

# ★★★★★ THE SPIRIT OF 1848: APHA 2016 REPORTBACK ★★★★★

**TO: EVERYONE ON SPIRIT OF 1848 EMAIL BULLETIN BOARD**  
**FROM: SPIRIT OF 1848 COORDINATING COMMITTEE**  
**RE: REPORTBACK FROM THE 2016 APHA CONFERENCE (ver: 11/4/16)**



Greetings! The Spirit of 1848 Caucus is happy to share our reportback from the 144<sup>th</sup> annual meeting of the American Public Health Association (October 29-November 3, 2016, in Denver, CO). In this reportback we:

- (a) present decisions we made at our business meeting, including initial ideas for the APHA 2017 sessions; and
- (b) give highlights of our APHA 2016 sessions

And: as usual, we are sending this reportback by email and posting it on our web site. As of November 3, 2016, we are happy to say that 3,491 people (in US & around the world) subscribe to our email bulletin board (up from 3,279 last year!). Additionally, suggesting we have somewhere between 100 and 200 Spirit of 1848 members who are also dues-paying APHA members, we note that:

- (1) among the 230 people who answered our Spirit of 1848 survey (between 9/1/15 and 11/3/16) regarding membership in APHA, 173 both stated they considered themselves to be Spirit of 1848 members AND provided their APHA membership number (i.e., missing data can affect even the simplest two-question survey ... !!), and
- (2) in October 2016, APHA informed us that 101 dues-paying APHA members indicated on their APHA membership profile that they were affiliated with the Spirit of 1848 Caucus.

**The number of Spirit of 1848 members REALLY MATTERS – both EVERYONE on this listserve AND ALSO those who are APHA dues-paying members). This is on account of new membership rules for the APHA caucus recertification process, which newly require Caucuses to have a minimum of 25 dues-paying APHA members. We will be submitting the paperwork in December 2016 for our new 3-year renewal of our Memo of Understanding (MOU) with APHA that allows us to function as a APHA-affiliated Caucus – meaning: this is a time when it truly COUNTS to be COUNTED! We will be reporting to APHA \*BOTH\* our total N of members and the N of members who are dues-paying APHA members.**

Accordingly, we **STRONGLY REQUEST** that all of you reading this who are **DUES-PAYING APHA MEMBERS** please take a moment to *find your APHA membership number* & then do **BOTH** of the 2 following tasks:

(a) go to our Spirit of 1848 website and fill out the 30-second survey to affirm your affiliation with the Spirit of 1848 Caucus and APHA by providing **BOTH your name & APHA membership number**; the URL is:

[https://harvard.az1.qualtrics.com/jfe/form/SV\\_86XQ5KQvFCgCpFP](https://harvard.az1.qualtrics.com/jfe/form/SV_86XQ5KQvFCgCpFP)

(& for more explanation about why we need this information, see: <http://spiritof1848.org/listserv.htm>)

(b) update your APHA membership profile to flag your membership in the Spirit of 1848 Caucus; the steps are:

- 1) login in at: <http://apha.org/>
- 2) click on the bottom part of where your name shows up, which will reveal the “menu” for options
- 3) click on “update profile”
- 4) click on the tab for “communities”
- 5) scroll down to “caucuses,” go to “Spirit of 1848,” and choose the option for “current participant”!

(note: selecting a Caucus affiliation does NOT count against the choice of 2 Section affiliations)

As for attendance: in total, we estimate ~ 615 persons came to our Spirit of 1848 sessions (not counting those who visited the very popular student poster session or the session we co-sponsored with the APHA Human Rights Forum & the American Indian, Alaska Native, and Native Hawaiian Caucus [n = 50]). This attendance is 1.6 times higher than last year (N = 395) and, looking back to 2009, higher than several recent years (2014: n = 390; 2013: n = 380; 2012: n = 470; 2009: n = 400), albeit slightly fewer than 2 prior years (2011: n = 650; 2010: n = 657). And too: our sessions as usual had very good attendance by APHA standards, which typically have ~30 persons/session, and our 2016 attendance ranged from 70 to 225 persons per session for our 4 oral sessions. Additionally, 19 people attended our business/labor meeting (18 in person; 1 by phone) – which is higher than last year (n = 13).

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 listserv! – 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 listserv, 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](mailto:nkrieger@hsph.harvard.edu)
  - Anne-Emanuelle Birn (History committee & designated alternative for Chair contact); email: [aebirn@utoronto.ca](mailto:aebirn@utoronto.ca)
  - Luis Avilés (History committee); email: [luis.aviles3@upr.edu](mailto:luis.aviles3@upr.edu)
  - Marian Moser Jones (History committee, and new Spirit of 1848 co-representative to the APHA Caucus Collaborative and the APHA Governing Council); email: [moserj@umd.edu](mailto:moserj@umd.edu)
  - Catherine Cubbin (Politics of public health data committee); email: [ccubbin@austin.utexas.edu](mailto:ccubbin@austin.utexas.edu)
  - Zinzi Bailey (Politics of public health data committee); email: [zinzi@gmail.com](mailto:zinzi@gmail.com)
  - Craig Dearfield (Politics of public health data committee); email: [craig.dearfield@gmail.com](mailto:craig.dearfield@gmail.com)
  - Lisa Moore (Pedagogy committee); email: [lisadee@sfsu.edu](mailto:lisadee@sfsu.edu)
  - Rebekka Lee (Pedagogy committee and primary Spirit of 1848 representative to the APHA Governing Council and APHA Caucus Collaborative); email: [rlee@hsph.harvard.edu](mailto:rlee@hsph.harvard.edu)
  - Vanessa Simonds (Pedagogy committee); email: [vanessa.simonds@montana.edu](mailto:vanessa.simonds@montana.edu)
  - Nylca Muñoz (Student poster session); email: [nylca.munoz@upr.edu](mailto:nylca.munoz@upr.edu)
  - Pam Waterman (E-networking committee); email: [pwaterma@hsph.harvard.edu](mailto:pwaterma@hsph.harvard.edu)

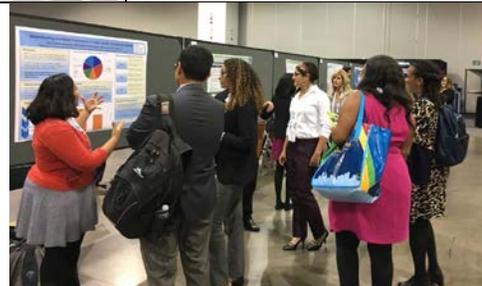
**NB: for additional information the Spirit of 1848 and our choice of name, see:**

- 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 **Atlanta, GA (Nov 4-8, 2017)**, with the designated theme: **“Climate Change: Public Health’s Global Challenge.”**

**Some photos from Spirit of 1848 sessions at APHA 2016! (taken by Nylca Muñoz)**



Attended by: (a) Spirit of 1848 Coordinating Committee members (alphabetical order; n = 6): Zinzi Bailey (data), 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), Vanessa Simonds (pedagogy), plus Catherine Cubbin (data; by phone); and (b) additional Spirit of 1848 members (alphabetical order; n = 13): Juan F. Correa Luna; Craig Dearfield; Jerzy Eisenberg-Guyat; Wesley Epplin; Shawna Follis; Jonathan Jimenez; Heather Orom; Joey Platt; Musarrat Rahman; Meloday Slashinski; Lauren Stein; David Stupplebeen; Jelena Todic).

NB: Spirit of 1848 Coordinating Committee members who were unable to attend were (n=5): Luis Avilés (history), Anne-Emanuelle Birn (history), Marian Moser Jones (history), Lisa Moore (pedagogy), and Pam Waterman (e-networking), all of whom provided input previously either at the Spirit of 1848 Coordinating Committee on the Sunday morning of APHA or else via email. At the end of this meeting, Craig Dearfield joined the Spirit of 1848 coordinating committee and will serve on the politics of public health data subcommittee.

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. Thus, 2017 will be our 20<sup>th</sup> year as an official APHA Caucus! – but note we did our 20<sup>th</sup> year celebrating back in 2014, to recognize when we actually were founded as a group.

-- 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.

-- We also have an official representative to the APHA Caucus Collaborative and to the APHA Governing Council.

-- 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:

(1) At the Spirit of 1848 coordinating committee on the Sunday morning of APHA, we agreed that Marian Moser Jones would serve as the new co-representative (along Rebekka Lee, the primary representative), to the APHA Caucus Collaborative and the APHA Governing Council, since sharing the work will make it easier for them to participate in the various APHA Caucus Collaborative calls & emails that take place between APHA annual meetings, and will likewise make it easier for them to share being present at the APHA Governing Council during the annual meeting.

(2) additional members of our Spirit of 1848 sub-committees (some new!) are: (a) history: Heather Orom; (b) data: Craig Dearfield, Melody Shlashinski, Laura Stein, and Jelena Todice; (c) pedagogy: Wesley Epplin; and (d) student poster session: Jerzy Eisenberg-Gyuoat, Lauren Stein, David Stupplebeen, and Jelena Todice.

2) **Spirit of 1848 listserv.** We noted that our listserv membership currently equals 3,491 (up from 3,279 people last year) and our new static facebook page continues to work 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 ≈ 615 total), was as follows (in chronological order): social history of public health (n ≈ 100, up from 60 last year); the politics of public health data (n ≈ 225, up from 85 last year); progressive pedagogy in public health (n ≈ 70, down from 100 last year); “integrative” session (n ≈ 220, up from 150 last year), and the student poster session attracted a lively crowd throughout its entire hour of display. Additionally, ≈ 50 people attended the APHA session we co-organized with the APHA Human Rights Forum and the American Indian, Alaska Native, and Native Hawaiian Caucus.

As noted above, attendance for our 4 Spirit of 1848 sessions compared favorably to recent prior years (i.e., 1.6 times higher than last year (N = 395); 2014: n = 390; 2013: n = 380; 2012: n = 470; 2009: n = 400), albeit slightly fewer than 2 prior years (2011: n = 650; 2010: n = 657). The range of attendance (70 to 225) was, as usual, considerably higher than the usual APHA average attendance of ~30 persons/session. We take this to mean that APHA attendees continue to “vote with their feet” and find our sessions to be useful.

Throughout, our sessions underscored the need for critical thinking about the links between social justice & public health & human rights, including the need for critical analysis of the myriad human rights require to attain the right to health, noting too that rights can be framed from the complementary standpoints of a legal, advocacy, or aspirational vantage.

4) **APHA Caucuses & Governing Council.** Rebekka Lee served as our representative to the APHA Caucus Collaborative and at the APHA meeting represented us at both the APHA Governing Council (where we and the other Caucuses now can speak from the floor, but do not have a vote) and the annual APHA all-caucus breakfast, held on Wed, November 2. She will be joined in these roles this coming year by Spirit of 1848 Coordinating Committee member Marian Moser Jones. For APHA 2016, Bekka has reported back to us as follows:

#### **-- APHA CAUCUS RECERTIFICATION PROCESS**

Spirit of 1848 was once again engaged, throughout the year, with the APHA Caucus certification process. We played a constructive role in ensuring two principles. The first is that Caucuses maintain self-determination with regard to our governance structures (even as we have to have certain positions fulfilled for APHA requirements: chair, alternative chair contact, Caucus Collaborative representation, Caucus representative to the Governing Council). The second is that Caucuses can be required to submit to APHA only the names of APHA members – and cannot be required to submit the names of our non-APHA members. This coming December, all Caucuses will be required to submit their updated “Memorandum of Understanding” (MOU), which has to be recertified every 3 years. Key requirements are that: (a) each Caucus have at least 25 APHA dues-paying members (note: we have over 100!), and (b) we newly have to report to APHA on an annual basis the N of dues-paying APHA members.

Accordingly, to make sure we have good counts of Spirit of 1848 members, this month (November 2016) we will be sending out reminder emails to the Spirit of 1848 listserv to ask all APHA dues-paying members to: (a) sign up at our website to indicate their affiliation with our Caucus, and (b) modify their APHA membership profile to show their interest in the Spirit of 1848!

#### **-- GOVERNING COUNCIL**

At the Governing Council session, the theme for the 2018 meeting was voted to be “*Health Equity, the time is NOW.*” The current president of APHA now becomes **Thomas C. Quade** (see: <https://www.apha.org/about-apha/executive-board-and-staff/apha-executive-board/thomas-quade>) and **Joseph Telfair** was elected as President-Elect of APHA (see: <https://www.apha.org/about-apha/governance/apha-boards-and-councils/executive-board/apha-candidates/joseph-telfair>).

(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.)

#### **-- CAUCUS COLLABORATIVE BREAKFAST (attended by 16 of the 17 APHA caucuses; Nov 2, 2016)**

As reported by Rebekka Lee, there was a packed agenda at the Caucus Breakfast this year! The meeting began with a discussion of the needs assessment that was completed earlier this year. The response rate on the survey was 94% (with just one caucus missing!). The needs and interests of the caucuses were varied. With regard to infrastructure needs, 40% of respondents reported that their highest priority was to enhance caucus/APHA communication, and 33% reported it was to enhance caucus/caucus communication. In terms of capacity building, 42% of respondents reported their highest priority was to expand caucus membership, and 36% said it was to obtain grant or sponsorship funds. The review of the data sparked a discussion about membership, since the data showed that students represent 1/3 of APHA members and that improving the engagement of caucus members may be more important to some caucuses than increasing number. Ben King (Caucus on Homelessness), the incoming Caucus Collaborative chair, hopes to use the needs assessment to identify

areas for calls that will foster practical skill development/knowledge exchange; examples might include: how to create caucus bylaws; developing websites/social media presence; and planning joint sessions on the 2017 theme.

After discussing the needs assessment, Ben and Fran Atkinson (APHA staff) brought up the possibility of hosting a fundraising webinar, since in the needs assessment interest was expressed in fundraising to support more student scholarships to attend APHA. Ben and Fran also floated the idea of creating a joint 501c3 for all the caucuses. Reflecting discussions in the Spirit of 1848 Coordinating Committee, I (Bekka) said the Spirit of 1848 would not be interested in being part of a 501c3 and further noted that the assessment data indicated that 0 (zero) caucuses rated incorporating as a nonprofit as a high priority and 8 (>50%) caucuses said that incorporating was not seen as a priority at all.

Next, there was a brief discussion of caucus representation on the APHA Executive Board and the new involvement of the chair/chair elect on the Intersectional Council. One or two people expressed interest in having a vote in Governing Council. Conversely, the Peace Caucus spoke against the quest for a vote, given the major time commitment of attending meetings and the challenging logistics that agreeing on one caucus vote would entail. Again expressing positions previously adopted by the Spirit of 1848 Coordinating Committee, I (Bekka) agreed with the Peace Caucus and pointed to the influence Caucuses can have via our new role on the Intersectional Council and our already existing ability to speak up during the Governing Council Meetings. Ella Greene-Moton, a member of the Executive Board and the Community-Based Public Health Caucus, mentioned that some of the caucus policy language that was drafted last year may be including in the APHA bylaws in the future.

Dr. Georges Benjamin then joined the meeting, primarily to discuss the importance of promoting APHA members and planning for a successful 2017 Annual Meeting. He informed the group that 2017 will be named the “*Year of Climate Change and Health.*” APHA will be providing educational opportunities and collaborating with partner organizations throughout the year to emphasize the importance of the issue. He mentioned impacts on forced migration, cardiovascular & respiratory health, and health inequities, as well as the importance of emphasizing strategies to mitigate climate changes and its health consequences. He sees climate change as a unifying theme that cuts across all areas of health and mentioned that APHA first addressed climate change in the 1930s.

The 16 Caucuses in attendance at all or part of the breakfast (out of 17 total) were:

- Academic Public Health Caucus
- American Indian, Alaska Native and Native Hawaiian Caucus
- Asian & Pacific Islander Caucus for Public Health
- Black Caucus of Health Workers
- Caucus on Homelessness
- Caucus on Refugee and Immigrant Health
- Community-Based Public Health Caucus
- Family Violence Prevention Caucus
- Latino Caucus
- Lesbian, Gay, Bisexual and Transgender Caucus of Public Health Professionals
- Men's Health Caucus
- Peace Caucus
- Socialist Caucus
- Spirit of 1848 Caucus
- Vietnam Caucus
- Women's Caucus

At the end of the meeting, the outgoing APHA Caucus Collaborative chair, Perfecto Munoz (Latino Caucus) turned over leadership to Ben King (Caucus on Homelessness). Titilayo Okoror from the Caucus on Refugee and Immigrant Health stepped forward and was elected as the next chair (for 2017-2018). APHA staff will be contacting the caucuses to sign this year's MOU and submit a leadership roster in the next couple of weeks.

5) **APHA 2017.** With regard to our Spirit of 1848 sessions for next year (**145<sup>th</sup> annual meeting of APHA, to be held in Atlanta, GA (Nov 4-8, 2017)**), with the designated theme: “*Climate Change: Public Health's Global Challenge*”), we affirmed that we would again take on the issue of global climate change & social justice (which was the theme of all our Spirit of 1848 sessions in 2013). However, we plan to push the boundaries, by having the foci of our sessions be: climate

justice & environmental justice, with an emphasis on links between the past, present, and the increasingly unknowable future (depending what happens with this planet & climate change, above and beyond political uncertainties). A key concern is WHO must be held accountable for global climate change, and WHO is being disproportionately harmed by it, taking into account issues of power relations at multiple levels, from global to local, as well as jointly in relation to histories and present realities of imperialism, colonialism, post-colonialism, racism, social class, Indigenous peoples, immigrants and refugees, gender, and more. We also discussed the importance of collaborating with the American Indian, Alaska Native, and Native Hawaiian Caucus on these issues, and did so with recognition of the struggle now underway at Standing Rock.

-- note: for anyone who would like to donate directly to the Standing Rock Sioux Tribe, the website is:

<http://standingrock.org/>

Underscoring the need for the critical focus we propose, Nylca Muñoz (Spirit of 1848 Coordinating Committee member and student poster subcommittee member) attended, on behalf of our Caucus, the APHA strategic planning session, on the Sunday of APHA, regarding the theme of “Climate Change.” She reported back that: (a) many APHA entities (Sections, SPIGs, Forums, and other Caucuses) are unclear, except in very \*general\* terms, how issues of climate change are relevant to their work (!!), (b) we were the only APHA group raising issues of accountability, in terms both of who is causing global climate change and who is being disproportionately harmed by it, and (c) we were among the handful of APHA groups emphasizing the need for preventive action (and not just mitigation of anticipated threats).

Thus, building on the discussion both in our Spirit of 1848 Coordinating Committee meeting on the Sunday of APHA and our Spirit of 1848 labor/business meeting on the Tuesday of APHA, 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 19, 2016**. All CONTRIBUTED (i.e., unsolicited) abstracts will be due during the week of February 21, 2017. Additionally, all solicited (invited) abstracts are due on April 10, 2017. And also, as usual, we have \$0 to pay for any speakers to come (since we are a volunteer, no-dues Caucus), thus we depend on finding speakers who can fund their own participation in APHA and/or find local groups who might want to fund travel costs and have the specified speaker also speak at their organization/university.

■ **Social history of public health:** We generated a long list of possibilities for topics to be addressed in this session and the history subcommittee will work together to cohere these ideas and develop their list of INVITED participants. Ideas floated include:

(a) Coca Cola capitalism (per a new book on this topic), including environmental impacts (on environmental degradation and exploitation, in addition to global climate change) & social justice issues (around water rights and use, worker conditions, etc.); of note, Atlanta, GA is the corporate headquarters of Coca Cola, making this all the more salient;

(b) history of the environmental justice movement, given (i) the upcoming 25<sup>th</sup> anniversary of the ground-breaking toxic waste report that documented the disproportionate siting of US toxic waste sites in or near communities of color, many in the US South (especially affecting African Americans), with these communities often low-income, and (ii) current leadership provided by Idle No More (led and started by Indigenous Peoples in Canada) and by BlackLivesMatter (per their recently issued policy statements regarding sustainable community development and opposition to environmental racism), with both groups clear on who is responsible for & disproportionately harmed by climate change;

(c) reflections on the history of political ecology and its connections to population health, noting that 2017 is the 150<sup>th</sup> anniversary of the publication of the 1<sup>st</sup> volume of Marx’s “Das Capital” – and recent work has been exploring the contribution of Marx’s thoughts about “metabolic rift,” referring to ecological and health problems created by capitalist economies treatment of the world’s resources as unlimited, with environmental degradation deemed a mere “externality” and people viewed as simply producing and consuming social beings, i.e., without any recognition of the biophysical realities of ecosystems (including non-renewable components) or the sensuousness of people (and other organisms) as inseparably and jointly biological and social beings, whose well-being and health is damaged by prioritizing short-term profit over all else;

(d) histories of forced migration linked to environmental destruction and global climate change (i.e., climate displacement); examples mentioned included: peoples from the Marshall Islands, who initially were forced to move due to US nuclear testing, and now are threatened by rising ocean levels; refugees from Hurricane Katrina, who were primarily low-income people of color; and Indigenous communities in Alaska and other circumpolar regions who are being forced to move their villages and change ways of life due to rising ocean levels;

(e) histories of wars fought over “natural resources” both between and within countries (e.g., over coal, over fossil fuels, over water), at whose gain and whose loss (in terms of social justice and environmental impacts), and implications for thinking forward about the social and environmental threats of global climate change.

**Note:** all abstracts for this session will be **SOLICITED**.

■ **Politics of public health data:** This session will have an **OPEN CALL** for abstracts concerned with climate justice & environmental justice that either: (a) tackle issues of data suppression, dissemination, and manipulation, in relation to threats of global climate change and environmental degradation, or (b) use data to document, empirically, the extant and anticipated health impacts of global climate change and environmental degradation and expropriation, and who is disproportionately harmed. Possible topic choices included:

(a) challenges faced by global agencies, such as UNDP, with regard to obtaining good data from diverse countries on the realities and anticipated threats of global climate change and its inequitable impacts on ecosystems and people’s health;

(b) corporate harassment of scientists seeking to publish data on environmental degradation and also global climate change (especially as linked to social injustice in exposures), as has occurred, to name some examples, with public health researchers focused on air pollution and on wastes produced by industrial hog farms (e.g., in North Carolina);

(c) health impacts of environmental and global climate change on low-income and undocumented workers, especially those employed in outdoors occupations (e.g., agricultural labor in California);

(d) a new case study of Martinique, which focuses on how corporate overuse of pesticides, combined with threats rising sea levels, are now compromising its political independence by creating new economic dependencies on its prior colonial ruler (France);

(e) analysis of political struggles over funding for Zika in US southern states (e.g., Florida) as related to Medicaid expansion, and links to issues of climate change.

-- **Note:** presentations for this session will be primarily drawn from abstracts submitted in response to the **OPEN CALL** for abstracts, supplemented by solicited abstracts as warranted.

■ **Progressive pedagogy:** This session will have an **OPEN CALL** for abstracts regarding courses and training programs focused on links between climate justice, environmental justice, and health equity. We welcome presentations about any such courses and training programs that variously seek to include (separately or jointly): students (high school; undergraduates; graduate); community activists, community organizations, and community members; government employees (whether in public health agencies, other state agencies, or in the legislative or executive branches of government); or other groups. Discussions of potential topics included:

(a) specific courses or full-fledged training programs – both already existing and in the process of being created – that are intended for people in public health that are seeking to provide critical instruction about links between climate justice, environmental justice, and health equity (e.g., potentially Columbia’s new climate health certificate);

(b) specific courses and/or educational training programs – both already existing and in the process of being created – that are intended for NON-public health persons concerned with climate change and/or environmental sciences that are seeking to introduce materials pertaining to the health equity in relation to climate justice and environmental justice;

(c) specific courses and/or educational training programs – both already existing and in the process of being created – that are intended for governmental agencies, community-based (or other civil society) organizations, or community members that are seeking to address connections between climate justice, environmental justice, and health equity;

(d) specific courses or initiatives to teach about community organizing about climate justice, environmental justice, and health equity, including current discussions about how to teach about Standing Rock;

(e) student-led efforts to radicalize the material they are taught so that they learn critical content and skills pertaining to climate justice, environmental justice, and health equity (including student-led efforts to raise consciousness about threats of climate change and environmental injustice, as tied also to student-led efforts to have their educational institutions divest from fossil fuels).

-- **Note:** presentations for this session will be primarily drawn from abstracts submitted in response to the **OPEN CALL** for abstracts, supplemented by solicited abstracts as warranted.

■ **Integrative:** As usual, this session will include presentations that together address the specified topic (climate justice & environmental justice, with an eye to the past, present, and increasingly unknowable future) in relation to the 3 foci of the Spirit of 1848 caucus: (1) the social history of public health; (2) the politics of public health data; and (3) progressive

pedagogy. *We are exploring options to co-develop this session with the American Indian, Alaska Native, and Native Hawaiian Caucus.* All abstracts for this session will be **SOLICITED**.

■ **Student poster session: social justice & public health**

--This session will as usual have an **OPEN CALL for submissions** by students (undergraduate and graduate) that are focused on work linking issues of social justice and public health, in relation to any issue, although we will note that we would especially welcome work concerned with the links between climate justice, environmental justice, and health equity. 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. Moreover, given that the call will be open to students who may not have any experience submitting abstracts for a public health conference (e.g., undergraduates, and also students in disciplines outside of public health), our call will point the students to examples of abstracts selected in prior years for the student poster session (see, for 2016: <http://spiritof1848.org/apha%202016.html>, and for 2015, see: <http://spiritof1848.org/apha%202015.html>). If any undergraduates submit an abstract that is accepted, we will see if would be useful to pair the student with a member of the student poster session committee member, since undergraduates may need help (technically, as well as conceptually) with regard to preparing a poster!

Lastly, to address the on-going problem of student uncertainty about funding, which has led to accepted student posters being withdrawn, this year we will build on the successful approach we newly implemented this year, whereby in addition to accepting 10 abstracts (the limits for a poster session), we also developed a ranked wait list of 5 abstracts, and then were able to draw (in order) from this waitlist to substitute for 3 accepted posters that had to be withdrawn. This coming year, we will: (1) accept the top 10 abstracts (the limit for any poster session); (2) set up a waitlist of all runner-up potentially acceptable posters (ranked in order of preference); and (3) reject abstracts that either are not focused on issues of social justice and public health or are not of acceptable quality. Persons on the waitlist will be notified that they will be contacted in case one of the students for the top 10 ranked posters needs to withdraw. Moreover, because the withdrawal notification may be as late as August/September, we'll ask persons selected for the waitlist if these terms are ok – and, if not, we will remove them from the waitlist and replace them with the next highest ranked person for the waitlist.

-- **Note:** presentations for this session will be drawn from abstracts submitted in response to the **OPEN CALL** for abstracts.

■ **Radical History Tour:** We are exploring options for a radical history tour in Atlanta that would focus on climate justice & environmental justice, as well as civil rights, and which would be led by a group already doing such tours (and thus prepared to deal with costs, reservations for slots on the tour, etc.). Options currently are being investigated by Marian Moser Jones (Spirit of 1848 Coordinating Committee and history committee member) and Makani Themba-Nixon (Spirit of 1848 member with many ties to relevant groups in the Atlanta area). *If you have any leads, or would like to help out with organizing the radical history tours*, please contact Marian Moser Jones (email: [moserj@umd.edu](mailto:moserj@umd.edu))

Finally, please note that the **timeline for abstract submission to APHA 2017** is as follows:

(a) the **call for abstracts** will go live on the APHA website (<http://www.apha.org/meetings/>) on **MONDAY, DECEMBER 19, 2016**.

(b) **abstracts (unsolicited) will be due between FEBRUARY 21-24, 2017**. As soon as we know the date of the abstract deadline assigned to the Spirit of 1848, we will post it on our listserv. **Solicited abstracts** will be due on April 10, 2017.

The contacts for our sessions are:

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

**Data:** Spirit of 1848 Coordinating Committee members Catherine Cubbin (email: [ccubbin@austin.utexas.edu](mailto:ccubbin@austin.utexas.edu)), Zinzi Bailey (email: [zinzib@gmail.com](mailto:zinzib@gmail.com)), Craig Dearfield (email: [craig.dearfield@gmail.com](mailto:craig.dearfield@gmail.com)), and Nancy Krieger (email: [nkrieger@hsph.harvard.edu](mailto:nkrieger@hsph.harvard.edu)).

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

**Integrative:** Spirit of 1848 Coordinating Committee member Nancy Krieger (email: [nkrieger@hsph.harvard.edu](mailto:nkrieger@hsph.harvard.edu))

**Student poster session:** Spirit of 1848 Coordinating Committee member Nylca Muñoz (email: [nylca.munoz@upr.edu](mailto:nylca.munoz@upr.edu)).

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

<b>Spirit of 1848 session -- name, day, and time (listed in chronological order)</b>	
MONDAY:	-- Social history of public health: 10:30 to 12 noon -- Politics of public health data: 2:30 to 4:00 pm
TUESDAY:	-- Progressive pedagogy: 8:30 to 10:00 am -- Integrative session (history, data, pedagogy): 10:30 am to 12 noon -- Student poster session: social justice and public health: 12:30 to 1:30 pm -- Labor/business meeting: Tuesday, 6:30 to 8:00 pm



## ★★★★★ HIGHLIGHTS OF SPIRIT OF 1848 SESSIONS (APHA 2016) ★★★★★

Our sessions together asked all of us present to engage critically with issues of health & human rights, including the myriad rights required so that everyone can not only live healthy and dignified lives but also thrive.

We considered these issues in our Spirit of 1848 sessions in relation to:

- (a) the social history of public health, via examples involving rights situated not just in bodies, but in land and water, and involving collective struggle, including around labor conditions;
- (b) the politics of public health data, specifically in relation to police killings, and the dearth of – and need for – a public health approach to prevention, monitoring, and accountability;
- (c) progressive pedagogy in relation to teaching about gender, racism, food systems, and health equity;
- (d) linking history, data, and pedagogy in analyzing and applying a human rights framework.

At the beginning of each session, the moderators reviewed the objectives of the session, informed participants about the need to register their affiliation with the Spirit of 1848 (via the link on our website and also via their APHA membership profile), and also asked for a display of who will vote or already has voted for the Nov 8 US elections, and also who will be working to get out the vote – and not surprisingly, many had already voted and many signaled they would be working to help get out the vote!

The additional session we co-organized with the APHA Human Rights Forum and the American Indian, Alaska Native, and Native Hawaiian Caucus in turn focused on both the legal mechanisms to make rights matter for health equity and the need also to be concerned about the survival of our planet, not just humans, if these rights are to have any meaning, as exemplified by the current struggles at Standing Rock.

Overall, we estimate  $\approx 615$  persons came to our Spirit of 1848 sessions; this count does NOT include the many people who visited the student poster session or the  $\approx 50$  persons who attended the session we co-organized with APHA Human Rights Forum and the AIANNH caucus. The range of attendance for our scientific sessions was from  $\approx 70$  to 225 persons/session, all considerably higher than the average APHA attendance of  $\approx 30$  persons/session.

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

### • SOCIAL HISTORY OF PUBLIC HEALTH

This session was attended by  $\approx 100$  people (up from the  $\approx 60$  people last year).

#### CRITICAL HISTORICAL PERSPECTIVES: STRUGGLES FOR HEALTH EQUITY & HUMAN RIGHTS IN THE WESTERN UNITED STATES (Mon, Oct 31, 10:30-12 noon; Session 3180.0; CCC, Room 205)

10:30 AM: Introduction – *Marian Moser Jones, PhD, MPH*

10:35 AM: The road to Ludlow: health, safety, and labor struggle in Colorado – *Thomas Andrews, PhD*

10:55 AM: The Railroad Bracero Program and the struggle for health citizenship in the US workplace, 1943-1945 – *Chantel Rodriguez, PhD*

11:15 AM: The color of water: a historical account of water infrastructure, property development, and social inequality in Denver and the American West – *Tom Romero II, PhD*

11:35 AM: Q&A

**Marian Moser Jones** opened up the session, introducing the panel and the overall focus of the session, including the importance of situating the rights needed for health to be not solely within bodies, but in the land and water.

-- **Thomas Andrew's** presentation drew from his book: *Killing for Coal: America's Deadliest Labor War* (Cambridge, MA: Harvard University Press, 2010; see: <http://www.hup.harvard.edu/catalog.php?isbn=9780674046917>). He discussed, from the vantage of an environmental historian, the violent struggles between workers (via the United Mine Workers) and the corporate coal owners (esp. the Rockefellers, at that time the richest family in the US). The struggles extended from the 1880s up through the infamous Ludlow Massacre on April 20, 1914, when union workers and their family members were massacred in their tent city. The context of these struggles was the coal-powered industrial economy of the US – and who had power over the coal literally had power over political & economic power. Coal miners were forced to live in paternalistic company towns and their fuel was dirty coal, in comparison to the cleanly-burning gas used by wealthy

households. Repeated waves of strikes over working and living conditions, in conjunction with growing demands for coal, set the basis for the violence of the Ludlow Massacre.

-- **Chantel Rodriguez's** presentation discussed struggles over health citizenship, as illustrated by the Railroad Bracero Program during World War II, which recruited Mexican workers to work in the US between 1943-1945. Their jobs were to repair rail ties, lay railroad tracks, and reinforce bridges – all hard work, conducted outdoors in hot challenging conditions, and framed as a valiant contribution to the war effort (including in government posters about the program). The Railroad Bracero program was jointly created by the US and Mexican government, and the 135,000 workers enrolled in the program had government-issued contracts. These contracts stipulated rights to hygienic housing, food, and medical care, and thus bestowed a contractual government-provided “health citizenship.” With regard to health, Mexican workers had to undergo two health checks prior to being allowed to come to work in the US: they first were inspected by Mexican and US public health officials for tuberculosis, venereal diseases, etc., and then were inspected by railroad representatives; if they passed these checks, upon arrival in the US they underwent two more health protocols: at the border they were doused with lindane (active against lice) and then they were inspected again at the worksite. However, the fulfillment of the rights guaranteed by the US-Mexican government agreement was NOT administered by the governments, because the Mexican workers were employed by private employers, and they did NOT sign individual contracts with the railroad companies for whom they actually worked. The net result was that when Mexican workers became ill due to work and to the lack of sanitation and poor food provided by the railroad companies, they had little recourse to fight how the companies charged their medical care against their wages – and many workers were both severely harmed, physically, and also harmed economically due to lack of proper medical care. Due to the high volume of health claims, the Mexican government suspended the program in August 1943 and only resumed it in November 1943 after better regulations regarding provision of health care could be established. The problems with health coverage in the Railroad Bracero Program illustrate the precariousness of “health citizenship” and underscore the deep political issues involved in extending health rights to non-citizens, then and now.

-- **Tom Romero** began his presentation by noting his grandfather had been a railroad worker, and that his two sides of the family reflected the issues of shifting borders and citizenship: one set was crossed by the border (i.e., were forced to change from being Mexican to US citizens, due to international borders changing as a result of war), and the other crossed borders (i.e., changed nationality due to immigrating from Mexico to the US). He discussed how borders are important for nationality and well-being, and also how water defines so many borders, including the Rio Grande for the US and Mexico, and many bodies of water for the US and Canadian border. Beyond these visible water boundaries, however, he emphasized that there is a largely invisible water infrastructure that erects a whole other set of boundaries which are key to both power and health. His presentation focused on the urban development of Denver, as tied to histories of segregation, via racial covenants that were legal until abolished by the mid-1960s US civil rights legislation; helping to pass and enforce this racist legislation was the Klu Klux Klan, whose members held the position of Governor of Colorado and Mayor of Denver in the 1920s. The resulting racial segregation created literal property-bound color lines, whereby black and brown residents of Denver were not allowed to live in the white-only areas, and the three areas in which they were forced to live had less access to water lines and sewage. Legally, their limited access to water resources was upheld by the “Doctrine of Prior Appropriation,” which holds the principle “First in time, first in line,” thereby resulting in the white areas having the most access to water. The problem of linked “brown” and “blue” lines (i.e., racial color lines reflecting *de facto* racial segregation arising from prior *de jure* racial segregation, which overlap with the water boundary lines) continues in the present, as lower income predominantly black and brown communities relocate to less expensive housing outside of the city borders, which are last in line for water and sewage development. Far from being “postracial,” Denver continues to be color-divided, in ways literally built into the water infrastructure and urban development; challenging these injustices requires being “color-conscious.”

During the **Q&A period**, comments focused on: (1) current social justice struggles against water privatization, in the US and other countries; (2) the current struggle at Standing Rock, which centrally involves protection of tribal waters against the encroachment of rapacious fuel industries (the Dakota Pipe Line); (3) parallel stories of problematic bi-national cross-border work programs, such as those between the US and Jamaica for agricultural workers, with similar precariousness of claims regarding “health citizenship”; (4) why it is important to understand structural racism in biophysical and not solely social terms, as epitomized by how such structural racism is built into the very waterlines in Denver; and (5) how current proposals for “guest worker” programs continue to ignore the lessons learned from what went wrong with the WWII Bracero work programs (including but not restricted to problems of “health citizenship,” as per the lack of direct contracts between workers and the companies who employ them).

## • POLITICS OF PUBLIC HEALTH DATA

Our session was attended by  $\approx$  225 people (up from 85 last year!).

### **POLICING & PUBLIC HEALTH: HEALTH EQUITY, HUMAN RIGHTS, AND THE POLITICS OF PUBLIC HEALTH DATA (Mon, Oct 31, 2:30-4:00 pm; Session 3376.0; CCC, Room 205)**

2:30 PM: Introduction – **Zinzi Bailey, ScD, MSPH**

2:35 PM: **Killed and unaccounted for: examining the racial and geographic breakdown of those killed by police in 2015** – **Amanda Onwuke, PhD-C, Kate Duchowny, PhD-C, Kristen Brown, PhD-C**

2:50 PM: **“Trust not Trauma”: gathering data in Ohio to shine a light on how policing practices impact the health of Black communities and police officers** – **Sara Satinsky, MPH, MCPR, Jonathan Heller, PhD, Kim Gilhuly, MPH, Selamawit Misgano, MPH-C, and Aformeia Tesfaj, MPH**

3:05 PM: **Moving the public health conversation about police violence beyond reform** — **Emma Rubin, MPHc, Elizabeth Kroboth, MPHc, Jade Rivera, MPHc, Marty Martinson, DrPH, MPH, Med**

3:20 PM: **Policing practices and HIV vulnerability among Black men who have sex with men: findings from a New York City-based ethnographic study** – **Morgan Mari Philbin, PhD, MHS, Caroline Parker, PA, Richard Parker, PhD, Patrick A. Wilson, PhD, Jennifer Hirsch, PhD, Jonathan Garcia, PhD**

3:35 PM: **Q&A**

**Zinzi Bailey** opened up the session, emphasizing the different ways in which both growing evidence – and gaps in data – about the health impacts of police violence are important to efforts to stop this violence, a form of structural racism.

-- The presentation by **Amanda Onwuke** focused on her team’s analysis of data on police killings as documented by The Guardian’s “The Counted.” Use of these non-government real-time national data is important because the FBI has acknowledged that fewer than 15% of deaths due to use of force by the police are reported by police departments (since all such reporting is voluntary), and the CDC’s National Violent Death Reporting System (NVDRS) presently covers only 32 states and does not provide data in real-time. “The Counted” draws on data from media sources and crowd sourcing and verifies deaths via contacting the relevant District Attorneys, coroners, or police offices. Data on race/ethnicity are drawn on self-report data where feasible (e.g., the decedent’s driver’s license); if not feasible, the data are obtained from the death certificate or use of photographs, both methods known to lead to under-ascertainment of deaths among persons who are American Indian and Latinx Americans. The data on “armed status” are derived from what is reported by the police (which may or may not match with whether the person was truly armed or not). The study analyzed data from January 2015 through June 2016 (N = 1697 deaths). The mean age of persons killed by the police was 37.1 (standard deviation: 13.2); 95% were men, 5% were women, and only 1 person was listed as gender non-conforming. With regard to race/ethnicity, 26% were black, 17% were Hispanic/Latinx, and 51% were white, comprising 94% of those killed. Deaths of 90% were due to gunshot, and 4% to Taser. Most deaths were in the US South (42%) followed by the West (34%), only 16% were in the Midwest and only 8% were in the Northeast. The majority were listed as “armed” (82%, vs. 18% unarmed), and there was no statistically significant difference in the proportion of persons armed by race/ethnicity. There were, however, marked differences in risk of being killed by race/ethnicity: compared to white Americans, the risk was 2.5 times higher for black Americans (95% CI 2.3, 2.8), 2.5 times higher for American Indians (95% CI 1.7, 3.7) and 1.2 times higher for Hispanics (95% CI 1.0, 1.3). Additionally, the excess black vs. white risk was higher for persons who were unarmed (3.4x higher) compared to among those who were armed (2.3x higher). There also were important differences in the black vs. white excess risk by geography (e.g., 6x higher risk in the Midwest), and by age (4.5x higher risk among those age 15-29 years vs. 1.5x higher risk for people age 40-64). Other research indicates that increased likelihood of police killings is associated with racial residential segregation (more likely to have excessive use of force in predominantly black and brown neighborhoods), implicit bias, and stereotype threat (police more likely to see black boys as older and less innocent than they actually are). The structural racism is exhibited through the long-term trends in racial inequities in police killings (for cited data, see: <http://harvardpublichealthreview.org/190/>). Limitations that need to be addressed are: insufficient data on women; lack of data on mental health status of persons killed; lack of data on non-fatal physical and mental health harms due to excessive use of police force; limited interdisciplinary research that draws on public health, criminology, and social science research. A key value of the public health perspective is that it emphasizes *prevention and health equity*.

-- The presentation by **Sara Satinsky**, on “Trust not Trauma,” focused on a report using data from Cleveland, to shine a light on the impact of harmful police practices on black communities and on the police involved. The data were obtained from people and members of communities harmed by police violence and from the police and their families as well. The 14-member advisory committee included researchers, persons who formerly were incarcerated, government employees in the public health department and in the police force, and members of grassroots community organizations. Respondents comprised approximately 135 black participants and 70 white participants. The black and white respondents differed significantly in the percent who: (a) trusted the police (42% vs 70%, respectively); (b) were afraid of the police (41% vs 15%, respectively), and (c) experienced stress due to interactions with the police (59% vs 40%, respectively). Police

officers' reported health issues linked to excessive use of force included PTSD, substance use, domestic problems, and increased risk of suicide. The report emphasizes, however, that there is not an equivalence of the health harms, since police have the power and it is a choice to become a police officer. Also addressed in the report are the experiences of police of color, who have the experience of policing and also having family members policed. Among the lessons learned from doing this project, those pertaining to working with police were that: (1) police departments differ enormously in the types of data they collect and their willingness to share them; and (2) when working with police departments, it is critical to be persistent in efforts to obtain data, to be aware of the internal hierarchies (which determine who can do what), and to be open to addressing their own health concerns, as part of getting access to the relevant data on use of police force. Needed action steps include: (1) encourage facilitated discussions (within communities, within police departments, and between both groups) as to the historical and current social inequities that underlie current realities of police violence; and (2) set up public reporting systems that obtain and report standardized and disaggregated data on who is harmed by fatal and non-fatal use of police force. The power of a public health approach is that it emphasizes prevention and promotion of health equity, which can galvanize support for these types of action steps, with the goal of preventing harms due to police violence.

-- The presentation by **Emma Rubin** began with an acknowledgment of the importance of BlackLivesMatter to framing issues of police violence and also with a statement of solidarity regarding the struggle at Standing Rock. The first part of the discussion provided an overview of the political economy of police violence, as a type of social control exerted by those with power, with roots extending back to slave patrols (pre-Civil War) and, in the late 1800s, in the industrialized North, the use of police to protect property and limit disorder (i.e., not about protecting individual civilians). Rampant problems of corruption entangling politicians and police in turn led to new controls on policing (in the late 1880s) that set the foundations for an insular police "culture." Brief mention was made of deployment of police in the 1960s during the struggle against Jim Crow, urban riots, and backlash against civil rights reforms, and the segue to the racialized "War on Drugs" and "War on Crime" in the 1980s & 1990s, also involving increased militarization of the police. The argument presented was that policing is not about "protect and serve" in relation to civilians, but instead is better conceptualized as an effort by the state to maintain capitalism and racism. This stance in turn raises 3 critical questions to ask about diverse proposals for "police reform": (1) does the proposed reform meaningfully increase the power of communities historically and currently most affected by police violence?; (2) does the proposed reform meaningfully curtail the power of the police?; and (3) how do the proposed reforms sit with the relevant social movements, e.g., BlackLivesMatter (see: <http://blacklivesmatter.com/>), Black Youth Project 100 (see: <http://byp100.org/>), Critical Resistance (see: <http://criticalresistance.org/>), etc. From this standpoint, the proposed reform of use of body cameras by the police is seen as deficient because it won't increase power of the affected communities (and could instead be used to increase their surveillance), it won't decrease the power of the police (and footage could be used to support police claims of justifiable homicide), and it runs counter to demands of social movements to reduce policing (which is not the same as improving police practices). Alternative changes could involve calls for transformative justice, reparations, divestment from and demilitarization of the police, decriminalization of low-level activities ("quality of life" violations), and challenging the power of police unions. The challenges for public health researchers and advocates are to: (1) study and evaluate transformative justice initiatives for their ability to reduce violence; (2) demand better police violence data monitoring systems; (3) promote conversations among people in public health about the importance of challenging police violence; and (4) promote conversations between public health and social movement organizations about approaches to challenging police violence. The key human rights at stake require struggle on the street.

-- The presentation by **Morgan Philbin** in turn was based on an ethnographic study, conducted in New York City, on factors affecting the health practices of black men who have sex with men in relation to HIV risk and substance use. The issue of police violence was uncovered during the interviews conducted, as opposed to the study being designed to specifically to investigate how policing practices affects HIV risk and substance use. For the study, 31 black men who have sex with men were interviewed 3 times each; they ranged in age from 15 to 60, and only half had stable housing. Among the 31, 19 self-identified as being gay, 4 as bisexual, and 8 as "straight/discrete." In relation to policing, 10 had been previously incarcerated, 20 (i.e., 2/3) had been stopped by the police during the course of their daily lives, and 18 mistrusted the police, and stated that in their interactions with police, they felt policed, not protected. Of particular concern were condom laws, which make it illegal to carry condoms, since condoms could be used by police as "evidence" of someone being a sex worker. Consequently, some of the men interviewed did not carry condoms with them, which increased likelihood of unprotected sex. Repeatedly being stopped by the police was also a source of anxiety and trauma. Supporting claims of racially unjust police harassment, a study released during the time of investigation reported that between 2008 and 2011, police issued only 8 citations for people riding bicycles on sidewalks in the gentrified Park Slope neighborhood in Brooklyn (predominantly white & "hipster"), vs. over 2050 such citations for the nearby neighborhood

of Bedford-Stuyvesant (predominantly black and low-income, and about the same size population). Implications of the study findings are that: (1) discriminatory policing practices raise risk of adverse mental health outcomes and adverse health practices (e.g., not carrying condoms), and (2) public health initiatives to reduce risk of HIV need to address how policing practices can raise risk of HIV transmission.

During the Q&A period, comments and questions focused on: (1) a new ACLU initiative that prepares people how to act when stopped by the police, and an ACLU app to record interactions with police (see: <https://www.aclu.org/feature/aclu-apps-record-police-conduct>), seen as potentially positive but also with caveats raised about who owns the data (and whether it could be used in court to prosecute the person doing the filming, not just those who are filmed); (2) the proposed new APHA policy re police violence [nb: at the time of the session, the voting had not yet taken place; it did pass the following day]; (3) questions about release of records regarding police misconduct (which varies by state and municipality) and what can be done to make these data public; (4) questions about strategies to delegitimize police unions and also to demilitarize the police; and (5) questions about whether there are any good models of policing (e.g., Scandinavian countries, where police are trained to de-escalate and also do not carry guns), with the discussion emphasizing that just as the US is an outlier when it comes to high rates of gun ownership and gun-related homicides, so too is the US an outlier when it comes to high rates of police killings, with the implication being that major social changes, and not just narrow interventions, will be required to bring down high rates of police killings.

## ● PROGRESSIVE PEDAGOGY

This session was attended by ≈ 70 people (down from 100 last year, but more than the ≈ 50 in 2014).

### PROGRESSIVE PEDAGOGY: HEALTH EQUITY & HUMAN RIGHTS (Tues, Nov 1, 8:30-10:00 am; Session 4069.0; CCC, Room 205)

8:30 AM: Introduction – *Vanessa Simonds, ScD, Lisa Dorothy Moore, DrPH, Rebekka Lee, ScD*

8:35 AM: Fixing curriculum gaps: using an advanced seminar to teach students how to develop teaching examples for public health courses lacking gender analysis – *Sabra L. Katz-Wise, PhD, Jerel Calzo, PhD, Brittany Charlton, ScD, Nancy Krieger, PhD*

8:50 AM: Resisting the stories “WE” tell about health: combatting the neoliberal, consumerist models of Food System Change in the classroom – *Jason Craig, PhD-C, Sonya Jones, PhD*

9:05 AM: Beyond implicit bias: a medical student course on race and racism in medicine – *Charlotte Austin, Ann Crawford-Roberts, Murad Kahn, Giselle Lynch, Caroline Mirand, Lily Ostrer, Ann-Gel S. Palermo, DPH, Sharon Washington, MPH EdD*

9:20 AM: Strategies for anti-racist community engagement in public health pedagogy – *Miranda Vargas, MPH*

9:35 AM: Q&A

**Vanessa Simonds** introduced the session, noting that the presentations variously focused on different types of teaching initiatives, in and outside of the classroom, that engage with rights needed for health in relation to gender, racism, and sustainable food systems and food security.

-- **Brittany Charlton** presented an advanced seminar designed to enable students to create teaching examples involving gender analysis that can be incorporated into public health courses that otherwise don't use a gender analysis. The seminar is a course offered by the Interdisciplinary Concentration on Women, Gender, and Health at the Harvard T.H. Chan School of Public Health (see: <https://www.hsph.harvard.edu/women-gender-and-health/>). It employs active learning principles, so that students are engaged in creating (and not just critiquing) knowledge. For the assignment, students work in pairs to develop a 5-minute teaching example that can be incorporated into a classroom session (e.g., for an epidemiology course, on why it is wrong to conflate gender and sex). The assignment requires student to prepare a background statement justifying use of the specified example, an explication of the teaching methods to be used, and a list of actual courses in which the example could be used. The students present the teaching example to the course instructors, fellow students, and WGH faculty to obtain feedback prior to finalizing their assignment. The course has been taught for 3 years and has generated 19 teaching examples. In order to enable the examples to be shared outside of the classroom, WGH led the development of a new school-wide policy (which required legal clearance from University Counsel) to permit examples to be posted on a website for case-based examples, whereby the examples are freely accessible and are posted only after the class is done, with permission of the students (with a Creative Commons copyright). Selected examples have focused on gender analysis in relation to: depression and suicide risk; HIV disease progression; paid family leave; and prevalence and treatment of eating disorders; the examples will soon be available via the WGH website (provided above) and also via the HSPH case-based learning website (see: <https://casesources.hsph.harvard.edu/case-library/>). Lessons learned via development of this seminar include: the value of students' developing the case examples to

solidify their understanding of gender analysis for public health; the value of having students appreciate the work required to generate, not simply critique, examples; the challenge of having the students keep their examples to only 5 minutes; the need for iterative feedback as students develop the examples; and the vital role of institutional policy to make it feasible for the examples to be available to others once the class is completed. The course has demonstrated that it builds students' critical capacity to develop critical pedagogy. The model employed, moreover, can be applied to other issues where classroom pedagogy is deficient (e.g., in teaching about racism and health).

-- **Jason Craig** presented on the course he has developed, in South Carolina, for undergraduates to gain a critical understanding of both nutrition and food system change. The course is key to a new undergraduate concentration on nutrition and health disparities. It utilizes story telling methods to ground the students by helping them situate their own experiences, what they read about, and the community projects in which they engage to promote food equity and sustainability. The course explicitly confronts dominant neoliberal economic utopian views, which see the marketplace as the best arbiter of justice and outcomes, and does so by enabling the students to challenge the largely invisible dominant ideology with the hope of alternatives, grounded in systems thinking (as opposed to linear thinking), storytelling (using metaphors the students develop), and power analysis (e.g., parallels of Big Tobacco and Big Food). The course is designed to address background tensions between the "personal" and "systemic" that affect students' worldviews, analysis, and action, along such axes as: agent/structure, me/we, personal behavior/system change, consumer muscle/citizen muscle, competition/cooperation, and charity/solidarity. The first part of the course critically analyses the "food system" (e.g., challenging conventional "linear" models with more dynamic models, including those involving "health in all policies"). The second half is a capstone experience that involves service-based learning which partners the students and a community-based organization, which also draws on critical work on how to communicate about systems change (see, for example: <http://ecoamerica.org/>; <http://www.frameworksinstitute.org/>). One classroom exercise, using a journey metaphor, is creating a "map towards nourishment," for which students identify what it feels like to be nourished, situate when they have felt this, and also obstacles that prevent such nourishment. Hopeful examples of collective action are also examined, e.g., the Coalition of Immokalee Workers (see: <http://www.ciw-online.org/>), plus the community organizing training approaches used by diverse organizations (e.g., the New Organizing Institute; see: <http://www.wellstone.org/>). A key pedagogic lesson is that students are aided in learning systems analysis when they can connect their own personal stories to the systems they are analyzing.

-- **Giselle Lynch** presented on a course she and fellow black and brown students at Mount Sinai Hospital (NYC) have created, called "Deconstructing race in medicine and health: our patients and ourselves." This course was designed to be grounded in the experiences they have had as students of color in medicine and in the dehumanized medical care they have witnessed being provided to patients of color. One key objective of the course is to enable the students to treat all people as sacred and truly become healers; another is to transcend the boundaries of the classroom and transform the institution, which requires understanding the context in which the course is taught, including issues of lack of racial/ethnic diversity among the faculty (approx. 80% of all senior faculty are white) and the narrow treatment of "race" as a "risk factor" for disease in virtually all other courses (with examples provided of such poorly conceived stereotypical cases used for teaching in major required courses). The course foundation is "love, compassion, respect," it is culturally inclusive, privileges knowledge of communities of color (past and present), is historically rooted, deploys critical analysis, and is action oriented. The initial course was developed by Sharon Washington when she was at Mt. Sinai (she is now at Temple University), and it is a 6 week course that most recently was led by 6 student leaders, with 19 students participating. The six sessions pertain to: (1) what is race? (including critical analysis of white supremacy and anti-blackness), (2) creation of health disparities (starting with own trauma, as well as critical analysis of common problems, such as claims that a patient is "non-compliant" without considering structural barriers that affect the ability of a patient to take medication as prescribed), (3) race & genetics (e.g., critiquing work on "pharmacoethnicity"), (4) whiteness (i.e., asking who is white and what they have in common, which ultimately is social position and political power, not a shared "ethnicity" or "culture"), (5) inclusion of a guest speaker, and (6) race & collaborative process of creating critical knowledge. It has received very positive student evaluations, and is currently being adapted for use at Baylor University, and its curriculum is being shared with WhiteCoats4BlackLives and also the American Medical Student Association (AMSA). For more information about the course, contact: [RMHSinai@gmail.com](mailto:RMHSinai@gmail.com)

-- **Miranda Vargas** then described a project she has been involved in, based at the University of Washington School of Public Health, to create a Process Guide for faculty, students, and staff in academic institutions who seek to engage in health equity projects involving community-based organizations that are led by people of color. The work was premised on anti-racist principles, as articulated by the People's Institute Northwest (see: <http://pinwseattle.org/>). The emphasis was on the processes required for effective anti-racist practice and collaboration, and the project was informed by a literature

review and by 10 key informant interviews involving both members of community-based organizations led by people of color and also health program staff. Key themes concerned: (a) the importance of process (not just outcomes) and (b) barriers to collaborations that could genuinely be useful to the communities for which the programs are intended. Challenges include: (1) the need to shift power from the dominant institutions to the community-based organizations (especially regarding decision making power); (2) work required for undoing internalized racism; (3) the need to understand and question how white organizational culture operates; (4) the need for transforming policies and practices, to put the needs of the community-based organizations and students of color at the center; and (5) the need to build accountability, including greater transparency and more involvement of faculty, not just students, so as to build more sustainable ties between the academic institution and the community-based organizations. Limitations of the study included: (1) small number of interviews conducted (since it was a pilot study); and (2) the work was led by a white student, potentially affecting information shared and insights obtained. Next steps are to pilot use of the guide, with its emphasis on process, with more community-based organizations.

During the Q&A period, comments and questions focused on: (1) role of student activism in leading to the development of these different courses; (2) what enables which universities to address these issues, and others not, and to what extent are the university initiatives genuine (including in shifts of resources and power) vs. “public relations” and “branding”; (3) the need for these transformative teaching & engagement initiatives to be impelled by what is right to do, in contrast to the current dominant framing of activities as needing to be “entrepreneurial” in orientation; (4) how to deal with the lack of faculty of color and the need for resources to recruit, retain, and promote these faculty, and build critical numbers for critical thinking about social justice, public health, and medicine; (5) how implicit vs. explicit can one be about course objectives, given funding sources? (e.g., the food systems course was funded by a grant from USDA – noting that it was “safe” to frame the course as about ethnographic methods, relevant to addressing hunger & child nutrition); and (6) the importance of keeping a clear distinction between programs focused on pedagogy from those chasing research dollars.

#### • INTEGRATIVE

This session was attended by ≈ 220 people (up from ≈ 150 persons last year).

### VITAL RIGHTS: CRITICAL HISTORY, DATA, AND PEDAGOGY FOR THE RIGHTS NEEDED FOR HEALTH

**EQUITY** (Tues, Nov 1, 10:30 am – 12 noon, Session 4161.0) CCC, Room 205

10:30 AM: Introduction – *Nancy Krieger, PhD*

10:35 AM: The human right to health: a historical perspective – *Micheline Ishay, PhD*

10:55 AM: Approaches and priorities to improve health and justice: bringing human rights into evaluation – *Sofia Gruskin, JD, MIA*

11:15 AM: Evidence and expertise in HIV and abortion jurisprudence: implications for pedagogy and advocacy – *Aziza Ahmed, JD, MS*

11:35 AM: Q&A

**Nancy Krieger** opened up the session, saying it was intended to raise critical question about what it means to advance analysis and work on the myriad rights needed to achieve health and health equity – and explained that the presentations would consider these questions in relation to the 3 focus of the Spirit of 1848: social history of public health, the politics of public health data, and progressive pedagogy (hence why this is called the “integrative session”!).

**Micheline Ishay** focused her presentation on the history of ideas about human rights in relation to the right to health. She opened by asking if there is a right to health. She contrasted the situation in the US (where Bernie Sanders last week was interrupted in an interview on Fox News by the commentator, who demanded to know on what basis Sanders could assert there is a right to health – to which Sanders replied he has the right “simply because he is a human being”) to that the governmental recognition of the right to health as delineated in the foundational 1948 UN Declaration of Human Rights (UDHR), the European Social Charter, the World Health Organization, and the UN Convention on Social, Cultural and Economic Rights. She started with a review of the utilitarian position (per John Stuart Mills), as articulated in the 19<sup>th</sup> c CE in Europe, which emphasizes maximizing utilities in an instrumental way, whereby public health should be supported only insofar as promotes the greatest good for the greatest number. Questioning the utility of this framework for supporting a right to health, however, she pointed out how it was invoked not only by those advocating sanitary reform but also those promoting “Social Darwinism” and who opposed sanitary reform on grounds that it burdened society with “human parasites” who otherwise would simply die off. She next turned to the communitarian framework, which emphasizes “sympathetic values,” and favors voluntary actions of charity groups over state-mandated programs; such a framework, however, has no safeguards against communal prejudice and cannot ensure egalitarian communitarianism. The third position recognizes that a state is needed to extend health rights to all, and is based on a progressive

foundationalist approach. Informing its development were not only Enlightenment ideas but also the French Revolution, the revolutions of the 1830s, and the revolutions of 1848, which recognized the need for a just society in which the right to health and well-being could be realized. She highlighted the French socialist Louis Blanc's provocative question, posed during the 1848 revolution in France, in which he asked: "what does the right to be cured mean if no one is curing?" She then noted there are nevertheless human rights debates even within this third approach, and cited three examples relevant to the right to health. The first was epitomized by a recent debate between President Obama and Raul Castro, in which the former emphasized the need for political and civil rights, and the latter said that also needed were economic, social, and cultural rights – that without the rights to childcare, equal pay, and access to health care, there was no way to attain the right to health; the larger point is that the panoply of political, civil, economic, social, and cultural rights are all required (and are indivisible). The second controversy concerns tension between universal and cultural rights, as illustrated by debates over what are often framed as "traditional" vs "Western" values, per the fights over LGBTQ rights FGM (female genital mutilation) as they pertain to rights & health in various countries, as well as fights within the US, e.g., between Christian fundamentalist groups who reject vaccinations for their children vs. US public health agencies. The third set of controversies pertains to who should be the beneficiary of the right to health: citizens, refugees, immigrants? She noted that that the rise of immigration, both in Europe following WWII, and also now again in Europe and the US, there are those who stir up anti-immigrant views (such as Trump) and deem these are rights solely for citizens. Thus, debates continue over the basis and realities of the rights needed to attain the right the health.

-- **Sofia Gruskin** next discussed the importance of bringing a human rights framework into evaluation of health policies and programs, from start to finish, so that human rights are taken into account when conceiving the evaluation, obtaining and analyzing the data, and interpreting the results. She distinguished between various overlapping yet distinct approaches taken to human rights, ranging from rhetorical (often used in advocacy, whether or not there is a legal foundation to the right) to legal approaches (typically in relation to human rights violation), and also operational approaches (e.g., using human rights to improve health delivery systems). Her questions concerned the implications of focusing on human rights in relation to programming, data collection, disaggregation of data, accountability, and legal claims, recognizing that the foci could be on health outcomes, on how services are delivered, and how people feel about the impact of interventions or the types of services delivered. A key point is to understand how diverse rights are linked, e.g., the right to health requires taking into account the right to travel, the right to non-discrimination, the right to social security, and the right to participation, to name a few – and it makes a big difference if these rights are engaged with explicitly, rather than implicitly. Applying a rights lens thus requires specificity, to make the rights at issue overt: at issue are not simply outcomes (e.g., lower fertility levels) but how these outcomes are reached (what pathways and processes are used, and do they respect or violate rights?), as framed by a commitment to improving human well-being (and not just the one specific outcome at issue). In the case of monitoring, it is often the case that the "indicator" tail wags the dog, i.e., drives programming, hence the need for the indicators themselves to be explicitly rights-based – and the data need to be disaggregated, to ensure that conditions among the most marginalized are visible. She presented several examples of integrating a human rights approach into evaluation and challenges faced: (1) assessing HIV programming in Kenya, paying attention to human rights in every step of the process (structure, process, outcome, impact) in a way that went beyond what a traditional "logic model" would do, even though no human rights indicators per se were employed; (2) the role of legal empowerment for promoting health outcomes, per the work in Indonesia to improve treatment of drug users in Jakarta, whereby the evaluation focused on laws and policies, but lacked quantitative indicators; (3) work to improve legal systems in sub-Saharan African countries to improve the HIV legal environment – but again lacked quantitative indicators explicitly pertaining to human rights. A new evaluation of contraceptive programs, by contrast, has reviewed 208 potential indicators, which resulted in approximately 30 indicators identified as capturing some of the rights at issue, and which also revealed gaps that need to be addressed by additional indicators. Work in the field has also underscored the critical attention paid to rights even regarding indicators used: for example, in some countries, data on HIV prevalence was estimated using biological specimens obtained without consent from sex workers and persons in prison. Moving forward, more work is needed to ensure human rights approaches systematically inform: (a) data collection (what data are collected, from whom, by what process), (b) evaluation of all health interventions, (c) design and function of public health data monitoring systems, especially so that they make visible the conditions of the most vulnerable and affected communities.

-- **Aziza Ahmed** discussed how, as a professor at a law school, she integrated concerns with human rights and public health into her teaching. She contrasted dominant approaches, which consider law to be "objective," versus the critical frame of "legal realism," which recognizes the political basis of laws and how "law on the ground" as it is implemented may differ from "law in the books," such that critical analysis of law requires addressing its political context. Her three teaching examples, drawing from her work on both HIV and abortion at both the local and global level, focused on: (1)

the politics of evidence (i.e., how the US Supreme Court has problematically drawn on anecdotal, unscientific evidence regarding alleged “mental harm” due to abortion), (2) the role of law in the organization and delivery of health services (e.g., recent laws in Texas that required women to be shown a sonogram of a fetus before an abortion, and the litigation that led to such laws being deemed an “undue burden” on the women), and (3) how laws can shape health programs and outcomes (e.g., the anti-prostitution loyalty oath required by the US PEPFAR program to address the HIV/AIDS epidemic, as designed by the Bush administration in 2003, which prohibited any funds going to organizations that in any way supported prostitution or sex-trafficking – and this ban elicited sharp battles between different feminist groups, i.e., the “carceral” feminist groups that uphold the view that prostitution should be illegal, vs. the human rights feminist groups who argued that preventing work with sex workers went against principles of human rights and harm reduction). In all cases, students are asked to consider how legal claims can either undermine or uphold best public health practices, and also how diverging human rights claims are advanced by the different parties in conflict in these legal battles. The discussion of these examples makes students aware of how evidence can be politicized, how knowledge can be unstable, and how the production of knowledge can be politicized. For some students, these are new and disturbing insights. The net result is to equip students to be more critical lawyers as well as increase their capacity to engage with social movements in their legal work.

During the **Q&A** period, comments and questions focused on: (1) implicit versus explicit mention of human rights in the promulgation of health policy (e.g., the post-WWII UK National Health Service does not explicitly draw on human rights in its founding documents), and the necessity of governments being the entities that can secure rights (including those rights specified in the UDHR); (2) the need to be clear about both the right to health, as such, vs. health-related rights, i.e., the rest of the rights needed to secure the right to health; (3) how can the health and human rights framework be brought to bear on the accountability of big non-state actors, such as the Gates Foundation?; (4) why is it so hard to use a human rights argument inside the US, in relation to US government at the national, state, and local level?; (5) why claims to rights are empty outside of considering the political context in which these claims are made; (6) the contrast of neoliberal “humanitarian” versus human rights approaches to refugee health issues; (7) the interdependence of rights, e.g., the right to housing is important to the right to health; and (8) the relevance of human rights within Indigenous communities, recognizing that claims of sovereignty can be used both to uphold and deny human rights, even as Indigenous approaches to property law can valuably challenge conventional notions of solely “private property.”

## • STUDENT POSTER SESSION

Our 15<sup>th</sup> “**STUDENT POSTER SESSION: SOCIAL JUSTICE AND PUBLIC HEALTH**” had 10 posters (listed below; presenters’ names in **bold font**). Abstracts for the posters are available at: <http://spiritof1848.org/apha%202016.html>

A good number of people came to see the posters, giving the student presenters many opportunities to discuss their work, and they also enjoyed meeting each other. For many of the students, it was their first time presenting at a scientific meeting. The student poster session accordingly continues to meet our objective of helping to bring forward & connect the next generation linking social justice and public health in their work – and surely we need their enthusiasm and energy for all the challenges we face!

### **STUDENT POSTERS: SOCIAL JUSTICE & PUBLIC HEALTH** (Tues, Nov 1, 12:30-1:30 pm, Session 4161.0; CCC, Halls A/F)

**Board 1: Contextual discrimination and inequities of the Trans (transgender) population: a conceptual model of justice and political denigration** – Katherine Gulyas, RN, BSN, Lori Edwards, DrPH, MPH, RN, PHCNS-BC

**Board 2: Universal paid parental leave: a public policy strategy to achieve health equity among preterm infants** – Susanne Klawetter, LCSW, PhD-C

**Board 3: Formalizing the dynamics of institutionalization and cultural persistence: a model for inquiry into public health organization social equity outcomes** – Lisa Christen Gajary, MA, PhD-C

**Board 4: Access to care in West Virginia: law as a promoter or hindrance to rural health** – Maggie Power, MPH, JD-C

**Board 5: Model behavior: how animal models of socioeconomic status in public health naturalize social injustices** – Nathaniel MacNeil, MSPH

**Board 6: Systematic review on the use of decolonial frameworks in public health** – Pornsak (Paul) Chandanabhuma, MPH, Sarah Smith, BA, Subarsri Narasimhan

**Board 7: Barriers and enablers of healthy food access among low-income Latinos in Orange County, CA** – Gloria Flores, BS-MPH-C, Maria Koleilat, DrPH, MPH

**Board 8: Theorizing the social lives of emotions and their potential contribution to public health** – Kathleen S.

**Kenny, MPH**

**Board 9: White Coats for Black Lives #ActionsSpeakerLouder Campaign: medical student protests and petitions to increase access to care for uninsured and Medicaid patients at University of California, Los Angeles – Jonathan Gomez, MD-C**

**Board 10: Finding healthcare justice for Bosnia's PTSD sufferers – Ana Gutierrez, MA-c**

• **Other:**

a) we co-organized the following session (attended by ≈ 50 people); the other co-organizers were the APHA Human Rights Forum and the American Indian, Alaska Native, and Native Hawaiian Caucus.

**HUMAN RIGHTS MECHANISMS TO ADVANCE SOCIAL JUSTICE & HEALTH EQUITY IN PUBLIC**

**HEALTH** (co-sponsored by the APHA Human Rights Forum, the Spirit of 1848 Caucus, and the American Indian, Alaska Native, and Native Hawaiian Caucus) (Tues, Nov 1, 2:30– 4:00 pm, Session 4310.0) Hyatt Regency, Denver, Capital Ballroom 3

2:30 PM: **Using the right to health to promote public health while avoiding the trap of judicialization – Gabriel Armas-Cardona, JD**

2:50 PM: **Advancing reproductive health and rights through human rights mechanisms – Katherine Mayall, BS, JD**

3:10 PM: **Human rights advocacy as a tool for advancing public health at the local level – Rebecca Reingold, JD**

3:30 PM: **Through an Indigenous lens – Michael Bird, MSW, MPH**

3:50 PM: **Q&A**

-- The session was introduced by **Ben Meier (APHA Human Rights Forum)**, speakers were introduced by **Nylca Muñoz (Spirit of 1848 Caucus)**, and the discussion was moderated by **Kamahana Farrar (American Indian, Alaska Native and Native Hawaiian Caucus)**.

-- **Gabriel Armas-Cardona's** presentation discussed challenges involved in court-driven approaches to access to medicine, as tied to the right to health. He focused on examples from both Brazil (in relation to diverse medications) and the US (specifically in relation to new drugs to cure Hepatitis C). Key recommendations were that courts not simply declare there is a right to access to medicines, without considering costs, but instead that courts be involved setting time-bound plans to realize rights to access and to rule on the adequacy of state budgets for providing the medicines at issue.

-- **Katherine Mayall's** presentation focused on work being carried out by the Center for Constitutional Rights regarding maternal mortality in diverse countries (including the US), and inequities in these rates both across and within countries, and also their work on access to safe abortion cares. A core premise of their work is governmental accountability, as framed by a human rights approach. Examples include work in: (a) Brazil, to address the lack of maternal health services in rural Brazil, despite a universal health care system; (b) Kenya, to address how the unfunded government mandate for pregnant women to be provided with medical care for delivery meant that hospitals were detaining women (often in ill-equipped, unsanitary conditions injurious to their health and that of their new infants) until they and their families could pay for the cost of medical delivery, leading to a court decision that the government must fund the mandate; (c) Peru, where legacy advocacy work pressured the government to guarantee the right to safe abortion care just 3 days prior to its CEDAW review (i.e., the review mandated under the international human rights 1978 Convention on the Elimination of All Forms of Discrimination Against Women [CEDAW]).

-- **Rebecca Reingold's** presentation focused on the use of law in work on health and human rights. In particular, she discussed a forthcoming report on "Stolen Lives," to be issued by Planned Parenthood & Ibis Reproductive Health, which is about the health consequences of sexual violence and forced pregnancies among girls age 9 to 14 years old in Latin America (see: <https://www.plannedparenthood.org/about-us/newsroom/press-releases/planned-parenthood-global-calls-for-end-to-forced-pregnancy-among-adolescents-in-latin-america>). The aim of the report is to set the basis for litigation, and the framing is to use human rights to push for changes in laws that will make a difference in ending human rights violations and promoting physical, mental, and spiritual health.

-- **Michael Bird's** presentation started with comments from Indigenous elders convened by the AIANNH Caucus, who emphasized that "the earth is our mother" and upheld the special connection people have to the land: it is not just a commodity. He presented data on global connections among Indigenous peoples (e.g., Maori in New Zealand, Aboriginal Australians, Indigenous tribes in the Americas) and also on their survival in the face of expropriation (Indigenous peoples comprise 5% of the world's population but 15% of the world's impoverished persons). A key challenge today is environmental degradation, as illustrated by the current standoff at Standing Rock in the US over the Dakota pipeline. At issue is protecting water rights and also treaty rights, and thus connecting human rights with struggles for environmental justice. He said the Chief of the Standing Rock Sioux Indians has recently presented to the UN, and that Indigenous

peoples worldwide are increasingly aware of the utility of using available human rights tools and mechanisms to affect policy, legislation, and budgets in ways that will protect the earth and its peoples.

During the Q&A period, comments and questions focused on: (1) how reproductive decisions require the autonomy of all persons, including children, but human rights can be used to address guidance involving parental involvement in reproductive decisions; (2) the need to consider who holds onto the resources when contesting whether states have sufficient funds to ensure rights to medicines (e.g., in Puerto Rico, the state is going bankrupt, even while an elite group of individuals in Puerto Rico are massively wealthy due to unfair state policies); (3) who and what determines a fair price for drugs (e.g., the Hepatitis C medicine that in the US costs \$1000/pill costs only \$10/pill in India, largely because the US still does not have a legal system that can cap costs of medicines); (4) the relevance of human rights to Indigenous communities, both to fight environmental degradation and also to address sexual violence within these communities; (5) when and how public health evidence can be best used to advance human rights (e.g., in the case of opposing Texas laws limiting access to abortion); and (6) how not to be a bystander regarding abrogation of Indigenous rights and well-being (with suggestions made to donate directly to the Standing Rock Sioux, and also to read about Indigenous histories, since it is a collective responsibilities to know this history).

b) We also, as usual, co-sponsored the Occupational Health and Safety health activist dance on the Tuesday night of APHA, one held in the spirit of the phrase attributed to Emma Goldman, to wit: *“If I can't dance, I don't want your revolution!”* Given a focus on the many rights needed to enjoy health & well-being, it's perhaps worthwhile to read the full text which has been distilled into this apocryphal saying, whereby Goldman states, in her 1931 autobiography “Living My Life”:

I became alive once more. At the dances I was one of the most untiring and gayest. One evening a cousin of Sasha, a young boy, took me aside. With a grave face, as if he were about to announce the death of a dear comrade, he whispered to me that it did not behoove an agitator to dance. Certainly not with such reckless abandon, anyway. It was undignified for one who was on the way to become a force in the anarchist movement. My frivolity would only hurt the Cause.

I grew furious at the impudent interference of the boy. I told him to mind his own business, I was tired of having the Cause constantly thrown into my face. I did not believe that a Cause which stood for, a beautiful ideal, for anarchism, for release and freedom from conventions and prejudice, should demand the denial of life and joy. I insisted that our Cause could not expect me to become a nun and that the movement should not be turned into a cloister. If it meant that, I did not want it. “I want freedom, the right to self-expression, everybody's right to beautiful, radiant things.” Anarchism meant that to me, and I would live it in spite of the whole world — prisons, persecution, everything. Yes, even in spite of the condemnation of my own closest comrades I would live my beautiful ideal.

(see: <http://theanarchistlibrary.org/library/emma-goldman-living-my-life.pdf>; pp. 40-41)

And, also as usual, we had our 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:**

<b>Post message:</b>	<a href="mailto:spiritof1848@yahoogroups.com">spiritof1848@yahoogroups.com</a>
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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)