitative model to show that excessive heat exposure will lead to reduction in labor productivity, with global warming due to climate change having its greatest impact on workers in South East Asia and India, and much less impact on workers in the US and Canada. Her models used a Heat Exposure Index that took into account air temperature, radiant temperature, humidity and air movement.

Jennifer Crowe in turn focused on heat exposure affecting migrant sugarcane harvesters in Costa Rica. Although not originally a focus of her occupational health research in Costa Rica, the excess exposure to heat came up again and again in her studies, leading her to understand how it was a top priority for the workers. Using the same Heat Exposure Index employed by Lucas (above), she found that the workers passed their heat threshold after only 1.5 hours into their work shift, with resulting health problems manifested as tachycardia, nausea, headache, fever, difficulty breathing, swelling, and dizziness.

Diana Hernandez in turn discussed her qualitative work on energy insecurity in Boston, MA. To put the study in context, she stated that 16 million people in the US are affected by energy insecurity, which has 3 aspects: physical, economic, and coping. The issue of energy insecurity arose in the Dorchester Housing and Neighborhood Study interviews on legal services, whereby residents discussed how partial payment of energy bills leads to debt that is largely unrecognized. Moreover, the low income Home Energy Assistance program focuses primarily on paying bills rather than promoting energy efficiency. Further compounding the problem, only 1/3 of people eligible for this assistance actually use it.

Sandi Galvez concluded the session with a presentation on building local capacity to address climate change and health inequities as part of the Bay Area Regional Health Inequities Initiative. She first described the California Sustainable Communities and Climate Protection Act, which includes stakeholders concerned about land use, air quality, bay conservation, transit, and traffic congestion. The Initiative conducted an equity analysis of the proposed activities early on, which resulted in revision of the allocation of committed funds and also a new grant program.

In the Q&A, questions focused on: (1) how to promote bicycle use among low income communities of color, where complete streets may not exist; (2) whether the MA study observed trade-offs between medical costs and paying energy bills, with the answer clarifying that although this did come up, it wasn't a major issue given that MA was starting to implement universal health care at the time of the study; and (3) how the study in Costa Rica obtained permission from the sugar cane owners to do the study, with 2/3 of them expressing interest, likely because climate change is affecting Costa Rica as a whole and the study was offering practical helpful solutions.

3) INTEGRATIVE

This session was attended by \approx 150 persons (higher than the \approx 130 last year). It is called the "integrative" session because its different speakers typically address the 3 foci of the Spirit of 1848: social history of public health, the politics of public health data, and progressive pedagogy; this year, however, the "integrative" referred to different levels of governance in relation to global climate change and health inequities.

SOCIAL JUSTICE & THE POLITICS OF GLOBAL CLIMATE CHANGE: GOVERNANCE, POLITICAL ECONOMY, POLITICAL ECOLOGY, AND HEALTH EQUITY – GLOBAL, NATIONAL, AND INDIGENOUS PERSPECTIVES (Mon, Nov 4,

4:30-6:00 pm; Session 3463.0) BCEC Room 205AB

4:30 PM: **Introduction** – Nancy Krieger, PhD

4:35 PM: **Health equity and social justice: Lessons learned from Hurricane Sandy** -- Michelle Davis

4:55 PM: **Climate change, public health and indigenous peoples** -- Winona LaDuke

5:15 PM: **Sustainability and equity: Lessons from UNDP'S work supporting development efforts globally** –
Veerle Vandeweerd

5:35 PM: **open discussion/questions and answers**

Nancy Krieger opened up the session saying that the presentations were intended to spur integrated and critical public health thinking and action regarding the critical twin tasks of: (a) envisioning and creating equitable and ecologically sustainable economies & ways of living that afford everyone the possibility of living healthy & meaningful lives, and (b) combating global climate change and the corporations, governments, and global institutions who push for and profit from political economies premised on fossil fuel and the non-sustainable exploitation of the earth, sea, animals, and plants, along with human labor, for non-sustainable production of material commodities.

Michelle Davis, Region II Regional Health Administrator (RHA) with the U.S. Department of Health and Human Services (HHS), which includes New York, New Jersey, Puerto Rico, and the US Virgin Islands, discussed the impact of Hurricane Sandy (which hit on Oct 29, 2012) on New York City from the perspective of a federal health agency working in a multi-state context on a multi-state disaster. Using both numerical data and photographs, she summarized and illustrated the data on the storm's destructive impact on people, housing, transportation, and energy availability, with exposure and recovery were linked to place, income, and race/ethnicity. One slide, for example, showed the extreme flooding of Battery Park and how this wealthy area was restored 1 year later, versus the situation in Breezy Point, Queens, a lower income community, where 135 homes burned down due to a fire linked to the storm, and 1 year later only 1 family has been able to move back. Contributing to these inequities, to date only \$2 billion of the \$50 billion pledged by Congress to aid recovery has actually been distributed, and federal agencies had to insist that addressing damage to people's sole home took priority over addressing damage to other people's second homes, who were used to getting their needs prioritized. Gains in responding to technical lessons learned (e.g., no longer permit electrical equipment to be kept in the building basements; build tunnel plugs for subway use) far exceed work addressing the health equity dimensions of the disaster. Not only have many small businesses not reopened, leading to income loss among both families and communities, but it took almost a year for ferry service to start running to enable workers in Brooklyn to commute to New York City in lieu of still damaged subway lines, and many residents of low income areas felt federal help did not come quickly enough, especially those stranded in housing projects whose elevators were knocked out by the storms. These examples underscore the need to address the social and not just physical context of environmental hazards posed by climate change.

Verlee Vandeweerd, director of the Environment and Energy Group of the United Nations Development Programme (UNDP), started her presentation by saying there will be many more storms like Hurricane Sandy arising from global climate change, with predictions regarding their growing number and magnitude continually increasing. Emphasizing the reality of global climate change, in conjunction with differential belief in its reality (e.g., in the US, by 97% of scientists, 66% of the media, but only 45% of the public agreeing it is a problem), she said a big task is to close the gap between public perception and reality. She then reviewed data on the numerous ecological and human health threats predicted to rise with global climate change as linked to rising global surface temperatures, rising sea levels, and rising number of extreme weather events, all exacerbated by 30% of the world's population living in coastal zones. The key issue she emphasized is that the impacts of global climate change will be – and already are – worse for developing countries, with consequences (both intensified floods and droughts) further increasing income inequality and absolute deprivation. In the face of all this terrible information, one bit of good news is that research has shown that many sources of greenhouse gases can be addressed by existing technologies, thereby underscoring the need to improve public understanding of the problem so as to push for better solutions and better ways of living that involve consuming differently, not worse.

Winona LaDuke (Anishanabee), Executive Director of Honor the Earth (<http://www.honorearth.org/>) and one of its founders, gave her presentation via a 16 minute video prepared for the session. This arrangement was due to an unexpected conflict that prevented her from being in Boston on Monday, noting that (as announced) she would be present for a dialogue at APHA the next evening, after the Spirit of 1848 business meeting. Winona also has given Spirit of 1848 permission to share the link to her video ("**Climate change, public health and indigenous peoples**," presented at the 141st annual meeting of the American Public Health Association, Boston, MA, November 4, 2013), which is available at our Spirit of 1848 website, with the link on the tab for Spirit of 1848 APHA reportbacks, at:

<http://spiritof1848.org/apha%20reportbacks%20&%20attendance.htm>

Please note that this file is rather large (~2gb) and may take some time to download (e.g., 8-10 min). If you have difficulty viewing in one browser (e.g., Firefox, Internet Explorer, Safari), try another (e.g., Google Chrome, etc.).

*** Please view the video and also share the link with your colleagues, friends, and family ***

In her presentation, Winona discussed how in the era of extreme energy extraction, which contributes to health inequities, American Indian communities are on the front lines of fossil fuel extraction and fracking. She emphasized that climate change is changing everything about how we live and about how communities have known to live for thousands of years, and this uncertainty is very unsettling and a deep source of stress, adding to historical trauma. Emphasizing that climate change per se does not discriminate by race or class but instead hits by geography, it nevertheless has differential inequitable impact due to who lives where, by race and class, and who has the resources to address its impact – e.g., people in the city of Boulder have many more resources to mitigate effects than people in the Navajo nation. Showing photographs of a coastal Alaska native village that needs to be relocated due to rising sea levels, she said that 10 years ago the cost of moving the village was estimated to be \$40 million, now it has risen to \$400 million, and no one knows where the money will come from for this relocation. With regard to extreme energy extraction, Winona addressed the threats posed by fracking and deep sea drilling, especially in the Arctic, and also coal mining and mountain top removal, coupled with the social hazards tied to the rise of “man camps” for the labor needed for these forms of extreme energy extraction, which have been leading to increased violence, increased drug use, and increased traffic fatalities. She also described the courage of physicians in Brunswick, Canada, who called on the Canadian government to have a moratorium for 10 years on further fracking, given insufficient evidence that it was safe, the lack of labor standards, and the need to uphold the principle “first do no harm.” Noting that many solutions exist to the problem of climate change, she said they were not actualized due to corporate interests and their pursuit of profit. She urged consumption of local foods, to avoid the added carbon burden linked to transportation of food, and also the use of local solar panels for local energy – noting too that many American Indian communities in the plains live in some of the windiest areas of the US, suitable for greater use of wind energy. She also spoke to the need to avoid nuclear energy, recalling the adverse exposure to radiation among Navajo uranium miners and their communities. Her conclusion was that to control our destinies, and avoid disaster, we need local control of both energy and food.

In the Q&A period, discussion focused on: (1) how to address climate change skepticism among US rural residents suspicious of both government and science; (2) how to increase collaboration across US federal agencies to address global climate change; and (3) the need for policy change, since the knowledge and technology exist to reduce the threat of global climate change.

4) PROGRESSIVE PEDAGOGY

This session was attended by ≈ 60 people (similar to the ≈ 70 from last year).

PROGRESSIVE PEDAGOGY: CLIMATE CHANGE, SUSTAINABILITY AND HEALTH EQUITY (Tues, Nov 5, 8:30-10:00 am, Session 4071.0) BCEC Room 205A

8:30 AM: **Introduction** – **Suzanne Christopher, PhD**; *Lisa D. Moore, DrPH*

8:35 AM: **Coal blooded: Coal fired power plants spell double jeopardy for communities of color** – **Jacqueline Patterson, MSW, MPH**

8:55 AM: **Bridging that gap: Using web forums to bring together champions for community change** – **Carmen R. Nevarez, MD, MPH**; C. Chan; S. Tiffany

9:15 AM: **Human health and global environmental change: A massive open online course** -- **Aaron Bernstein, MD MPH**

9:35 AM: **open discussion/questions and answers**

Suzanne Christopher opened the session noting that speakers would be presenting materials about different forms of pedagogy about climate change, intended to produce action, ranging from local community-based initiatives to a Massive On-Line Course (MOOC) with global reach.

Jacqueline Patterson, Director of Climate Justice at the NAACP, presented findings of their new report on how coal fire plants pose a double-jeopardy to communities of color, by both directly harming their health due to toxic emissions, and by increasing carbon dioxide in the atmosphere, leading to global climate change. Illustrating her talk with many pictures as well as empirical data, she provided the example of Plant Jack Watson in Gulfport, Mississippi, located in a low income community where 25% of residents are of color, and which has earned an F from the American Lung Association for the number of bad ozone days it generates and been deemed “ripe for retirement” by the Union of Concerned Scientists, because the costs to fix it are so high, with data from still another study showing excess mortality linked to the plant’s pollution. Harms due to coal use, moreover, extends from its mining (mountain top removal; harm due to coal ash spills) to its combustion, with photos showing burning stacks located across the street from playgrounds in a low income

community of color, and also adjacent to rivers where people do subsistence fishing. Another photograph showed a Navajo family who lacks electricity with the coal plant stacks visible behind them, generating energy for cities. Placement of the combustion plants in neighborhoods, moreover, additionally threatens health by reducing property values and hence the tax base for public education, while also increasing risk of asthma in children, and also their exposure to metals, thereby further affecting their ability to get a good education. In still another low income African American community, the Red Cross was prohibited from helping people suffering from flooding due to an extreme storm because their community was located within 7 miles of a nuclear facility. A key conclusion was that these problems exist because of the financial and political clout of energy corporations, who expend millions of dollars in lobbying to curb threats to their profits. Solutions include educating people about the harms and inequities caused by these companies, with one example being a rousing hip-hop song (played at the end of the session) about global climate change, its causes, and solutions, written and performed by several African American youth.

Carmen Nevarez, the vice president for External Relations for the Public Health Institute, next described the web seminar series she and her team have been developing, several of which have been focused on issues of public health, climate change, and health equity. The seminars were developed to help increase education of the public health workforce (whose median age is 55) as well as draw in younger public health practitioners and professionals, plus also address the increasing fragmentation of public health workers into ever more silos. The resulting web seminar program, Dialogue4Health (see: <http://www.dialogue4health.org/>), has a low carbon footprint, preserves all seminars in its archives (now over 300, with 95 of them “open” and the rest designed for particular clients), and can reach larger and more dispersed audience than conventional educational programs; in 2012, there were 16,554 regular subscribers and over 62,000 registrants. Four of the web seminars have focused on global climate change, and have not only increased knowledge but also steps to advance policy, with post-webinar poll results showing people’s increased commitment to talking about the value of policy change to reduce global climate change with local people, legislators, and local media.

Aaron Bernstein, the Associate Director for the Center for Health & the Global Environment at the Harvard School of Public Health, next described a massive on-line course (MOOC), called “Human Health & Global Environmental Change” (see: <https://www.edx.org/course/harvard-university/ph278x/human-health-and-global/573>), that he helped developed and teach, and which was first launched this past year, in Spring 2013. He opened his presentation by asking people present why they thought it was so slow and hard to address global climate change; answers included: “tragedy of the commons,” denial, and the enormous political and economic power of the energy corporations (whom Bernstein noted have over 4 trillion in assets, larger than the billions of the tobacco industry). To Bernstein, all of these obstacles underscore the need to educate people around the globe about the causes and consequences of global climate change and what can be done to address it. The MOOC thus presents data on climate change, its impact on biodiversity and health, and engages students in the 3rd part of the course with what can be done, which is a section that raises many issues involving equity, which he said was one of the least-tapped motivations that nevertheless is crucial to leading people to take action to address global climate change. A key question is: “what is fair”? – for the US to do? for China to do? for there to be a greater impact on developing countries, especially when the problem is driven by energy policies and use of the developed world? for problems created by past and present generations to harm future generations? The MOOC enrolled 45,000 students from over 100 countries; 40% were from the US, the 2nd largest number of students were from India. In the 3rd part of the course, 2 exercises brought home different understandings and realities of “sustainable” production and consumption. One concerned the example of a jacket made in a Bangladesh garment factory: whereas US students tended to focus on concrete objects (e.g., carbon foot print), the students from Bangladesh raised the issue of the abject conditions of the garment workers who made the jacket, thereby putting a human face to the issue. A second example asked students to document how easy or hard it was to get an energy-efficient light bulb, with US students discovering it was much harder and more costly for them to do so than European students, and students in other parts of the world emphasizing that they didn’t have easy access to electricity, let alone light bulbs. Teaching the course in this way has helped students realize that although the scientific knowledge is important, it is not sufficient: policy change (and not just individual change) is what is needed.

During the Q&A period, comments addressed: (1) an additional variant of the US light bulb issue, whereby one person recounted how when he went to his hardware store to get an energy-efficient light bulb, the store staff member referred to it as a “communist light bulb”; (2) how recruitment for the MOOC was done, with the answer being that it was listed at the EdX site, with no further advertising, and this was sufficient to draw in the 45,000 students registered; (3) how to direct students to careers in environmental justice, with one approach being to engage them with the reality of the problem of global climate change and how it can be addressed through action; (4) how education and action about global climate change in low-income communities of color can create a black/green pipeline (into jobs focused on environmental

sustainability) and curtail the current pipeline feeding youth of color to prisons; (5) how to get government public health workers to take action on global climate change when they are increasingly muzzled, leading to discussion about the need for inside/outside strategies, whereby outside protesters can create conditions that give inside sympathizers space to move forward more progressive actions and policies; and (6) the value of youth-oriented campaigns, talking about personal stories, and leading them to take action, as exemplified by the hip-hop song played at the end of the session.

5) STUDENT POSTER SESSION

Our 12th “**STUDENT POSTER SESSION: SOCIAL JUSTICE AND PUBLIC HEALTH**” had 9 posters accepted (listed below; presenters’ names in **bold font**). A constant flow of people came to see the posters, giving the student presenters many opportunities to discuss their work. Suggesting our session is meeting its objective in helping bring forward the next generation linking social justice and public health in their work, for many students the session was the first time s/he had shared results at a scientific conference and/or attended an APHA annual meeting; one presenter also said the “call for abstracts” helped crystallize some nascent ideas and helped the student and co-authors generate the work represented in their poster! Overall, the students really appreciated the opportunity to gain the experience of presenting their work and meeting so many different people in so many diverse aspects of public health, and likewise felt affirmed in their focus on issues of social justice and public health.

STUDENT POSTERS: SOCIAL JUSTICE & PUBLIC HEALTH (Tues, Nov 5, 12:30-1:30 pm, Session 4178.0) BCEC Exhibit Hall A/B1

Board 1: Colorado River and climate change: Averting social and environmental disaster -- *Melissa M. Kelley, MS*

Board 2: Integrating equity in climate change adaptation processes using health promotion principles: Extreme heat events and ambrosia (ragweed) pollen allergic symptoms as case studies -- *Tarik Benmarhnia, MSc*; M. Shareck, MSc; M. Raphoz, MSc;

Board 3: Transportation dilemmas in home-based prevention programs: Carbon footprints and workplace stressors -- *Stephen Edward McMillin, Ph.D. candidate, M.A., A.M.*

Board 4: Population, health, and environment (PHE) movement in Ethiopia: Integrated interventions to improve equity and increase climate change resilience in rural communities -- *Lianne Gonsalves, MSPH Candidate*; S. Donovan, MSPH Candidate; P. Winch, MD, MPH

Board 5: A community quality improvement approach to facilitate more respectful care for pregnant women and increase health worker-assisted deliveries in rural Ethiopia -- *Jen Capell, BSc(PT), MS, MPH, DrPH(c)*

Board 6: Health behaviors in a social context -- *Kia Davis, MPH*

Board 7: Development of a structural measure of school racial climate -- *Stephanie Baker, PhD*

Board 8: Forgiveness and mental health in South Africa after apartheid -- *Hannah Carliner, MPH, ScD(c)*; S. E. Gilman, Sc.D.; D. R. Williams, PhD, MPH

Board 9: Lessons learned: A framework for HIV services for a transgender population in Thailand -- *Rebecca Peters, MPH Candidate*

6) SPECIAL HOUR WITH WINONA LADUKE (Tues, Nov 5, 8-9 pm, co-sponsored with the American Indian, Alaska Native and Native Hawaiian Caucus)

This session, held at the very unusual time of 8-9 pm after our business meeting, drew ≈ 40 people! – and provided an opportunity for a more informal exchange with Winona. During the first half, Winona reiterated and expanded upon key points from her video (see above for description of what it covered, and also the web link to the video and to her organization, Honor the Earth), after which there was time for dialogue. Among the additional points Winona addressed, both expanding upon the material presented in the video and as part of the Q&A:

(1) she explained she’s not an “activist” and does not like the term “alternative,” because she thinks both marginalize the issues; her point is that she wants to be able to drink water and to turn vision to reality and live sustainably by getting energy from solar panels and the wind and by harvesting native foods;

- (2) the importance of raising public awareness, e.g., by Honor the Earth's current campaign to ride the pipelines on horse and engage in discussion, including via local media, with the people and the communities that live alongside them;
- (3) the necessity of exposing the fallacies of short-term "solutions," whereby jobs linked to fracking (taken up by people who don't want to be destroying the earth, they just want a job to survive) do nothing to change the dollars leaving communities to pay for food and for energy, and do nothing to change the incentives that lead to so much energy waste (e.g., in the US, 57% of the energy is lost from point of production to consumption, and energy corporations make more money from selling energy than they would by promoting energy efficiency);
- (4) the need to counter the view, compounded by experience of historical trauma, that this new assault on ways of living by global climate change and the practices of the energy industry are inevitable, and instead make clear that these problems are not inevitable and can be confronted and changed;
- (5) the need to make clear that tribal sovereignty does not mean that one can do anything, and she questions the idea that any tribe or community can give "informed consent" to have its lands despoiled and exacerbate global climate change; and
- (6) the value of promoting the idea of health as a trust, that public health agencies should work to improve health and therefore oppose policies and practices that are leading to global climate change, including extreme energy extraction, and support policies and practices that promote localized renewable energy sources and foods.

7) Other:

a) As usual, we co-sponsored and helped organize the **P Ellen Parsons Memorial Session**, which every year is sponsored by the Medical Care Section and co-sponsored by the Spirit of 1848, the Women's Caucus, and the Socialist Caucus, all groups with which P Ellen was actively involved before her untimely death from ovarian cancer over a decade ago.

This year's session featured the editors (Anne-Emanuelle Birn, chair of the Spirit of 1848 history subcommittee and her colleague Ted Brown) and also many chapter authors of a book titled "**Comrades in Health**," about US health internationalists active in the 20th and early 21st c CE (Session 4331.0; BCEC Room 159). Emphasizing not only international solidarity and intergenerational connections, the session underscored the critical need for critical political analysis and action by public health professionals and advocates of the health harms caused by political economic systems that prioritize profits over people. The full citation for the book is:

Birn AE, Brown T (eds). *Comrades in Health: US Health Internationalists, Abroad and at Home*. New Brunswick, NJ: Rutgers University Press, 2013.

and it can be purchased via Hesperian at: <http://store.hesperian.org/HB/prod/B827.html> ; the table of contents can be seen at: <http://rutgerspress.rutgers.edu/product/Comrades-in-Health,4808.aspx>

In addition to the editors, who described the book's origins in a session at APHA organized by Walter Lear (1923-2010) about the history of the US health left and who traced the history of health internationalism, the chapter authors who presented were: Ruth and Victor Sidel (Ruth about their experiences in China in the 1970s and Vic about his work with Bernie Lown and Jack Geiger and others to found Physicians for Social Responsibility to tackle the threat of nuclear war); Howard Waitzkin (about his work with the United Farmworkers and also engagement with Latin American Social Medicine); Paula Braveman (about her health work in Nicaragua and in the US to support the Sandinistas); Stephen Gloyd (about his work in Mozambique and what it was to be part of, learn from, and contribute to a movement, so different from contemporary "global health" focused on how rich countries can "help" poor ones); Mary Bassett (who traced her health work with the Black Panthers to Harlem Hospital to Zimbabwe and back 20 years later to the NYC health department, leading her to emphasize the vital role of progressive government action to advance health equity and also that people cannot be made healthy without their knowledge and involvement); Alicia Yamin (who focused on her experiences as a lawyer in linking issues of health and human rights in her work in Mexico and in diverse Latin American countries), and Lanni Smith (who drew on his work in Central America).

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

And, as usual, we had our usual brightly colored poster (using our new logo of the black star) visibly posted in all relevant spots!

Onwards!

Spirit of 1848 Coordinating Committee

SPIRIT OF 1848 MISSION STATEMENT

November 2002

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

Purpose and Structure

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

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

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

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

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.Spiritof1848.org

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

NOTABLE EVENTS IN AND AROUND 1848

1840-

1847: Louis Rene Villermé publishes the first major study of workers' health in France, 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 (Die Medizinische 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

Seneca Nation of Indians makes and adopts its Constitution for elected government

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)