

★★★★★ THE SPIRIT OF 1848: APHA 2018 REPORTBACK ★★★★★

TO: EVERYONE ON SPIRIT OF 1848 EMAIL BULLETIN BOARD
FROM: SPIRIT OF 1848 COORDINATING COMMITTEE
RE: REPORTBACK FROM THE 2018 APHA CONFERENCE (ver: 11/23/18)



Greetings! The Spirit of 1848 Caucus is happy to share our reportback from the 146th annual meeting of the American Public Health Association (APHA; November 10-14, 2018, in San Diego, CA). In this reportback we:

- (a) share decisions we made at our labor/business meeting, including initial ideas for the APHA 2019 sessions; and
- (b) give highlights of our APHA 2018 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 (1995-2017), to gain a sense of our long-term commitment to fighting for health equity & a sustainable world. For example, our sessions in 2013 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 18, 2018, we are happy to report that: (a) 3,772 people (in US & around the world) subscribe to our email bulletin board (up from 3,732 last year) – and another 60 people signed up at the 2018 APHA meeting to be added to the listserve; and (b) we have 308 Spirit of 1848 members who are also dues-paying APHA members (up from 282 last year), which puts us well above the new 2016 APHA requirement that APHA Caucuses have a minimum of 25 members who pay dues to 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)

And so:

1) please 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.**

4) if you have any questions about our work, please contact any of us on the Spirit of 1848 Coordinating Committee:

- Nancy Krieger (Chair, Spirit of 1848, & data & integrative & e-networking); email: nkrieger@hsph.harvard.edu
- Anne-Emanuelle Birn (History committee & designated alternative 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@hsph.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@hsph.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>

And: APHA next year will be in **Philadelphia, PA (Nov 2-6, 2019)**; the theme is **“Creating the Healthiest Nation: For Science, For Action, For Health.”**



Attended by 14 members: (a) Spirit of 1848 Coordinating Committee members (alphabetical order; n = 8): (i) in person (n = 6): Zinzi Bailey (data); Craig Dearfield (data); Jerzy Eisenberg-Guyot (Student poster session); Nancy Krieger (chair & integrative & data & e-networking); Rebekka Lee (pedagogy & Spirit of 1848 co-representative to the APHA Governing Council and APHA Caucus Collaborative); Vanessa Simonds (pedagogy); (ii) by skype (n = 2): Catherine Cubbin (data); Marian Moser Jones (history & Spirit of 1848 co-representative to the APHA Governing Council & APHA Caucus Collaborative)

(b) additional Spirit of 1848 members (alphabetical order; n = 6): Kristen Anderson; Barbara Berney; Joanna Brown; Heather Orom; David Stuppelben; Miranda Worthen

NB: Spirit of 1848 Coordinating Committee members who were unable to attend (n = 5) were: Luis Avilés (history), Anne-Emanuelle Birn (history), 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, 2018 is our 21st 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 – and 2019 is our 25th anniversary!

-- We have 4 sub-committees: (1) politics of public health data, (2) progressive pedagogy, (3) history (with the subcommittee serving as liaison to the Sigerist Circle, an organization of progressive historians of public health & medicine), and (4) e-networking, which handles our listserv and website; members of these subcommittees also work on organizing the activist session and the integrative session; from the members of these subcommittees, this year we have created a new subcommittee to continue with organizing the new activist session that we first held last year (2017).

-- 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 listserv & membership.** We happily reported that, as of October 18, 2018:

(a) 3,772 people (in US & around the world) subscribe to our email bulletin board (up from 3,732 last year, and 3,491 in 2016) – and another 60 people signed up at the APHA 2018 meeting to be added to the listserv

(b) we have 308 Spirit of 1848 members who are also dues-paying APHA members (up from 282 last year), which puts us well above the APHA minimum required (n = 25)! – and will send APHA the updated number (as of Dec 1) to comply with their Dec 31, 2018 deadline to report the N of Spirit of 1848 members who are also dues-paying APHA members

(c) 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 677 “likes” (up from 613 last year) and 679 followers (up from 608 a year ago, with our having done no outreach to attract these folk). Mindful of these data, for the past year we have made the Spirit of 1848 Facebook page a bit livelier, whereby we now link all **action posts** to our 1848 listserv to our Spirit of 1848 Facebook page, so that these action posts can get even wider circulation – however: the page is **NOT** 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 ~455 total), was as follows (in chronological order): activist session (n ~ 85, up from ~60 last year); social history of public health (n ~70, lower than the 90 last year); the politics of public health data (N ~ 120, up from ~ 85 last year); progressive pedagogy in public health (n ~ 60, lower than ~80 last year); “integrative” session (n ~ 120, up from ~100 last year); moreover, the student poster session continued to attract a lively crowd. Additionally, 14 people attended our Spirit of 1848 labor/business meeting (down from 19 last year).

Also of note, the total attendance for our core 4 sessions (not counting the 5th activist session first added last year) was higher than last year (2018: ~370 vs. 2017: ~355) but lower than recent prior years (2016: ~615; 2015: ~416; 2014: ~390; 2013: ~380; 2012: ~470; 2011: ~650; 2010: ~657; 2009: ~400); this trend parallels the overall decline in attendance at APHA (reflecting economic austerity). That said, the range of attendance for our 5 sessions (~60 to ~120) 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, per the theme for our 2018 sessions: **“Collective struggles for health equity: activists, allies & adversaries – past, present & 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: (a) at the APHA Governing Council (where we and the other Caucuses now can speak from the floor, but do not have a vote) by Bekka Lee, and (b) at the annual APHA all-caucus breakfast, held on Wed, November 14, by Bekka and Craig Dearfield (who stood in for Marian, who was ill and unable to attend APHA). For APHA 2018, the key items Craig & Bekka have reported back to us are as follows:

-- GOVERNING COUNCIL

At the Governing Council session, the theme selected for the 2020 meeting is **“Creating the Healthiest Nation: Violence Prevention as a Public Health Issue.”** Additionally, The incoming president of APHA is **Pamela Aaltonen** (see: <https://www.apha.org/about-apha/executive-board-and-staff/apha-executive-board/pam-aaltonen>), whose term ends in 2020. The president-elect is: **Lisa Carlson** (see: <https://www.apha.org/about-apha/governance/apha-boards-and-councils/executive-board/apha-candidates/lisa-carlson>).

One bit of good news is that, in stark contrast to last year, the resolution on “Addressing Police Violence as a Public Health Issue” was approved, 87% to 13%; last year’s similar proposal, by contrast, was voted down 65% to 35%. Other policies approved with a direct focus on social justice and public health include: “Achieving health equity in the US”; “Opposing family-child separations at the US border”; “Advancing the health of refugees”; and “Understanding, treating violence as a public health issue.” For a full list of the approved resolutions, see: <https://www.apha.org/news-and-media/news-releases/apha-news-releases/2018/2018-policy-statements>.

(Note: As usual, the Spirit of 1848 Caucus did not endorse any APHA candidate or policy resolutions because our policy is not to become involved with APHA elections, resolutions, or internal politics. Relying on precious volunteered time of our members, our focus instead is outward facing, to prioritize our mission of spurring connections to advance work linking social justice and public health.)

-- CAUCUS COLLABORATIVE BREAKFAST

The breakfast took place on November 14, 2018 and was attended by only 7 of the 17 APHA causes, down from 12 last year. This low attendance supports our oft-stated concern regarding the additional effort require to engage with the Caucus Collaborative above and beyond what each Caucus does to foster its mission.

As reported by Craig Dearfield & Bekka Lee:

- Representatives from 7 caucuses attended: Spirit of 1848; Women's Caucus; Men's Caucus; Peace Caucus; American Indian, Alaska Native and Native Hawaiian Caucus; Caucus on Refugee and Immigrant Health; and Academic Public Health Caucus
- APHA staff (Fran Atkinson) started with an update.
 - They highlighted the five topic areas where they want to get APHA members more involved and collaborating through the Intersectional Council: ACA, opioids, climate change, rural health, and gun violence prevention. New initiatives include: collaborating with state affiliates beyond the annual meeting, both online via webinars and

through locally organized events, plus expanding the new public health “boot camp” for students to include both students and mentors, with a focus on public health action. The Peace Caucus representative asked a question as to whether the gun violence focus addresses global arms trade topics, and APHA staff said they provide organizational support but the members involved define the content.

- The APHA “Who Is Public Health?” activities highlights members, and staff would like caucuses to be involved.
- Dr. Georges Benjamin, the Executive Director of APHA, next provided comments.
 - He said that the meeting represents a lot of work by members, specifically the scientific work. He also said that every group within APHA has its own governing structure to facilitate interaction. The moratorium on new groups was due to demands on staff and ensuring that needs for space and sessions for the new groups could be addressed. He worried that the APHA groups were becoming fragmented and that new groups were not bringing in significant numbers of new members; more collaboration and less fragmentation of groups is needed, as is increased capacity to respond to new public health issues. The APHA organization is stable overall – and Dr. Benjamin emphasized that it is doing well financially – but APHA needs to give more thought to what it means to be an APHA member and how to promote advocacy and engagement.
 - Gareau of the Women's Caucus noted that the caucuses promote membership engagement, especially by sustaining long-term members. Benjamin agreed and would like to promote more collaboration, potentially through joint-decision making and collective self organizing. Elaina Ong (past chair of the Caucus Collaborative and now on the APHA Exec Board) said caucuses are particularly effective in bringing in external capacity & collaborators.
 - Benjamin finished by talking about policies being archived and some being sunsetted. He said that if policies are still relevant they may need to be updated in order to consider contemporary conditions.
- Dr. Titi Okoror, the outgoing Caucus Collaborative (CC) chair, as well as a member of the APHA committee on leadership development, gave an update for the past year's caucus activities.
 - The CC organized a collaborative session, which included 4 Caucuses representatives as presenters, and 2 Caucus representatives as discussants; the focus of the session was on the past, present, and future work by each Caucus to advance health equity. The CC also participated in organizing the candlelight vigil for immigrant & refugee rights & health, attended by a few hundred.
 - Upcoming deadlines: (a) Dec 31: deadline for submitting updated Caucus leadership and membership information (via on-line system); and (b) Dec 2019: the next Memorandum of Understanding (MOU) will be required; it must be submitted every 3 years, and the last round of MOUs were submitted in 2016.
- Dr. Sarah Gareau from the Women's Caucus is the incoming chair; points she raised for 2018-2019 were:
 - Discussions among caucus members indicated that organizing joint CC sessions may not be the best way to proceed.
 - Need to set short term goals for the CC; one example might be seeing if the CC could coalesce around a policy statement, such as the 2020 Census; another might be an event focused around civic engagement, voter registration, and getting out the vote.
 - She is working to develop a CC annual report, which would synthesize information from each caucus.
 - She is also working with APHA staff to remove the incorrect and offensive language about Caucuses that appears on the APHA website and on the signage for CC booth. Of note, *our Spirit of 1848 Caucus was the first to raise complaints about this new language that suddenly appeared last year; the CC supported our concerns; it was supposed to be fixed; and we were again the first to report at this year's meeting that the problem was still *not* fixed.* The language that needs to be eliminated is text describing different types of Caucuses, which states that some Caucuses coalesce around “characteristics that cannot be changed (i.e., ethnicity/race, gender, sexual orientation)” – which is incorrect. As scholarship on LGBTQ and racial/ethnic identities makes amply clear, these are not “essentialist” categories but instead can and do change over people’s lifetime. With regard to LGBTQ, people can “come out” at very different ages and can vary, over time, regarding the sex and gender of whom they sexually desire, with whom they have sex, and how they themselves identify their sexuality and their gender, as well as reject simplistic binaries. People likewise can and do change how they self-identify their race/ethnicity, or be forced by those with power to employ certain categories, depending in part on historical and societal context. In response to our concerns, Gareau pasted paper over the problematic language at the CC booth; the next step is to remove it entirely.
 - Gareau also urged better family friendly policies, e.g., on-site child care, events for children and child day passes, plus lactation rooms in all conference venues. APHA staff was supportive but said costs need to be considered.

5) **APHA 2019:** Below we describe our provisional plans for next year’s **147th annual meeting of APHA, to be held in Philadelphia, PA (Nov 2-6, 2019)**, whose designated theme is: **“Creating the Healthiest Nation: For Science, For Action, For Health.”** These plans reflect the initial brainstorming about sessions that we had at the Spirit of 1848 Coordinating Committee meeting on the Sunday of APHA, followed by the lively development of these ideas at our Spirit of 1848 labor/business meeting on the Tuesday of APHA:

Spirit of 1848 Caucus Labor/Business Meeting (Tues, Nov 13, 6:30-8:00 pm, Session 438.0) SDCC, Room 5B -- **Come to a working meeting of THE SPIRIT OF 1848 CAUCUS.** Our committees focus on the politics of public health data, progressive public health curricula, social history of public health, and networking. Join us to plan future sessions & projects!

And so:

- 1) Be on the look-out for the APHA CALL FOR ABSTRACTS, which will go live on **Tuesday, December 18, 2018**.
- 2) All CONTRIBUTED (i.e., unsolicited) abstracts will be due during the **week of February 18, 2019**.
- 3) All solicited (invited) abstracts are due on **April 15, 2019**.
- 4) As usual, we have \$0 to pay for any speakers to come (since we are a volunteer, no-dues Caucus, noting also that APHA policy expressly forbids paying for speakers). For unsolicited abstracts, we depend on finding speakers who can fund their own participation in APHA. We also have successfully obtained a limited number of complimentary passes for invited speakers (permitted for non-APHA members only), and on some occasions have sought out local groups who can fund travel costs as part of having the invited speaker also speak at their organization/university.

Preliminary plans for APHA 2019 Spirit of 1848 sessions (listed in order in which they take place at the APHA meeting)

■ **Overall theme: **“Fighting Forward: Radical Science and Health Justice”****

Motivating our theme is recognition is that:

(1) it is not enough to be “for science,” because scientists are people, people do science, and the social production of scientific knowledge – along with the very definitions of “science” – are inevitably shaped by societal context, including conflicts over justice, dignity, and rights, as exemplified by the long legacy of scientific racism vs. anti-racist science; and

(2) it is not enough to be “for health” without engaging with **health justice**, by which we mean the many interlocking types of justice that shape the people’s health and extent of health inequities – e.g., racial justice, Indigenous justice, economic justice, gender justice, queer justice, environmental justice, climate justice, reproductive justice, healing justice, restorative criminal justice, and electoral justice – to name a few!

-- For our scientific sessions we accordingly will feature critical and historically-informed presentations that address the links between radical science and the many kinds of justice required for health justice, in the US and globally.

-- We continue to 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 once again ask: why not instead have the goal be: “creating the healthiest world”!

--Additionally, because **2019 marks the 25th anniversary of the Spirit of 1848**, some celebration and critical reflection is in order, which we will provide via our integrative session and possibly an additional social event as well!

Our 5 scientific sessions and our Spirit of 1848 labor/business meeting will be in the following slots:

Spirit of 1848 sessions -- listed in their chronological order per the slots provided by APHA

MONDAY: -- Activist session: 8:30 am to 10 am
-- Social history of public health: 10:30 to 12 noon
-- Politics of public health data: 3:00 to 4:30 pm
TUESDAY: -- Progressive pedagogy: 8:30 to 10:00 am
-- Integrative session: 10:30 am to 12 noon
-- Student poster session: social justice and public health: 1 to 2 pm
-- Labor/business meeting: Tuesday, 6:30 to 8:00 pm

■ **Activist session:** We affirmed this session, which we initiated in 2017, will continue as a core Spirit of 1848 session. We anticipate organizing a session, with *invited presentations*, that will focus on themes of **“Radical science and activism challenging political threats to health justice.”** The focus will be on radical science, activism, and advocacy defending the production and use of scientific evidence vital to protecting the people’s health and rectifying health inequities. As well documented by the Union of Concerned Scientists, such science and evidence are facing serious political attacks by the Trump Administration, right-wing organizations, corporations, and religious fundamentalists, singly and combined. Specific examples might pertain to activism that is defending radical science for the people’s health

in relation to: the upcoming US 2020 elections and electoral justice; international treaties (e.g., re climate change); and also likely US Supreme Court cases re abortion rights, the population count for the 2020 US census, and regulations pertaining to hazardous exposures or environmental degradation. Spirit of 1848 Coordinating Committee members Jerzy Eisenberg-Guyot, Rebekka Lee, and Catherine Cubbin will take the lead on organizing this *invited* session.

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

■ **Social history of public health:** Mindful that 2019 marks over five centuries of the systematic enslavement of Africans in European colonies and the assault on lives and livelihoods of Indigenous populations throughout the Americas, the 400th anniversary of British imperialism's formal policy of violent capture and forcible transport of Africans into enslavement in North America and the ramping up of colonial-settlerism and use of military force against Indigenous peoples, and also the 100th anniversary of a wave of anti-Black mob violence in the US, as well as the rise of eugenics and its role in the passage of the 1924 and 1927 Immigration Restriction Acts, the focus of the session will be on the "**Anti-racist and anti-colonialist science for health justice: critical historical perspectives.**" Presentations will focus on radical science both in and outside of the US, and will be expected to provide specific case studies of anti-racist and anti-colonialist science and its application by specific groups and movements to secure collective access to healthier conditions for communities of color and Native peoples, including by organizing to increase their political power. Given that APHA 2019 will be in Philadelphia, special note of the scholarship of W.E.B. Du Bois will be included, harking back to his pathbreaking critical, anti-racist, and historically-informed opus *The Philadelphia Negro: A Social Study* (1899). This session will be developed by the history subcommittee (Marian Moser Jones, Anne-Emanuelle Birn, Luis Avilés, and Miranda Worthen).

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

■ **Politics of public health data:** This session will have an **OPEN CALL** for abstracts that focus on "**Radical science for health justice.**" It will feature conceptual and empirical presentations of analyses (whether quantitative, qualitative, or mixed methods) that are context-aware and historically-informed. Possible foci for presentations could be:

- anti-racist and anti-colonialist empirical analyses of health injustice (per the concerns of one or more of the many interlocking types of justice at issue, e.g., racial justice, Indigenous justice, economic justice, gender justice, queer justice, environmental justice, climate justice, reproductive justice, healing justice, restorative criminal justice, electoral justice, etc);
- radical science analyses of gun violence, police violence, or state-sponsored violence;
- radical science analyses of social biases explicitly and implicitly permeating "Big Data" and implications for health research employing "data analytics" (which wrongly assumes analysis of data can be theory-free, without any social or structural analysis of the meaning, validity, and diverse biases involved, whether shaped by negative stereotypes and social biases, selection bias, political hacking of social media, etc); and
- the impact of the radical inclusion of marginalized populations – as both scientists and as study participants – on scientific questions and analyses

This session will be organized by the politics of public health data subcommittee (Zinzi Bailey, Catherine Cubbin, Craig Dearfield, and Nancy Krieger).

-- **Note:** presentations for this session will be drawn primarily 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 focused on "**Teaching radical science for health justice.**" We will call for work that shows *how* such pedagogy can be carried out, in both: (1) diverse academic settings, e.g., universities and colleges (including community colleges), health professional schools (public health, nursing, medical, dental, veterinary, etc), high schools, and elementary schools, and (2) training programs for community and workplace activists, organizations, and members. We also welcome student-led presentations focused on how to bring such pedagogy into their educational programs. In all cases, the pedagogy will involve radical science in relation to one or more of the many interlocking types of justice at issue, e.g., racial justice, Indigenous justice, economic justice, gender justice, queer justice, environmental justice, climate justice, reproductive justice, healing justice, restorative criminal justice, electoral justice, etc). This session will be organized by the progressive pedagogy committee (Vanessa Simonds, Rebekka Lee, and Lisa Moore).

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

■ **Integrative:** This session will celebrate and reflect critically on the 25th anniversary of the Spirit of 1848 Caucus, which we founded in 1994. We will call it: "**Passion, Politics, and Public Health: celebrating 25 years of the Spirit of 1848 –**

for radical science and health justice.” The session will include: (1) a brief history of the Spirit of 1848 Caucus; (2) critical reflections from Spirit of 1848 coordinating committee members about our achievements, challenges, and future directions; (3) a dialogue between an elder and youth who are each active in the work for radical science and health justice, regarding their views on how the Spirit of 1848 can contribute to fighting forward for health justice; and (4) a celebration of 25 years of passion, politics, and public health, done in true Spirit of 1848 style! This session will be organized by the Spirit of 1848 Coordinating Committee, led by its chair (Nancy Krieger).

-- **Note:** 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 topic, albeit noting that we would especially welcome work concerned with the Spirit of 1848 focus for APHA 2019 on *radical science for health justice*. The submitted work can address one or more of the many interlocking types of justice at issue, e.g., racial justice, Indigenous justice, economic justice, gender justice, queer justice, environmental justice, climate justice, reproductive justice, healing justice, restorative criminal justice, electoral justice, etc). This session will be organized by the student poster committee, chaired by Jerzy Eisenberg-Guyot; members include: David Stuppleben, Nylca Muñoz, Lauren Stein, Jelena Todic, and Monique Hosein.

-- **Note:** to address the on-going problem of student uncertainty about funding, which has led to students with accepted posters withdrawing their submissions, we will continue with 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. If any accepted poster is withdrawn, we will replace it with a poster from the waitlist (in rank order).

Finally, please note that the **timeline for abstract submission to APHA 2019** is as follows:

- (a) the **call for abstracts** will go live on the APHA website (<https://www.apha.org/events-and-meetings/annual>) on **TUESDAY, DECEMBER 18, 2018**.
- (b) **abstracts (unsolicited) will be due between FEBRUARY 18-22, 2019**. As soon as we know the date of the abstract deadline assigned to the Spirit of 1848, we will post it on our listserv.
- (c) **Solicited abstracts** will be due on **April 15, 2019**.

★★★★★ HIGHLIGHTS OF SPIRIT OF 1848 SESSIONS (APHA 2018) ★★★★★

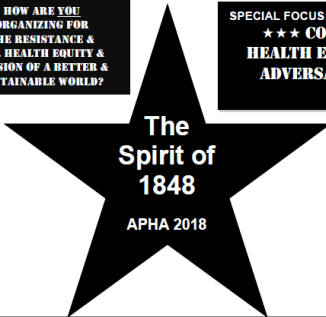
Our sessions together asked all of us engage with collective struggles for health equity, involving activists, allies, and adversaries – past, present, and future. We are glad to be preparing this reportback in the wake of the November 6, 2018 mid-term US elections, for which the electoral justice mobilization and results offer us more hope going forward.

Overall, we estimate ~455 people came to our 5 scientific sessions. In chronological order, they comprise our Spirit of 1848 activist session (n ~ 85); social history of public health session (n ~70); politics of public health data session (n ~ 120); progressive pedagogy session (n ~ 60); “integrative” session (n ~ 120), and our student poster session, which attracted a large and engaged crowd. Attendance for our Spirit of 1848 scientific sessions ranged from ~60 to ~120 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.

HOW ARE YOU ORGANIZING FOR THE RESISTANCE & FOR HEALTH EQUITY & A VISION OF A BETTER & SUSTAINABLE WORLD?

SPECIAL FOCUS:
★★★ COLLECTIVE STRUGGLES FOR HEALTH EQUITY: ACTIVISTS, ALLIES & ADVERSARIES – PAST, PRESENT, & FUTURE ★★★



The Spirit of 1848

APHA 2018

linking issues of social justice & public health

Mon, Nov 12	8:30 – 10:00 am	SPIRIT OF 1848 SPECIAL ACTIVIST SESSION: A Chicago case example of public health professionals allying with and training community members for the collective struggle for health equity – (Session 3070.0) San Diego Conference Center (SDCC), Room 8
	10:30 am – 12 noon	Health justice at the border/land: critical historical perspectives on the struggle for the people’s health in the transnational political economy of Alta/Baja California (Session 3183.0) SDCC, Room 8
	3:00- 4:30 pm	Data for collective action: empirical evidence about structural determinants of health to aid struggles for health equity (Session 3398.0) SDCC, Room 8
Tues, Nov 13	8:30- 10:00 am	Making hope practical: progressive pedagogy that enhances capacity for civic engagement in the collective struggle for health (Session 4068.0) SDCC, Room 8
	10:30 am – 12 noon	Taking on adversaries & creating new allies in the collective struggle for health equity: insights from initiatives across the public health rainbow (Session 4194.0) SDCC, Room 8
	1:00- 2:00 pm	Spirit of 1848 social justice & public health student poster sessions (Session 4277.0) SDCC
	8:30- 8:00 pm	Spirit of 1848 Caucus Labor/Business Meeting (Session 438.0) SDCC, Room 5B

Co-sponsored: Tues, Nov 13: 8-11 pm: ANNUAL HEALTH ACTIVIST DANCE PARTY (sponsored by the Occupational Health & Safety Section), Sherman Heights Community Center (2258 Island Ave., San Diego, CA: 619-232-5181)

—FOR DETAILS, SEE OTHER SIDE —

American Public Health Association 146th Annual Meeting and Expo: San Diego, CA, November 10-14, 2018
 Spirit of 1848 website: www.spiritof1848.org Email bulletin board: spiritof1848-subscribe@yahoo.com

Please copy & circulate *** ALL SESSIONS OFFER CME/CE CREDIT *** labor donated ver102918

● SPIRIT OF 1848 SPECIAL ACTIVIST SESSION

This was our second “activist” session, building on the first one in 2017 that was prompted by the surge in organizing triggered by the November 2016 election, the Trump Administration’s relentless assaults on public health and social justice, and the attendant surge in both hate crimes and explicit white supremacist and neo-fascist rhetoric and presence both in social media and in public places. This session was attended by ~85 people.

SPIRIT OF 1848 SPECIAL ACTIVIST SESSION: A Chicago case example of public health professionals allying with and training community members for the collective struggle for health equity (Mon, Nov 12, 8:30-10:00 am, Session 3070.0; SDCC, Room 8) – Intro by Catherine Cubbin, PhD & Rebekka M. Lee, ScD; Presentation by: Susan Avila, RN MPH; James E. Boyd, MPH; Ilda Hernandez, CHW; Sahida Martinez, CHW; Linda Rae Murray, MD, MPH, FACP; Itedal Shalabi

Catherine Cubbin (Spirit of 1848 coordinating committee; University of Texas, Austin) introduced the session. She explained it was our 2nd ever activist session – and that the idea for the session had been proposed last year, in our Spirit of 1848 labor/business meeting by members of Chicago’s *Public Health Woke*, a loose coalition of diverse organizations active in the fight for health equity, which was inspired by Human Impact Partner’s “Public Health Awakened” network (see: <https://publichealthawakened.com/>).

Jim Boyd, a member of *Public Health Woke*, opened the session with a video statement from Ilda Hernandez, CHW and Sahida Martinez, CHW, who are two health promotoras based in Chicago’s predominantly Latinx “Little Village” neighborhood, many of whose residents are undocumented immigrants. In their video (which was in Spanish, with English subtitles), they recounted the experiences of numerous people whom they have been helping during these terrifying times, Chicago’s status as a “sanctuary city” notwithstanding. Both members of the Enlace Team, they vividly described how the vitriolic anti-immigrant policies and rhetoric of the Trump Administration, including the ramping up of ICE raids, is inducing fear throughout the community and leading to people being fearful of seeking needed medical care. Further intensifying this fear and alienation is how health care staff at numerous hospitals and clinics (both public and private) have heedlessly asked people needing health care if they are citizens and have also asked for their Social Security

Number, even though there is no requirement that they ask either of these questions. Both Hernandez and Martinez spoke to how their role as promotoras has increasingly included teaching people about their rights, helping them access the resources they need to pay health bills and get needed health care. On account of their work, they were invited by **Susan Avila**, a Chicago member of *Public Health Woke*, to speak to the *Public Health Woke* coalition and to become engaged with and provide guidance to the coalition's work to protect immigrant health and access to health care, including making health care more accessible, more dignified, and more inclusive.

Jim Bloyd (who, in addition to being a member of *Public Health Woke*, works at the Cook County Public Health Department (CCPHD)), then described how the campaign developed. The first event was a packed meeting, on Feb 10, 2017, which drew on Public Health Awakened's "Guide to Public Health Actions for Immigrant Rights" (see: <https://publichealthawakened.com/guide-for-public-health-to-protect-immigrant-rights/>) to galvanize ideas for action in Chicago (materials for this meeting and related testimony are available at: <http://bit.ly/PubHealthWk>). After months of engaging numerous partners in public health, medicine, community organizations, and labor organizations, they instigated an action on Sept 1, 2017 to get the attention of CCPHD – a Thunderclap social media event, described in more detail later in the session. In October 2017 they raised issues at a Medical Grand Rounds in one of Chicago's major hospitals, after which Jim traveled with two coalition members (Linda Coronado and Alma Anayo) to Oakland, CA to learn about the organizing activists were doing there to protect immigrants' rights and health. On February 3, 2018, *Public Health Woke* held a half-day "Sanctuary Health Care Conference," attended by 140 people from numerous organizations (for conference information and related materials, see: <http://bit.ly/2Q5gKYE>). Nevertheless, concerns continued about how staff at health facilities treated immigrant patients and problems with poor signage persisted (including insufficient languages, as well as major errors affecting the signs in Arabic). On March 15, 2018, *Public Health Woke* secured a meeting with CCPHD to improve training of staff so that they could fulfill their health equity mission by examining US immigration policy as a root cause of immigrant health inequities. Part of the training included the PBS TV series "*Race: The Power of an Illusion*" (see: <http://newsreel.org/video/RACE-THE-POWER-OF-AN-ILLUSION>). The staff response was that they needed: (1) more training on how to respond to ICE threats to patients; (2) a list of referral organizations who could help immigrant patients protect their rights; and (3) more welcoming signage – and the work to address these needs is ongoing. Throughout, *Public Health Woke* used a power analysis (Pettit, 2013; see: <https://www.urban-response.org/help-library/power-analysis-a-practical-guide>) to guide their work, recognizing that "Power, after all, is the heart of the matter—and the science of health inequities can no more shy away from this question than can physicists ignore gravity or physicians ignore pain" (Beckfield & Krieger, *Epidemiol Reviews*, 2009). Power analyses distinguish between: "Power over," "Power to," "Power with," and "Power within," recognizing that each type of power must be analyzed in relation to the levels involved ("From above," "Horizontal," and "From Below"). A key feature of their campaign was to push the boundaries on "closed," "invited," and "claimed" spaces (Pettit, 2013) – a point expanded upon by the session's subsequent speakers.

Itadal Shalabi, the founder of Arab American Family Services (Chicago, ILL), then presented on how presence is power. Identifying as a proud Muslim, Palestinian, Arab, and American, she asked the audience: "Can you see me now?" – and talked about how the lack of health services in Arabic, combined with the enforced invisibility of Arab Americans in US census data, led to her founding her organization. She discussed the fear, amplified since 9/11, of being an immigrant, and described how the FBI had come to question her about her family as a fear tactic – and this fear was keeping people in their homes, making them decide not to contact the police in cases of domestic violence, and not seek needed health care. She emphasized the need to come together, not be isolated, and expand who will be listened to, and whose ideas will be heard. Information and visibility is essential she said, because if people believe absurdities, they can commit atrocities.

Susan Avila, a nurse-epidemiologist at University of Illinois and member of *Public Health Woke*, highlighted three major lessons learned: (1) what a Task Force can do, if based in an elected official's office; (2) the important role that Schools of Public Health can play in collective struggles for health equity; and (3) as inspired by Human Impact Partners and Public Health Awakened, the value of a social media Thunderclap campaign. For example, the *Seventh District Health Task Force* set up by Cook County Board Commissioner Jesús "Chuy" Garcia (a progressive Chicago Latinx politician) could explore and connect with communities about complex political issues. At its first meeting, the Task Force discussed what issues to take on, and included a short educational presentation about the ACA – and the audience supported this, observing that the honest discussion showed respect. The Task Force also was able to send members to two other cities (Oakland, CA, and Seattle, WA) to learn what other cities are doing to promote health equity and protect immigrants. Moreover, the School of Public Health provided a large and accessible space, at short notice, for hosting the presentation of the Public Health Awakened "Guide to Public Health Actions for Immigrant Rights"; this space was seen as legitimate and helped draw in the diverse array of the 140 participants who came on a Friday night, who included

public health professionals, students, community members, organization, and activists. Finally, the Thunderclap campaign sought to break through the resistance of the Cook County Board to hearing the concerns about immigrant health. A Thunderclap campaign is a social media campaign in which myriad individuals agree to call and text a common message at a specific time and date. Participants had advance notice and there was great support, with the high number of phone calls succeeding in shutting down the Cook County Board's phone line, which did get the Board's attention! – and helped open the way to a meeting between the Board and *Public Health Woke*.

Linda Rae Murray, member of *Public Health Woke* and prior APHA president, retired staff member at Cook County Hospital, and currently faculty at the University of Illinois School of Public Health – and just awarded the Physician Forum's Paul Cornely Award! – summed up the approach used as being: "You Can Do This!" – it's very easy: we in public health are part of our communities, and we need to show up and speak up. We need to be present at community fundraisers and events (not just send money); we need to use our Schools of Public Health as places to hold meetings for public health action in the community that include community members; we need to reach out to partners if we need larger room (such as union halls); and we should make NO attempt to lead work on immigrant rights, given the existing activism. Instead, the role of *Public Health Woke* was to instigate for and carry out health service provider training for health services in the context of being a sanctuary city, as part of transforming the services and culture in the many components of the city's health care system (public, private, based at Universities, in the communities, etc). For example, *Public Health Woke* determined that Cook County Hospital was not carrying out its own policies re having it be optional for the clerk to ask for a social security number – and it became clear that there is a need for not only better policies but ensuring existing and new policies are implemented as intended. *Public Health Woke* also helped compile information on existing resources about immigrant rights that health care providers said they lacked and needed. At their health provider and community trainings, they provided flashdrives with relevant articles and resources (which otherwise can only be accessed by people with university library privileges). By connecting with "the street," *Public Health Woke* also made connections between groups concerned about immigrant rights and groups concerned about the city's "Gang Data Base" that police use to track individuals suspected of gang involvement, which disproportionately targets black youth and people targeted by ICE. They also have helped connect groups, e.g., when staff at another city's health department called to say they had just learned an ICE facility would be opened nearby, and they needed to support regarding how to respond and to stop this action. Finally, *Public Health Woke* initiated a group capstone project for 4th year college students that had the students become involved with Commissioner Garcia's *Seventh District Health Task Force*. These students participated in planning meetings, obtained money from Universities to support the work, and helped design, implement and analyze the Task Force community survey about health needs and immigrant rights – and one student even got a job based on the presentation the student did for this Task Force! The key message is: be real, connected, hear what others need, say what you can do, and do it.

During the **Q&A period**, notable exchanges involved:

(1) a query about whether *Public Health Woke* had made any notable mistakes – in reply, the panelists noted three: (a) the initial call was for work on "sanctuary health," which typically is thought to apply only to Latinx populations, and thus didn't engage all the marginalized groups who could contribute to and benefit from the coalition; (b) they got bogged down in the public system (e.g., Cook County Hospital administrative leadership) and should have done more earlier with the private hospitals, as a way of bringing pressure on the public system; and (c) they had to expand their focus to deal with repeated incidents that occurred when community health centers called 911 to transport people to ERs, since police would come and would routinely demand proof of citizenship before sending people to the ERs, and this led to massive drops in people coming to ERs because of fears of the police and ICE.

(2) a query about the need to monitor the impacts of hateful political rhetoric and harmful immigration policies on health (per the new open-access study by Krieger et al on the impact of the 2016 elections on preterm birth rates; see: <https://jech.bmj.com/content/72/12/1147>) – and the response was to say there needs to be more immediate dynamic active surveillance (beyond research for scientific publication), especially regarding utilization of health services – e.g., show the adverse impact of having WIC sites being stationed in courthouses (which deters their use by immigrants), and conduct surveys to gauge community stress (e.g., report no lines outside of what was previously a popular bakery, because of fear of ICE raids), as well as check in with community health centers to get a "pulse" on what's going on.

(3) the need to send in comments now, **before the Dec 10, 2018 deadline**, against the Trump Administration's proposed changes to the "Public Health Charge," which would, as summarized on the Public Health Awakened website, "take away health care, housing, and food assistance from low-income immigrant families, including US citizen children, through a proposed expansion of the "public charge" regulation" – and **you can submit a comment (before 12/10/18) via this website, at: <https://actnow.io/QEDLx86>**

• SOCIAL HISTORY OF PUBLIC HEALTH

This session was attended by ~ 70 people.

Health justice at the border/land: critical historical perspectives on the struggle for the people's health in the transnational political economy of Alta/Baja California (Mon, Nov 12, 10:30-12 noon; Session 3183.0; SDCC, Room 8)

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

10:35 AM: Agriculture, violence, and Indigenous Mexican migration from Cold War Oaxaca to the U.S.-Mexico Pacific Coast – *Jorge Ramirez, PhD*

10:55 AM: Day laborers as change agents in the fight for better working conditions – *Loyda Alvarado*

11:15 AM: Cutting through the fog of war; a public health approach to violence in Mexico – *Everard Meade, PhD*

11:35 AM: Q&A

Catherine Cubbin (Spirit of 1848 Coordinating Committee; University of Texas at Austin) moderated the session in lieu of **Marian Moser Jones (Spirit of 1848 Coordinating Committee; University of Maryland School of Public Health, College Park, MD)**, who was unable to come to APHA due to an illness. On behalf of the Spirit of 1848 Coordinating Committee, she and **Nancy Krieger (Spirit of 1848 Coordinating Committee; Harvard T.H. Chan School of Public Health)** dedicated this session in memory of Dr. Elizabeth Fee, one of the co-founders of the Spirit of 1848 Caucus and the first chair of our history subcommittee. Dr. Fee passed away last month; her many contributions appear in an obituary written by **Spirit of 1848 Coordinating Committee member Anne-Emanuelle Birn**, available at: <https://sph.cuny.edu/2018/10/23/in-memoriam-dr-elizabeth-fee/>; see also the obituary published (open access) in the *Lancet*: [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(18\)32832-0/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)32832-0/fulltext)

- **Nancy Krieger** spoke briefly to Elizabeth's role in co-founding the Spirit of 1848 and her critical contributions to illuminating how critical understanding of public health history can improve present-day scholarship and activism for social justice and public health.
- **Catherine Cubbin** then spoke briefly on behalf of both Anne-Emanuelle Birn and herself to attest to Elizabeth's extraordinary contributions as a teacher and mentor (both of them were fortunate to be her students), and also as a public advocate for health equity.

-- **Jorge Ramirez (Doctoral Candidate, University of California San Diego)** then presented on the history of Indigenous communities in Oaxaca, Mexico, especially the Triqui, from whom he is descended. He explained that it is insufficient to look solely at macro determinants of the impoverishment and high levels of violence in the region (as tied to neoliberalism, NAFTA, etc) because historical analysis shows that local dimensions matter too, especially in relation to the history of state formation in Mexico. Thus, although political economy matters to understand major shifts in the recruitment of agricultural workers from Oaxaca (e.g., 1940-1960: to Veracruz; 1960-1980: to other regions of Mexico; 1980-2000: to both sides of the border with the US), the sharp increase in immigration between 1970 and 1980 was additionally driven by violent state formation. Specifically, the Mexican government waged a dirty war campaign against Indigenous peoples both to expropriate their community lands and to reestablish the government's legitimacy after the government's 1968 massacre of students protesting its policies. During this period, the government pointed to the Oaxaca region's poverty and poor health as a reason for implementing "regional development programs" that were framed as "reintegrating backwards regions" – while simultaneously violently repressing visible political activists who fought to preserve Indigenous lands and culture and also stoking violent divisions (in both the 1950s and the 1970s) between different Indigenous communities, in order to disrupt the communal structures that united them. Oral interviews conducted by Ramirez with elders in the region revealed histories of state violence, with people fleeing to the mountains for safety, or else leaving the area. Ramirez emphasized that the migrants were not solely victims of violence, but instead re-created their communal structures when they migrated, and it is these communal structures that can protect the well-being of the Triqui and other Indigenous communities.

-- **Loyda Alvarado (Program Coordinator at the OSHA Training Institute at California State University Dominguez Hills)** in turn discussed the hazardous working conditions of day laborers in the US, who often are the "face of immigrants" and are typically vilified as "undeserving," and thus vulnerable to unscrupulous bosses. Her key point was that day laborers, precisely because they know they have nothing to lose, can be a potent force when they together protest wage theft, unsafe working conditions, and act collectively as agents of change. This is the central principle of the National Day Labor Organizing Network (NDLON; see: <https://ndlon.org/>) and the program she works in is the NDLON Safety & Health Project that is a partnership between NDLON and academia, funded by an OSHA grant. The Project trains day laborers about their rights as well as the kinds of hazards they are exposed to, and also makes the material about these hazards more accessible (e.g., don't just say an exposure is over the "permissible exposure limit," but say clearly what the hazard is and why it has to be lowered). Aware that language as well as literacy must be addressed (since some

of the workers speak only Spanish, while some of the Indigenous workers do not speak any Spanish), the Project uses diverse popular educational methods, including games, songs, and participatory techniques. The day laborers enrolled in the project are trained to share their knowledge by becoming OSHA-certified trainers (10 hr and 30 hr programs), and are changing the work culture by empowering day laborers to know their history and to know and stand up for their rights, including about pay and hazardous conditions. They act on the principle “An Injury to One is an Injury to All” and they speak as witnesses who are agents of change.

-- **Everard Meade (University of San Diego)** then presented an analysis of historical and current trends in violence (especially homicide), looking at data for both Mexico and the US, nationally and for diverse cities, with this analysis informed by the methods of both historians and public health researchers. A particular contribution is to use the humanist frame of transitional justice to modify the classic public health infectious disease model, which focuses on: (1) clusters; (2) spread; and (3) transmission, but which is limited by overreliance on aggregated data. The transitional justice approach involves three components: (1) recognize harm; (2) steps to recover; and (3) integration, and allows for framing the violence in Mexico as a “war,” which is what it is from the standpoint of civilian experience. Current estimates indicate the recent scale of killing – estimated at over 160,000 homicides, plus the disappearance of over 30,000 migrants, along with the Mexican government’s admission of enforced disappearance of over 32,000 other persons – which exceeds the death toll under the Pinochet dictatorship, the “dirty war” in Argentina, and other civil wars in Central America. Analysis of historical trends from 1931 to the present, however, shows that the homicide rate in Mexico was much higher in the early 20th century, declined until the mid-century, when it became more or less stable for some 50 years, then rose again starting in 2007. This means that three generations have experienced a decline in violent deaths, but this expectation was broken in 2007, when the rates began to rise. The violence thus shows strong temporal and spatial clusters, with it also being important to recognize that some US cities, such as St. Louis, have homicide rates on par with those in some cities and region in Mexico, e.g., Tijuana. In addition to the need to disaggregate to the city and regional level, it is also important to disaggregate by cause of death – since the proportion of murders due to organized crime are higher in Sinaloa (80%) compared to Baja, California (50%), suggesting that in Baja other economic and social issues contribute more to the high homicide rates. A key difference in the violence between Mexico and the US is the far higher level of impunity in Mexico: whereas in Detroit 50% of murders are followed up with the police identifying a suspect, issuing a warrant, and obtaining an indictment, in Mexico, the impunity rate is 98%, meaning that for 98% of murders, no arrest is made. Additionally, in Detroit, no victims of murder have been displayed hanging from public bridges, as they have been in Mexico, and it is easy to locate numerous YouTube videos of people in Mexico being interrogated and killed, which is not the case for Detroit. Given the nature and scope of the problem, traditional “solutions” (such as better prosecution or use of the military) don’t work, and instead there needs to be emphasis on transitional justice. A first step is to document the harms done, per the first stage of a Truth Commission, which is premised on the view that violence creates stories that people need to tell to each other, increasing collective knowledge and trust.

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

- (1) the prospects for the new government in Mexico – with the answer being that it has committed to using a transitional justice frame
- (2) whether having an historical awareness can help people have a sense of themselves as historical agents and change-makers, and not solely victims – with the answers from all three speakers emphasizing the importance of having such historical awareness to develop voice in the present and engage in activism to challenge injustice and enable peace-building; it matters, too, to know that things have not always been so violent, leading to the question of what has changed – and could be changed, going forward
- (3) how to challenge constructions of people being solely “victims” in spaces where health professionals provide care – with responses from all 3 presenters again speaking to the importance of focusing on not only adversity but also the strengths people and communities have to be resilient, and the capacity of people to take great risks for a better life – as illustrated by the example of the case of one young man who died anonymously as a migrant in the desert, but in reality he was not “simply” an “anonymous dead migrant,” as the subsequent investigation showed that he was a young man seeking a better life for himself and his family.

• POLITICS OF PUBLIC HEALTH DATA

Our session was attended by~ 120 people.

Data for collective action: empirical evidence about structural determinants of health to aid struggles for health equity (Mon, Nov 12, 3:00-4:30 pm; Session 3398.0; SDCC, Room 8)

3:00 PM: Introduction – Nancy Krieger, PhD; Craig Dearfield, PhD ; Zinzi Bailey, ScD, MSPH; Catherine Cubbin, PhD
3:05 PM: Shifting from neighborhood disadvantage to neighborhood disinvestment; structural racism, residential segregation, and health disparities – Zinzi Bailey, ScD, MSPH and Sharrelle Barber, ScD, MPH
3:25 PM: Using anti-racism approaches to study the health implications of racism – Kia Skrine Jeffers, PhD, NRn PHN and Chandra L. Ford, PhD, MPH, MLIS
3:45 PM: Structural racism in policing and mass incarceration; a driver of health disparities in Black and Latinx communities – Sharon Washington, EdD, MPH and Robert Fullilove, EdD, MS
4:05 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.

-- **Zinzi Bailey (University of Miami Miller School of Medicine)** presented preliminary work-in-progress that she and Sharrelle Barber are developing to counter the dominant narrative and analytic public health approach of emphasizing “neighborhood disadvantage” by focusing instead on “neighborhood disinvestment,” as shaped by structural racism. They seek to challenge the dominant view that it is “normal” for “those people to live in those neighborhood and to need our services” by using an analysis that focuses on who has created, perpetuated, and benefited from structural racism. A key example concerns racial residential segregation, and they discussed how Rothstein’s recent book *On the Color of Law: A Forgotten History of How Our Government Segregated America* (New York: W.W. Norton & Co, 2017) clearly demonstrates that this segregation has resulted from active *de jure* discrimination led or facilitated by the US government, and not just allegedly *de facto* discrimination purportedly based on “individual’s taste.” This book discusses how the original “redlining” maps produced by the Home Owner’s Loan Corporation (HOLC) in the mid-1930s ranked neighborhoods into 4 grades, with these ranks used by the Federal Housing Administration (FHA) to assist banks in making loans for mortgages; see also: <https://ncrc.org/holc/>. The literal color code spanned from A (“best,” colored “green”), which HOLC applied to areas whose residents were both prosperous and free of blacks and foreign-born, down to D (“hazardous,” colored “red” – hence “redlining”), which HOLC applied to areas “characterized by detrimental influences in a pronounced degree” on account of their residents being black or belonging to other “inharmonious” racial or immigrant groups; these areas also typically lacked economic resources. By diverting investment to the high ranking areas and away from the low ranking areas, the federal government policy favored investment in white suburbs, hastened decay of what were termed “inner cities” and promoted racial residential segregation on a national scale, in cities across the US. These policies in turn set the stage for the allegedly “color blind” (i.e., not legally mandated, as per Jim Crow) distribution of resources and hazards across areas, as well as normalization of separate and unequal neighborhoods in cities. Meanwhile, social analysts have developed a variety of metrics to quantify the extent of racial residential segregation, along with other measures of neighborhood disadvantage. None of these measures, however, explicitly engages with issues of disinvestment; the focus instead is on community characteristics, and not the decisions and policies shaping those characteristics. For their preliminary work, Bailey and Barber are focusing on Philadelphia, and using new statistical techniques (e.g., Getis-Ord Local G_i^* statistic) to detect “hot spots” in relation to within-city and regional spatial clustering of different dimensions of segregation, unemployment, and housing vacancies over time. The initial goal is to see how these different “hot spots” overlap in space and time, and to identify areas that have had persistent disadvantage. Future analyses will include political and policy measures of structural racism, and will examine how these diverse measures explain racial health inequities within and across areas.

-- **Chandra Ford (University of California, Los Angeles) and Kia Skrine Jeffers (Center for the Study of Racism, Social Justice & Health, Los Angeles, CA)** next presented a conceptual overview of critical race theory in relation to public health – which they term Public Health Critical Race Praxis (PHCRP), after which they shared two preliminary examples of how they are applying PHCRP to their own work. The three charges of PHCRP are to: (1) name racism; (2) speak truth to power; and (3) marry heart & head. Its components include: (1) a race-conscious orientation; (2) semi-structured, self-reflective process; and (3) attention to lexicon/vocabulary. Key steps, for any project, are to: (1) assess current racial dynamics; (2) clarify biases in the field; (3) develop good measures; and (4) take action. Studies can include measures of multiple aspects of racism, from everyday to extreme, at the structural and institutional as well as individual-level, and should draw on the perspectives of socially marginalized groups, and do so from an intersectional standpoint – with the action taken at the end building on the knowledge gained from seeking answers to the original study questions. Recognizing that the work tied to any one study is likely incremental, the actions taken can include challenging the original hypothesis and its assumptions, as well as sharing the lessons learned from the research across diverse disciplines and with diverse communities. The first example from their own work involved “Big Data” research based on a retrospective cohort in California for which data were obtained from both medical records and census data, with the aim of analyzing HIV testing, linkage, and retention in care. Guided by a PHCRP approach, including its encouragement for

race-consciousness and critical self-awareness, prior to developing each study aim, members of the team completed a confidential questionnaire about what they expected to find and the basis for their expectations, so that they could later be aware of these priors when evaluating the study analytic results. The second example concerned a qualitative research study, which utilized a PHCRP orientation to the social construction of knowledge and the importance of voice. The study sought to engage with what older African Americans (whose average age was 65 yrs) say about their experiences with diabetes, so as to empower them with their diabetes self-management. A surface read of the findings would suggest that the participants made unsafe choices about how to handle their diabetes due to low education and low income. Taking a PHCRP approach would instead: (1) use a race-conscious orientation to consider the life-trajectories of these older African Americans, including prior exposure to both traditional health care and folk medicine; (2) use an anti-racism lens to evaluate the social production of informal and experiential knowledge; and (3) use a semi-structured, self-reflective approach to consider how the race/ethnicity of the health care provider might affect the patient's approach to diabetes self-management; the implication for taking action would be to listen and not just tell patients and communities what to do. The presentation closed with two questions: (1) per Audre Lorde's question about whether the "master's tools" can dismantle the master's house, is PHCRP such a tool? – and if so, can it help us dismantle embodied structural racism?; and (2) if people are indifferent to the lives of people who are marginalized, does evidence matter?

-- **Note:** the third scheduled presentation on "Structural Racism in Policing and Mass Incarceration" unfortunately was cancelled, due to unexpected problems that prevented the authors from traveling to APHA.

During the **Q&A period**, queries raised included;

- (1) how do the different approaches discussed take into account the diverse audiences for research, including who should do what given the knowledge produced, and how can this knowledge be used by whom to help people thrive and challenge unjust policies? – with the replies from the presenters emphasizing the possibilities of using research as an organizing tool, as a means of learning about the relevant history and sharing this knowledge, and the necessity of engaging both with people in the academy and in diverse communities about their ideas and actions, while also recognizing that researchers from marginalized groups have insights from being "outsiders within"
- (2) what are means of confronting bias among researchers? – with replies including directing attention to the questions asked in the first place, and to push back by asking questions (e.g., "I'm confused by where we are here")
- (3) what are good ways to bring history into empirical analyses, including recognizing that segregation existed before the HOLC maps? – with replies emphasizing the need to learn history and engage with historians, and be in dialogue with colleagues across diverse disciplines
- (4) how can critical researchers counter the tendency of health departments to focus on the consequences but not causes of racial residential segregation, e.g., by excluding use of a power analysis and instead narrowly focusing only on trying to fix so-called "modifiable risk factors" – with the answers pointing to how the NYC Dept of Health and Mental Hygiene has begun to take an explicitly anti-racist stance in its approach to interventions, along with the need to recognize that maps do not by themselves tell a story, since what "story" they tell depends on the analytic frame used
- (5) is it possible to shift academia, home to many of the "master's tools"? – with the answers emphasizing the importance of "making a way out of no way" to produce useful knowledge that can be shared and disseminated with the people who want and need this knowledge, including in relation to issues identified by community-based participatory research; consequently, the goal is not to change academia per se, but rather to produce alternative understandings, recognizing too that to grapple with the dominant approaches and ask alternative questions, it is necessary to know the master's tools really well
- (6) how can critical public health researchers connect with social movements? – with the answers pointing to the need to democratize data by sharing the data with these movements and to see science as part of the struggle, as concretely illustrated by how Black Lives Matter helped spark Data for Black Lives, with the intent of producing data that are missing and needed to address problems
- (7) can science ever be objective? – with the answers recognizing that while claims of "objectivity" can be invoked to marginalize concerns about racism, nevertheless rigorous science, including for racial justice, requires explicit methods that enhance validity and reliability while at the same time critically reflecting on social biases that can affect assumptions; similarly, "Big Data" algorithmic approaches can weaponize data (e.g., based on current data predict who is likely to re-offend, without taking into account the racial bias of criminal justice), but critical rigorous science can be used to show how the algorithms are biased.

• PROGRESSIVE PEDAGOGY

This session was attended by ~ 60 people.

Making hope practical: progressive pedagogy that enhances capacity for civic engagement in the collective struggle for health (Tues, Nov 13, 8:30-10:00 am; Session 4068.0; SDCC, Room 8)

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

8:35 AM: **Leaders in health community training program: building capacity for health equity** – *Rebekka M. Lee, ScD, Ra'Shaun Nalls, MPA, and Hila Bernstein, MPH Candidate*

8:50 AM: **Building local knowledge and power to advance health equity through justice reinvestment strategies in three California counties** – *Diana Aranda MPA, Tamisha Walker, Noha Aboelata Dr, Danielle Mahones, and Dee Emmert MDiv*

9:05 AM: **Advocating for collective action to increase food security among immigrants: an online training for the public health workforce**– *Emilia Vignola, MSPH, Emily Franzosa MA, DrPH, Samantha Cinnick, MPH, CHES, CPH, Nicholas Freudenberg, PhD and Maria Murrman EdD MS*

9:20 AM: **Environmental learning for change: student connections empower action** – *Trina Mackie, PhD, MSPH*

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, who were selected because of how their work with pedagogy “makes hope practical.”

-- **Ra'Shaun Nalls, Rebekka Lee, and Hila Bernstein (all at the Harvard T.H. Chan School of Public Health, Boston, MA) and Sahar Lawrence (Roxbury, Boston, MA)** described the “Leaders in Health” community training program they have designed that builds capacity for health equity (see: <https://www.hsph.harvard.edu/prc/community-engagement/leaders-in-health-community-training-program/>). **Ra'Shaun Nalls** started by explaining that the 8-week course takes place at the Harvard T.H. Chan School of Public Health and: (1) includes a public health 101 curriculum, to familiarize participants with public health concepts and vocabulary (which is useful for the issues they care about as well as for writing grants and dealing with public health professionals); (2) builds organizational capacity; and (3) fosters community/academic partnerships. The program sessions start in mid-September and the final capstone project is presented in mid-November, after which participants receive a \$200 stipend for being in the program. Thus far, the program has trained 56 Boston practitioners across 6 cohorts. These participants are drawn from diverse communities in the Boston area and must have little to no public health experience (no individuals with MPHs are enrolled); they can range from being early career to director of organizations, and must have a current project that can be used for their program assignment. The teaching team includes student technical assistants (2nd year master students) who can get course credit for an independent study for being involved with the training, in which they both teach and learn skills and become more aware of community issues and community organizing; for the independent study, the students write brief weekly reflection papers, which focus on such topics as gaining awareness of the power dynamics between them (as Harvard graduate students) and the program participants. **Rebekka Lee** then described the learning objectives and flow of topics addressed. The first two weeks focus on learning public health concepts and language relevant to communicating about health equity, the next two weeks focus concretely on project planning and formulating evidence-based strategies, and the remaining sessions focus on evaluation and the sharing of data, including not only how to disseminate knowledge but also how to run a meeting. Using an applied teaching approach, program participants formulate a project that can be completed in the available time, conscious of what changes they think they can make given their position in their organization. They learn how to use logic models, gain grant writing experience, and also how to give an “elevator speech” about their organization, their role, and their project. In the final session, each participant gives a 10-minute presentation about their project to a group that includes their classmates, others at the School, and also their co-workers and loved ones. **Sahar Lawrence** then described the project she did, as a staff member in a community development corporation in Roxbury (a neighborhood of Boston), which focuses on urban education and housing and works primarily with low-income populations of color. She started a partnership with a local community health center (CHC), with the goal of getting 50 new households to enroll in the CHC. By participating in the leadership training program, she learned how to approach work in a more structured way, how to plan to achieve realistic outcomes, and gained confidence and insight, as well as deeper understanding of why housing is a health issue.

-- **Tamisha Walker (Executive Director, Safe Return Project, Contra Costa County, CA)** then described the work she and her organization are doing to tackle the issues of mass incarceration and re-entrance of formerly incarcerated persons, such as herself, into their families and communities (see: <http://www.countyhealthrankings.org/safe-return-project>). She described the terrible health statistics of incarcerated persons, both when incarcerated and after they are released, including the post-incarceration high risk of mortality (especially from overdose, with risk highest in the first two weeks after release), plus

their diminished sense of self-worth and chronic disenfranchisement, both of which are compounded by a sense that their society and community has changed during the period they were incarcerated. A major concern is trauma, including the trauma that led to incarceration, as well as the trauma due to arrest and incarceration. Her group, along with similar groups in two other counties, have launched a campaign to “invest in people not prisons.” In Contra Costa County, via active community education and engagement, they have defeated four county jail expansions, eliminated juvenile fines and fees, help secure reinvestment of \$2 million of Prop 47 funding into services for mental health, substance use, and homelessness, such that Contra Costa County is now in the midst of building a new 350 bed facility to help people with mental health and substance use issues. Her program has created a platform to advance a proactive agenda for housing, mental health services, health access, and job opportunities. The other two counties have done similar work, with one also holding Town Halls with District Attorneys and educating community members about who the DAs are and why this matters. One of the groups also organized healing circles for their community members after the police killing of Stephen Clark. Challenges include changing the narrative from being “tough on crime” and dividing up people as being “deserving” vs. “undeserving” to one that emphasizes a public health approach to mental health and substance use and also challenges the still legal discrimination against formerly incarcerated persons. The work has shown the value of educating people about the links between criminal justice reform and its beneficial health impacts, and the power of linking criminal justice reform to health equity.

-- **Emilia Vignolia (City University of New York (CUNY) Graduate School of Public Health and Health Policy)** next presented the on-line training program she and her colleagues at CUNY and Columbia University have developed to address issues of food security among immigrants. Their training is directed, via their regional Public Health Training Center, to the public health workforce in US Dept of Health and Human Services Region 2, which includes New York, New Jersey, Puerto Rico, and the US Virgin Islands; the intent is to increase their capacity to deliver services. At issue is the high level of food insecurity among immigrants in the US, which is estimated to affect 20-60% of US immigrants, depending on where, compared to the US national average of 12%. Three key programs, all of which that are threatened by the changes to the “Public Charge” policy that the Trump Administration is seeking to impose, include: (1) SNAP (food stamps); (2) WIC (food for women, infants, and children); and (3) school food (breakfast and lunch). The challenges faced by the on-line course have included: limited human and financial resources; programming in silos; limited political advocacy by public employees; and the well-known challenges of on-line, distance-based learning. Regarding technology, the platform they use is “Articulate Rise,” chosen because it is intuitive, interactive, and can be run from a phone, tablet, or desktop computer. A key focus is working with existing skills to change them into transformative skills. For example, a traditional way to frame the scope of health department programs is to promote physical and mental health; the training encourages a reframing to consider factors that limit people’s ability to achieve better health. Similarly, the traditional skill of assessing problems in relation to collecting and analyzing data is transformed by encouraging participants to locate the underlying causes, i.e., social and political processes, that lead to food insecurity. The participants learn to address barriers at multiple levels: (1) individual (e.g., stigma associated with use of public benefits); (2) organizational (e.g., inadequate language and cultural competency); and (3) policy (e.g., policies leading to poverty wages). A case example used in the on-line training concerns a restaurant worker who makes only \$450/week and gets \$180/week in SNAP benefits, but combined this is still not enough to support his partner and their two children – with the purpose of the reframing to get the course participants to see that it is not enough just to increase the SNAP benefits, but rather the wages need to be increased too, e.g., by policies for a higher minimum wage or living wage. With regard to interventions, the training expands the focus from solely addressing barriers to identifying and supporting community partnerships and social movements. Example include involving the public health department in building coalitions, working in fair labor campaigns, and issuing public statements to foster inclusion of immigrants – with this new approach framed as making the work of health departments more effective and efficient. The case example used in the training is the one that was featured in the Spirit of 1848’s 2018 activist session (see above) re the Cook County Collaborative for Health Equity. Key limitations of the training program are that: (1) it is directed toward individuals (not structures); (2) it is hard for participants to have uninterrupted time to complete the course (which requires 45 minutes); (3) it can be hard for them to identify concrete actions they can take to apply new learning from the course; and (4) training participation has been relatively low thus far. Strengths include: (1) the course is free; (2) participants get CHES and CPH credits; and (3) the training reinforces existing skills and creates new ones, including strengthening capacity for political analysis and solidarity, thus enabling moving beyond solely a crisis management mode. The link for the course training is at: <https://www.train.org/main/admin/course/1077882/> -- and to boost the reach of this training, they have posted it to the Public Health Learning Navigator training database (see: <https://www.phlearningnavigator.org/>).

-- **Trina Mackie (Touro University California, Vallejo, CA)** next described an environmental science course that she teaches to MPH students and which involves their teaching middle school students, to make all of them more active in working for change and health equity. Most of the MPH students are the first in their family to get a college degree, let alone an advanced degree, and the racial/ethnic mix is reflective of the community where the school is based (50% Asian, 7% Hispanic, 7% black, 28% white, 4% multi-racial/ethnic). She teaches the class from an environmental justice standpoint, addressing such topics as ecohealth, air pollution, climate change, the built environment, water quality, food systems, food security, and citizen science. Students routinely are surprised and dismayed at how little they know about these problems, including the health inequities they produce, and they are angry they weren't previously taught about these issues and can become overwhelmed and depressed by the extent of the problems. What helps expand hope is connecting them to teaching middle school children (grades 6 through 8), to get these younger students to start thinking about purchases, consumption, and transportation, in ways they can talk about with their families, including in relation to common health problems affecting the local community (e.g., high rates of asthma) – as well as also provide an example of what they might do when they grow older. The 6th grade teaching example looks at the environmental impact of plastics, from cradle to grave; the 7th grade project looks at human biology, air pollution, and asthma; and the 8th grade project looks at climate change and ocean acidification and its impacts on the health of marine animals. Final research projects for the graduate course have included analysis of the environmental health impact of a local concrete plant, with students getting involved in going to state council meetings, writing letters to the local paper, and becoming more involved as active citizens.

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

- (1) whether the Harvard team can disseminate its model to other schools – with the reply being that it was too early to do so, as it is still so new and they are still refining it (noting further that their presentation at this Spirit of 1848 session is their 1st public talk about the program!)
- (2) how these pedagogic initiatives can help shift narratives to build community capacity and identify levers to lift up these community stories – with the replies emphasizing that changing narratives is necessary and is long and hard work, and one way to do this is to get people out of their offices and into the communities to hear residents' stories, as well as build up the capacity of people to do the work to get out their own stories
- (3) how to realign the work of public health departments to get more engaged in such health equity work – with replies citing the example of the NYC Dept of Health and Mental Hygiene getting involved in correctional reform, and the Contra Costa County health department stepping up to be at the table about conversations about criminalization and gun violence, and engaging people at all levels in these discussions (from on the ground to top leadership)
- (4) how to incorporate history, so that people understanding the histories of struggle that underlie the present day, as well as gain awareness of themselves as historical actors and change agents – with replies agreeing on the need to do this

• INTEGRATIVE

This session was attended by ~ 120 people.

Taking on adversaries & creating new allies in the collective struggle for health equity: insights from initiatives across the public health rainbow (Tues, Nov 13, 10:30 am – 12 noon, Session 4194.0) SDCC, Room 8

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

10:35 AM: Engaging law and global health to achieve health equity in these troubled times – *Sofia Gruskin, JD, MIA*

10:45 AM: Building health equity in LA County – *Barbara Ferrer, PhD, MPH, MEd*

10:55 AM: Disrupting the narrative: including data on low income Asian Americans and Pacific Islanders – *Lisa Hasegawa, SM*

11:05 AM: Racial equity for Native Communities in public health work – *Hannabah Blue, MS*

11:15 AM: Lessons from grass roots organizers on building alliances across differences in the fight for health equity – *Meredith Minkler, DrPH, MPH*

11:25 AM: Democratic governance in Jackson, Mississippi: building government from the ground up – *Makani Themba*

11:35 AM: Q&A

-- **Nancy Krieger (Chair, Spirit of 1848; Harvard T.H. Chan School of Public Health, Boston, MA)** opened up the session with an introduction which recognized that San Diego is located in native land that is home to five groups of American Indians -- Luiseno, Cahuilla, Cupeno, Kumeyaay, and Northern Diegueño. Grounding the session in the inclusive and transformative politics of the National Rainbow Coalition which gave rise to the Spirit of 1848 Caucus, she pointed to the need for cogent analyses that explicitly and strategically identify the relevant adversaries and allies engaged in the issues at stake, which would be illustrated by the diverse examples presented by the panel's speakers. She also

explained that the 2nd presenter, Barbara Ferrer, the director of the Los Angeles County health department, was unable to come on account of the public health emergency due to the terrible fires in Los Angeles, stoked by climate change.

-- **Sofia Gruskin (University of Southern California, Los Angeles, CA)** focused on the questions at hand in relation to academia. Noting that her University has been supportive of critical scholarship in these politically troubling times, she is nevertheless aware that colleagues at other universities are finding they are afraid to speak up, they are told to seek funding only for non-controversial projects, and they are sending this message to their graduate students, which has a major chilling effect. However, she pointed out that work doesn't get less important just because it is political, and this is a time when critical thinking is more important than ever. She described the work of the USC Law & Global Health Collective, which cuts across schools, and which in the last year has been focusing on the myriad adverse impacts of Trump Administration policy, e.g. on immigrant health, climate change, etc. They found that one issue which brought together the many people involved this collective was that of sexual and reproductive health and rights, which illustrates so many of the problems. A key challenge is that the Trump Administration rejects the research and evidence generated by universities, and frames universities as part of the problem. Moreover, people resist data, and data by themselves don't elicit an emotional response. Their group accordingly has been working with the School of Communication to improve how they get information out, using data in ways that is emotionally compelling – and the route they have taken is one of “engaging in civic imagination.” An example is to imagine the world in 2060 where anything is possible, and sexual and reproductive rights and health are valued and upheld; the exercise is then to think through how to get from here to there, in ways that involve transportation, housing, justice, family, sex, etc. This is a very different approach from relying on peer-reviewed literature that speaks to a small audience. This kind of work is crucial in an increasingly populist world, noting that in Brazil (which has just elected an extreme populist who is anti-black, anti-gay, and a climate change denier), colleagues working on sexual and reproductive rights and health have already had their funding cut by the Brazilian equivalent of NIH, and in Tanzania the government has called not only for the arrest of people who are gay but has encouraged the public to report them to the police. She asked what are the implications of these political realities for Universities and closed by saying Universities can either act as places for convening and taking action, or they can turn a blind eye – and she argued that politics cannot be allowed to hamstring vital research. She closed by saying that we in the US can learn how to work in such adversarial context by being aware of the relevant history, engaging with colleagues from other countries who have experience facing these circumstances, and by trusting in the imagination.

-- **Lisa Hasegawa (Asian American Studies Center at University of California, Los Angeles (UCLA), and prior Executive Director of the National Coalition for Asian Pacific American Community Development)**, drew on her many years of experience and expertise in relation to advocating for low-income Asian Americans, Native Hawaiians, and Pacific Islanders. She came to public health having worked in financial institutions (including the Federal Reserve) and with realtors, in ways that gave her insights both into the underpinnings of the capitalist system and the drivers of social determinants of health, displacement, and economic inequities, including in relation to housing. Yet despite clear connections between health and housing inequities, and thus the possibility of alliances, in her experience advocates for housing don't feel they need to show health impacts, since they are clear the work they are doing is valuable, in contrast to the public health advocates who emphasize the need for health impact data. Additionally, her work at the national level on the need to disaggregate data for Asian Americans and Pacific Islanders (API), to ensure their visibility, comes from understanding the power of data combined with recognition that citizenship alone will not protect people -- as borne out by her family history, in which her parents and grandparents, despite being born in the US, were deported to Japan during World War II and became stateless people for 15 years. Her inroads to getting these data to be disaggregated – i.e., separately show data for the diverse groups lumped into the heterogeneous category of “API” – started when Donna Shalala was Secretary of Health under President Clinton, and successes in getting federal health agencies to disaggregate the data helped with getting other federal agencies to do the same. She also addressed why it is important that Asian and Pacific Islanders identify as people of color, in order to understand who are their allies and adversaries, and that strength lies in presenting their stories, based on disaggregated data. Otherwise, the myth of “model minority” wrongly remains entrenched and doesn't address the needs of the diverse API groups, especially API who are low income. There is a long and deep history of resistance to marginalization, including by API groups, and linking this struggle to the resistance of other people of color strengthens understanding of common causes and possibilities for working together.

-- **Hannabah Blue (JSI, Denver, CO)**, opened by giving a greeting, as a member of the Navajo nation, and then discussed the work of the American Indian, Alaska Native, and Native Hawaiian Caucus of APHA, with regard to reviewing the ~ 6500 abstracts for each APHA meeting to see if any contain any mention of Native People, let alone have any meaningful content on their health. For this year's APHA conference, they could identify only 97 abstracts, i.e., 1.5%, that mentioned Native Americans (either overall or by tribal or nation name), and of these, only 71 had any meaningful

inclusion. Given that American Indians, Alaska Natives, and Native Hawaiians comprise ~ 1 to 2% of the US population, she noted that some may see this as ok, a sign of “equality” in proportion to population, but if considered in relation to inequity, it is insufficient, since Native Americans have the worst health of any racial/ethnic groups in the US – even as they also possess enormous strengths. As an example, she discussed the Navajo rite of honoring a baby’s first laugh – which is an engagement with culture that also helps prevent infant mortality and adverse childhood experiences – noting too that the person who elicits the baby’s first laugh is linked to that baby for the rest of their lives. Emphasizing the need for public health people committed to equity to take up issues of Native American health, she also said that the stance of being an “ally” can be a cop-out if it is only partial, and that a commitment to health equity means speaking out whenever data are not disaggregated by race/ethnicity or reported for Native Americans. She accordingly named, as three adversaries: (1) erasure, (2) stereotype, and (3) co-opting of space and movements, and she additionally underscored the links between tribal sovereignty and data sovereignty. Rather than just be an “ally,” she urged that people committed to health equity be “accomplices” – and be part of the work to ensure the visibility of Native Americans in all health equity issues – and then to report out to everyone with whom you work how you are taking on this responsibility.

[NOTE: after Hannabah spoke, Nancy Krieger said it has been a policy of the Spirit of 1848 Caucus for over 5 years to always have at least one presentation, if not one session, that highlights issues pertaining to Indigenous health, and in the past several years the Spirit of 1848 Caucus has co-organized sessions with the American Indian, Alaska Native, and Native Hawaiian Caucus].

-- **Meredith Minkler (Professor Emeritus, University of California at Berkeley School of Public Health)** next described a US national project that entailed four regional convenings of 130 grassroots organizations, funded by the RWJ foundation, with the goal of telling foundations and academics how they can be better allies. Key recommendations from these convenings were to: (1) privilege community agendas, and be clear on the focus on racial equity, not solely health equity; (2) center the leadership of women of color; and (3) be clear on the power dynamics involved with working as – and with – white “allies.” At issue is who sets the agenda and who sets the charge, which requires understanding the centrality of structural and institutional racism in the US; as one participant stated, “You can’t get to health equity unless you address the long history of racism and the resurgence of xenophobia.” Analysis of relevant health issues, e.g., mental health services and opioids, has to be grounded in understanding of dynamics of systemic racism, as exemplified by the contrast in how the media and policy makers frame and address the conditions of current white opioid users, versus the earlier demonization of black crack users. Emphasizing the need for a multiracial movement for inclusive democracy, she flagged that white “allies” need to understand that they need to show up in ways that are not overwhelming and which recognize the leadership of people of color. She concluded by stating power is not about fear (as defined by Trump) but rather by the strength that comes from using power analyses to build alliances that confront injustice (showing a picture of Obama from his community organizer days).

-- **Makani Themba (Chief Strategist at Higher Ground Change Strategies)** next reflected on the organizing in Jackson, MS, including in relation to health equity, under the new progressive mayor Chokwe Antar Lumumba (see: <http://www.jacksonms.gov/index.aspx?NID=245>). Observing that people have a hard time seeing systems, she discussed the importance of understanding and making history accessible, so that people can grasp the forces and friction that shape current conditions. She said that by conventional accounts, Jackson is depicted as a city that is 90% black with high crime. However, pulling the camera back makes clear this moment is not the truth about who we are. The approach of the Lumumba Administration is to focus on creating what they term a “Dignity Economy” – this in a city where the state capital is the site of the biggest statue to honor the Confederacy. Critically engaging with the idea of a “Dignity Economy” requires thinking about allies and adversaries in terms of who is invested in anti-blackness, and to counter the idea that freedom, as defined in the context of capitalism, solely means the freedom to buy things and the freedom to suffer. The Dignity Economy flips this by asserting instead that people have a right to thrive and a right to dignity, and this is what freedom looks like. It engages with systems of economics, governance, and meaning (e.g., using public access TV to change the stories that are told about people’s lives). The orientation to a Dignity Economy is central to the city’s new strategic plan (see: <https://www.scribd.com/document/379350871/Strategic-Plan>), whose “principal focus is on the five areas of healthy citizens, affordable homes in safe neighborhoods, a thriving educational system, occupational opportunities in a growing tax base and a city that is open and welcoming to visitors” (see: <https://bit.ly/2qS5fWc>). To promote this plan, scholars and organizations need to tell the story of how systems interact and focus on issues of power, including the power needed to disseminate a narrative (and not merely focus on whether the narrative is good – after all, bad and untrue stories are repeated all the time in major media outlets as well as in social media). This is especially important at a time that right-wing forces are attacking the academy and the media – and makes clear the importance of joining networks to amplify progressive work. To do this, black women in Jackson are fostering a vision of what the city would be if they moved from godfly status to governing.

To open up the **Q&A** period, **Nancy Krieger** asked the panelists to share their thoughts on the relevance of framing of people as history makers, as historical actors, when analyzing rules, processes, and systems that drive inequities, and also identifying adversaries and allies or accomplices. Motivating this question was her observation that at the opening general session of this APHA meeting, one devoted to the theme of “Health Equity Now,” the presentations overwhelmingly focused on the adverse conditions experienced by “vulnerable” and “disadvantaged” communities, yet said nothing about who drives these inequities and benefits from the power relations that create such communities, i.e., who benefits from white supremacy, neoliberalism, privatization, deregulation (of both the economy and environmental and occupational protections), along with prioritizing profit over people and tax cuts over resources required for good governance.

- **Hannabah Blue** stated that to get to equity, we must walk through truth, including the hard truths of colonization, internment, and slavery. She noted the Trump Administration is making unprecedented attacks on tribal sovereignty, which must be taken up in connection with solidarity for immigrant rights, premised on historical understanding.
- **Meredith Minkler** said that the grassroots organizations at all the convenings spoke repeatedly to the importance of history, and that it is critical to bring in this history and analysis of political economy to otherwise sanitized versions of “social determinants of health” which strip out the history, politics, and conflict.
- **Sofia Gruskin** affirmed the need to think historically, not only about the US but globally, and that it was not good to look only internally, but to engage with allies in many other places, who have already experienced and are fighting the kinds of nationalist and authoritarian politics on the rise in the US.
- **Makani Themba** discussed how we need history to help see beyond the kinds of framings used by the Trump Administration, which underlie the support it has from white women, so as to expand the “we” and minimize the “them.” One approach is to tell more stories about how people have worked together to expand the “we” – and as an example, she said whenever people discuss the Underground Railroad, they typically focus on the Northern branch and are unaware of the Southern Underground Railroad, which helped enslaved black Americans escape to freedom in Mexico, aided by Indigenous peoples.
- **Lisa Hasegawa** reflected on how she is newly teaching undergraduates in Asian American studies, and although her initial assumption was that she would mainly need to teach technical content, she has found that she needs to teach them history and context, which can help them challenge prevalent anti-black narratives which they need to unlearn, and also see how Asian Americans are people of color.

Additional points raised in the open **Q&A** period included:

- (1) the need not only to teach history, but to encourage curiosity and hear the silence between the notes, so as to spark understanding of why things are as they are and how they could be different
- (2) the concern that “social determinants of health” approaches typically don’t address the need to reallocate power
- (3) the need to call out and contest narratives of “model minorities” and to use language to clarify how “allies” should instead be framed as “accomplices”

• **STUDENT POSTER SESSION**

Our 17th “**STUDENT POSTER SESSION: SOCIAL JUSTICE AND PUBLIC HEALTH**” had 10 posters (listed below; presenters’ names in **bold font**); the abstracts are available at: <https://apha.confex.com/apha/2018/meetingapp.cgi/Session/53569>

The students were thronged by the many people who attended the poster session, providing them many opportunities to discuss their work (one even said afterwards it was the best experience ever in presenting a poster, in part because of the high level of discussion) -- and the students also enjoyed meeting each other (as demonstrated by their continuing to talk amongst themselves for another hour after the session formally ended!). 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, energy, outrage, insights, and organizing for all the challenges we face!

Spirit of 1848 social justice & public health student poster session (Tues, Nov 13, 1:00-2:00 pm, Session 4227.0); SDCC

Board 1: Hearts, minds, and human rights: police attitudes towards people who use drugs as a structural determinant of enforcement practices that drive HIV risk in Tijuana, Mexico – Pieter Baker, MPH

Board 2: Vicarious racism stress exposure and disease activity among African American women with system lupus erythematosus: The Black Women’s Experiences Living with Lupus (BeWELL) Study – Connor Martz, BS, Thomas Fuller-Rowell, PhD, Amani Nuru-Jeter, PhD, MPH, Erica Spears, PhD, Evelyn Hunter, PhD, S. Sam Lim, MD, MPH, Cristina Drenkard, MD, PhD, David Chae, ScD

Board 3: An Evaluation of Neocolonization through State Sanctioned Volunteerism. Erika Sylvia Nacim, MPH, Shawna Follis MS, and **Caroline King MPH**

Board 4: Equity collective: student-led activism to promote equity and inclusion in the Health Behavior Department of UNC's Gillings School of Global Public Health – Margaret Gichane, MSPH, Ida Griesemer, msPH, Shynah James, Melissa Luong, Yesenia Merino, MPH, Varsha Subramanyam, BA, Leah Taraskiewicz, and Deshira Wallace, MPSH

Board 5: Health disparities in gentrified communities: the ongoing fight for health equality and social justice of minority residents in Harlem. **Tasnim Ahmad, MPH(c), Beverley Chang, MPH(c), Alyson Clarke, MPH(c), Brittany Daughtry, MPH(c), Maya Lloyd, MPH(c)**

Board 6: Oppression and violence in birth care: preliminary analysis and public health implications – Elisabeth Bolaza, MPH, PhD(c)

Board 7: Multiracial people and representation in data: a political economy analysis – David A. Stuppelbeen, MPH

Board 8: Examining the complexity of researching racial/ethnic disparities in Hawai'i – a “minority majority” state – Rebecca Delafield, MPH, PhD(c), Ann Chang, MPH, MD, Tetine Sentell, PhD, Jennifer Elia, DrPH, and Catherine M. Pirkle, PhD

Board 9: Barriers and enablers of healthy food access among low-income Afro-Caribbeans in Crown Heights, Brooklyn – Antara Afrin, BA, MPH(c), Yasmeen Mohammad, BA, MPH(c), Khady Ndiaye, BA, MPH(c), and Brandon Yarde

Board 10: Public health activism supporting reproductive justice for incarcerated women in the US – Gladys Reyes

• **Other:**

a) The Spirit of 1848 Caucus participated in the APHA Caucus Collaborative session:



For this session, Nancy Krieger, Spirit of 1848 chair and co-founder, presented a brief overview of how our Caucus has engaged in work advancing health equity since our inception in 1994 – and ended with having everyone sing the first two verses of “Where All Can Truly Thrive” – which are the alternative verses that Makani Themba penned for the Spirit of 1848 20th anniversary, set to the tune of “Down By The Riverside”!

WHERE ALL CAN TRULY THRIVE

Original song: “Down by the Riverside”
New lyrics: **Makani Themba**

MORE VERSES

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

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

Where health's a human right by law

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

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

Mother Earth, all life in harmony...

Peace and justice the whole world round...

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

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 to be part of your revolution!”

Co-sponsored: Tues, Nov 13, 8-11 pm: 🎶 🎶 🎶 🎶 **ANNUAL HEALTH ACTIVIST DANCE PARTY** 🎶 🎶 🎶 🎶 (sponsored by the Occupational Health & Safety Section), Sherman Heights Community Center (2258 Island Ave, San Diego, CA; 619-232-5181) – live band!

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

1848: World-wide cholera epidemic

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

In the midst of the 1848 revolution in Germany, Rudolf Virchow founds the medical journal Medical Reform (Die Medizinische Reform), and publishes his classic "Report on the Typhus Epidemic in Upper Silesia," in which he concludes that preserving health and preventing disease requires "full and unlimited democracy"

Revolution in France, abdication of Louis Philippe, worker uprising in Paris, and founding of The Second Republic, which creates a public health advisory committee attached to the Ministry of Agriculture and Commerce and establishes network of local public health councils

First Public Health Act in Britain, which creates a General Board of Health, empowered to establish local boards of health to deal with the water supply, sewerage, cemeteries, and control of "offensive trades," and also to conduct surveys of sanitary conditions

The newly formed American Medical Association sets up a Public Hygiene Committee to address public health issues

First Women's Rights Convention in the United States, at Seneca Falls

Seneca Nation of Indians adopts its Constitution

Henry Thoreau publishes Civil Disobedience, to protest paying taxes to support the United State's war against Mexico

Karl Marx and Frederick Engels publish The Communist Manifesto

1849-

1854: Elizabeth Blackwell sets up the New York Dispensary for Poor Women and Children (1849); John Snow publishes On the Mode of Communication of Cholera (1849); Lemuel Shattuck publishes Report of the Sanitary Commission of Massachusetts (1850); founding of the London Epidemiological Society (1850); Indian Wars in the southwest and far west (1849-1892); Compromise of 1850 retains slavery in the United States and Fugitive Slave Act passed; Harriet Beecher Stowe publishes Uncle Tom's Cabin (1852); Sojourner Truth delivers her "Ain't I a Woman" speech at the Fourth Seneca Fall convention (1853); John Snow removes the handle of the Broad Street Pump to stop the cholera epidemic in London (1854)