

★★★★★ THE SPIRIT OF 1848: APHA 2017 REPORTBACK ★★★★★

TO: EVERYONE ON SPIRIT OF 1848 EMAIL BULLETIN BOARD
FROM: SPIRIT OF 1848 COORDINATING COMMITTEE
RE: REPORTBACK FROM THE 2017 APHA CONFERENCE (ver: 11/14/17)



Greetings! The Spirit of 1848 Caucus is happy to share our reportback from the 145th annual meeting of the American Public Health Association (APHA; November 4-8, 2017, in Atlanta, GA). In this reportback we:

- (a) present decisions we made at our business meeting, including initial ideas for the APHA 2018 sessions; and
- (b) give highlights of our APHA 2017 sessions

And: as usual, we are sending this reportback by email and posting it on our web site – and we encourage you to visit our website to see our past reportbacks as well (1995-2016), to gain a sense of our long-term commitment to fighting for health equity & a sustainable world. In particular, in 2013 our sessions focused on climate change & health equity – and the link is posted to the video that Winona LaDuke made for one of our sessions that year, on “Climate Change, Public Health, and Indigenous People” (see: <http://spiritof1848.org/apha%20reportbacks%20&%20attendance.htm>).

As of October 16, 2017, we are happy to say that 3,732 people (in US & around the world) subscribe to our email bulletin board (up from 3,491 last year!). Additionally, as of October 16, 2017, we have 282 Spirit of 1848 members who are also dues-paying APHA members (up from 230 last year), and this puts us well above the recently established APHA requirement that APHA Caucuses have a minimum of 25 members who pay dues to APHA! We are also happy to report that in 2017 we were approved for our 3-year renewal of our Memorandum of Understanding of APHA, which allows us to be a Caucus in affiliation with the APHA.

NOTE: The number of Spirit of 1848 members REALLY MATTERS – both **EVERYONE on this listserve AND **ALSO** those who are APHA dues-paying members. Starting in 2016, we are now required to report ANNUALLY to APHA regarding the number of Spirit of 1848 members who are **ALSO** 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

(& 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 ~ 415 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 International Health section [n = 70]). If we don't count the additional new special activist training session we added this year [n ~ 60], our attendance for our usual 4 sessions in 2017 equaled ~355. By way of comparison, in previous years, attendance for these same 4 sessions was: 2016: ~615; 2015: ~416; 2014: ~390; 2013: ~380; 2012: ~470; 2011: ~650; 2010: ~657; 2009: ~400; however, when interpreting these figures, it is critical to keep in mind that APHA attendance has been declining during the past decade; at this conference, it was ~11,000, lower than in prior years (reflecting economic austerity). Our sessions continued to have very good attendance by APHA standards (typically ~30 persons/session): this year we ranged from ~70 to ~100 persons/session. Additionally, 19 people attended our business/labor meeting (17 in person, 2 by skype), on par with last year (n = 19).

So:

- 1) please do share our update/report with interested colleagues & friends, and note that our update/report can also be downloaded from our website, along with our mission statement and other information about Spirit of 1848, at:
<http://www.spiritof1848.org>
- 2) please likewise encourage them to subscribe to our listserve! – directions for how to do so are provided at the end of this email and on our website.
- 3) If any of the activities and projects we are reporting, either in this reportback or on our listserve, grab you or inspire you -- **JOIN IN!! We work together based on principles of solidarity, volunteering whatever time we can, to move along the work of social justice and public health.**
- 3) if you have any questions about our work, please contact any of us on the Spirit of 1848 Coordinating Committee:
 - Nancy Krieger (Chair, Spirit of 1848, & data & integrative & e-networking); email: nkrieger@hsp.harvard.edu
 - Anne-Emanuelle Birn (History committee & designated alternative for Chair contact); email: aebirn@utoronto.ca
 - Luis Avilés (History committee); email: luis.aviles3@upr.edu
 - Marian Moser Jones (History committee; Spirit of 1848 co-representative to the APHA Caucus Collaborative and the APHA Governing Council); email: moserj@umd.edu
 - Catherine Cubbin (Politics of public health data committee); email: ccubbin@austin.utexas.edu
 - Zinzi Bailey (Politics of public health data committee); email: zinzib@gmail.com
 - Craig Dearfield (Politics of public health data committee); email: craig.dearfield@gmail.com
 - Lisa Moore (Pedagogy committee); email: lisadee@sfsu.edu
 - Rebekka Lee (Pedagogy committee; Spirit of 1848 co-representative to the APHA Governing Council and APHA Caucus Collaborative); email: rlee@hsp.harvard.edu
 - Vanessa Simonds (Pedagogy committee); email: vanessa.simonds@montana.edu
 - Nylca Muñoz (Student poster session); email: nylca.munoz@upr.edu
 - Jerzy Eisenberg-Guyot (Student poster session); email: jerzy.eisenbergguyot@gmail.com
 - Pam Waterman (E-networking committee); email: pwaterma@hsp.harvard.edu

NB: for additional information about 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 **San Diego, CA (Nov 10-14, 2018)**, with the designated theme: “**Creating the Healthiest Nation: Health Equity Now.**”



★★★ THE SPIRIT OF 1848 BUSINESS MEETING (Tues, Nov 7, 2017, 6:30-8:00 pm) ★★★

Attended by: (a) Spirit of 1848 Coordinating Committee members (alphabetical order; n = 7): (i) in person: Zinzi Bailey (data); Craig Dearfield (data); Marian Moser Jones (history & Spirit of 1848 co-representative to the APHA Governing Council & APHA Caucus Collaborative); Nancy Krieger (chair & integrative & data & e-networking); Vanessa Simonds (pedagogy); (ii) by phone: Jerzy Eisenberg-Guyot (Student poster session); Rebekka Lee (pedagogy & Spirit of 1848 co-representative to the APHA Governing Council and APHA Caucus Collaborative); (b) additional Spirit of 1848 members (alphabetical order; n = 12): Karen Andes; Robyn G. Barrow; Avery Cruz; Chris Hartmann; Will Johnson; Paul Kadetz; Laura Kaplan-Weisman; Maureen Rees; Sara Sansone; Abigail Sewell; Brooke Watson; Miranda Worten.

NB: Spirit of 1848 Coordinating Committee members who were unable to attend were (n=6): Luis Avilés (history), Anne-Emanuelle Birn (history), Catherine Cubbin (data), Lisa Moore (pedagogy), Nylca Muñoz (Student poster session), 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.

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 of the work in the late 1980s of the National Health Commission of the National Rainbow Coalition, we cohered as the Spirit of 1848 network in 1994 and began organizing APHA sessions as an affiliate group to APHA that year. In 1997 we were approved as an official Caucus of APHA, enabling us to sponsor our own sessions during the annual APHA meetings. Thus, 2017 is our 20th year as an official APHA Caucus – but: we did our 20th 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 listserve 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).

2) **Spirit of 1848 listserve.** We noted that our listserve membership currently equals 3,732 (up from 3,491 in 2016, and 3,279 in 2015) and our 1-year old static Facebook (FB) page continues to work as intended – via directing people (who do “like us” ☺!!) to our website! Currently, our FB page has 613 “likes” and 608 followers (with our having done no outreach to attract these folk!). Mindful of these data, our NEW DECISION is to make the Spirit of 1848 Facebook page a bit livelier, whereby we will newly link all ***action posts*** to our 1848 listserve to our Spirit of 1848 Facebook page, so that these actions posts can get even wider circulation – however: the page will **NOT** be a site for independently posting messages or having exchanges.

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 ~415 total), was as follows (in chronological order): new special activist session (n ~ 60); social history of public health (n ~ 90, close to the ~100 from last year); the politics of public health data (n ~85, down from 225 last year); progressive pedagogy in public health (n ~80, higher than the 70 last year); “integrative” session (n ~ 100, down from 220 last year); moreover, the student poster session continued to attract a lively crowd. Additionally, ~70 people attended the APHA session we co-organized with the APHA International Health Section, and 19 attended our Spirit of 1848 labor/business meeting (same as last year).

All told, and as noted above, the total attendance (n ~ 355) for our core 4 sessions (not counting the 5th new activist session we added this year) was lower than recent prior years, i.e., 2016: ~615; 2015: ~416; 2014: ~390; 2013: ~380; 2012: ~470; 2011: ~650; 2010: ~657; 2009: ~400; interpreting this trend requires, however, keeping in mind that APHA attendance overall is declining (reflecting economic austerity). That said, the range of attendance for our 5 sessions (~60 to ~ 100) 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 and the theme of our sessions this year: **“PLANETARY EMERGENCIES: global climate change & toxic politics – and fighting for health equity and a sustainable future.”** To take on these critical challenges, we must be clear on what we stand FOR, not just what we oppose. And we can only do this, in the cogent words of the critical UK scholar and activist Raymond Williams (1921-1988), by **“making hope practical, rather than despair convincing”** (Williams R. The politics of nuclear disarmament (1980). in: Williams R. *Resources of Hope: Culture, Democracy, Socialism*. London: Verso, 1989.)

4) APHA Caucuses & Governing Council. Marian Moser Jones and Rebekka Lee co-served as our co-representatives to the APHA Caucus Collaborative throughout the year, and at the APHA meeting we were represented, in person, by Marian 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 8. For APHA 2017, the key items Marian has reported back to us are as follows:

-- GOVERNING COUNCIL

At the Governing Council session, the theme for the 2019 meeting was voted to be **“Creating the Healthiest Nation: Science, Truth, and Engagement.”** The current president of APHA is now **Joseph Telfair** (see: <https://www.apha.org/about-apha/executive-board-and-staff/apha-executive-board/joseph-telfair>). **Pamela Aalotnen** was elected as President-Elect of APHA (see: https://www.purdue.edu/hhs/nur/directory/faculty/aaltonen_pamela.html).

Two Governing Council votes were adversarial to taking a social justice stand in public health. First, policy resolution **C1 – Addressing Law Enforcement Violence as a Public Health Issue, was voted down** 65% to 35%, after a passionate debate. The Governing Council also **voted down** a resolution that held the UN Accountable for the Haiti Cholera Epidemic, with 24% voting for the policy, 76% against it.

Of note, Trump’s new Surgeon General, Jerome Adams (the former State Health Officer of Indiana, under Pence), made a surprise appearance at the Governing Council, where he made a surprise speech. (Note: We surmise the lack of any advance publicity about this appearance was to forestall any protest.) Key points concerned Adams’ focus on the opioid epidemic and his view that public health needs to make a business case for its concerns to be taken seriously by the Administration. (It is also worth noting that Adams said nary a word about climate change & public health, which, while not surprising, is an even more pointed denial, since this was the explicit theme of the APHA conference!).

(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 12 of the 17 APHA caucuses; Nov 8, 2017)

As reported by **Marian Moser Jones**, the Caucus Breakfast this year involved numerous agenda items.

-- The meeting began with the transfer of leadership from Ben King (Caucus on Homelessness), the outgoing Caucus Collaborative chair, to the new chair, Titi Okoror (Caucus on Refugee and Immigrant Health). Sarah Gareau — chair of women’s caucus, later volunteered to be chair-elect of the Caucus Collaborative (hereafter referred to as CC), and others present accepted this development without opposition.

-- APHA Executive Director Dr. Georges Benjamin then spoke. He emphasized the importance of engaging people who are not (yet) APHA members. He called the caucuses “integral” to the organization and said APHA needs to find ways to strengthen the caucuses’ capacity infrastructure and their ability to engage new members. In response, King mentioned the needs assessment and capacity-building webinars the CC conducted in the past year. Benjamin also spoke to this year’s conference theme, stating, “Every sector of our association needs to be involved in climate change.” Finally, Benjamin noted that we are approaching the 50th anniversary of the Black Caucus of Health Workers and referred to plans under discussion to celebrate that anniversary at next year’s APHA annual meeting.

-- Ella Greene-Moton, the executive board liaison, then spoke, and expressed her view that there is a need for the collaborative to come together and work together. Benjamin echoed this sentiment with a statement “find one thing that you want to work on collaboratively together.” Greene-Moton also mentioned the executive board’s vote last January to give the caucuses a nonvoting seat, and that even though the CC did not approve this, it could still be there if wanted.

-- Okoror stated that she wants to “build consensus” in the caucus on some issues, and hopes to talk to each caucus chair and to frame “areas of commonalities that we can work on.” Specifically, she said that she wants to plan a collaborative scientific session —an invited session at which each caucus provides panelists - that all the caucuses come together to support. She later stated that even if only 60% of caucuses are in favor of this idea, she will go ahead with it.

-- The Community-Based Public Health Caucus representative proposed as a session topic “Elevating health equity through community partnerships.” The chair elect Sarah Gareau proposed that the session focus on cross-cultural conversations, Bob Gould of the Peace Caucus suggested the topic relate to the activities at the U.S.-Mexico border and the international refugee crisis. Jones of 1848 stated that the 1848 Caucus could not sign on to a collaborative session without consent from our members and might not want to endorse this session.

-- Elena Ong of the Asian & Pacific Islander Caucus and the Executive Board then raised her idea about a walk for health equity, in which APHA conference attendees walk to the border wall and touch it. Okoror agreed with the idea as something in which the CC could participate. (But did not explicitly agree to endorse it as the idea was still vague).

-- Caitlin Sarlo, APHA staff, said she needed updated information on email contacts and links to our websites as well as the ways individuals can join a caucus, and would be adding these website questions to the annual membership surveys.

-- Okoror then mentioned that *The Nation's Health* wants to write features on all of the caucuses in the coming year.

-- Fran Atkinson, of the APHA staff, mentioned recent efforts to get the sections and affiliates to participate in APHA-led initiatives at the local level, and expressed a desire to get the caucuses involved in these efforts, as well as National Public Health Week.

-- Okoror moved on to say she is going to send out a Survey Monkey (survey) to the caucus representatives to ask them whether they: (a) support the collaborative session idea, and (b) agree to participate in it. Okoror said the CC will go forward with the session even if not all caucuses support the idea. The survey will also ask caucuses what they would like next year’s priority areas to be, and whether the caucuses support the idea of the walk to the border.

-- Greene-Moton then mentioned the fact that many caucuses do not use their ex-officio seats at the Governing Council, and need to do so - or else she fears they might go away.

-- Jones of 1848 then raised the issue of the problematic language on the CC booth (first flagged by Krieger of 1848), which stated that APHA had two types of caucuses, one focused on issues, and one that “allows members to coalesce around shared characteristics that cannot be changed (i.e., ethnicity/race, gender, sexual orientation).” Representatives of caucuses agreed that this language is not correct or up to date, and Okoror agreed to address this immediately and is sending out a survey to caucuses to weigh in about what, if any, language should replace the current problematic description. Selena Smith (Black Health Workers Caucus) indicated that we could simply remove this language. But Okoror said she wanted to have the specific request to bring to APHA. Jones agreed to send Okoror the offensive language immediately.

-- Before the meeting adjourned, Anthony Santella, the new chair of the Committee on Health Equity, reminded representatives to get their caucus chair to fill out the diversity survey. Alison Jordan of the incarcerated health committee of Medical Care section then handed out a long list of the sessions on justice and incarcerated health, and stated “We are on the road to caucus hood. She said they have a listserv with 400 members and 30 members who showed up for their business meeting and dinner. Lastly, Okoror turned to the [perennial] issue of governance but decided to move that discussion on this topic to a conference call due to the fact that little time remained. The meeting adjourned.

The 12 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
- Peace Caucus
- Spirit of 1848 Caucus
- Women’s Caucus

5) APHA 2018. We brainstormed about possibilities for the Spirit of 1848 program at next year's **146th annual meeting of APHA, to be held in San Diego, CA (Nov 10-14, 2018)**, whose designated theme is: "**Creating the Healthiest Nation: Health Equity Now.**"

Below we describe our provisional plans, reflecting the discussions we had at the Spirit of 1848 Coordinating Committee meeting on the Sunday of APHA and our Spirit of 1848 labor/business meeting on the Tuesday of APHA.

And so:

- 1) Be on the look-out for the APHA CALL FOR ABSTRACTS, which will go live on **Monday, December 18, 2017**.
- 2) All CONTRIBUTED (i.e., unsolicited) abstracts will be due during **the week of February 19, 2018**.
- 3) All solicited (invited) abstracts are due on April 9, 2018.
- 4) 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.

Preliminary plans for Spirit of 1848 sessions (listed in order in which they take place at the APHA meeting)

■ **Overall theme: "Collective struggles for health equity: activists, allies & adversaries – past, present, and future"**

Motivating our theme is recognition is that it is not enough to say we are for health equity – it is also essential to identify who and what are the obstacles to achieving health equity.

-- Our sessions accordingly will both: (1) call out and name the adversaries to health equity, including the many institutions and social groups who benefit from social inequality, while also: (2) calling attention to the activists and allies engaged in the collective struggle for social justice, which promote health equity. Analysis of struggles led by activists & allies against their adversaries is needed at multiple levels: global, within countries, and within institutions, including the institutions in which many of us work and teach.

-- We will emphasize the need for: (a) structural analyses of the societal determination of health that is historically grounded, and (b) critical reflection on the concrete steps that activists and allies are taking to challenge exploitation and oppression, and to enhance possibilities for ensuring an equitable and sustainable future.

-- We also will emphasize principles of solidarity, for struggles within and across diverse societies, coupled with understanding of how histories of colonialism, imperialism, and neoliberal regimes have led some nations to benefit from exploiting the people and resources in other nations. We note with concern the latent nationalism lurking in the phrasing of the APHA general theme of "creating the healthiest nation" which has appeared as the prefix to each annual meeting's specific theme for the past few years – and we ask: why not instead have the goal be: "creating the healthiest world"!

-- We also will emphasize the importance of approaches that call out the strengths of communities that are fighting for health equity, as opposed to focusing solely on their deficits in resources and deficits in health. We likewise will call for analyses that focus the challenge of calling for accountability in systems that are premised on inequality, both past and present.

-- In approaching this work, we repeat what we stated above (for emphasis!), regarding the keen insight of Raymond Williams (1921-1988), a radical English cultural theorist and activist, who remarked, during the heyday of the anti-nuclear campaigning in the 1970s, that for this fight to succeed, it requires: (a) being clear on what we are for, not just what we are against, and (b) "**making hope practical, rather than despair convincing**" (Williams R. *The politics of nuclear disarmament*. (1980). In: Williams R. *Resources of Hope: Culture, Democracy, and Socialism*; edited by Robin Gable. London: Verso, 1989).

■ **Special activist session:** We affirmed we will continue organizing this session, bolstered by the lively discussion at our 1st such session this year, which offered a case analysis of Lumumba's election as a radical mayor in Jackson, Mississippi (with 94% of the vote!) and concrete guidance on writing op-eds. This coming year, we'll organize a session that features a different approach to public health activism: that of public health workers setting up sessions to train community members to prepare testimony for city council and legislative hearings, to write op-eds, or engage in other public forums. We will feature current work happening in Chicago, as described by Linda Rae Murray at our session this year, and Jim

Bloyd from the Chicago group will help take the lead in organizing this session, working with Spirit of 1848 Coordinating Committee members Rebekka Lee and Catherine Cubbin.

■ **Social history of public health:** The history subcommittee will work together to cohere ideas and develop a list of **INVITED** participants. The focus will be on: *critical historical perspectives on movements for health equity and their adversaries as they have played out in “borderlands”* – whether these be borders across nations, or borders between colonial nations and their geographic colonies (e.g., Puerto Rico), or borders within nations, whether between regions, neighborhoods, social groups, or the internal Indigenous nations and tribes located on lands within these nations. Possibilities might include analysis of engagements of solidarity across borders, such as Cuba’s training of physicians who work in other countries, as well as analysis of struggles about health equity involving migration, both within and across national boundaries.

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

■ **Politics of public health data:** This session will have an **OPEN CALL** for abstracts. The focus will be *practical, in the sense of featuring empirical presentations of analyses (quantitative, qualitative, mixed methods) that provide guidance on conducting historically-grounded structural analysis of the societal determination of health, geared to producing evidence for action*. We will call for work that shows how such analyses can be done, as opposed to critiques that call for but do not offer such analyses. Examples of the kinds of presentations we would like see would focus on structural analyses regarding but not limited to: (a) struggles over neoliberalism and public disinvestment and their impacts on health inequity; (b) struggles over city budget and planning policies (including in relation to housing and gentrification) and their long-term health consequences; (c) struggles over health care financing and profits and their implications for health inequities, using health expenditure data; and (d) the health impact of militarization of the police.

-- 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 for *practical presentations that focus on pedagogies that enhance capacity for civic engagement in the collective struggle for health equity, including capacity to identify the relevant adversaries as well as allies and activists*. We will call for work that shows how such pedagogy can be carried out, as well as student-led presentations offering a critical analysis of the pedagogy they wish to be part of that may not be currently part of their educational programs. A key concern is how to teach about health inequities that “makes hope practical,” in a way that enables those who are learning to expand their political analysis and understanding of context so as to build up solidarity to challenge inequities, rather than become overwhelmed and despairing. We welcome presentations about any such pedagogic initiatives that variously include (separately or jointly): teachers (i.e., train teachers to teach such material and approaches); 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. We are also aware that we are encouraging this focus in a time of intensive struggle over the meaning of “free speech” and threats to academic freedom, and will also seek presentations that discuss practical ways to engage with these struggles within educational institutions, framed by analysis of adversaries, allies, & activists.

-- 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 our chosen Spirit of 1848 theme 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. 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 Spirit of 1848 focus on *collective struggles for health equity, with explicit analysis of the adversaries, allies, & activists*. 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 2017: <http://spiritof1848.org/apha%202017.html>,

and for 2016, see: <http://spiritof1848.org/apha%202016.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 in 2016, whereby 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. Because the 2018 conference is in San Diego, CA, we will be reaching out to faculty & student groups in schools in California to encourage submission of abstracts, since given funding concerns, it is most likely that attendance will be most feasible for students based in California.

Finally, please note that the **timeline for abstract submission to APHA 2018** is as follows:

(a) the **call for abstracts** will go live on the APHA website (<http://www.apha.org/meetings/>) on **MONDAY, DECEMBER 18, 2017.**

(b) **abstracts (unsolicited) will be due between FEBRUARY 19-23, 2018.** As soon as we know the date of the abstract deadline assigned to the Spirit of 1848, we will post it on our listserve. **Solicited abstracts** will be due on April 9, 2017.

The contacts for our sessions are:

-- **Special Activist Session:** Spirit of 1848 Coordinating Committee members Rebekka Lee (email: rlee@hsp.harvard.edu), and Catherine Cubbin (email: ccubbin@austin.utexas.edu), with Jim Bloyd (JBloyd@CookCountyHHS.org)

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

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

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

-- **Integrative:** Spirit of 1848 Coordinating Committee member Nancy Krieger (email: nkrieger@hsp.harvard.edu)

-- **Student poster session:** Spirit of 1848 Coordinating Committee members Jerzy Eisenberg-Guyot (email: jerzy.eisenbergguyot@gmail.com) and Nylca Muñoz (email: nylca.munoz@upr.edu).

These sessions will be in the following slots:

Spirit of 1848 session -- name, day, and time (listed in chronological order)	
MONDAY:	-- Special activist session: 8:30 am to 10 am -- 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 2017) ★★★★★

Our sessions together asked all of us present to confront the planetary emergencies of our times: global climate change & toxic politics – and to do so fighting for health equity and a sustainable future. We are glad to be preparing this reportback in the wake of the Nov 7, 2017 elections, which offer us more hope going forward.

We considered these issues of toxic politics and climate change in our Spirit of 1848 sessions in relation to:

- (1) current health activism, to seize the agenda to advance the work of social justice & public health, via a case study of the Lumumba election in Jackson, Mississippi & an applied workshop on writing op-eds;
- (2) the social history of public health, drawing on lessons learned from Reagan-era activism for health equity, around HIV/AIDS, Indigenous health in the US, and the Environmental Protection Agency;
- (3) the politics of public health data, specifically in relation to empirical research linked to the fight for health equity, as it pertains to issues of climate justice & toxic politics, including Valley Fever in LA, Zika in Puerto Rico, and Native American maternal & child health burdens due to fossil fuel contamination of sacred, treaty-protected lands;
- (4) progressive pedagogy in relation to teaching about links between toxic politics, climate/environmental equity, and public health, in relation to: preventing war; decolonial Black feminist and progressive pedagogies; the National Nurses United's certificate program in health equity; and structural competency and global health pedagogy;
- (5) linking history, data, and pedagogy in relation to global & indigenous fights for health equity & a sustainable future, in an intergenerational sessions co-organized with the American Indian, Alaska Native, and Native Hawaiian Caucus; and
- (6) work of the next generation, as displayed in our Student Poster session!

At the beginning of each session, the moderators reviewed the objectives of the session and 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).

The additional session we co-organized with the APHA International Health Section focused on “what’s missing” from mainstream global health approaches, in relation to teaching, research, and discourse – and brought in critical contemporary & historical perspectives from Latin America, Canada, and South Africa.

Overall, we estimate ~415 persons came to our five Spirit of 1848 oral sessions; this count does NOT include the many people who visited the student poster session or the ~70 persons who attended the session we co-organized with APHA International Health Section, or the 19 who came to our Spirit of 1848 labor/business meeting. The range of attendance for our scientific sessions was from ~60 to ~100 persons/session, all considerably higher than the average APHA attendance of ~ 30 persons/session.

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

• SPIRIT OF 1848 SPECIAL ACTIVIST SESSION

This is the first time we have organized this “activist” session, prompted by the surge in organizing we have all had to do in the wake of the November 2016 election and the relentless assaults on public health and social justice led and enabled by the Trump Administration. It was attended by ~60 people.

SPIRIT OF 1848 SPECIAL ACTIVIST SESSION: SEIZING THE AGENDA TO ADVANCE THE WORK OF SOCIAL JUSTICE & PUBLIC HEALTH -- A case study of the Lumumba election in Jackson, Mississippi & an applied workshop on writing op-eds (Mon, Nov 6, 8:30-10:00 am, Session 3076.0; GWCC, Room B207) -- Led by: Makani Themba & Catherine Cubbin

Nancy Krieger (Chair, Spirit of 1848; Harvard T.H. Chan School of Public Health, Boston, MA) opened the session by explaining it was a new session for the Spirit of 1848 Caucus, one motivated by last year’s election and the clear need for those of us in public health committed to social justice to expand ways to amplify our voices outside of public health, to make a difference in public opinion and organizing for health equity. We viewed this session as an “experiment” and launched it knowing we would decide whether to continue with this session based on attendance and whether the session was useful for both those who came and those who helped lead it – and we’re happy to report the answer is in the affirmative! – hence our decision to continue with this new session next year.

Makani Themba (Higher Ground Change Strategies, Jackson, Mississippi; <http://highergroundstrategies.net/>)
shared insights based on the successful 2017 Lumumba campaign for Mayor in Jackson, Mississippi, whereby Chokwe A. Lumumba, a 34 year old candidate committed to revolutionary change for equity, won with 95% of the vote! – and the incumbent received only 4%. This was the first election in Jackson for Mayor in 40 years without a run-off election. Makani framed the win in terms of the contested narrative of the US South, and emphasized the long history of the US South as a site of resistance to racism and an incubator for progressive change.

-- What was the narrative? – that the city in economic terms was broke and poor, but rich in energy & a legacy of resistance, and its spirit and history represents the “real South.” The contrast is to dominant framings, per Trump et al, of the “Confederacy” being the “real South,” as tied also to their slogan of “Make American Great Again,” as if President Trump were President of the Confederacy. This stance acts as if Reconstruction never happened, and as if only the original intent of the “Founding Fathers” and original Constitution matters, and not the Constitution as forever changed by the Civil War and Reconstruction.

-- What was the framing? – it was to counter the confusion that present day issues are an argument about data, and not about beliefs, including understandings of history, and beneath this power relations and root causes. Makani asked us to imagine an “iceberg,” in which the “issue” is the tip (where most people think “narrative” lies), the next level is the current context (e.g., the current budget crisis), the next is beliefs as tied to understandings of historical context, and the base comprises power relations and root causes. The emphasis of the Lumumba campaign was to engage people by drawing on a narrative that engaged with people’s beliefs and understandings of historical context and the power relations and root causes at play.

-- What was the context? – Jackson, Mississippi is a primarily African American city, whose residents are primarily low income (and who do not see themselves as “poor”), and a place with a low debt, a mix of renters and homeowners, a lot of unemployment, and people who both grow and hunt their food.

-- What were the ideas that engaged people? – in a nutshell: (1) socialism, and (2) building a cooperative economy. These are the sorts of ideas that traditional communication ventures deem “too hard” to talk about, but that isn’t so.

-- What inspired people in Jackson? – (1) Stories of resistance, involving uncles, aunties, parents, and grandparents, who had stood up for their rights and their livelihoods; the point was not “new ideas,” but rather to connect the dots back to what people already knew – and (2) the idea that “People in Jackson help each other.” Regarding the latter, Makani pointed out that Mississippi has an extremely low state tax, which means there are rarely government funds to attend to infrastructure. She gave the example of how the library roof was leaking – and 6 black men showed up, tools in hand, no permit, and in three days had the roof fixed. She also spoke about how, as soon as she moved to Jackson last year, neighbors immediately embraced her, helping out and looking after her. The campaign elevated the positive stories about who people in Jackson are, especially in terms of how they help each other.

-- Building up the idea of “cooperative economics” – as one example, Makani discussed how Jackson has no movie theatre (they are all in the suburbs). The idea was posed that Jackson could have a movie theatre, and place it in one of the many abandoned buildings, by creating one cooperatively, whereby people would pay a membership fee to fund the cost of establishing the theatre. This idea caught on among young people, since they wanted the movie theatre as a place to go and have fun and socialize. The key point was to listen to what people cared about and work from there, emphasizing the need for an economy that works for everyone.

-- Next steps: the Mayor was sworn in on July 3, 2017, and there is so much work to do. As an example, Makani recounted how she is on the Mayor’s “Democratic Visioning Committee,” whose task is to imagine and re-imagine how government is structured so that people can participate in it at every level, so that they can offer their views and be heard, with the government being transparent about what it is doing. Another step is for Jackson to be part of a Mayor’s conference that includes the Mayors of many nearby small towns, most of whom are African American.

-- During the Q&A, exchanges were as follows:

(1) The first question asked how public health issues and public health workers showed up in the elections & in post-election work. Makani first described the “own people’s oath,” taken by all in the new administration, which among other things, swore to rethink criminal justice and develop holistic solutions, including for public health. One example pertained to reproductive health, whereby Jackson has one of the last abortion clinics in Mississippi, making access hard, while there is also a history of sterilization that has to be recalled and confronted. The work is now to find new solutions to the system overload and inadequate access to services, but doing so outside of traditional thinking about market solutions. Members of the new administration are going to other countries (on trips not paid for by city funds) to find out their cooperative solutions to these sorts of issues, both in Spain (Barcelona) and different cities in India.

(2) The next question asked about the movie theatre & tax revenues. Makani recounted how, two mayors ago, the Mayor (Lumumba's father) had won a victory in establishing a small sales tax to help build up infrastructure (noting that these funds are not spent directly, but must be set to the state government and then repatriated). These new revenues, however, were not spent by the interim mayor (who took over after Lumumba's sudden death), so now the new Mayor is working with the state government to do an audit and track down these funds.

(3) The final question addressed issues of data and science, and how the new administration is dealing with "evidence" in a time of so much distrust and "alternative facts." Makani emphasized there are two aspects of the problem to keep in mind: (1) content (what's true – and we must be fearless in standing up for the real facts), and (2) positioning (how to get our voices and stories out there, and be willing to fight and debate in public forums and on TV and other media). Doing so requires conducting a power analysis, asking who are the "scholars" and "experts"? – and specifically: whom do we need to delegitimize? whom do we need to advance? This is not about egos or creating stars, but rather is about leveraging positions to advance our ideas and the evidence that supports them.

Catherine Cubbin (Spirit of 1848 Coordinating Committee; The University of Texas at Austin, Austin, TX) next shared the knowledge she gained and put into practice, based on her participation in the "The Op-Ed Project" (<http://theopedproject.org>). This project is based in New York City, and works with over 15 universities. It brings 20 scholars together for a year-long fellowship, which includes 4 all-day sessions. Each fellow works with an editor/mentor, who helps the fellow in developing and pitching their op-eds, and the mentors continue to remain connected with their fellows after the fellowship is over. The idea is to expand the capacity of faculty to become public intellectuals and public voices.

-- In Catherine's case, she participated as a fellow in 2015-2016, and her participation was supported by her school, since as a school of social work, the work involved accords with its mission. Catherine noted that she had no prior journalism training, but, by virtue of her participation, has now published 5 op-eds and is working on a 6th.

-- Why write op-eds? – because whoever tells the stories writes the history. She presented data that in the US op-eds are overwhelmingly written by white men, who comprise: 80% of key commentators, 97% of scholars who publish in the Wall Street Journal, 84% of Sunday TV pundits, 85% of corporate board members, and 81% of members of Congress.

-- Key issues to consider when preparing an op-ed are: (1) credibility & how to establish it; (2) an evidence-based, value-driven approach (i.e., no rhetoric!); (3) it matters not only to be "right" but also to be effective; (4) clarity about the bigger picture and where you fit in; and (5) the value of offering, to others, knowledge and being explicit about values.

-- General approach: there is no "formula," but components typically include: (1) a "lede" (the news hook"); (2) the argument (what is your position); (3) a series of "Evidence" statements (i.e., statistics, news stories, expert quotes, first-hand experience) that support your argument; (4) a "to be sure" section, which pre-empts critics and acknowledges and dismisses their likely arguments; and (5) a conclusion that circles back to the "lede." And all of this has to be accomplished in 600 to 700 words!

-- Catherine then provided examples of "ledes" from 3 editorials she wrote, with one example being her op-ed on a missed opportunity for breast cancer prevention, as caused by the Texas politics to close Planned Parenthood clinics, which provide breast & cervical cancer screening, not just abortions.

-- For "argument," she described the argument for her op-ed on gun control, which was that although it typically was framed there could be no agreement between gun owners and advocates for gun control, in fact both could agree on the need for responsible gun-ownership.

-- For "to be sure," she shut down counterarguments for an op-ed on low birth weight, by saying that the claim that low birth didn't really matter if the infant survived was wrong, given evidence regarding how low birth weight is associated with adult health outcomes.

-- For "conclusion," for the article on breast cancer screening, she urged women to vote to keep access to reproductive health services.

-- With regard to "pitching," Catherine described how the Op-Ed project provided help, and noted that any "pitch" to an editor must address: (a) why now?; (b) so what?; and (c) why me? – and the text of the pitch should include: a news peg, a brief description of the central idea, the author's relevant credentials, and the finished piece should be pasted into the email (and not included as an attachment, since that takes one more step for editors who are always too busy and on deadline), and also must include appropriate contact information. As for the response from the editor: (a) if the response is no, say thanks for considering idea; (b) if no response, wait 1-2 days (if time-sensitive) & email again, otherwise wait a bit longer; (c) if editor agrees, and then expect the editor to edit your writing! – and be mindful editors are on tight deadlines.

-- Lessons learned: (1) keep a list of ideas, and be on the look-out for relevant times to submit (per the news hook); (2) get support from your institution to do this type of work; (3) carve out the time to work on an op-ed, and you can work on it section-by-section (remember, it's short!); (4) have other trusted colleagues review it before you submit; (5) consider co-authoring to bring in additional expertise & perspectives; (6) use non-technical language, and employ hyperlinks wherever relevant; and (7) a good time to “pitch” is Sunday night, so that your email is fresh in the in-box on Monday morning.

During the Q&A, notable exchanges pertained to:

- (1) be open to sharing a personal story to make the point (e.g., being the target of worksite-based LGBTQ discrimination);
- (2) alternative ways public health workers can help shape opinion and action, especially among people who don't read op-eds, as raised by the example of ongoing work in Chicago to “train the trainer,” including: (a) work with community groups to teach them how to write op-eds and prepare testimony to present at city council and other legislative hearings; (b) be willing to be on talk radio, especially the Sunday morning shows; (c) be willing to talk to reporters to give background information (i.e., off record and not to be quoted), which for some people in government jobs is the only way they can talk with reporters; (d) work with community activists to organize “thunderclaps” via social media, whereby at a specific time, everyone gets the message to call the relevant government officials (or other specified target) and the phone lines get shut down with the calls;
- (3) need to be conscious of the political objective, since the point isn't simply to get into the media; what is the action focus of the op-ed that can be translated into a political outcome? – and likewise need to choose right medium to reach the intended audience (e.g., example of op-ed linking protest by football players against police killings and juxtaposition of glut of sports data and dearth of data on police killings, published in one of the key newspapers that has huge sports fan readership);
- (4) the need to use the chosen form of communication to “connect the dots” and help people understand the connections between their specific issues and larger ideas, to see how systems matter and can be changed, i.e., focus on structural systems and possible solutions;
- (5) example from 1970s of effectiveness of United Farm Workers in training their members to write op-eds and other kinds of articles, using their stories, to build public awareness and understanding of the grape boycott and their organizing efforts to get their union recognized and get a decent contract;
- (6) keep in mind that many voices are needed, and there are many ways, not just one, to be effective – op-eds play a role, as do other types of communication efforts (per the examples raised above);
- (7) if you are a student or in a junior position, be mindful of your vulnerabilities and take steps to protect yourself when raising your voice (e.g., do it in a group), or provide support behind the scenes until you are in a less vulnerable position.

• SOCIAL HISTORY OF PUBLIC HEALTH

This session was attended by ~ 90 people (on par with the ~ 100 people last year).

LEARNING FROM THE 1980s: CRITICAL HISTORICAL PERSPECTIVES ON REAGAN-ERA ACTIVISM FOR HEALTH EQUITY (Mon, Nov 6, 10:30-12 noon; Session 3196.0; GWCC, Room B207)	
10:30 AM: Introduction – <i>Marian Moser Jones, PhD, MPH</i>	
10:35 AM: AIDS activism in the 1980s and Black communities – <i>A. Billy Jones-Hennin</i>	
10:55 AM: North American Indigenous, health disparities & climate justice – <i>Jace Weaver, PhD</i>	
11:15 AM: Where is Yogi Berra when we need him? – <i>Bernard D. Goldstein, MD</i>	
11:35 AM: Q&A	

Marian Moser Jones (Spirit of 1848 Coordinating Committee; University of Maryland School of Public Health, College Park, MD) opened up the session, introducing the panel and the overall focus of the session. She recalled how the 1980 election of Reagan as US President ushered in a shift to unvarnished neoliberalism, dedicated to “getting the government off our backs,” and reducing governmental regulations, including environmental regulation, i.e., a period with many parallels to now. It was also a period that spurred on major grassroots activism to counter the politics of austerity and social conservatism of the period – and we can learn from this as well.

-- **A. Billy Jones-Hennin (BiNet USA, Washington, DC)**, the co-founder of the pathbreaking National Coalition of Black Gays & Lesbians (NCBGL) in 1978, was unable to be physically present with us (due to back surgery), but he shared his reflections and insights via a video interview with Marian Moser Jones (the link to the video is at our website, at: <http://spiritof1848.org/apha%20reportbacks%20&%20attendance.htm>). He opened with recalling how Washington, DC in the late 1970s was a “chocolate city,” but that racial segregation was rife, not only in terms of neighborhoods but in

gay clubs and gay organizations as well. The mainstream gay organizations were primarily white, and black lesbians and gays did not go to their meetings, even as they also needed to be politically active. So, in 1978, he and others put up a poster calling for Black gay & lesbians to meet – and the first meeting, attended also by some Latinos, was exciting and powerful. The focus of their new group was political, regarding social justice, human rights, and civil rights – and in retrospect, Jones-Hennin thought it might have been a mistake for them to be so adamant about not including social activities, given the need to nurture that part of connection as well.

The organization had 3 foci: (1) organize Black LGBTQ in many cities; (2) support progressive issues (including anti-racist politics) in the mainstream LGBTQ community; and (3) address homophobia in the mainstream Black community.

In 1981, with the emergence of AIDS, Jones-Hennin realized health had to come to the top of the agenda – especially since the media image was solely of white young gay men -- but others didn't agree. At the first meeting NCBGL meeting discussing AIDS, many thought it was a “white thing” – and virtually all of those present later died of AIDS. Jones-Hennin and others nevertheless managed to secure a meeting with C. Everett Koop, the Surgeon General, and was able to get funding for the first ever national conference on AIDS, in 1986, that specifically focused on the Black community, and which involved both the newly formed National Minority AIDS Council and the Black Conference of Mayors. Thereafter, they relied on piecemeal fundraising and benefited enormously from the solidarity of women who came forward to make a buddy system to help look after people dying from AIDS (since before AZT, a diagnosis of AIDS was a death sentence).

Reflecting on key lessons learned, the first Jones-Hennin offered was that it is critical to want to change the world, but not by yourself. It is also necessary to balance activism with love. He cautioned that if one is in a relationship, pay attention to it – and described his partner of 38 years as “the wind beneath my wings.” Be passionate about the politics, but don’t let it overwhelm your life. Document what you’ve done: keep a journal. And know that what you work on today may not be realized until tomorrow.

-- **Jace Weaver (Institute of Native American Studies, Athens, GA)** next discussed the long history of tribal nations, climate change, and environmental exposures. He recalled the change in climate experienced by the Cherokee as part of their forced removal from their original land to new regions in the early 1800s, and also the exposure of the Navajo nation to uranium starting in the mid-20th century. Recounting the grim data on American Indian health, Weaver noted that in 1953, Felix Cohen, the former Solicitor General of the US, likened the state of American Indians to that of Jews in Germany in World War II, whereby the fate of both groups marks the rise and fall of democracy, and both were like canaries brought into the coal mine, revealing how toxic conditions were.

Weaver additionally recounted how Indigenous peoples have long shaped the environment. One major tool was the use of fire to burn the understory in forests, as well as do controlled burns in the prairies, in both cases in order to facilitate movement and hunting. These changes, however, were beneficial to both people and the ecosystem. By contrast, the climate change now imposed on tribal nations is leading to three harms: (1) loss of territory; (2) damage to sacred sites; and (3) loss of salient plants and animals.

Weaver next discussed how in the southeastern part of the US, several tribal nations did not come to the first regional Indigenous conference on climate change, since not all thought it was going to be a problem for them – but this is changing, and the Eastern Band of Cherokee is now working to fight the adverse effects, including both the incursion of invasive species and also changing water temperature harming the trout. In the northwestern US, the Snohomish are leading efforts, informed by traditional knowledge, to keep the waterways safe for the salmon, as are the Nisqually, and multiple tribes are forming stewardship partnerships to pool efforts to protect their environs.

Citing the example of some tribes becoming climate refugees, including several in Alaska whose villages and ways of living are threatened and yet who don’t want to leave ancestral lands, Weaver concluded that American Indians are the canary or bellwether for climate change, as they are its first victims and first refugees. What befalls them will befall everyone.

-- **Bernard Goldstein (University of Pittsburgh, Pittsburgh, PA)**, a toxicologist, is the former Dean of the Pittsburgh Graduate School of Public Health, and in the 1980s, under the Reagan Administration, served as the Assistant Director for Research at the Environmental Protection Agency (EPA), which was founded in 1970, under the Nixon Administration. In his presentation he focused on the threats to the EPA under the Reagan administration, and discussed how the current situation, with the Trump Administration, is likely not “Déjà Vu all over again.”

Goldstein recounted how, in 1980, Reagan brought in Ann Gorsuch (mother of current Supreme Court Justice Neil Gorsuch), a conservative Republican, to head the EPA. Both she and Reagan had anti-EPA rhetoric similar to that currently employed by Scott Pruitt, the current head of the EPA. However, due to public protest, Reagan fired Gorsuch,

and replaced her in 1983 with William Ruckelshaus, a liberal Republican, who had been the first appointed head of the EPA (but who had left in 1973). Her replacement was a direct result of the activism at the time.

Goldstein first listed many similarities regarding the EPA under Gorsuch and Pruitt. Both served under 1st-term presidents who campaigned on an anti-EPA platform. Additionally, during their first year: both implemented large EPA budget cuts; both muzzled EPA scientists; both never designated a nominee to head the EPA Office of Research & Development, but instead left the position unfilled; and both never visited an EPA laboratory.

He then noted ways Pruitt is different from Gorsuch. First, he has changed advising committee rules, to stifle the ability to have unbiased information help guide effective policy. Second, he has made a blanket indictment, as biased, of all university-based scientists and engineers funded by EPA grants. Third, in contrast to Gorsuch, whose Deputy Head of the EPA was a university-based engineer, Pruitt does not have scientific or technical personnel in his leadership staff.

Goldstein also noted how Reagan and Trump differ, in ways related to the preoccupation of a 1st-term president whose primary goal is to be re-elected and not be repudiated. In Reagan's case, he found he was losing too much popular support and votes over his attempt to muzzle the EPA, and for this reason he fired Gorsuch. By contrast, Trump appears to have made the decision that his ability to be re-elected depends on doubling-down on his base, as reflected in the decision (promoted by Bannon, against the counsel of many of Trump's advisors and children) to withdraw from the Paris Climate accord and to beat the drum for climate change denialism.

The implication is that the way to get Trump to change his stance on climate change and the EPA is to change the views of Trump supporters. What will it take to change them? Trump received 60+% of the vote from the military and their families – implying that a focus on how climate change is a security threat may be useful (noting too that both the US military leadership and NATO recognize climate change is a threat). Similarly, Trump received 60+% of the vote from farmers and people connected to agriculture – implying that it could be useful to underscore how they are threatened by the changes to growing seasons, droughts, and storms resulting from climate change.

Nevertheless, Goldstein noted the times are different, potentially making it harder to reverse the Trump Administration policies. First, he noted the House Science, Space, and Technology Committee, which is filled with anti-EPA and climate deniers, has passed the "HONEST Act," which will require scientists to provide raw data, not in order to replicate analyses that show harm, but to try to pick them apart by finding small errors or "blemishes," in an attempt to discount any findings showing harm. Second, the House passed the EPA Scientific Advisory Board (SAB) Act, which didn't get passed by the Senate, and which would have increased the influence of industry on decisions while prohibiting scientists whose work is reviewed or evaluated by the EPA from serving on the SAB. Third, the American Chemical Council has gone recidivist, and is again pouring money into such anti-regulatory organizations, with such misleading names as the "Campaign for Accuracy in Public Health Research" (CAPHR), whose focus is on charging that the EPA supports "junk science." Fourth, the Heritage Foundation is now on-board with an anti-science agenda and supports Pruitt, in contrast to the stance it took in 1984, when it said Gorsuch made a mistake to turn her back on science in the EPA. Fifth, in the 1980s, there were Republican environmentalists; now the focus has turned to property rights. Finally, we face new severe challenges, and it is not clear if the EPA will again be able to carry out its key work of risk assessment, risk management, and the work urgently needed to improve sustainability and resilience in the face of climate change.

During the **Q&A period**, comments focused on:

- (1) the need for primary prevention of harm;
- (2) how coalitions can be built, such as the National Rainbow Coalition, led by Jesse Jackson in the 1980s, that could help galvanize the public protest and opinion needed to stop the climate deniers and urge action for sustainability, in turn prompting discussion about how not all coalition partners on a particular issue might agree on all other issues – and the example provided was that of a coalition to address the issue of homelessness in Washington, DC, in which the Catholic Church was a major force, as were other progressive groups who nevertheless disagreed with the Catholic Church on reproductive and LGBTQ rights;
- (3) the new challenge of "alternative facts" and how not only are different groups dealing with different "facts" but they are fragmented into their different media, so how can one get a common discussion and agreement on the actual facts?;
- (4) the need to emphasize people's lived experiences, including their experiences of the more subtle changes being brought about by climate change that are affecting their health, whether it be really bad snowfalls impeding ability to get to health care facilities, or extended pollen seasons leading to more allergies and asthma.

• POLITICS OF PUBLIC HEALTH DATA

Our session was attended by~ 85 people (down from ~ 225 last year!).

CLIMATE JUSTICE & TOXIC POLITICS: EMPIRICAL RESEARCH & THE FIGHT FOR HEALTH EQUITY (Mon, Nov 6, 2:30-4:00 pm; Session 3411.0; GWCC, Room B207)	
2:30 PM:	Introduction – Craig Dearfield, PhD
2:35 PM:	Racial and geographic correlation between exposure to Valley Fever endemic areas and hospitalization and emergency department visits among Los Angeles County residents – Bita Amani, PhD, MHS, Eliza Rono, MD, Paul Robinson PhD
2:55 PM:	Conspiracy theories in a public health crisis: experiences among health professionals and community members toward Zika in Puerto Rico – José G. Pérez-Ramos, MPH, Ivelisse Rivera MD, Colleen Murphy, MPH, Carmen Velez-Vega, PhD, Timothy Dye, PhD
3:15 PM:	Native American maternal & child health burdens due to fossil fuel contamination of sacred, treaty-protected lands: a systematic review— Kaylan Agnew, MSc, Yogi Hendlin, PhD, Guriot Gill, Rupa Marya, MD
3:35 PM:	Q&A

Craig Dearfield (Spirit of 1848 Coordinating Committee; Howard University, Washington, DC) opened up the session by introducing its theme and the speakers.

-- **Bita Amani (Charles R. Drew University of Medicine and Science, Los Angeles, CA)** presented her team's work on explaining the rising rates and changing geographic distribution of Valley Fever (coccidiomycosis) in California, from 1998 to 2015, in relation to gentrification, mass incarceration, and climate change. First, the fungal spores that cause the disease thrive in arid to semi-arid locations, high summer temperatures, and mild winters – implying that climate change will increase the spatiotemporal distribution of these spores, and hence increase rates of infection and disease (above and beyond any increases due to improved testing and diagnosis). Evidence indicates the populations at greatest risk of the disease are construction workers, agricultural workers, military personnel, and incarcerated persons, and also that among those who become infected and ill, the greatest risk of disseminated (and more lethal) disease is borne by persons who are men, elderly, have weakened immune systems, are diabetic, and who are persons of color. Analyses by Amani and her team indicate that in endemic areas, the proportion of the population that is white has been declining, whereas the proportion of the population that is black, Latinx, and Asian is rising. Compounding these problems, prisons serve as vectors of the disease, noting that 16 of 33 prisons in California are in the Central Valley, of which 8 are in hyperendemic areas. Recognizing the threats to health posed by Valley Fever and its links to gentrification, mass incarceration, and climate change, new groups, such as Justice LA, are now working in specific areas to try to increase understanding of – and to challenge – how these conditions are harming people's health, especially among communities of color.

-- **José G. Pérez-Ramos (University of Rochester, Rochester, NY)** spoke on the work by him & his team to analyze the response of Puerto Ricans to the 2016 campaign designed by the US CDC (Centers for Disease Control and Prevention) to limit risk of exposure to the Zika virus. The campaign emphasized: (a) using repellants (especially on the face); (b) increasing access to condom dispensers; and (c) spraying the island with Naled, a pesticide implicated in killing bees and harming reproductive health, a proposal that was, however, blocked by community protest.

Before presenting what the team learned from the interviews they conducted with community members, Pérez-Ramos reminded the audience that Puerto Rico is an “old colony,” having been under colonial rule since 1493 (i.e., it was ruled by Spain from 1493-1898, and since 1898, it has been ruled by the US, under a variety of governance arrangements), and it also has been the site for numerous “experimental procedures,” including: the test of the birth control pill in the 1950s; an experiment in the 1930s to observe the consequences of injection of cancer cells into humans; sterilization abuse; exposure to Agent Orange; and exposure to many metal and chemical contaminants due to use of two of its small islands (Vieques and Culebra) for bomb testing by the US military.

The team conducted its interviews with patients and staff at three community health centers (all FHQCs), one serving a low-income Afro-Caribbean population, one serving a population in an area with high poverty and many immigrants, and one serving the population of a rural mountain community. The dominant themes to emerge involved: (1) mistrust; (2) conspiracy theories; and (3) lack of community engagement. Health agencies were unaware that many Puerto Ricans thought the Zika campaign was an experiment, geared towards testing something about the mosquitoes or testing a new repellent, such that they did not consider the Zika campaign to be a bona fide health campaign. Pérez-Ramos tied this response and the surge of conspiracy theories to Puerto Ricans' experience with colonialism, and said the only ways to counteract the mistrust would be to listen to and respect the community, put communities first, and stop trying use an approach of “one size fits all” when designing interventions.

Tellingly, conspiracy theories have also arisen in the wake of Hurricane Maria, with government actions (including the inadequate response by FEMA and the disgraceful action of Trump throwing a roll of paper towels at refugees from the

hurricane) being interpreted as being part of a conspiracy to reduce population size in Puerto Rico, by forcing people to leave the islands. He concluded by saying his team re-activated the networks they formed for the Zika study to help distribute hurricane relief supplies to the clinics, to provide them with what they need.

-- **Kalyan Agnew (University of California, San Francisco)** discussed her team's work, which came about due to the participation of the UCSF "Do No Harm" coalition's solidarity work with Standing Rock. The focus of the Coalition is on dismantling state violence and its impact on communities of color. One of the members of the Coalition, who had gone to Standing Rock to provide medical support, was asked by the leaders of Standing Rock to evaluate the toxic effects of fossil fuel contamination on Native American maternal and child health.

Agnew framed the work first with acknowledgement of: the diversity of Native Americans in the US, Canada, and Central America; the shared histories of ethnic cleansing and genocide, and the need for reproductive justice; high rates of adverse health outcomes; and the role of environmental racism in leading to high levels of exposure to environmental pollutants. She additionally noted substantial research indicates that exposure to diverse petrochemicals (including polycyclic aromatic hydrocarbons [PAH], benzene/xylene/gasoline, and hydrogen sulfide) have been causally implicated in adverse birth outcomes (including fetal loss and preterm birth).

The research question focused on risk of adverse maternal and child health outcomes due to fossil fuel contamination among American Indians residing on reservations and treaty-protected lands as compared to communities without such contamination. They carried out a systematic literature review in December 2016 (updated in September 2017), with the presentation listing the search engines employed and key words utilized. Among the ~1500 articles identified, only 7 met the inclusion criteria, and most of them had small sample sizes, such that the reported parameter estimates had very wide 95% confidence intervals. In the US, one study implicated exposure to polychlorinated biphenyl (PCB) contamination to suppression of ovulation, and one study linked exposure to increased risk of neural tube defects, especially spina bifida. In Canada, the identified studies linked exposure to delayed menarche, changes in the sex ratio at birth, increased risk of asthma, increased risk of miscarriage and small births, and increased risk of leukemia in children.

Limitations included: most studies were of poor to fair quality; they were cross-sectional; and they had small sample size. The evidence would be improved by conduct of better designed longitudinal studies, allowing for analysis of dose-response effects. Also needed is activism at every level to protect Native Americans from petrochemical pollution.

During the Q&A period, comments focused on:

- (1) reasons why prisons were a vector for Valley Fever (as tied to geographic location and poor ventilation);
- (2) limitations of the small number of studies and small size for analysis of adverse birth outcomes due to petrochemical contamination affecting Native American women (and a suggestion to focus instead on the exposures, and seek effect estimates for risk given exposure from extant meta-analyses, under the assumption that there is no reason the effect size should be different among Native American women compared to other women);
- (3) the larger questions raised by all three presentations, involving "science for whom," and how distrust of scientific expertise among communities who have experienced racism (and scientific racism) can be addressed, and ways this distrust is different from the attacks on science by climate deniers and conservatives; responses from the panelists were: (a) in the case of Puerto Rico, the distrust requires listening to what people say, and also calling in prior history, such as the successful eradication, by Puerto Ricans, of dengue fever in the 1950s; (b) in the case of Valley Fever, the need to work with community groups to find out what information they seek and who needs to be aware of this information, e.g., listening to the youth groups working on incarceration, and their wanting public health professionals to understand and act to address links between Valley Fever, gentrification, and mass incarceration; and (c) in the case of Native Americans and petrochemicals, the need to decolonize medicine and work with the Native Americans to understand the reasons for their distrust and to work with them to generate the concrete evidence they need to protect themselves. A common theme was that the affected communities need to participate in the research and have a say in how and why it is done.

• PROGRESSIVE PEDAGOGY

This session was attended by ~ 80 people (up from 70 last year).

PROGRESSIVE PEDAGOGY: TEACHING ABOUT LINKS BETWEEN TOXIC POLITICS AND CLIMATE/ENVIRONMENTAL EQUITY AND PUBLIC HEALTH (Tues, Nov 7, 8:30-10:00 am; Session 4069.0; GWCC, Room B207)
8:30 AM: Introduction – Vanessa Simonds, ScD, Lisa Dorothy Moore, DrPH
8:35 AM: Teaching war as a public health problem – Amy Hagopian, PhD, Evan Kanter, MD, PhD
8:50 AM: #CrunkPublicHealth: Decolonial Black Feminist and progressive pedagogies of cultivating liberatory learning, research, and action spaces – LeConte Dill, DrPH, MPH

9:05 AM: Pedagogies for social advocacy: National Nurses United's Certificate Program in Health Inequity and Care & Women's Global Health Leadership – Heidi Hoechst, PhD
9:20 AM: Structural competency and global health pedagogy – Michael Harvey, PhD-c, Kelly Knight, PhD, Seth Holmes, MD, PhD
9:35 AM: Q&A

Vanessa Simonds (Spirit of 1848 Coordinating Committee; Montana State University, Bozeman, MT) introduced the session's theme and the speakers.

-- **Amy Hagopian (University of Washington, Seattle, WA)** described the course she developed with her colleague, Evan Kanter, to teach about war as a public health problem. The motivation was to counter the emphasis of most public health war-related work that either focuses on cleaning up afterwards (e.g. Red Cross, Médecins San Frontières [MSF]), or preventing use of certain types of weapons (e.g., Physicians for Social Responsibility), or preventing adverse psychological responses to war (e.g., a National Academy of Science study for the Department of Defense on this topic, but which contained nothing about preventing exposure in the first place). A related problem is the lack of funds for public health work on preventing war.

In such a context, teaching becomes a way to introduce the material to a public health audience. Attesting to the need, analysis of papers presented at APHA in 2015 showed that among 1000 sessions, only 9 focused on war, as did an additional 7 individual presentations and posters. Research for an APHA 2012 resolution about who is teaching war found that among 6266 courses taught in public health schools, only 31 were war-related, of which only 6 focused on causes and only 4 on prevention.

To address these gaps, in 2015 Hagopian and Kanter first taught their course on “War as a Public Health Problem.” It is taught at the University of Washington (Seattle, WA), where it is a 4-credit elective course that meets 3 times per week and is open to graduates and undergraduates. Students are recruited from all over campus, including those enrolled in ROTC, and students in the military have been enrolled in every course since inception.

The course focuses on how wars are instigated and uses a problem-based learning approach to address how wars could be prevented and the role of health professionals. Case examples include: Rwanda; World War II; El Salvador; and the Mexican drug war, among others. Graduate students help lead the weekly discussion groups, and the class enrollment has comprised 10 graduate students and 50 undergraduates. Topics addressed include: structural violence and how it is instigated and fueled by war; military recruiting; and the presence of the military at universities. The course also includes two panel discussions, one with refugees and one with veterans, and also includes some guest speakers. The mid-term quiz concerns the health effects of war. The final project concerns prevention and is either an activity or a quiz.

The course has experimented with using different text (e.g., books written as textbooks; novels; graphic novels) and has found that a graphic novel has worked best (*Andreas J. Addicted to War: Why the U.S. Can't Kick Militarism – A History of U.S. Foreign Wars in Comic Book Format*. Oakland, CA: AK Press, 2015); a new book that will be published this month may also be relevant (*Wiist WH, White S. Preventing War and Promoting Peace: A Guide for Health Professionals*. Cambridge, UK: Cambridge University Press, 2017).

A key emphasis is on how students can leverage the power of public health and privilege to prevent war. The course is meant to spark more courses in other institutions on this topic, and borrowing of the syllabus is encouraged! – see: (a) <https://phsj.org/war-and-peace> ; and (b) <https://catalyst.uw.edu/workspace/hagopian/45591/329351>

-- **LeConte Dill (SUNY Downstate School of Public Health, Brooklyn, NY)** described her approach to teaching, at her school in Brooklyn, NY, what she terms #Crunkpublichealth, premised on hashtag ethnography that documents processes in social and activist spaces. Framing the class are two vital questions: “Who you wit!” (i.e., who is your work for, and whom do you center and bring along, and why); and “Who/what do you refuse, forget, ignore, or erase?” The class also refuses the “at-risk” narrative of public health, which is not neutral, instead creating a stigmatizing narrative which focuses on individual level change to address “lifestyle” and assumes individuals have no agency to change environmental hazards. The alternative is desire-based research and teaching, inspired by Black feminist thought, which emphasizes an intersectional holistic approach that highlights agency and hope and also people’s experiences of not only illness but also wellness. The course also draws on Public Health Critical Race Praxis.

Dill recounted how she first became engaged in public health when a student at Spellman College in the late 1990s, a time when Crunk emerged as a form of music and way of being that was urban, bass heavy party music with call and response. The term referred to a state of being crazy + chronic + drunk, and inspired the formation of a crunk feminist collective of hip hop feminist urban and rural students, for whom “getting crunk” referred to declaring resistance to the hegemony of dominant and demobilizing “at risk” narratives in the field. She described how she was trained by Dr. Bill Jenkins at Morehouse, who always provided historical context when teaching epi methods, including his own role in exposing the Tuskegee syphilis study. In this context, “getting crunk” referred to a way of bringing one’s full self to class, and getting

crunk in the scholarship and classroom, and also implementing radical citation practices, to bring in the work of other radical scholars of color.

Dill then described how her #Crunkpublic health course is transdisciplinary and practices a pedagogy of collegiality, in which she as teacher and her students are co-learners and co-researchers. An emphasis is on hope, wellness, and agency, not solely health inequities. The class employs art-based methods, including poetry and creative writing, music, body maps. As one example, the core course on “Urban Health Issues” starts the class with music and then focuses on gentrification as a social determinants of health, and includes use of images from the art of Jacob Lawrence, murals, and spoken word. This use of art helps students with the stress they feel about the issues discussed, since they relate so directly to their own lived experience, and the course also teaches approaches to self-care, to bolster hope, agency, and the power to make change. Dill concluded by encouraging everyone to learn more about the frameworks of Black feminism and their contribution to public health analysis and action.

-- **Heidi Hoechst (National Nurses United, Oakland, CA)** described the new certificate program developed by National Nurses United (NNU), which is the largest union and professional association of registered nurses in US history and which is dedicated to “health care justice, accessible, quality healthcare for all, as a human right” (see:

<http://www.nationalnursesunited.org/>). The certificate program involves both Rutgers University (Rutgers, NJ) and American University (Washington, DC) and is intended to build structural competency so that nurses can better understand the context in which they work and become better advocates for social change. For example, the course on the political economy of the health care system teaches critical understanding of the health care economy, hospital restructuring, and use of technology, and how to respond to these issues, using a frame of political education that calls attention to other forces, allies, and solidarity.

Noting that it is very unusual for a union to be involved in creating a higher education program, Hoechst said that the impetus came out of the 2008 financial crisis, which lead to greater restructuring of the health care system and its financialization, plus increased use of technology, such as use of electronic medical records, in which the profit-driven priorities of health insurance companies was leading to increased overriding of nurses’ clinical judgement about the needs of their patients. In a context of such activism as Occupy Wall Street and public advocacy for a “Main Street Contract” (using the slogan: “Heal America/Tax Wall St”), the program was developed to increases nurses’ understanding of their economic and work context and to scale up RN advocacy, with RNs functioning as the moral center of the hospital.

The on-line certificate program with Rutgers (under their Women’s Global Health Leadership program) offers 7 courses, all of which are taught by NNU faculty (all of whom have PhDs) and all of which analyze the political forces that are driving health and health inequities globally and collective response to change these conditions. The NNU courses have the most successful retention among Rutgers’ on-line course. Students enroll from around the US, and include both nurses in the field and college students, thereby promoting rich interdisciplinary, transgenerational education, premised on the view that “health care is at the heart of democracy.” The 14-week course teaches students how to advocate and intervene; examples of assignments include writing op-eds or speeches to present before a city council (and one student, inspired by the course, went on to become a city councilor and is now running for the state assembly!).

The two core courses are: (1) “Impact of Economic Inequality on Women’s Health,” and (2) “Women’s Global Health Movements.” Topics addressed include: inequality; debt; climate crisis; pharmakosis; food disparity; and the health care crisis. Students have also traveled, in solidarity, to such places as Texas after Hurricane Harvey, Standing Rock, and Puerto Rico after Hurricane Maria, so as to observe what is going on and have what they have learned in class inform their actions when on-site. For example, after the trip to Puerto Rico, the students wrote a report about what they observed and sent it to state legislators to advocate for the kinds of policy responses urgently needed to this disaster. The emphasis is on the connected cycle of: social advocacy – classroom analysis – organized action – evaluation, in turn informing the next steps of social advocacy, etc. Additional courses focus on: healing structural violence; science, technology & human health; health geographies; militarism and health; and neoliberal globalization and health. The emphasis is: “organize – organize – organize,” and to recreate and reclaim democracy for all people.

For information on the certificate programs, see: <https://www.nationalnursesunited.org/certificate-programs>

-- **Michael Harvey (San Jose State University, San Jose, CA)** presented on a framework he is developing with colleagues for “Structural Competency and Global Health Pedagogy.” The emphasis is on health disparities as an outcome of structures, including contemporary and historical systems, policies, and institutions that create and maintain health inequities. Examples of such structures include systems, policies, and institutions involving taxes, health care, economics, prisons, and the judicial system, and the focus is on systems that drive health disparities in relation to class, race/ethnicity, gender, sexual orientation, and citizenship. This type of analysis is informed by the work of Metzel et al on structural

competency and by the work of the Bay Area Structural Competency for Health Care Working Group, the National Nurses Union, and the UC Berkeley Center for Social Medicine.

The framework critiques the conventional “social determinants of health” approach, which typically focuses on, say, how poverty and inequality harm health, but does not include analysis of the structures that drive the production of the types of poverty and inequality present. The five competencies developed thus far are as follows:

(1) *Articulate a language of structures in relation to health and health care disparities* (e.g., structural violence; structural vulnerability; structural racism; structural determinism), drawing on epidemiological theories that emphasize a structural analysis, include ecosocial theory, political economy of health theory, and fundamental cause theory.

(2) *Identify structural determinants of health in specific global contexts* (e.g., the case example of Guatemala, where the mainstream public health explanation for poor health among rural Indigenous populations is a lack of sanitation, poor diet, and distrust of the health care system, versus a structural analysis, which emphasizes the low per capita spending on health care in rural Indigenous regions, and how lack of resources and access to services impedes use of health services).

(3) *Recognize ways that traditional ideas and methods in the field of global health ignore structural determinants of health* (e.g., the idea of “at risk” overemphasizes individual agency, behavior, lifestyle, and culture; as an example, in Guatemala, mainstream analyses blame poor health on a “culture of death” and “fatalism,” which ignores the impact of colonialism and neo-colonial exploitation, the prohibitive costs of obtaining health care, the high debt burden of much of the population, and a reluctance to go to hospitals because people only “go to hospitals to die”).

(4) *Design structural interventions to address health and health care disparities in specific global contexts* (e.g., advocacy to increase access for HIV/AIDS medicines, as per PEPFAR and the Global Fund; or partnerships to build and support public infrastructure, such as the Partners in Health medical complex in Rwanda and the teaching hospital in Haiti).

(5) *Apply structural humility in a global health context* (e.g., be aware of one’s own privileged positioning when partnering with marginalized individuals and groups).

The reason for developing these competencies is that global public health programs are proliferating in universities and colleges, at a time when economic inequalities are increasing, and it is important to reorient the pedagogy to address the structural determinants of health, as one piece of the larger puzzle, geared to improving health equity.

During the Q&A period, comments and exchanges focused on:

(1) a concern there was inadequate attention to the role of corporations, in the presentations and in the APHA conference, plus a critique of the Partners in Health Rwanda complex as solely providing 4th world health care;

(2) for #crunkpublic health: (a) when using hip hop music, how to deal with “negative lyrics,” with the exchange emphasizing the need for students to “say the words” and unpack their meanings as a way to address them; and (b) use of the “body map” to identify sites of not only pain & illness, but also spaces of joy, hope, and healing;

(3) how to address the resistance of health professionals to acknowledging the existence and impact of structural racism and how to evaluate the impact of pedagogy focused on structural competency, with the exchange noting that an evaluation of pre-med students who took a course on structural competency had improved awareness of how racism harms health and the delivery of health care, and the NNU courses all including as a theme the need to end institutionalized racism as a core part of every course, using examples of redlining, militarization of police forces, and the role of social movements, such as the linkage of the fight for Medicare and civil rights;

(4) how to address in the classroom that not all students come in with the same level of awareness, with the exchange emphasizing such methods as the #crunkpublic health approach of reframing students as being co-learners and also having them go outside of the classroom to do community mappings, so as to enhance awareness of the situations being analyzed, and the NNU course aiding students to analyze their own experiences in context and hear the stories of all the students, which opens up awareness to the broader forces affecting people’s lives and health;

(5) a question about key obstacles and unexpected allies encountered when creating the courses described, with the responses being: (a) for #crunkpublichealth, insights gained from Dill’s invaluable experience participating in the initiative “Democratizing Knowledge” Summer Institute (inaugurated at Syracuse University in 2009 and now involving other academic institutions; see: <http://democratizingknowledge.syr.edu/SummerInstitute.html>); (b) for teaching about war, support from the university (which is a public university in a state with no income tax), such that support is offered for any course that draws students in (and hence their tuition fees); (c) for NNU, the ways in which the impact of economic austerity on universities led to openness to partnering to create an on-line certificate program; and (d) for structural competencies in global health: the ability to draw on disciplines outside of public health, when learning as a doctoral student, to take on the conservatism in mainstream MPH courses;

(6) approaches to bringing in the failures of public health (such as the unethical Tuskegee syphilis study) into the courses, with the responses being: (a) for teaching about war, emphasizing the abject failure of public health to focus on the prevention of war, with students enjoying learning how to critique conventional public response to war, including how the Red Cross operates; (b) for NNU: examples of teaching about the failures of conventional public health practices in relation to the operations of Big Pharma, food policies, and global trade; (c) for #crunkpublic health, there is a section on ethical failures, using the example of J. Marion Sims (who experimented on enslaved women, yet who is canonized in the medical literature; protests against the statue of him in NYC are discussed); (d) for structural competency: one example is analysis of the racism that drives the difference in how the current opioid crisis is approached versus the prior “War on Drugs,” and another example of failure is the Guatemalan secret syphilis study, in which US public health personnel injected Guatemalans (primarily prisoners and sex workers) to expose them to syphilis and study them.

• INTEGRATIVE

This session was attended by ~ 100 people (down from ~ 220 persons last year).

PLANETARY EMERGENCIES: CLIMATE CHANGE & TOXIC POLITICS – AND GLOBAL & INDIGENOUS FIGHTS FOR HEALTH EQUITY & A SUSTAINABLE FUTURE (co-organized with the American Indian, Alaska Native, and Native Hawaiian Caucus) (Tues, Nov 7, 10:30 am – 12 noon, Session 4161.0) GWCC, Room B207

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

10:40 AM: **Learning from our elders & energized by our youth (I)** – Elder: **Peggy Shepard**; Youth: **Hannabah Blue, MS**; Interview moderator: **Anne-Emanuelle Birn, MA, ScD**

11:00 AM: **Bringing in more voices (I)** – **Vanessa Simonds, ScD + video: Susan Almanza**

11:05 AM: **Bringing in our voices – led by Nancy Krieger, PhD**

11:10 AM: **Learning from our elders & energized by our youth (II)** – Elder: **Patricia Cochran**; Youth: **Candis M. Hunter, MSPH, PhD-C**; Interview moderator: **Anne-Emanuelle Birn, MA, ScD**

11:30 AM: **Bringing in more voices (II)** – **Vanessa Simonds, ScD + video: Xiuhtezcatl Martinez**

11:35 AM: **Q&A – moderated by: David Cummings, BSc, MPH & Nancy Krieger, PhD**

Nancy Krieger (Chair, Spirit of 1848; Harvard T.H. Chan School of Public Health, Boston, MA) opened up the session, which the Spirit of 1848 Caucus co-organized with the American Indian, Alaska Native, and Native Hawaiian Caucus (AIANNH). Noting that when Spirit of 1848 set the theme of “toxic politics & climate” change last year, in the aftermath of the November election, we only had an inkling of just how toxic politics would become, posing a threat to all on this planet, humans and other species. However, mindful of the UK scholar’s Raymond William’s recognition of the need for “making hope practical, rather than despair convincing,” and the Anishinabee scholar and writer Gerald Vizenor’s concept of “survivance,” which refers to active survival, a stance that requires embracing history, remembrance, experience, and imagination, we organized this session in order to connect us across generations, from past to future, in the work we must do, in this time of the twin planetary emergencies of global climate change and toxic politics, to fight for health equity and a sustainable future. Also guiding the session’s content is its role as the Spirit of 1848 “integrative” session, which is intended to integrate, in relation to the chosen theme, the 3 foci of the Spirit of 1848: social history of public health, the politics of public health data, and progressive pedagogy. The introduction also acknowledged the original people of the region – the Creek and Cherokee nations, as well as the Mississippian peoples before them – and also everyone who worked on the session (Spirit of 1848: Anne-Emanuelle Birn, Vanessa Simonds; AIANNH: Hannabah Blue, David Cummings, Babette Galang, Ingrid Stevens, and Narinder Dhaliwal).

Babette Galang then offered words of welcome on behalf of the AIANNH Caucus.

-- The first intergenerational dialogue was between **Peggy Shepard (WeACT, NYC NY)**, a Black elder, and **Hannabah Blue (AIANNH Caucus; JSI, Denver, CO)**, an Indigenous youth.

-- Peggy first asked Hannabah what led her, as a young Navajo person, to take on the public health and activist work she is engaged in. Hannabah responded by first naming her clans and those of her parents, and then described what it was like to grow up on the reservation and to be instilled with a sense of responsibility, especially to address the hardships imposed on American Indians, including the stripping of culture and language by the boarding schools (such as the one her mother had to attend), and the new opportunities for her generation to reclaim their traditions.

-- Hannabah then asked Peggy what was the catalyst in her times that propelled her to her activism, including around environmental racism. Peggy responded that she had moved to NYC to be a journalist at the time the women’s movement was on the rise, and she was encouraged to get into politics by the Jesse Jackson campaigns (in 1984 and 1988) to become president, which changed her life. Working as a journalist, she was exposed to the many different kinds of neighborhoods in which different groups lived and became more aware of the unfair distribution of resources and exposures. A veteran

political campaigner asked her if she wanted to be the person behind the scenes or be up front – and, challenging her own tendency to be introverted, she stood to run as a District Leader in West Harlem, which was the beginning of her working in politics, and it opened her eyes to conditions in her neighborhood and the politics of the placement of bus depots, sewage treatment plants, and other environmental hazards. She met with members of the United Church of Christ Commission on Racial Justice, who in 1987 produced the first-ever report on “Toxic Wastes & Race” – and this led to her being involved in organizing the first-ever People of Color Summit on Environmental Justice, held in 1991. This Summit developed 17 principles of environmental justice, and the presence of so many groups from around the country made her realize she was not alone. The friends she made back then through this work remain her friends to this day. Then, with the rise of awareness about climate change, that led to more demands – and the need to assert that it is not possible to have climate justice without environmental justice. The activism around climate change is encouraging, and it needs to be infused with awareness of the need for environmental justice.

-- Peggy then asked Hannabah about the activism of her generation, and how it may differ from that of Peggy’s generation. Hannabah said that her work in tribal public health has included being part of an Indigenous youth leadership program, which emphasized story telling. She spoke of the critical role of youth in the Standing Rock organizing. She said youth want to be listened to, they want to pay attention, they want to gain voice, and they want support to develop their passion and skills. She said a key lesson was not to bring an agenda to youth for them to “do,” but rather to go to them, find out what they are interested in, and build on this interest to build up their skills. All of the youth she engages with are aware of climate change, human trafficking, HIV, and other issues, and want to find ways to address these problems drawing on their cultural strengths, using social media and organizing skills.

-- Hannabah then asked Peggy how she had seen intersections between the issues she has worked on and Indigenous issues. Peggy replied that at the WeAct for Environmental Justice gala last year, they honored Tom B.K. Goldtooth, the Executive Director of the Indigenous Environmental Network (see: <http://www.ienearth.org/>) and showed a video on Standing Rock. She said that in work on the environmental justice movement, which is built around geographic and ethnic-based networks, she has worked together with Native Americans, Latinos, and Asian and Pacific Islanders throughout the US. Her own focus has been to institutionalize an advocacy voice in a specific spot, i.e., West Harlem, so as to galvanize residents to mobilize and engage in the on-going advocacy, training and participation needed to advance environmental justice. Current campaigns include developing a climate resilience plan and working to aggregate demand for solar power and develop affordable housing. Peggy noted that urban issues are very different from rural issues, but that the two can work in solidarity and march together, and help share training, resources, and co-knowledge.

-- Peggy then asked Hannabah about how she balances the long-term vision of her tribe with the day-to-day work of concrete steps to implement projects. Hannabah said it definitely is a struggle, and it’s also a struggle to be Native, to be a youth. Being an activist is important but so is taking care of oneself. It is important to do activism from a solid and whole place, and to give from a whole place. Hannabah is currently working with youth younger than herself and teaching them these lessons too. She was taught that we borrow the earth from our children, and that we must always think about the next generation. It is essential to support youth to be their whole selves.

-- Hannabah then asked Peggy what was her “take-away” from her experiences. After a deep sigh, Peggy said that we need strong emerging leaders, we need youth, and we need to pay attention to them. She said she was surprised when her own niece texted her while taking a class at Howard University when the niece heard her auntie’s work mentioned, and Peggy realized she hadn’t even known this niece was interested in climate justice! She also knows that Black millennials are figuring out how to do activism on their own dime. Her key points were that: activism is not difficult, it requires identifying an issue, identifying the challenges, organizing one or more people to work with you on the issue, and raising your collective voice. In NYC, she finds that she is still often the only (or one of the only) black people in the room or woman in the room, and it is a constant struggle to change this. But she can also see victories, and it gives her great pleasure to see the new park in her community that she and others helped establish, and to see that the air is cleaner. She said it is important to get people involved in critical science, and the key take-way is that we really can make a difference.

-- Everyone was then encouraged to see: “**Awake: A Dream From Standing Rock**” (available at Netflix; see also: <https://awakeadreamfromstandingrock1.vhx.tv/>), which is a wake-up call and a lesson in resistance.

-- Then, to bring in more voices, **Vanessa Simonds (Spirit of 1848 & AIANNH Caucus)** presented a 5-minute video of **Susan Almanza**, a Chicana/Indigenous activist in PODER Texas. In the video she recounts how she and her neighbors took on the petrochemical industry to ban their dumps in her city, work that involved activism at the city and state level, with public health, urban planning, and other agencies, so as to kick out the dumps and change the zoning laws so that they could never return. The video was produced by the EPA in 2012, as part of a video series they made to celebrate 20 years of their work for environmental justice (see: <https://www.youtube.com/watch?v=lISpcTdaRTo>). Towards the end of the video,

Almanza described how the victory makes her both happy and sad, happy for how the air is so pure and clean now, and sad for all the years of exposure and the suffering it caused.

-- Next, to bring in the voices of all present, **Nancy Krieger (Spirit of 1848 Caucus)** moderated a 5-minute interlude in which she asked everyone to turn to their neighbor, introduce themselves, and ask: "What are the concerns that brought you to this session?" and "What are your hopes for what we can collectively do?". The room erupted into engaged and lively conversations, people forged new connections, the energy was palpable, and the conversations could have gone on for way more than 5 minutes, but they ended promptly so that we could have the next intergenerational exchange.

-- The second intergenerational dialogue was between **Patricia Cochran (AIANNH Caucus; Alaska Native Science Commission, Anchorage, AK)**, an Indigenous elder, and **Candis M. Hunter (Rollins School of Public Health, Emory University, Atlanta, GA)**, a Black graduate student.

-- Patricia opened the dialogue by honoring the ancestors and elders and recognizing we were on tribal lands. She then said that in her past life she is the Director of the Alaska Native Science Commission, and that she is Inupiak Eskimo, born in Nome, AK. Her original training was in law, but she had a passion for science, and she urged everyone to find and live their passion, so that you enjoy what you are doing. She then said that "Patricia" was only one of her names, and that, truthfully, her traditional name is "Sigvonna," the name given to her by her mother and aunties. It was the name of a girl who died early in life, and it instilled in her the need to live her life also for someone else. This kind of traditional name and its meaning changes your life, and makes you realize you are responsible for others.

-- Candis then described how she was originally born in Baton Rouge, LA, and moved to Atlanta 15 years ago, to attend Spellman College, where she studied chemistry. She then went to graduate school and now is enrolled as a PhD student in Environmental Health Sciences at Emory. Her focus is on community gardens and heavy metal contamination and how to keep these gardens healthy. For 7 years she also was involved in the Navajo birth cohort study, which focused on the impact of uranium exposure on birth defects. Her primary interest is in connections between people, the land, and the environment, and she sees community gardens as a way of reclaiming food and land for social justice and culture too.

-- Candis then asked Patricia about her work in the Alaska Native Science Commission and how she viewed the ideas of stewardship and activism. Patricia responded that she wouldn't use the term "activist" to describe what she does, because how she lives and the focus of her work is her way of life and her responsibility as a steward of Mother Earth, where it is her job to protect the planet, humans, and other species. To her, this is the essence of living a good life, and she sees herself as a steward. She has been with the Commission for a long time, and explained the Commission's view of natural science as encompassing all the knowledge learned from observing and engaging in the world in which we live. She was taught to learn, use, and remember roots, plants, the smell of weather, and this is all part of natural science.

-- Patricia then asked Candis about what she saw as common issues linking their different work. Candis replied that one commonality was the appreciation and use of traditional knowledge and the need to understand one's environment. Her own work in agriculture was intent on reclaiming past knowledge to make it more sustainable, and gave the example of prior knowledge about how to rotate crops to increase soil health, in contrast to monoculture industrial agriculture that relies on chemicals. She said the idea of sustainability is not new, and that prior generations of farmers knew about how to use all parts of a plant, of livestock, and the need not to throw away anything. She noted that many cultures have practiced composting for eons to improve soil health and wants to encourage use of such traditional knowledge in current practices.

-- Candis then asked Patricia about her experiences of using traditional knowledge in her work in Alaska. Patricia commented that many people think traditional knowledge is a relic or museum piece, when in fact it is dynamic, and people are always learning, passing new knowledge from one generation to the next. In her case, she is linking food security to food sovereignty, and she described the new challenges people are facing in the Arctic, where the permafrost is melting and houses are falling into the sea. A key question is how to hold onto food security, when the very lands people have lived on and lived off of are changing, affecting the availability of natural foods (plant and animal). One new initiative is to increase use of solar and wind power to grow crops.

-- Patricia then asked Candis about how climate change is affecting people in Atlanta, reflecting on how the changes in Alaska are a harbinger of what is to come. Candis described how, as a Southern girl, she is very aware of increased flooding along the coast, and that awareness of the impact of climate change in inland urban areas is masked by thinking the problems are only coastal problems. Candis' focus on food security can help counter this, by making people think about how climate change is affecting our food, in ways that matter for people in urban areas too.

--- Candis then asked Patricia about her work in organizing the first Indigenous People's Global Summit on Climate Change, which brought together 400 people from across all 5 continents, and she asked what keeps Patricia hopeful in such troubling times. Patricia said that politics and money are at the root of all the problems, and it is clear that no one is

going to be writing a check to help the communities along the Alaska coast whose villages are now falling into the sea. She explained that Indigenous people in the Arctic were nomadic and had not lived in such communities before the Bureau of Indian Affairs (BIA) established them, so as to make transportation of goods to villages by coastal barges more feasible – and now the residents of these places are paying the price of the BIA not respecting Indigenous knowledge about where these villages should have instead been located. Work is now going on for self-protection, involving building rock sea walls, steel abutments, and use of sand bags, all to protect against flooding by rising sea levels. Everyone is clear that they cannot wait for someone else to do this work, and people coming together is a source of hope.

-- The dialogue closed with Candis thanking Patricia for sharing her background and all she is doing, and that as an up-and-coming person in public health, it is inspiring to learn about all that Patricia has done. Patricia in turn said to Candis that it is her responsibility, as an elder, to pass along her knowledge to the next generation, and she said she is embarrassed by the kind of world we are leaving for our children and apologized for the mess we have left you. She and others are doing all they can do to have hope for the future, conscious that our ancestors lived, they made it, and it is our time and our turn to do the work, for them and the future.

-- Then, to bring in yet more voices, **Vanessa Simonds (Spirit of 1848 & AIANNH Caucus)** presented a video of **Xiuhtezcatl Martinez**, an Indigenous youth from Boulder, CO who is a hip hop artist and environmental activist. The 5-minute video was the rousing speech he gave at the 2014 Bioneers conference, when he was 14 years (see: <https://duckduckgo.com/?q=Xiuhtezcatl+Martinez+bioneers+video&t=ffnt&ia=videos&iax=videos&iai=E18pEQH-pls>). He described how he was taught Aztec values by his father, and how when he was 6 years old, he saw DeCaprio's film on climate change, was devastated, and realized he had two alternatives: do nothing and watch the world collapse, or do something – and he did. He founded Earth Guardians to raise awareness and fight for environmental and climate justice, and he is part of a group of youth who are suing the government over climate change. He emphasized that solutions are available now and they have to be used, and that youth have always been on the front line of struggle, citing the example of the civil rights movement – and the way youth helped lead the huge Climate Justice march in NYC in 2014. See the video, as it provides a bolt of energy and inspiration!

-- We then had a Q&A session moderated by **David Cummings (AIANNH Caucus; Rehobeth, DE)** and **Nancy Krieger (Spirit of 1848 Caucus)**. Topics addressed included:

(1) how the current crisis is also a spiritual crisis; the response from Hannabah was about how Indigenous peoples are drawing on their medicine, prayers, and spirituality to address the crisis, and the response from NK was about the Spirit embodied in the Spirit of 1848, in which she described the Spirit of the times manifested in the European revolutions of 1848 against industrial capitalism and for a better world, coupled with rising activism for abolition and for women's suffrage, also rising anti-colonial rebellions (such as the Sikh uprising against the British in India), and how drawing on this history provides both grounding and source of hope (see: <http://spiritof1848.org/1848.htm>), and that this approach does not necessarily involve spirituality per se, since in her case, as an atheist, she is deeply grounded in spirit of such history and also the history of her family, as a child of 2nd generation immigrants whose parents had been forced to leave where they lived due to hatred and threat of pogroms;

(2) the need for Indigenous knowledge to overcome Western politics and business; the response from Patricia was to affirm how such knowledge is what she is grounded in, and also that many people hungry for such knowledge seek out Indigenous peoples and latch on to them, but they have to look to their own cultures and draw on their own strengths as well, and Hannabah commented about how she was struck by how so many people see the strengths of Indigenous people when it comes to confronting climate change, but in the rest of public health, the discourse is all about deficits of American Indians, and this has to change;

(3) how to bring about connection between people from different parts of the world for the work at hand and what values can help bring people together; the response from Peggy was to describe her commitment to culture and community, and that she has seen this wherever she has gone, including in work with the South Africa Justice Alliance, and with Indigenous people in Peru and Chile, with a core value being a commitment to future generations; the response from Candis was that food is a great unifier, we all have to eat, food incorporates cultural values, and everyone has a stake in knowing where food comes from and how it is affected by climate change;

(4) how to bring awareness about Native peoples to academic institutions that don't include any instruction about Indigenous health and contributions (as was the case for Columbia, the school where the person who asked the question was taught), including to fighting climate change; the response from Hannabah was about the need to work with allies to make change to bring in such material, the response from NK was about building alliances on campus, such as the one she has made between her department at the Harvard T.H. Chan School of Public Health with HUNAP, the Harvard

University Native American Program, whereby its director, Dennis Norman, has now come to school two years in a row to encourage students to enroll in his Nation Building course (see: <https://hunap.harvard.edu/nation-building-course>) for their practica, where they can work on projects at the request of tribal governments, and she emphasized that it is all of our responsibility to learn, that everyone has the capacity to learn, and there is obviously a lot to learn from Indigenous Peoples who have survived so long, despite horrific histories of colonialism and on-going injustice; and the response from David Cummings was that it is essential to teach the teachers, and to make clear to them that Indigenous People are here, we are not gone, and there is a lot to learn!

• STUDENT POSTER SESSION

Our 16th “**STUDENT POSTER SESSION: SOCIAL JUSTICE AND PUBLIC HEALTH**” had 7 posters (listed below; presenters’ names in **bold font**). Abstracts for the posters are available at: <http://spiritof1848.org/apha%202017.html>

Many people attended the poster session, thereby 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 7, 12:30-1:30 pm, Session 4194.0; GWCC, Hall B2/B3)

Board 1: Students for a National Health Program: The Student Led Push for Single Payer Reform – *Bryant Shuey, MD-c;*

Board 2: Universal basic income as a tool for resiliency, mitigation, and adaptation in the face of climate change – *Nathaniel Matthews-Trigg, MPHc;*

Board 3: Political economy of health theory: an exploration of core theoretical components – *Michael Harvey, PhD-c;*

Board 4: Gilded Tower: Corporations, Philanthropy, and the Neoliberal University – *Mandy Sladky, Alejandra Cabral, Jerzy Eisenberg-Guyot, MPH, Nate Matthews-Trigg, Nicholas Graff, Katrin Fabian, Stu Tanquist, Kirk Rodriguez, Caroline Johnson, J. Mateo Espinosa;*

Board 5: Starting where the people are: best processes for health care delivery in student-run free clinics – *Kaylin Pennington, MPH;*

Board 6: El Salvador’s epidemic: investigating the impact of violence on the Salvadorian healthcare system – *Samantha Gonzalez, BS-c, Marian Moser Jones, PhD, MPH;*

Board 7: Pushed to the peripheries of biomedical worlds: medical repatriation of sick undocumented immigrants from the US to Mexico – *John Sullivan, PhD-c; Board 8:* Exploring the potential of mixed methods phenomenological research to support LGBTQ health equity efforts – *Jelena Todic, MSW, LCSA*

• Other:

a) we co-organized, with the APHA International Health section, the following session (attended by ~ 70 people):

WHAT'S MISSING FROM "GLOBAL HEALTH" TEACHING, RESEARCH, & CONVERSATION: CHALLENGING MAINSTREAM APPROACHES (*co-organized by the APHA International Health Section & Spirit of 1848*) (Mon, Nov 6, 12:30–2:00 pm, Session 3278.0), GWCC, Room B303

12:30 PM: **Introduction – Amy Hagopian, PhD**

12:35 PM: **Towards a social justice approach to understanding and transforming global health – Anne-Emanuelle Birn, MA, ScD)**

12:55 PM: **4 'S's' of life and Sumak Kawsay: An Andean academic-peoples approach to stemming climate change and a degrading global capitalist civilization – Jaime Breih, MD, MSc, PhD**

1:15 PM: **Discussant– Yogan Pillay, PhD**

1:35 PM: **Q&A**

-- The session was introduced by **Amy Hagopian (APHA International Health Section; University of Washington, Seattle, WA)**, who explained the format of the program and that it was co-sponsored by the Spirit of 1848.

-- **Anne-Emanuelle Birn (Spirit of 1848 Caucus Coordinating Committee; University of Toronto, Toronto, CA)** then gave a brief presentation (calling in from Canada) on how she and her co-authors designed their new book (Birn AE, Holtz T, Pillay Y. *Textbook of Global Health*. 4th edition. New York: Oxford University Press, 2017) specifically to challenge mainstream approaches to global health, which typically leave out or minimize social justice issues and any discussion of political economy. Key differences include use of historical framing and explicit use of the theoretical framework of political economy to analyze global health and critique different approaches to work in global health, along

with an emphasis on transformative change through action – or, stated another way, a hopeful realist approach to build a healthier world. She then reviewed selected examples of topics covered, and concluded by explaining the imagery of the book cover – a photograph depicting a brightly painted small boat, named “Saude Global,” which is moored in a harbor, floating on choppy water, with a yacht in the background ...

-- **Jaime Breilh (Universidad Andina Simón Bolívar, Quito, Ecuador)**, next presented a major address on the critical research framework and practice he has been developing to bring about radical changes in knowledge and conditions to counter the climate change, environmental degradation, and health inequities arising from accelerating industrial capitalism. He emphasized the importance of moving away from the uncritical treatment of “social determinants of health” as factors that can be addressed by reforms and redistributive governance to a more critical analysis of the “social determination of health,” which concerns processes and structures and which calls for a multidimensional movement that is emancipatory and transforms power relations. In addition to noting his approach is part of a set of critical theoretical approaches to analyzing the social determination of health (including other related frameworks, as have been proposed by Laurell, Krieger, and others), he also said it is informed by Indigenous knowledge, specifically Sumak Kawsay, which refers to the critical logic or rational of collective living. The 4 “S’s” of life accordingly comprise: (1) sustainable economy; (2) sovereign identity and culture; (3) solidary politics and agency for equitable relations; and (4) security arising from the integration of humans and nature in ways of health living – and these 4 S’s are systematically destroyed by increasing concentrations of private wealth.

-- **Yogan Pillay (Department of Health, South Africa)**, participated via a pre-recorded video as a discussant. He focused on how the mainstream response to countries not having met the Millennium Development Goals was to offer “practical suggestions” on how to simplify solutions and to scale up interventions and training – with no acknowledgment of the problems arising from the neglect of taking into account the political economy of health and its societal determination. The mainstream orientation is still that of imposing programs, rather than operating on principles of internationalism, solidarity, and social justice, and is still focusing on achieving outcomes, with neglect of considering how (i.e., by what processes and practices) they are achieved. For example, pharma/chemical companies are behind the massive rise of low cost generics produced in India and China, but there is no reckoning with the corresponding massive rise of antibacterial resistance. Simplifying interventions, training workers, scaling up, and focusing on individual health is not going to lead to better global health or reductions in health inequities.

b) We also, as usual, co-sponsored the Occupational Health and Safety health activist dance on the Tuesday night of APHA, one as usual held in the spirit of the phrase attributed to Emma Goldman, to wit: “*If I can’t dance, I don’t want your revolution!*” Because our fight for health equity & a sustainable world is all about everyone being able to live full, fun, healthy, unalienated, loving, and dignified lives, it is worthwhile to read the full text which has been distilled into this apocryphal saying, whereby Goldman affirmed, 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:

Post message:	spiritof1848@yahoogroups.com
Subscribe:	spiritof1848-subscribe@yahoogroups.com
Unsubscribe:	spiritof1848-unsubscribe@yahoogroups.com
List owner:	spiritof1848-owner@yahoogroups.com
Web page:	www.Spiritof1848.org

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

NOTABLE EVENTS IN AND AROUND 1848

1840-

- 1847:** Louis René 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)