

★★★★★ THE SPIRIT OF 1848: APHA 2014 REPORTBACK ★★★★★

TO: EVERYONE ON SPIRIT OF 1848 EMAIL BULLETIN BOARD
FROM: SPIRIT OF 1848 COORDINATING COMMITTEE
RE: REPORTBACK FROM THE 2014 APHA CONFERENCE (11/28/14)



Greetings! The Spirit of 1848 Caucus is happy to share our reportback from the 142nd annual meeting of the American Public Health Association (November 15-19, 2014, in New Orleans, MA). In this reportback we:

- (a) present decisions we made at our business meeting, including initial ideas for the APHA 2015 sessions; and
- (b) give highlights of our APHA 2014 sessions (noting you need to check out the videos at our website!!!).

And: as usual, we are sending this reportback by email and posting it on our web site. As of November 18, 2014, we are happy to say that 3458 people (in US & around the world) subscribe to our email bulletin board (up from 3253 at this time last year). As for attendance: in total, we estimate 390 persons came to our sessions (not counting those who visited the very popular student poster session or the P Ellen Parsons Memorial session that we co-sponsored or the 3 wonderful radical history tours we co-sponsored with the Praxis Project!), which is on par with the 380 who came in 2013 and the 400 in 2009, albeit fewer than the 470 in 2012, the 650 in 2011, and the 675 in 2010. That said, our sessions as usual had very good attendance by APHA standards, which typically have ~30 persons/session, and our 2014 attendance ranged from 45 to 175 persons per session for our 4 oral sessions. Additionally, 20 people attended our business/labor meeting!

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
 - Anne-Emanuelle Birn (History committee); email: aebirn@utoronto.ca
 - Luis Avilés (History committee); email: luis.aviles3@upr.edu
 - Marian Moser Jones (History committee); email: moserj@umd.edu
 - Jake Coffey (History committee); email: JCoffey@uams.edu
 - Catherine Cubbin (Politics of public health data committee); email: ccubbin@austin.utexas.edu
 - Zinzi Bailey (Politics of public health data committee); email: zinzib@gmail.com
 - Lisa Moore (Pedagogy committee); email: lisadee@sfsu.edu
 - Rebekka Lee (Pedagogy committee and Spirit of 1848 representative to the APHA Governing Council and APHA Caucus Collaborative); email: rlee@hsph.harvard.edu
 - Vanessa Simonds (Pedagogy committee); email: vanessa.simonds@montana.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
 - Nylca Muñoz (student rep for the Student poster session); email: nylca.munoz@upr.edu
 - Pam Waterman (E-networking committee); 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 Chicago (Oct 31-Nov 4, 2015), with the designated theme: **“Health in All Policies.”**

★★★ THE SPIRIT OF 1848 BUSINESS MEETING (Tues, Nov 18, 2014, 6:30-8:00 pm) ★★★

Attended by: (a) Spirit of 1848 Coordinating Committee members (alphabetical order; n = 8): Luis Avilés (history), Zinzi Bailey (data), Marian Moser Jones (history), Nancy Krieger (chair & integrative & data & e-networking), Rebekka Lee (pedagogy & Spirit of 1848 representative to the APHA Governing Council and APHA Caucus Collaborative), Nylca Muñoz (student poster), Tabashir Sadegh-Nobari (student poster), and Vanessa Simonds (pedagogy), and (b) additional Spirit of 1848 members (alphabetical order; n = 12): Wesley Epplin, Alison Goldstein, Nora Gottlieb, Araceli Gutierrez, Dawn Haney, Lara Jirmanus, Michelle LaCour, Annie Le, Natalia Linos, Cristina Redko, Rachel Reichlin, and Joanna Tess. In total, 20 people came and we had quite a lively meeting, with everyone participating.

NB: Spirit of 1848 Coordinating Committee members who were unable to attend were (n=6): Anne-Emanuelle Birn (history), Jake Coffey (history), Catherine Cubbin (data), Allegra Gordon (student poster), Lisa Moore (pedagogy), and Pam Waterman (e-networking), who provided input previously either at the Spirit of 1848 Coordinating Committee on the Sunday morning of APHA or else via email.

1) **Spirit of 1848 mission.** 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).

note: our newest additions to the Spirit of 1848 coordinating committee are: Zinzi Bailey (data) and Nylca Muñoz (student poster), and Vanessa Simonds has shifted over from data to pedagogy.

2) **Spirit of 1848 listserv.** We noted that our listserv membership has increased to 3,458 people (up from 3,253 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) **Spirit of 1848 Sessions.** 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 ≈ 390 total), was as follows (in chronological order): social history of public health (n ≈ 45); the politics of public health data (n ≈ 120); progressive pedagogy in public health (n ≈ 50); “integrative” session (n ≈ 175); additionally, the student poster session attracted a lively crowd throughout its entire hour of display, nearly 70 people participated in our radical history tours, and ≈ 200 attended the APHA Special Session/P Ellen Parsons Memorial Session that we co-organized. With regard to our 4 Spirit of 1848 oral sessions, the attendance data are, as noted above, on par with 2009 and 2013, 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. Throughout, our sessions brought to life why we do what we do, as the Spirit of 1848, linking issues of social justice & public health, to create a world in which all can truly thrive! -- a phrase we take now from the lyrics Makani Themba (Executive Director, Praxis Project) was inspired to pen for one of the songs we sang for our amazing celebration of 20 years of the Spirit of 1848 (complete with a brass band!! – also courtesy of Makani) – and we also had 3 wonderful radical history tours (co-sponsored by the Praxis Project) which took place on the Sunday of APHA.

4) **New tweeting policy.** At the end of the meeting, Marian Moser Jones raised the question as to whether we should have an explicit tweeting policy for our sessions. Her question was prompted by one panelist in one of our sessions saying some of the results she was sharing were not yet published and so should not be shared with anyone else. We agreed that just as APHA has an explicit policy requesting presenters to indicate if they do versus do not give permission for a session to be recorded, we should also introduce an explicit tweeting policy. The easiest way to do this would be to have the moderator ask the presenters before the session begins if any objects to being tweeted. The moderator will then, as part of the introduction, explicitly state which presentations are or are not ok for the audience to tweet, per the permissions granted or not granted by the presenters.

5) **APHA Caucuses & Governing Council.** Rebekka Lee served as our representative 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 the now annual APHA all-caucus breakfast, held on Wed, November 19. She has reported back to us as follows:

-- GOVERNING COUNCIL

At the Governing Council session, the theme for the 2016 was voted to be "*Building the Healthiest Nation/Healthcare as a Right.*" There was discussion that the theme/title still needs some wordsmithing, but even though the verbiage is not final, the basic theme is set.

The main election result relevant to the Spirit of 1848 is that Camara Jones (who has a focus on racial/ethnic health disparities and who is known by a number of us on the Spirit of 1848 Coordinating Committee) was voted in as the President-Elect of APHA.

(Note: As usual, the Spirit of 1848 was not involved with any of the APHA candidate elections or policy resolutions because our policy is not to become involved with either APHA elections or resolutions. This is because, given our reliance on 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 10 of the 18 APHA caucuses)

The meeting began with a welcome from APHA president Georges Benjamin. Nothing pressing was on the agenda and the meeting mainly consisted of an opportunity for members of the different caucuses to introduce themselves. Most of the discussion involved sharing highlights from the past year and proposing ideas for future collaborative activity. One idea suggested by the Peace Caucus and supported by others was to focus a joint session on climate change. Others, particularly Selina Smith of the Black Caucus of Health Workers and who is a native of Chicago, emphasized the importance of reaching out to local public health leaders and organizations in Chicago, to help both focus and mobilize the collaborative work of the caucuses at next year's meeting. A conference call was suggested to continue brainstorming possible caucus collaborative activities for next year. Greg Pappas of the Peace Caucus inquired about the possibility of their caucus collaborating with the Spirit of 1848 in the future.

The 10 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; Community-Based Public Health Caucus; Family Violence Prevention Caucus; Immigrant and Refugee Health Caucus; Peace Caucus; Socialist Caucus; Spirit of 1848 Caucus; and Women's Caucus. At the end of the meeting, the outgoing APHA Caucus Collaborative chair, Elena Ong, turned over the chair to Selina Smith, from the Black Caucus of Health Workers.

6) **APHA 2015.** With regard to our Spirit of 1848 sessions for next year (**143rd annual meeting of APHA, October 31-November 4, 2015, in Chicago, IL, whose theme is "Health in All Policies"**), we decided to embrace the theme in our sessions, but with a change: to keep the focus on "**Health EQUITY in All Policies.**"

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 **Monday, December 15, 2014**. All contributed (i.e., unsolicited) abstracts will be due during the week of February 9, 2015.

a) Social history of public health -- Critical historical perspectives on “health in all policies”: from global to local.

-- The call for abstracts will encourage presentations that give concrete case studies of successes as well as failures in efforts to formulate and to implement this approach, including as related to the idea of health equity in all policies. The call will likely list some ideas of possible case studies, but will be worded to make clear these are simply suggestions to get folk thinking as to likely apt cases – since the idea also is to see what additional new ideas are presented by the unsolicited abstracts. **The session will have an open call for abstracts, with an option to solicit abstracts as well.**

-- Following the session, there will be a lunch focused on methods used in historical research (**not an official APHA session**), which will involve the presenters at the session and be open to students and others participating in the discussion. The committee will figure out a restaurant at or near the convention center that would be suitable for such a lunch/discussion and will also arrange a system for people to sign-up in advance (to keep the lunch at a manageable size); folk attending will cover the cost of their own lunch.

-- **RADICAL HISTORY TOUR (not an official APHA session):** given the popularity of the tours this year, we definitely will be planning some different options for one or more radical history tours next year (which we likely will co-sponsor with the Occupational Health & Safety Section), and we will keep everyone posted via the 1848 listserve! Because of unpredictability of Chicago weather, the safest bet will be to plan on bus tours, but we also will see if we can generate some brief guides for do-it-yourself walking or bicycle tours (for those of us who would like to be a bit more active!). Spirit of 1848 members who will be working on pulling together the tour include: Jake Coffey (JCoffey@uams.edu) and Alison Goldstein (alison.c.goldstein@gmail.com), so if you have any ideas for the tour, please do contact them!!

b) Politics of public health data -- a focus on empirical research (quantitative & qualitative) that can inform “health equity in all policies,” from global to local.

As per the history session, the call for abstracts will include possible ideas for topics, to give a sense of the sort of topics we’d like to see addressed, but will clarify that we welcome submissions on other topics as well, as long as they pertain to the theme of the session. Ideas mentioned as possible topics worth listing pertained to the politics of public health data as they have played out in: (i) the formulation of & negotiations about the post-2015 Millennium Development Goals (MDGs); (ii) the US federal & state-by-state roll-out and expansion (or not) of the ACA (Affordable Care Act); (iii) health impact assessment in relation to mass incarceration & decriminalization (e.g., new laws passed in California), or in relation to community health risk assessment (per some on-going work in Chicago). **The session will have an open call for abstracts, with an option to solicit abstracts as well.**

c) Integrative session -- Critical work on health equity in all policies – history, data, pedagogy, and action

The session likely will include 3 presentations, representing the different foci of our Spirit of 1848 Caucus: (i) radical history of the idea of health equity in all policies (from a global perspective); (ii) the politics of public health data as they play out in advancing and evaluating health equity in all policies (likely from the standpoint of a progressive department of public health seeking to advance such policies); and (iii) progressive pedagogy about health equity in all policies (likely pertaining to a course that has students become involved in implementing this approach). **All abstracts for the presentations will be solicited.**

d) Progressive pedagogy -- Teaching about health equity in all policies: concepts, methods, implementation, and evaluation.

As per the history & data sessions, the call for abstracts will include possible ideas for topics, to give a sense of the sort of topics we’d like to see addressed, but will clarify that we welcome submissions on other topics as well, as long as they pertain to the theme of the session. The call for abstracts accordingly will encourage submission of abstracts from not only schools of public health (including a course that one of the persons present had taken, taught in Chicago by Linda Rae Murray, past president of APHA and a good friend to the Spirit of 1848), but also schools and programs that focus on urban planning, social work, mental health, etc. Also mentioned was the possibility of calling for submissions from groups that want to teach about their methods of doing health equity impact assessments; examples of such projects that were mentioned include one with a focus on restorative justice and another with a focus on incarceration. Another possibility mentioned was health equity assessment of actual teaching practices, in terms of addressing the “brain drain” of the global North recruiting health professionals trained at the expense of the global South and new

efforts to reverse this (per one project involving medical schools in Venezuela). **The session will have an open call for abstracts, with an option to solicit abstracts as well.**

e) Student poster session: social justice & public health

--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, with a particular emphasis on work pertaining to health equity in all policies. The call will be very inclusive, and be directed to not only students in schools of public health and other health professions (e.g., nursing, medicine) but also to students in schools & programs focused on law, policy, government, economics, sociology, urban planning, etc. The call will also strengthen the language to prevent no-shows, since this year 3 of the 10 students whose abstracts were accepted withdrew – and those 3 slots could have easily been filled by other presentations. Currently, we say that if a student’s abstract is accepted, the student must find a substitute to present the poster if something comes up that prevents the student from attending APHA. This next year, we will add language emphasizing that it is **unfair to other students** if someone withdraws an accepted abstract, and we will use creative formatting to emphasize the importance of students NOT withdrawing and instead finding a substitute to present/stand with their poster if they are somehow unable to attend APHA.

Lastly, please note that the timeline for abstract submission to APHA 2015 is as follows:

(a) the **call for abstracts** will go live on the APHA website (<http://www.apha.org/meetings/>) on **MONDAY, DECEMBER 15, 2014.**

(b) **abstracts will be due between FEBRUARY 9-13, 2015.** As soon as we know the date of the abstract deadline assigned to the Spirit of 1848, we will post it on our listserve.

The contacts for our sessions are:

History: Spirit of 1848 Coordinating Committee members Anne-Emanuelle Birn (email: aebirn@utoronto.ca), Luis Avilés (email: luis.aviles3@upr.edu), Marian Moser Jones (email: moserj@umd.edu), and Jake Coffey (email: JCoffey@uams.edu)

Data: Spirit of 1848 Coordinating Committee members Catherine Cubbin (email: ccubbin@austin.utexas.edu), Zinzi Bailey (email: zinzyb@gmail.com), and Nancy Krieger (email: nkrieger@hsph.harvard.edu)

Pedagogy: Spirit of 1848 Coordinating Committee members Lisa Moore (email: lisadee@sfsu.edu), Rebekka Lee (email: rlee@hsph.harvard.edu), and Vanessa Simonds (email: vanessa.simonds@montana.edu)

Integrative: Spirit of 1848 Coordinating Committee member 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 Nylca Muñoz (nylca.munoz@upr.edu).

We note that the day & time of these sessions will be in the following 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
-- Curriculum (progressive pedagogy): Tuesday, 8:30 to 10:00 am
-- Integrative session (history, data, pedagogy): Tuesday, 10:30 am to 12 noon
-- Student poster session: social justice and public health: Tuesday, 12:30 to 1:30 pm
-- Business/labor meeting: Tuesday, 6:30 to 8:00 pm

★★★★★ HIGHLIGHTS OF SPIRIT OF 1848 SESSIONS (APHA 2014) ★★★★★

Our sessions together demonstrated why we in the Spirit of the 1848 keep alive the focus on the enduring links between social justice and public health. We gained insight into the past, reaffirmed our own history, and inspired the many people who attended our sessions to continue with the work we do, day-to-day, as part of creating a world in which all of us, now and in future generations, can truly thrive. Overall, we estimate ≈ 390 persons came to our sessions; this count does NOT include the many people who visited the very crowded student poster session or the ≈ 200 persons who attended the P Ellen Parsons session that we co-organized. The range of attendance for our scientific sessions was from 45 to 175 persons/session, all considerably higher than the average APHA attendance of ≈ 30 persons/session.

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

1) RADICAL HISTORY TOURS

a) **The 1892 General Strike.** The walking tour on Sunday morning addressed the first African American and white workers General Strike – November 1892, which took place in New Orleans. It was led by Mr. Leon Walters from Hidden History Tours. The tour started by providing background to how slaves were sold in New Orleans before the Civil War (with slave pens every 2 blocks in the French Quarter), the post-Civil War revolution (removal of one political class by another, as per the Reconstruction), counter-revolution (re-imposition of the prior political class), and growing industrialization and class conflict that led up to the strike. The strike notably occurred less than 30 years after the end of the Civil War. Following betrayal of Reconstruction, black and white workers united to walk out for joint demands, and were victorious in their strike, which involved over 100 unions, and which stood up to the militia that Governor sent to destroy them. In addition to going to key locations of confrontation and planning involved in the strike (all in the French Quarter), the tour ended with a visit to a plaque commemorating the 1853 visit of a Hungarian revolutionary who was involved in the 1848 uprisings in Europe – and the tour organizers are trying to learn more about who this speaker was and who arranged for his visit to New Orleans.

(b) **Public Health Care – Post Katrina.** This afternoon bus tour focused on today's New Orleans public health care. It provided an overview of the struggle to defend public health care from the efforts to privatize all public health care. A central focus was the struggle to save Charity Hospital, which had suffered only minor hurricane damage, and which did not succeed. The tour visited the area where the abandoned Charity Hospital is located and also the new hospital complex, currently being constructed, that forced displacement of hundreds of residents and property owners. The tour also included discussion about how the fight over the Charity Hospital is part of the larger struggle over privatization of public services, a fight that is ongoing.

(c) **Down by the River – the Fight to Save the Environment.** This afternoon bus tour took participants on a tour of some of the neighborhoods along the Mississippi River where the industrial polluters poison the air, water and land. The tour acquainted participants with the damage caused by this pollution. Discussions focused on the tensions regarding the state's role in protecting and defending the wellbeing of the people vs. the interests of the industries, and also highlighted ongoing struggles against the polluters. The tour was led by Anne Rolfe, the Director of L Bucket Brigade and also included several community members who talked about the illnesses experienced by their families linked to the pollution and the kinds of community struggles they have been engaged in to stop the pollution. Participants in the tour used their phone cameras to participate in crowd source reporting of dirty flares (which are prohibited) that they saw produced by the refineries.

We soon will have available at our website both pictures and participant comments about the radical history tours.

2) SOCIAL HISTORY OF PUBLIC HEALTH

This session was attended by ≈ 45 people (down from ≈ 70 people last year).

CRITICAL HISTORIES OF PORT CITIES AND THE PUBLIC'S HEALTH: MIGRATION, COMMERCE, SOCIAL MOVEMENTS, EPIDEMICS, AND THE ENVIRONMENT (Mon, Nov 17, 10:30 am -12 noon; Session 3186.0) Ernest E. Morial Convention Center (MCC), Room 206

10:30 AM: **On ports, plagues, peoples, and social justice: an introduction – Luis Avilés, PhD, MPH**
 10:35 AM: **Yellow fever, medical knowledge and the control of the port of Veracruz in the 19th century – Mariola Espinosa, PhD.**
 10:55 AM: **Epidemics, health policies, and regional links between the ports of Veracruz and Havana in the second half of the 19th century – José Ronzón-León, PhD**
 11:15 AM: **Oil spills and community resilience: uneven impacts and protection in historical perspective – Craig Colten, PhD**
 11:35 AM: **open discussion/questions & answers – moderated by Marian Moser Jones, PhD, MPH**

Marian Moser Jones opened up the session, introducing the panel and the overall focus of the session.

Luis Avilés provided a brief introduction framed around the work of William H. McNeill, the historian who in 1976, with his book on “Plagues and Peoples,” encouraged historians of medicine and public health to expand from focusing solely on the history of diseases to analyze also how disease patterns can shape the contours of history itself. He then contrasted the focus McNeill’s last book, “The Pursuit of Truth: A Historian’s Memoir” (where “truth” is the sole goal), to the viewpoint he felt was offered in the Spirit of 1848 sessions: that of having a focus on social justice, and using “truth” (the evidence) to uncover mechanisms that produce injustice in the world, so that the point is not a pursuit of truth for itself, but to advance social justice.

Mariola Espinosa then discussed the role of yellow fever as an ally – or enemy – for the Mexican port city of Veracruz, as part of the role of the history of this disease in shaping the Spanish, French, and British empires in the Caribbean. She said that Veracruz earned the name of being “Heroic Veracruz” because of how the city, located on the Gulf of Mexico, held a key place in three times defending Mexico from foreign forces – and each time yellow fever played a role, by killing many of the invading troops. The first time was in 1825, when it was the site of the Spanish surrender. The second time was in 1838, during the successful fight against the French. The third time was in 1847, when Veracruz resisted – but did not defeat—the US invasion. Of note, yellow fever was notoriously endemic and deadly, with death from the disease being both rapid and horrifying (internal organ failure, vomiting of blood, etc.), and it was feared by residents and soldiers alike (whether local or invading). Its onset started in March, peaked in the summer months, trailed off in the fall, and was also observed – by local inhabitants and by military doctors – not to exist above the “oak line” in the elevated region above the coastal level. The Mexican military thus sought to entrap the invading soldiers in the port city during the epidemic months, because the disease would kill the enemy – a strategy that worked in 1825 and 1838, but not in 1847, because this time the US military timed their invasion to precede the spring onset of yellow fever, and further planned to exit the coastal cities as rapidly as possible and proceed to the higher inland area. Similar strategies were employed in the subsequent invasion of Cuba. Disease thus became an historical actor in military engagements in fights over empire in the Caribbean region.

José Ronzón-León was unable to appear in person, because it was a critical time for his work as a member of the strike negotiating committee at his University in Mexico, regarding the strike called to protest the government’s complicity in the murder of the 43 college students at a progressive school in Mexico, who were killed by members of a drug gang after a request from the local mayor to prevent the students from protesting at an event (for coverage of this massacre and the aftermath, see: <http://www.theguardian.com/world/2014/nov/20/mexico-protests-anti-government-anger-violence-students-president>). His presentation was thus given instead, on his behalf, by **Luis Avilés**. The talk focused on key port cities in the “Great Atlantic,” including Veracruz, Havana, and New Orleans, and the role of both disease and “development” in shaping how the cities were built and changed over time. Known as spaces of disease and death, the port cities typically were walled and were places seen as needed for military domination and for conducting trade, albeit with an objective of moving goods quickly into and out of the interior of the countries. Prior to understanding of the role of the mosquito in transmitting yellow fever, there was international collaboration in how to deal with port cities to make them more sanitary and safe, with discussions about this topic occurring between Mexico, the US, and Cuba at various meetings of the APHA during the late 19th c CE. After the role of mosquitoes in transmission was attained, local cities could implement better disease control plans (e.g., Veracruz in 1902, with a campaign of isolating patients, spraying houses, destroying mosquito breeding grounds), leading to plummeting death rates – and also less international collaboration. Throughout, the most marginalized populations – especially those who were forced by destitution to live year-round in the low-lying port cities – were most at risk of dying of epidemic disease. Thus, the history of epidemics in port cities was one of marginalized populations, but public health agencies did not address how to avoid creating marginalized populations.

Craig Colton in turn focused on the uneven impacts of both oil spills and major storms, across the 20th c and early 21st c CE along the coast of Louisiana, along with the critical role of community resilience and government protection. He described the diversity of who currently lives along the coast, including Houma Indians, Islenos, African Americans, Cajuns, and Vietnamese communities. For all these communities, strong community ties, ingenuity, and the capacity to mobilize have played a key role in enabling them to ride out the hurricanes, and they have adapted these longstanding strategies to deal with the new threat of oil spills, which surfaced as a serious problem starting in the 1930s. Key components of resilience include the ability to anticipate, reduce, respond to, and recover from threats, all features that require also the ability to remember, i.e., draw on community knowledge of what has and has not worked in prior crises. He also distinguished between “formal resilience” (per the practices and rules of government agencies and corporations) and “inherent resilience” (referring to community members’ social networks, ingenuity, and ability to mobilize), and he provided examples of these types of practices by government, corporations, and communities from the early 1900s to the present. Two new developments are: (1) an increased awareness of the threats that disasters pose to not only physical health but also mental health (including stress linked to protracted litigation), and (2) growing tensions within communities between their recognition that they need large-scale assistance but at the same time increasingly distrust government as the vehicle to provide this assistance. The net result is that marginalized communities along the coast are not protected, cannot afford to move, and are in increasing states of economic stress, with myriad health consequences.

During the **Q&A period**, comments focused on: (1) how changing experiences with disease affect how public health and medical professionals and also people residing in coastal regions viewed the importance of ecological context for understanding population health, leading to a discussion of changing views of the body as a “vessel of disease” to seeing the need to change the environment (so as to affect what happens to people’s bodies); (2) how considerations about the seasonality of yellow fever disease affected the US invasion Puerto Rico, and, also related to US imperialism, how the US military scientist Reed was at first disdainful of the Cuban physician Finlay’s work on mosquitoes as a vector of yellow fever, but later came to do the tests that vindicated Finlay’s hypothesis; and (3) tensions between top-down vs. local responses to addressing disease and disasters, with the discussion emphasizing that not only were interactions between actors up/down but also sideways, and that even as big problems require a big response (aka “top-down”) they will succeed only if they have the active & enthusiastic participation of the local population.

3) POLITICS OF PUBLIC HEALTH DATA

Our session was attended by ≈ 120 people (notably higher than the 60 last year).

COUNTING TO MAKE PEOPLE COUNT FOR HEALTH EQUITY (Mon, Nov 17, 2:30-4:00 pm; Session 3398.0) MCC Room 206

2:30 PM: **Introduction: counting to make people count for health equity** – Catherine Cubbin, PhD

2:35 PM: **Potential revisions to US census data on “race” and “ethnicity”:** Findings from the 2010 Census and planned research for the 2020 Census – *Roberto Ramirez, MA and Nicholas Jones, MA*

2:55 PM: **Undercounting an at-risk population of unauthorized Latino/a immigrants: how Hurricane Katrina made an invisible population visible** – *Elizabeth Fussell, PhD*

3:15 PM: **Invisible Men: mass incarceration and the myth of black progress**—*Becky Pettit, PhD*

3:35 PM: **open discussion/questions & answers**

Catherine Cubbin opened up the session, introducing both the speakers and the session’s theme, noting that the very first data sessions organized by the Spirit of 1848 were focused on the role of data in revealing or concealing health inequities, including in relation to categories of race and ethnicity used by the US census that are key to denominator (and numerator) data employed in US health statistics.

Roberto Ramirez and Nicholas Jones were unable to be present in person, because although the US Census had approved their talk for APHA, lack of funds for travel resulted in travel being unauthorized. They accordingly sent their slides and text to Catherine Cubbin to present, which she did, and they also provided their email addresses in case anyone has further questions (roberto.r.ramirez@census.gov and nicholas.a.jones@census.gov). Highlights of their presentation pertained to the tests the US census is doing, in preparation for the 2020 census, regarding classification of race and ethnicity. Of note, results from the 2010 AQE (“Alternative Questionnaire Experiment Research”) found that having a combined question that asked about what the census terms “ethnicity” (i.e., being Hispanic) and “race,” with the option to check as many boxes as apply, appeared to be an improvement, in terms of validity, acceptability, and also, as hoped,

drastic reduction of the persons reporting “some other race” (and who are predominantly white non-Hispanic). The 2015 tests will focus on: (1) more testing of the utility of using separate versus combined questions about “race” and “ethnicity”; (2) using a new “Middle Eastern or North African” (MENA) category; (3) modifications of instruction wording and terminology, to improve the quality of the answers obtained (e.g., instead of say “Mark [X] one or more boxes,” say “Mark all boxes that reply” or “Note, you may report more than one group,” and instead of use the terms “race,” “ethnicity,” and “origin,” ask instead: “Which categories describe you?”); and (4) improve flow of questions using web-based design (e.g., 1st screen shows major categories, and if click on any given category, taken to 2nd screen with detailed categories). The tests will be conducted in 2015, results analyzed and recommendations sent to the Office of Management and Budget in 2016, the topics will be submitted to Congress in 2017, with final wording sent to Congress in 2018; then, in 2019, there will be additional test processing, and in 2020 the census will be conducted.

To obtain a copy of the slides shown, see:

http://www.census.gov/content/dam/Census/newsroom/press-kits/2014/20141006_2020opbrief_slides.pdf

and for additional discussion (at the US Census) of the topics covered, see:

<http://directorsblog.blogs.census.gov/2014/10/06/preparing-for-the-2020-census-measuring-race-and-ethnicity-in-america/>

Note too that the full set of slides from the Oct 6, 2014 presentation (above) address not only the measurement of race and ethnicity, but also who lives in households (with the goal of better capturing people who are temporary residents with no permanent place to live), and relationship questions (to better count same-sex married couples, and also to count persons who are “unmarried partners,” regardless of gender).

Beth Fussell next discussed the changing demography of New Orleans in the wake of Hurricane Katrina. Her focus was on the demographic impact of policy changes that enabled employers to hire more low-wage construction workers (e.g., day laborers), such as suspension of the federal Davis-Bacon Act (which had otherwise kept wages for construction workers on federal projects on par with prevailing local wages) and also of the federal I9 forms (which had otherwise required employers to verify they were not hiring any undocumented workers). The net result, she argued, was a large growth of the number of undocumented Latin American workers, a social group likely to be missed by conventional enumeration precisely because its members do not want to be visible to authorities. As a first step, she presented conventional census data on post-Katrina changes in the New Orleans population, and pointed out how and why these data were likely to be biased by an undercount of whom the census terms the “Hispanic” population. In an effort to better count the uncounted, she then described a novel survey she carried out, whereby she conducted interviews among people who were seeking assistance at the mobile consulates the governments of Mexico, Brazil and Nicaragua established in New Orleans after the hurricane and also at the permanent Honduran consulate also located in the city. Key findings were that survey respondents (n = 204) were predominantly unauthorized immigrants, were mainly engaged in Katrina recovery work, and were highly vulnerable to victimization: fully 41% reported wage theft (employers not paying them because they knew undocumented workers would be unlikely to complain to the authorities) and 9% reported having been robbed (over 20 times the expected number, based on the on-average rate of robberies in New Orleans, with robbers likewise knowing the undocumented victims would be unlikely to complain to the authorities). Likely adverse effects due to what she called the “deportation threat dynamic,” with adverse implications for health, included: decline in wages (hence further reductions in standard of living, in turn harming health); decline in workplace safety; decline in report of domestic violence; and undercounts in the census and other surveys, thereby biasing estimates of the populations at risk and their rates of health outcomes.

Becky Pettit then presented on the impact of mass incarceration on understanding levels and trends of unemployment, voting, education, and health outcomes, especially among young black men. Her major argument is that the vast majority of surveys employ the household as the sampling unit, and that this approach systematically is biased against counting people who are not in households, with the problems of bias especially acute for prisoners. She first reviewed how growing needs for more population data led the US government to do its first major expansion of census data collected in the mid-1860s, in the aftermath of the Civil War, when states who were rebuilding and expanding their economies needed more information on the education and economic levels and skills of their residents. The next major change occurred in the early 1930s, during the early years of the Great Depression, when the government needed a more timely and accurate count of the unemployed – leading to 1939 survey that led to the establishment, in 1949, of the Current Population Survey (CPS), a monthly household based survey intended to obtain timely economic data. Additional surveys with a direct health focus that employ the household as the unit for sampling include the National Health Interview Survey (initiated in 1957), the National Health and Nutrition Examination Survey (initiated in 1959), and the National Survey of Drug Use

(1971). She provided an example from her prior work regarding the 41% difference she observed, using 2008 CPS data, of the percent of non-Hispanic black men age 20-34 estimated not to have completed high school or GED, comparing CPS data unadjusted and adjusted for uncounted prisoners (i.e., a change from 13.5% to 19.0%). She then presented similar analyses for the CPS data pertaining to the insurance coverage, using 2010 census data. Because these analyses are not yet published, this reportback does not summarize the data presented, except to note that exclusion of prisoners does again lead to stark biases, including in estimates of racial/ethnic inequities in likelihood of being uninsured. She concluded by noting that since the 1990s, crime has fallen in the US (to the level of the 1960s), but mass incarceration has continued to rise (at least until very recently), and that a failure to take into account the swelling prison population has resulted in biased estimates of progress in reaching racial/ethnic equality.

In the Q&A, questions focused on: (1) recommendations for questions that all researchers using population data should ask about who is or is not included among their study participants, how this will affect parameter estimates, and how they should address limitations in the discussion of results, with responses underscoring the need for researchers to be mindful that biases most likely will affect the quality of data for people subjected to social injustice, a result that is likely to be tolerated by politicians who support the status quo; (2) what will happen to people released from prison (as it starts to become too expensive to incarcerate so many people), with the response emphasizing the need for more data to understand what services will be needed; (3) the methods used for the interviews at the consulate, with the reply noting that the response rate was over 90%, the surveys were administered anonymously and were conducted in both Spanish and Portuguese, and there were very little missing data, in part because the people who came to the consulate felt comfortable and safe (since they cannot be deported while on the grounds of the consulate); (4) why is the Census planning to conduct more research on using a combined vs. separate questions on race and ethnicity, since it seems the former is clearly superior (this question will be sent directly to the 2 census presentation authors); and (5) what advice would the panelists give to staff at the National Center for Health Statistics to improve the quality of the data, with replies being that households should not be presumed to be sufficient as the sampling unit, that better methods are needed to measure people who are displaced and who are temporarily or permanently not in their usual residence, and that the Office of Management and Budget (OMB) needs to do more to implement a standard set of questions about people's exposures to key institutions, including prisons (even though asking such questions might be tricky, but surveys are different than employment forms, for which the call to "ban the box" re prison history is gaining more ground, so as to prevent employers from discriminating against people who have served their time).

4) PROGRESSIVE PEDAGOGY

This session was attended by \approx 50 people (similar to the \approx 60 from last year).

TWENTY YEARS OF MENTORING FOR PASSION, POLITICS, AND HEALTH (Tues, Nov 18, 8:30-10:00 am; Session 4074.0) MCC Room 206	
Introduction : Rebekka Lee, DSc	Moderator : Lisa D. Moore, DrPH
Participants: (1) John Hatch, MD + film "Out in the Rural"	
(2) Nina Wallerstein, DrPH + mentees Shannon Sanchez-Youngman (PhD Candidate), Ethel Nicdao, PhD (visiting scholar), and Sonia Bettez, PhD (postdoctoral faculty)	

Rebekka Lee and Lisa Moore introduced the session and the theme of mentoring, within and across generations, as part of the social justice work of movement building. They also explained the session would have two components: one, historical, would involve looking back at the mentoring and movement building that were part and parcel of the creation of the Tufts-Delta community health center, in Mound Bayou, Mississippi, which was one of the two first community health centers in the US, both established in 1965 – and is active to this day. The second part would focus on a current work redefining mentoring as part of a multi-part program devoted to building community based participatory research, located at the University of New Mexico.

a) Historical: Tufts-Delta community health center and John Hatch, MD (by phone)

We first showed the film "Out in the Rural" (22 minutes long and freely available at: <http://vimeo.com/9307557>), which provides a look at the Tufts-Delta community health center, one of the first community health centers in the nation. This health center not only provided medical services but also had the express aim of using the clinic as a lever for social

change. Community program's included starting a food cooperative, digging wells, job programs and education for children. The movie was filmed in 1969 and released in 1970, and was produced and directed by Judy Schader Rodgers (to learn more about the film, see article by Carolyn Chu that was published in Social Medicine in 2006; freely available at: <http://www.socialmedicine.info/index.php/socialmedicine/article/view/33/45>).

As part of her introduction to the film, Lisa Moore said she had first seen it 30 years ago, in a class taught by Meredith Minkler, who has presented at many of the Spirit of 1848 sessions on progressive pedagogy. The film affirmed to Lisa back then, and still now, that the essence of public health mentoring and pedagogy is about movement building, to enable communities to build and create conditions so that all can live the healthy lives we all deserve to enjoy.

After the film was shown, we connected by phone with John Hatch, MD, one of the key organizers of the health center who was featured in the film, and who had hoped to – but was unable to -- travel to attend the APHA conference. By way of background, Hatch (b. 1928), now retired, began teaching at the University of North Carolina at Chapel Hill's School of Public Health in 1971 and retired from UNC-CH as Kenan Professor of Health Education in 1995. In the US, Hatch worked to establish not only with the Delta Health Center but also the Community Health Education and Resources Utilization Project (Black Churches Project), an effort to train lay people to be health resources in their local communities. He also worked internationally, setting up a Practical Training in Health Education project in Cameroon, and also projects under the aegis of the Progressive Primary Health Care Network in South Africa.

In the comments Hatch shared by phone, he discussed what it was like for him, as a black man in the mid-1960s who was originally from the South but who had left to obtain professional training, to take on working with community members in rural Mississippi to create a health center like none that had ever existed before. He discussed how it required becoming familiar with the patterns of expectations of hope and dreams, to learn who was there and what their structures were for organizing themselves, so as to enhance relationships that could help people create a better life together, overcoming the bounds of poverty and creating new models of change. Key groups the health center staff realized they needed to connect with were the churches and fraternal organizations. With regard to mentoring, the primary objective was to identify people in rural Mississippi whom they could help refine their goals and objectives to maximize both their personal opportunities (e.g., by getting training to do a new kind of work, such as technical worker in the clinic) and also possibilities for social change, along with expanding the definition of what it means to provide health care. Looking back now, to the work he did 40 to 50 years ago, Hatch said that he believes the greatest accomplishment was to reach the young people and to inspire and guide them to take on new roles and create better conditions.

b) Contemporary: mentoring in the Center for Participatory Research at University of New Mexico

Panelists for this component of the session included **Nina Wallerstein, DrPH** (the director of the Center) and three people with whom she has mentoring relationships: **Shannon Sanchez-Youngman** (a doctoral student), **Ethel Nicado, PhD** (a visiting scholar), and **Sonia Bettez, PhD** (a doctoral fellow).

Nina Wallerstein began by saying she had met John Hatch at UNC, and then discussed how she has come to see the work of mentoring as creating co-mentoring, both via community based participatory research and with students. She contrasted the traditional view of mentoring, which she defined as an expert teaching a non-expert in a uni-directional approach, to her non-traditional view of mentoring, influenced both by Paolo Friere's approach of participatory listening and dialogue, and by her training by Meredith Minkler. Stating that she has come to recognize that a key component of a mentoring relationship is "who has your back," she further discussed how one of her team members, Magdelana Avila, has helped refine, through their work on community based participatory research (CBPR), a model of mentoring they term "up, down, peer/co-mentorship." A central component is to honor voice and by doing so, to strengthen people's belief that they are "bigger" than they might believe themselves to be, and call out the gifts they have to offer. Another key aspect was to learn to live with contradiction, especially the contradiction of promoting democratic ways of being within hierarchical academic and agency systems. The contrasts she posed were between: (1) operating as a democratic team vs. functioning hierarchically; (2) privileging the ideals of freedom of expression and the value of diversity vs. the actual indifference to these ideals in most academic settings; and (3) the expectation that voices will be heard vs. the common experience, especially for scholars of color and other "outsiders," not to be heard within academic institutions.

She then shared video clips of several team members' views of co-mentoring: *Julie Lucero* emphasized the importance of being aware of how one acts, practicing what one preaches, and being a role-model for others; *Magdalena Avila* stressed

the importance of being part of a team where everyone is expected to contribute, which helps people to learn how to speak up and also demystifies approaches to running a research team; and *Greg Tafoya* discussed how much has learned from communities doing CBPR, and that it is vital to pay attention to context. The presentation then turned to key lessons gleaned from 7 case studies of CBPR projects. They included: (1) knowledge creation depends on who the team members are, since community members will share information differently with different kinds of persons (e.g., in a project in the deep South, it mattered to have black team members work with the black community participants) and their doing so also depends on creating relationships of mutual respect (e.g., in a project with one American Indian nation, the community members wanted the PI to be present at key meetings, to demonstrate the PI understood the importance of showing up, not just sending team members); and (2) the importance of decolonizing knowledge without misappropriating it. Ultimately, mentoring/co-mentoring involves what she termed “Deep Learning,” whereby all deeply listen to each other.

Shannon Sanchez-Youngman then discussed her experience with mentoring/co-mentoring as a doctoral student and new member of the CBPR team. To her, a key part was that the team approach challenged the conventional dyadic approach to mentoring, and reframed learning as being about building capacity to promote social change. The team also offered a safe space, as compared to what she experienced in her academic department, which did not value either applied work for social change or co-mentoring. Offering a space for both intellectual and political growth, the team and its approach to co-mentoring afforded her the capacity to work mutually with others to use CBPR to advance work to build and strengthen social movements working for social change.

Ethel Nicado next reflected on her position as a very new member (less than 2 months) in the CBPR team, in her role as visiting scholar who is mid-career and who became tenured last year. She discussed her position as insider (part of the academy) and outsider (new to the team and to CBPR), and how prior to joining the team, her model of mentorship was traditional, i.e., hierarchical and uni-directional, with the expert leading the novice. In the team, she has found new possibilities for informal and formal mentoring, with the informal being the most valuable, and the team provided a “safe space” crucial to developing everyone’s capacity, including to work with communities in the work of creating social change.

Sonia Bettez then shared her perspective as someone who, though not formally on the CBPR team, nevertheless views Nina Wallerstein as “being on her team.” She described how she previously had been a long-time community activist, focused on child abuse prevention, and then came back to academia as an older student to get a PhD, resulting in her “mentors” being considerably younger than her. What was key is that they all mentored her for survival, not only intellectually, but also practically (including one professor getting on the floor to show her the exercises he did to prevent back pain from extended use of the computer!), and affirmed her being there, as an older lesbian woman of color. To her, the point of the mentoring was not just for individual success (as a person), but for building capacity to work for social justice. She sees this approach as directly relevant to her work now with people who are being made obsolescent by new technologies and what needs to be done to tackle the structural issues that blight their lives; the point is to change institutions, not just individuals.

During the **Q&A** period, comments and questions focused on: (1) how conditions in parts of Mississippi now are still like those shown in the film (in terms of the power relations and current forms of poverty); (2) how another important part of mentoring is the sharing of experience that comes with having been doing the work for a long time and learning from mistakes and successes, so that people new to the work can benefit from the experience of others while they also bring in fresh ideas and new experiences; (3) how the inspiration that comes from one-on-one mentoring is critical, but not sufficient; (4) the need for taking a long-term perspective and hearing this as part of the deep listening (e.g., in one American Indian community, they traced the origins of the problems they needed to address to when the US Army invaded their community 100 years ago); (5) the tensions that can arise when different people have different understandings of what “social justice” entails and what can be done to make these tensions productive rather than destructive; (6) the importance of co-mentoring for overcoming isolation, as experienced by many people in public health departments who often feel they are the only one in their work group who has a social justice orientation, leading to the founding of a new project – the Public Health & Equity cohort – which matches up & coming people in public health departments with people in the field who are currently doing work successfully for health equity within such contexts, so as to build support for risk-taking and share ideas for how to advance the work; (7) the problems faculty can face when their time for mentoring is not adequately compensated, since a model of assuming the rewards are what one gets in creating sustaining relationships is not enough in soft-money contexts; and (8) a view of mentoring as pouring love into others, understanding love to be a steadfast commitment to the well-being of others, with a goal of helping both people as

individuals and communities as seeing themselves with more clarity than they might be able to see themselves, and engender and enhance the capacity to create communities in which all can thrive.

5) INTEGRATIVE

This session was attended by \approx 175 persons (up from the \approx 150 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” not only referred to the range of issues we address, but our approach to doing so over the past 20 years – and our ways of bringing in new generations to the work, especially through our first-ever award for best song/chant/short video linking social justice & public health!

CELEBRATING & CRITICALLY REFLECTING ON 20 YEARS OF THE SPIRIT OF 1848: PASSION, POLITICS, AND PUBLIC HEALTH (Tues, Nov 18, 10:30 am – 12 noon, Session 4170.0) MCC Room 206

10:30 AM: **Introduction: history & mission of the Spirit of 1848 – Nancy Krieger, PhD**

10:45 AM: 5 short presentations on our themes – social history of public health (*Marian Moser Jones, PhD*); politics of public health data (*Catherine Cubbin, PhD*); progressive pedagogy (*Lisa D. Moore, DrPH*); training the next generation (*Allegra Gordon, MPH; Tabashir Sadegh-Nobari, MPH*); integrating our themes (*Nancy Krieger, PhD*)

11:00 AM: **Spirit of 1848 award for best song, chant and short video linking social justice and public health**

Videos (all to be shown): Winner=“Lost in Translation” (Yosimar Reyes); Honorable Mentions: “Suburban Color-lines” (Martine Hackett); “Street Literature” (Ryse Center); “You Down with LGBT?” (Planned Parenthood LA)

Song/Chant: Honorable Mention “This is Democracy” (Pinki Tuscadero)

11:35 AM: **Video: Climate change, public health and indigenous peoples -- Winona LaDuke** (Spirit of 1848 presentation)

11:40 AM: **Singing for social justice and public health – led by Makani Themba (Praxis Project)**

*Step by step the longest march can be won
Public health anthem: for social justice & public health!
We can truly thrive*

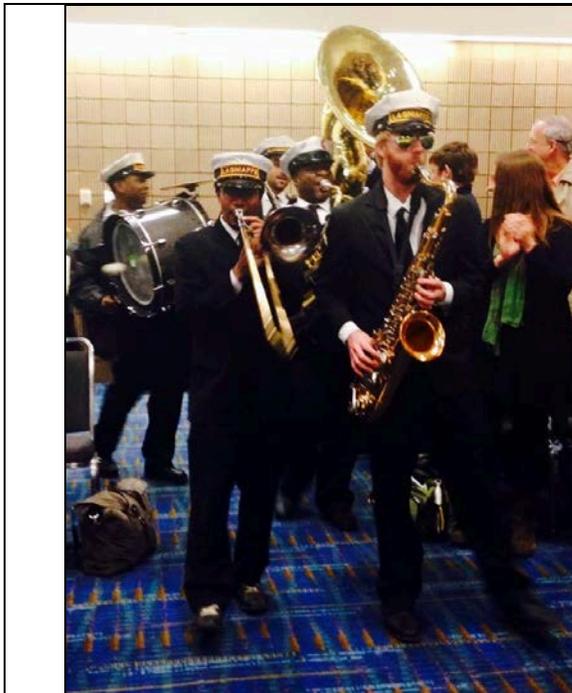


Photo taken by Dawn Haney and used with her permission! – and her comment, on Facebook, reads:

Brass band at [#APHA2014](#) No doubt that [#spiritof1848](#) is the most rocking caucus of them all!

NOTE: links to the videos shown in this session are provided below, along with the words and tunes of the songs we sang, plus links to video performances of these songs (to help you with the melodies!)

Nancy Krieger opened up the session with a review of the history of the Spirit of 1848 (see excerpts below), tracing its origins to health activists who came together in the 1980s to work in the National Rainbow Coalition. Please note that an earlier account of the formation of the Spirit of 1848 is available at:

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.

Further explication why we call ourselves the Spirit of 1848 is provided in:

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 .

and also at: <http://www.spiritof1848.org/1848.htm>

After the introduction, 5 members of the **Spirit of 1848 Coordinating Committee** presented brief highlights (3 minutes each) of the sessions organized by our subcommittees: **Marian Moser Jones**, who has just joined our Social History of Public Health subcommittee this past year; **Catherine Cubbin**, who has been active with the Politics of Public Health Data subcommittee since 1997; **Lisa Moore**, who has worked with the Progressive Pedagogy Committee since 2002; **Allegra Gordon** and **Tabashir Sadegh-Nobari**, who have been active with the Student Poster session since 2012; and **Nancy Krieger**, for the Integrative Sessions, which she has organized since their inception in 2002. Together, these presentations vividly recounted the wide range of issues addressed by our Spirit of 1848 sessions – across times, places, topics – and at the same time always united by the core commitment to advancing health equity and the people’s health. To browse through reportbacks containing descriptions of our past sessions, see:

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

We also reviewed, as documented below, how our sessions have consistently ranked, every year, as the best the attended at APHA ever since APHA began keeping track of attendance (except for 2 years, when we came in 2nd, and practically tied for 2nd!) – and the audience gave us a standing ovation for the work we have done to ensure a critical progressive voice is present, encouraging us, challenging us, and helping us formulate new thoughts and plans to advance the work of the Spirit of 1848 in furthering links between social justice & public health.

We then turned to the winner and honorable mentions for our first-ever Spirit of 1848 awards for the best song/chant/short video linking issues of social justice and public health. Links to the videos are provided below. Joining us were: (1) **Rachel Poulain**, on behalf of California Newsreel (producers of “*Unnatural Causes: is inequality making us sick?*” – see: <http://www.unnaturalcauses.org/> -- and the forthcoming documentary series “*The Raising of America: early childhood and the future of the nation*” – see: <http://www.newsreel.org/video/THE-RAISING-OF-AMERICA>), which had generously provided the funds for the award, and (2) **the awardees**:

-- **Yosimar Reyes**, whose winning video, “*Lost in Translation*,” focused on the need for Latino youth to reclaim their heritage and original foods as part of the work to combat corporate promotion of junk food diets;

-- **Martine Hackett**, who received an honorable mention for her video “*Suburban Colorlines*,” which challenges people to see the insidious and health-harming racial/ethnic and economic divisions otherwise accepted as “just how things are”;

-- **Kanwarpal Dhaliwal**, Director of Community Health and Integrative Practice of the RYSE Center, who appeared on behalf of the **youth of the RYSE Center**, in Richmond, CA who, in the aftermath of the murder of Trayvon Martin, had created the video “*Street Literature*,” which features young black men walking through and rapping about the conditions of their lives and their communities in Oakland and Richmond, CA; they made this video working with the RYSE Media Arts Producer, **Gemikia Henderson**; and

-- **Nicole Ressa**, Director of School Based and Youth Education at **Planned Parenthood Los Angeles**, under whose auspices a **team of African American teenagers in LA** – girls, boys, and transgender -- created the joyful video “*You Down with LGBT*.”

We then played the **song/chant** that won honorable mention: “*This is Democracy*,” created by **Pinki Tuscadero**, who was unable to attend the APHA meeting. We followed the chant with a 4 minute clip from the 19 minute video that **Winona LaDuke** created for one of our Spirit of 1848 sessions last year, on “*Climate change, public health, and indigenous peoples*.” Winona is the Founding Director of the White Earth Land Recovery Project and is also Executive Director of Honor the Earth, a Native-led organization she established along with Indigo Girls Amy Ray and Emily Saliers in 1993 to address the two primary needs of the Native environmental movement: the need to break the geographic and political isolation of Native communities and the need to increase financial resources for organizing and change.

Their current work focuses on opposing fracking and stopping the construction of both the Enbridge Sandpiper Pipeline (which would cut through Anishinaabe land where Winona and the White Earth Land Recovery Project are based) and the Keystone XL Pipeline, which would extend from Alberta, Canada to refineries in Texas; they are also opposing the expansion of the already built Alberta Clipper Pipeline, which cuts across the land and water of several Northern American Indian nations.

Finally, Makani Themba (Executive Director, Praxis Project) led us in **3 songs** to close the event: **“Step by Step the Longest March,” “The Public Health Anthem,”** and **“We Can Truly Thrive”** (whose words Makani wrote, to the tune of “Down by the Riverside”). Further adding to the fabulousness of it all, Makani also arranged a fantastic surprise: a **brass band!!** – which marched in at the end, playing the music for the final song – and whose presence lifted all our spirits and strengthened our resolve to go forward in the work for social justice and public health, with joy and determination – “cuz we know what we’re fighting for ...” !!!



1) INTRODUCTION: Excerpts from: Krieger N. Introduction: history & mission of the spirit of 1848. American Public Health Association, 142nd annual meeting, New Orleans, LA, November 15-19, 2014.

To start, let me take you back 20 years, to 1994, when some of the younger members of our audience today, those of you in your 20s, were perhaps in pre-school, and when some you, who are older, may have been thinking about your involvement, when you were in your 20s, in the social movements of the 1960s and 1970s! – and still others of you, somewhere in between, who were, like me, in your 20s in the 1980s, and engaged in social justice work for the people’s health in such diverse arenas as the anti-apartheid struggle, opposing the US proxy wars in Central America, mobilizing to confront the emerging HIV/AIDS epidemic while fighting for LGBT health, taking on the backlash against abortion rights, as per the Hyde Amendment (still on the books, still prohibiting use of Medicaid funds for abortion), or fomenting the early days of the environmental justice movement, named as such, newly linking issues of racism, class, and environmental health – the list could go on and on.

Within this context, the origins of the Spirit of 1848 can be traced to the National Health Commission of the Rainbow Coalition. Created when Jesse Jackson first ran for president in 1984, the Commission was chaired by Vicente Navarro and co-chaired by June Jackson Christmas. A key role was to write policy papers and platforms for the Jackson Campaign, including support for a single-payer universal National Health Program (and, in my own case, the 1988 progressive platform to address the AIDS epidemic). We also organized sessions at APHA to publicize these positions and gain support for both the campaign and the larger ideals for which it stood, with its vision of an inclusive Rainbow Coalition that could forge an agenda for social justice, including public health. Here’s a taste of the politics of the times:

6:21 min: Jesse Jackson 1988 Rainbow Coalition speech at Democratic National Convention

http://www.youtube.com/watch?v=UyR_dGpYXXA

Imagine now such a speech being given by a serious presidential candidate at the Democratic National Convention – it is a stretch.

By around 1992, it became clear that the National Rainbow Coalition, as an organization, was moving into a new phase, and its National Health Commission ceased being active. Several of us who had been involved with it, however, did not want to lose the gains created by having a Rainbow approach to our work linking social justice & public health. The upshot is that we decided to create a new group at APHA, one that would link issues across the many concerns separately represented by various progressive Caucuses and Sections at APHA, with an eye towards addressing gaps in the work (as opposed to duplicating efforts), and also with a commitment to ensuring inclusion in our own ranks, jointly in relation to race/ethnicity, gender, sexuality, region of country, and, within a context of most of us being public health professionals, a mix of private and public educational institutes and government agencies.

Accordingly, in 1994, we founded the Spirit of 1848 at the 122nd APHA annual meeting, held in Washington, DC (Oct 29-Nov 3). We boldly announced our 1st public meeting as a place to bring together *“Politics, Passion, and Public Health.”* Our goal, then as now, was to “form a network concerned with social inequalities in health” and to create a place for those of us linking social justice & public health “to talk more with other people working to understand and change how social divisions based on social class, race/ethnicity, gender, sexual identity, and age affect the public’s health.”

From the start, we articulated our 3 foci as being: 1) the social history of public health; 2) the politics of public health data; and 3) progressive pedagogy in public health. Indeed, our 1st two scientific sessions focused on what were then – and remain – critical issues in public health: (a) “Discrimination: A risk factor for health status? – a look across the lines of color, class, gender, and sexual identity,” and (b) “Social Inequalities in health: measures and trends” – and our founding meeting asked: how can we best advance work on and teaching about these and other issues so vital to health equity?

And here we are 20 years later, having established a critical forum that remains true to our name – which, as we

explained in our original flyer:

“... captures our intentions: 1848 marks a high point in the early days of the worldwide public health movement and its links to other burgeoning movements for social justice – the anti-slavery movement, the women’s rights movement, the trade union movement, the child welfare movement, and other political movements calling for social and economic democracy. 1848 evokes a spirit of optimism and commitment to social change that we can learn from and build on, and that can still serve to inspire us in our daily work.”

Suggesting, moreover, our focus has been useful is the record of how people attending APHA have voted with their feet. Thus, ever since APHA started reporting attendance statistics in back in 2002, the Spirit of 1848 Caucus sessions, as compared those organized by other APHA Sections, SPIGs, Forums, and Caucuses:

- (1) have ranked FIRST in average attendance in all years except one year (when we ranked second);
- (2) have had the HIGHEST attendance in any given session in every year but 2 (and in those 2 years, one year we were 2nd and one year we were a very close 3rd); and
- (3) the LOWEST attendance for our sessions has consistently far exceeded the highest attendance for virtually all other scientific sessions (except for the top-ranking sessions).

We are proud of this record, and how it speaks to the importance of what all of us here stand for, working ceaselessly, with care and commitment, to advance the work of social justice & public health. We have made gains, we have faced setbacks, and we fortunately have a new generation rising to meet the challenges of our times, both in their own ways and also with those of us who have come before. The challenges are formidable: whether the global planetary emergency of climate change, which affects all of us everywhere, and also here, in the US, the entrenched racism epitomized by mass incarceration and also the recent killing of Mike Brown in Ferguson, the growing assaults on abortion rights, the galloping growth of income inequality and corporate entitlement, and the continued evisceration of public services. But we also are seeing new and renewed coalitions to take on these myriad challenges. To keep us going, let us draw on our 20 years of the Spirit of 1848! – and to the spirit of justice, compassion, and solidarity that inspires us all.

<snip>

Considered together, then, our integrative sessions have not only integrated the different foci of our Spirit of 1848 Caucus, but they have also helped us integrate critical perspectives across a wide range of public health issues and their vital links to issues of social justice. Attesting to the importance of engaged live interaction, each year we have seen the people involved in our integrative sessions – the panelists, the people who vote with their feet to attend them, and those of us who organize them – not only forge new connections, but also gain inspiration. And, as we all know, inspiration – drawing in breath, ideas, and energy – is essential for continuing on, and giving back, in the life-long work of building equitable, sustainable, and fun societies, in thriving ecosystems, and doing so aware of our debt to the past, all that we owe to all who have come before, and looking towards a future in which we can all live, love, ail and die with our dignity intact and our humanity cherished. Let us all keep alive the Spirit of 1848!

<snip>

And now, the final part of our program, building on the past, and looking to the future that we collectively shape, working for social justice & the people’s health.

Hence: time to raise our voice in song, to lift our spirits and hear our shared resolve. In 1912, after the victory of the Lawrence textile mill strike led by the Industrial Workers of the World (IWW), Ray Stannard Baker, a progressive US journalist, published an article in which he commented on the inspiring use of song to keep up the spirits, unite, and educate the workers and community members, largely immigrants from many different European countries, about the strike issues and the broader struggle for social justice. His trenchant observation?: **“Beware that movement,” said a wise Frenchman, “which generates its own songs.”**¹

In that spirit, we’re planning to have us all sing 3 songs ... We will be led in song by Makani Themba, the Executive Director of the Praxis Project, an organization whose mission is to “build healthy communities by transforming the power relationships and structures that affect our lives.” This year, Makani and the Praxis Project² helped co-organize and generously subsidized the 3 radical history tours we hosted this past Sunday – please, everyone, let’s give them a big THANK YOU!

And as we sing today, let us also honor the memory of Andrea Kidd-Taylor, who was also going to have been involved in this part of our program, but who passed away this past August. Andrea was a powerful advocate for social justice and

¹ Baker RS. The revolutionary strike: a new form of industrial struggle as exemplified at Lawrence, Massachusetts. The American Magazine, 1912; 74:19-30C (quote: p. 30A)

² Praxis Project, available at: <http://www.thepraxisproject.org/> (accessed: November 20, 2014)

workers' health and environmental health and also an active contributor to Spirit of 1848 sessions and a key ally for our Caucus and other APHA Caucuses when she served on the APHA Executive Board. Funds are being collected to set up an environmental health scholarship in Andrea's name at Morgan State University, where she taught, and we have a special tab on our Spirit of 1848 website, which will be open till December 1, where you can make a donation; see:

<http://www.spiritof1848.org/andreakiddtaylor.html>

“Step by step the longest march can be won” is a round based on words penned 150 years ago, in the 1864 publication of the American Miner's Association, forerunner of the United Mine Workers.³

Next, the **“Public Health Anthem,”** sung to the music Sir Hubert Parry composed in 1916 for the verses of William Blake's revolutionary poem: “Jerusalem.” This poem, published in 1808, famously condemned England's “dark Satanic mills” for sacrificing both workers and their environs, casualties Blake attributed to the unbridled capitalist quest for profit in the early days of the Industrial Revolution.⁴ In the mid-1990s, Alex Scott-Samuel, a UK health activist and active contributor to our Spirit of 1848 listserv, wrote the “Public Health Anthem,” set to Parry's music – and which we first sang back in 1998, at our extravaganza to celebrate 150 years of the Spirit of 1848.

And finally, **“We Can Truly Thrive,”** whose words, penned by Makani Themba, are to the tune of “Down By The Riverside,” which dates back to the US Civil War and was a slave work song that became a gospel song, first published in 1918.⁵

2) SPIRIT OF 1848 WINNERS & HONORABLE MENTIONS: best song/chant/video linking social justice & public health

VIDEO:

Winner = "Lost in Translation" (Yosimar Reyes)

link: <https://www.youtube.com/watch?v=VrpR1LIF8Rs> (4 min 22 seconds)

Honorable Mentions:

"Suburban Colorlines" (Martine Hackett)

link: <http://vimeo.com/70906212> (2 min 20 seconds)

“Street Literature" (Ryse Center)

link: <https://www.youtube.com/watch?v=1PHOWoRqCy0> (5 min 20 seconds)

"You Down with LGBT?" (Planned Parenthood LA)

link: <http://www.youtube.com/watch?v=SjtmqvY1RKc> (2 min 3 seconds)

SONG/CHANT:

Honorable Mention: "This is Democracy" (Pinki Tuscadero)

link: <https://soundcloud.com/ptrocks> (2 min 12 sec)

VIDEO OF WINONA LADUKE: The video prepared by Winona LaDuke, on **“Climate change, public health and indigenous peoples,”** was presented at the 141st annual meeting of the American Public Health Association, Boston, MA, November 4, 2013, and we have been given permission to make it freely available at our Spirit of 1848 website, at:

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

Please note that the file is 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.).

³ see: http://www.ohiohistorycentral.org/w/American_Miners%27_Association (accessed: November 20, 2014)

⁴ see: <http://www.poetryfoundation.org/bio/william-blake> (accessed: November 20, 2014); see also: <http://www.billybragg.com/press/story.php?ID=34> (accessed: November 20, 2014)

⁵ see: <http://musichealth.net/songs1/down-by-the-riverside/> (accessed: November 20, 2014)

3) SONGS: text and music, plus links to videos of performances that will help you learn the tunes!

To help you keep singing for public health & social justice, here's the info for the 3 songs we sang! – which we will also post to our website.

SINGING FOR SOCIAL JUSTICE + PUBLIC HEALTH

led by Makani Themba (Praxis Project)

THE REVOLUTIONARY STRIKE
*A New Form of Industrial Struggle as Exemplified
at Lawrence, Massachusetts*
By RAY STANNARD BAKER

THE
AMERICAN
MAGAZINE
for
May, 1912
Vol. LXXIV No. 1

“Beware that movement,” said a wise Frenchman, “which generates its own songs.”

STEP BY STEP THE LONGEST MARCH ...

And remembering
Dr. Andrea Kidd-Taylor
(1966-2014)
who led us in singing
the Public Health
Anthem in 1988



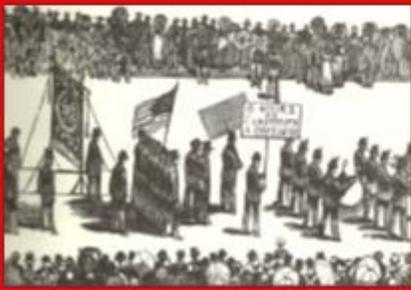
PUBLIC HEALTH ANTHEM

WHERE ALL CAN TRULY THRIVE

STEP BY STEP

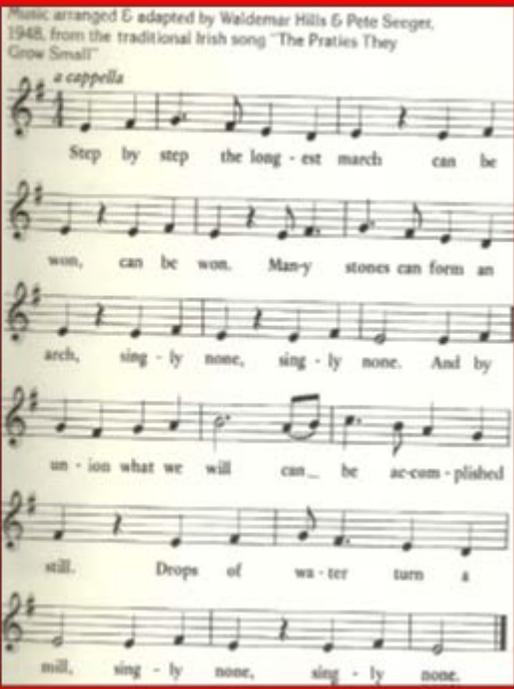
Step by step the longest march
Can be won can be won
Many stones can form an arch
Singly none singly none
And by union what we will
Can be accomplished still
Drops of water turn a mill
Singly none singly none

words: preamble to the constitution of the
American Mineworkers Association, 1863



Music arranged & adapted by Waldemar Hills & Pete Seeger,
1948, from the traditional Irish song "The Praties They
Grow Small"

a cappella



link to the music: <http://unionsong.com/u030.html>

and for a video of Welsh protestors singing this song at a 2011 “March for the Alternative,” see:

<http://vimeo.com/21558278>

PUBLIC HEALTH ANTHEM

First sung in 1998 at our
Spirit of 1848 extravaganza
celebrating 150 years of the
Spirit of 1848

& based on "Jerusalem"

The Spirit of 1848
presents
150 YEARS
OF THE SPIRIT OF 1848:
AN EVENING OF POLITICS,
PASSION & PUBLIC HEALTH
1848-1998

American Public Health Association
125th annual meeting
Washington, DC, Nov. 18-19 1998

Jerusalem

Words by William Blake (1757-1822)
Music by Hubert H. Parry (1848-1918)

And did those feet in ancient time
Walk upon England's mountain green
And was the Holy Lamb of God
On England's pleasant pastures seen?
And did the countenance divine
Shine forth upon our clouded hills?
And was Jerusalem builded here
Among these dark satanic mills?

Bring me my bow of burning gold!
Bring me my arrows of desire!
Bring me my spear! O clouds, unfold!
Bring me my chariot of fire!
I will not cease from mental fight,
Nor shall my sword sleep in my hand,
Till we have built Jerusalem
In England's green and pleasant land.

Public Health Anthem

Words by Alex Scott-Samuel



For justice, health, and equity, proud these intentions we pro-



claim. 'Gainst poverty, disease and death, Worthwhile fulfilling lives our



aim. A world where dreams again are real— Support, care, strength our loudest



call. Our banners high for health now we raise— A peaceful world, sustained by all.

for a link to "Jerusalem" being sung by Paul Robeson, see:

<https://www.youtube.com/watch?v=gt-2ljppbiw>

& more recently, by Billy Bragg:

<https://www.youtube.com/watch?v=EXEqFMFFsQo>

WHERE ALL CAN TRULY THRIVE

Original song: "Down by the Riverside"
New lyrics: Makani Thembu

musical score for piano and voice. The lyrics are: We're gonna build a world for you and me Where all can truly thrive Where all can truly thrive Where all can truly thrive We're gonna build a world for you and me Where all can truly thrive Where everyone will truly thrive!

Note: the original song was sung at the time of the US civil War and was a slave work song that became a gospel song, 1st published in 1918

MORE VERSES

Cuz we know what we're fighting for ...

We'll see the end of greed and poverty in a world...

Where health's a human right by law

We'll build real schools and close the jails ...

No matter who you are who you love you can live...

Mother Earth, all life in harmony...

Peace and justice the whole world round...

for a rendition of "Down by the Riverside" sung by Sister Rosetta Tharpe, see:

https://www.youtube.com/watch?v=4xzt_GBa8qk

ONWARDS!



5) STUDENT POSTER SESSION

Our 13th “**STUDENT POSTER SESSION: SOCIAL JUSTICE AND PUBLIC HEALTH**” had 10 posters accepted, and 7 of the students whose work was accepted were able to be presented for the session (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. 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 18, 12:30-1:30 pm, Session 4191.0) MCC Exhibit Hall BC

Board 1: Organizing for Fair Food: an analysis of a campaign to include farmworker rights into the alternative food movement – Megan Galeucia (master candidate)

Board 2: “Health care for the Underserved”: A student-designed preclinical elective at Alpert Medical School – Julius Ho, BS + Rian Yalamanchili, BA

Board 3: Performance of the Everyday Discrimination Scale: a three group comparison -- Kevin Jefferson, MPH (doctoral student)

Board 4: Culture and stigma: social exclusion of families of children with cerebral palsy in China – Liying Shen, MD (doctoral student)

Board 5: Creating healthier food choices for Black and Brown communities: shaping food access through retail – Robert Henry-Jones

Board 6: Ineffective decoupling in South Korea’s reformed anti-prostitution laws – Nayoung Woo (MPH candidate)

Board 7: Moving towards health equity via social urbanism in Medellín, Colombia – Jeffrey Reynoso (MPH candidate)

6) Other:

a) As usual, we co-organized the **P Ellen Parsons Memorial Session**, which every year since its inception, in 2001, has been jointly organized by the Medical Care Section, 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 in 1997.

This year, our session – titled “**Separate and unequal: the political geography of reproductive rights, reproductive justice, and reproductive health (co-organized by the Spirit of 1848 Caucus, the Women’s Caucus, the Socialist Caucus, and the Medical Care Section) – P Ellen Parsons Memorial Session**” – had the distinction of being selected as an **APHA Special Session**. The text for the application we prepared to receive this designation is below, after which we include excerpts from each presenter’s abstracts. Key points emphasized by the speakers included:

- **Linda Gordon:** historical analysis shows that for “choice” to be real, and not a theoretical right, it must not be forced by poverty, and that the fight for reproductive rights, health, and justice is part of the larger fight for social equality.
- **Carol MacDonald:** the reproductive justice framework clarifies that the call for “choice” is a response to taking away rights, whereas the call for “justice” is a response to oppression.
- **Cindy Pearson:** we need multi-level, multi-directional strategies that embed fighting for abortion as a part of comprehensive reproductive health care and aim to restore public insurance coverage (i.e., overturn the Hyde Amendment).
- **Rheneisha M. Robertson:** at a time when new survey data in Louisiana indicate that upwards of 40% of youth of color do not feel loved, and try to find it however they can (in ways that can, in the short- and long-term, inadvertently harm their health and their future opportunities), strategies for reproductive justice need to be grounded in creating conditions for people to live in a loving and equitable society.

Excerpt from our application to be an APHA special session

Recognition that “place matters” is longstanding in public health. In the mid-19th c CE, public health research discovered that neighborhood mortality rates varies by neighborhood poverty,¹⁻³ expanding the earlier Hippocratic emphasis on physical environs, as per the 5th c BCE classic “Airs, Waters, Places”^{1,4,5} Only recently, however, has still another dimension of place – aptly termed “political geography”^{6,7} -- begun to inform analysis of population health and health inequities.⁸⁻¹¹ At issue is how place-based political institutions, laws and policies structure whether populations can – or cannot – attain health equity.^{1,8}

Bringing home the issue of political geography is the case of US reproductive rights, reproductive justice, and reproductive health. In January 2014 the Guttmacher Institute reported that during the past 3 years (2011-2013), US state legislatures enacted more abortion restrictions (N=205) than in the entire previous decade (N = 189, 2001-2010), along with policies hostile to family planning, emergency contraception, and sex education.¹² Consequently, between 2000 and 2013 the proportion of US women of reproductive age living in states hostile to abortion rights rose from 31% (13 states) to 56% (27 states)¹² – this at a time when over 50% of all US pregnancies are unintended, translating to 1-in-20 US women of reproductive age having an unintended pregnancy each year.¹³ Meanwhile, 26 states, encompassing about 50% of the US population, have rejected participating in expansion of Medicaid, in opposition to the Affordable Care Act (ACA), limiting access to reproductive health care.^{14,15}

The impact of restrictions on reproductive rights and access to reproductive health care are unequal and disproportionately harm US women and girls who are low-income and/or of color.¹⁶⁻¹⁹ In the 1990s, women of color activists, US and globally, conceived the idea of “reproductive justice” to address the joint embodiment of racial/ethnic, class, and gender inequality and their influence on the control one’s own body, the choice whether or not to be pregnant, and possibilities for having healthy children.¹⁷⁻²⁰ Framed by the indivisible and interconnected set of social, economic, political, civil, and politic rights that constitute human rights and are vital to health,¹⁷⁻²⁰ a reproductive justice analysis is thus a crucial contribution to understanding geographic variation in reproductive health and community well-being, including across generations.

REFERENCES

1. Krieger N. *Epidemiology and The People’s Health: Theory and Context*. New York: Oxford University Press, 2011.
2. Coleman W. *Death is a Social Disease: Public Health and Political Economy in Early Industrial France*. Madison, WI: University of Wisconsin Press, 1982.
3. Hamlin C. *Public Health and Social Justice in the Age of Chadwick. Britain: 1800-1854*. Cambridge, UK: Cambridge University Press, 1998.
4. Rosenberg C. Epilogue: Airs, Waters, Places. A status report. *Bull Hist Med*. 2012;86:661-670.
5. Hippocrates. Airs, waters, places. In: Lloyd GER (ed). *Hippocratic Writings*. London: Penguin Books, 1983; 148-169.
6. Hall P. The new political geography: seven years on. *Pol Geog Q* 1981; 1:65-76.
7. Anon. Editorial essay: political geography – research agenda for the nineteen eighties. *Pol Geog Q* 1982; 1:1-17.
8. Beckfield J, Krieger N. Epi + demos + cracy: linking political systems and priorities to the magnitude of health inequities – evidence, gaps, and a research agenda. *Epidemiol Review* 2009; 31:152-177.
9. Krieger N, Chen JT, Coull B, Waterman PD, Beckfield J. The unique impact of abolition of Jim Crow laws on reducing health inequities in infant death rates and implications for choice of comparison groups in analyzing societal determinants of health. *Am J Public Health* 2013; 103:2234-2244.
10. Ng E, Muntaner C. A critical approach to macrosocial determinants of population health: engaging scientific realism and incorporating social conflict. *Curr Epidemiol Rev* 2014; 1:27-37.
11. Borrell C, Palència L, Muntaner C, Urquía M, Malmusi D, O’Campo P. Influence of macrosocial policies on women’s health and gender inequalities in health. *Epidemiol Review* 2014; 36:31-48.
12. Nash E, Gold RB, Rowan A, Rathburn G, Vierboom Y. *Laws affecting reproductive health and rights: 2013 state policy review*. New York: Guttmacher Institute, January 2014. Available at: <https://www.guttmacher.org/statecenter/updates/2013/statetrends42013.html> ; accessed: February 23, 2014.
13. Guttmacher Institute. Fact sheet: Unintended Pregnancy in the United States. December 2013. Available at: <http://www.guttmacher.org/pubs/FB-Unintended-Pregnancy-US.html> ; accessed: February 23, 2014.
14. Tavernise S, Gebeloff R. Millions of poor are left uncovered by health care law. *New York Times*, October 2, 2013. Available at: <http://www.nytimes.com/2013/10/03/health/millions-of-poor-are-left-uncovered-by-health-law.html?pagewanted=all&pagewanted=print> ; accessed: February 23, 2014.
15. National Conference of State Legislatures. State laws and actions challenging certain health reforms. Available at: <http://www.ncsl.org/research/health/state-laws-and-actions-challenging-ppaca.aspx> ; accessed: February 23, 2014.
16. Fee E, Krieger N (eds). *Women’s Health, Politics, and Power: Essays on Sex/Gender, Medicine, and Public Health*. Amityville, NY: Baywood Publications, Inc., 1994.
17. Luna Z. From rights to justice: women of color changing the face of US reproductive rights organizing. *Societies without Borders* 2009; 4:343-365.
18. SisterSong, Women of Color Reproductive Justice Collective. What is Reproductive Justice? Available at: http://www.sistersong.net/index.php?option=com_content&view=article&id=141&Itemid=81 ; accessed: February 13, 2014.
19. Silliman J, Fried MG, Ross L, Gutierrez ER. *Undivided Rights: Women of Color Organize for Reproductive Justice*. Cambridge: South End Press, 2004.
20. Cottingham J, Kismodi E, Hilber AM, Lincetto O, Stalhofer M, Gruskin S. Using human rights for sexual and reproductive health: improving legal and regulatory frameworks. *Bull World Health Org* 2010; 88:551-555.

Moderators: Lisa D. Moore, DrPH (Dept of Health Education, San Francisco State University) [Spirit of 1848]
Renee Carter, MD (Chair Elect of the APHA Medical Care Section)

Presentations

1) **Historical legacies of inequality – Linda Gordon, PhD** (Professor of History, Florence Kelley Professor, New York University, NYC, NY)

Inequalities in reproductive health simply replicate the overall inequalities in the society. Inequality in medical care reflects political, economic, social and constitutional inequalities; specifically, because our welfare state is based on fragmented coverage of particular populations, rather than simpler universal coverage, so too are reproductive health services. Ever since the birth-control movement of the early 20th century began to open clinics, providers realized that providing “family planning” could not be separated from holistic health care. In these inequalities, racial, ethnic and class inequality have been mapped onto different regional histories. To name just a few:

--In the southeastern states, centuries of white rule and share-cropping exploitation meant virtually no medical care for the majority of the poor, both black and white, until very recently.

--In the southwestern and west-coast states, a century-and-a-half of using immigrant and Mexican-origin labor created similar racisms and deprivations.

--Throughout the US, 150 years of nativism continue today to deny health care to those who need it most and strengthen opposition to public funding.

At the same time American religiosity and prudery periodically re-escalate, building moral panics about reproductive rights. For all these reasons, birth-control activists were often forced to compromise with regional prejudice in order to win benefits for more privileged groups. Today gerrymandering and political over-representation of conservative regions have continued to endanger reproductive health.

2) **Reproductive Justice Now!: How intersectionality will help us achieve the world we want – Carol McDonald** (Director of Strategic Partnerships, Planned Parenthood Federation of America, Washington, DC)

For 41 years, access to safe, legal abortion has been the law of the land and the majority of Americans continue to oppose efforts to overturn *Roe v. Wade*. However, the fight for Reproductive Justice is about much more than this court decision. Reproductive Justice will only be achieved when every person has the social, economic, and political resources to make healthy decisions about their bodies, sexuality, and reproduction for themselves, their families, and their communities.

The term Reproductive Justice was coined in 1994 at the United Nation’s International Commission on Population Development in Cairo, Egypt. The reality then and now is that a range of social and health disparities continue to disproportionately affect the people of color and people of the global south, including higher rates of cancers, unintended pregnancies, and sexually transmitted infections. Women of color even have a lower life expectancy than white women across the board due to these disparities. The participants at the ICPD quickly realized the movement for reproductive rights wasn’t taking any of this, any of their lived experiences into account -- so they created a movement that did.

Since then, the global movement for reproductive justice has been true to its origins – consistently challenging the traditional feminist movement and engaging communities of color, young people, and other marginalized groups as its dynamic leadership. Now, at the 20th year anniversary of the term’s creation we must lean into the successes and challenges of the movement to find a path to victory.

See also:

-- Planned Parenthood: Act. No matter what. (<http://www.plannedparenthoodaction.org/>)

-- Planned Parenthood (<http://www.plannedparenthood.org/>)

3) **Misconceptions, misogyny and nonsense: Fighting anti-abortion legislation in the states – Cindy Pearson** (Executive Director, National Women’s Health Network, Washington, DC)

A vast wave of anti-women, anti-abortion and anti-reproductive justice restrictions is sweeping over the United States. Ultra-conservative politicians have promoted and too often passed laws that undermine women’s rights and fly in the face of science and evidence-based healthcare. In particular, over half the states have imposed restrictions on medication abortion that have nothing to do with ensuring safe healthcare and everything to do with preventing a woman from getting abortion services. These restrictions include requirements that a physician prescribe the drugs, be present when the drugs are taken and use outdated drug regimens. Additionally, anti-choice policymakers in nearly half the states have expanded the unjust and harmful bans on Medicaid coverage of abortion to restrict abortion coverage in insurance plans offered through health insurance marketplaces, with some states restricting abortion coverage in all private insurance plans. These restrictions result in significant state to state variation in access to and quality of reproductive healthcare and disproportionately harm low-income and young women, women of color and women living in

rural areas. Access to the full range of reproductive health services including abortion should not be dependent on where a woman lives, how she gets insurance or her income, and activists are fighting back. This presentation examines the various anti-abortion restrictions, health disparities worsened by these state-specific restrictions, and advocacy successes to oppose some restrictions. It shines a light on coordinated efforts of local, state and federal advocates as a model for defending and expanding the availability of safe, affordable abortion care.

See also:

- Raising Women's Voices for the Health Care We need (<http://www.raisingwomensvoices.net/>)
- All* Above All (<http://allaboveall.org/>), a campaign to restore public insurance coverage for abortion
- National Women's Health Network (<https://nwhn.org/>)

4) From the eye of the storm: New Orleans' perspectives on the role of place & other social determinants in reproductive health, rights, and justice -- *Rheneisha M. Robertson, MPH* (Executive Director, Institute of Women & Ethnic Studies, New Orleans, LA)

There is a vast significance of place on reproductive health, rights and justice in Louisiana. The intersection of multiple oppressions, including racism, classism, and gender discrimination, have been long-standing social ills that disproportionately impact marginalized communities access to basic human rights. While Louisiana maintains some of the poorest health outcomes, conservative state policies and ideologies continue to restrict access among our most vulnerable communities.

In the aftermath of hurricane Katrina, communities of color, particularly women of color, socio-economically disadvantaged and uninsured residents living in New Orleans experienced the highest levels of disaster risk and exposure. These women have been most impacted by the lack of safe and affordable housing, quality childcare and schools, equitable and sustainable employment, and access to a full range of health services. Eight years later, while there has been significant development and recovery, multiple oppressions and social determinants such as place, continues to disproportionately increase their exposure to illness, violence, diminished sexual and reproductive health services, mental and emotional health. In fact, a rejection of federal policies and resources, including the Affordable Care Act and Medicaid Expansion, and more restrictive and oppressive state policies, further limit access to a full range of comprehensive sexual and reproductive health information and services among our most vulnerable populations.

This presentation discusses the local, state, and national work of the New Orleans' based Institute of Women and Ethnic Studies, including how current policies and conditions impact sexual and reproductive health outcomes in New Orleans post-Katrina, using a reproductive justice framework.

See:

- Institute of Women & Ethnic Studies (<http://iwesnola.org/>)

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 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

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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 adopts its Constitution

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)