

★★★★★ THE SPIRIT OF 1848: APHA 2023 REPORTBACK ★★★★★

TO: EVERYONE ON SPIRIT OF 1848 EMAIL BULLETIN BOARD
FROM: SPIRIT OF 1848 COORDINATING COMMITTEE
RE: REPORTBACK FROM THE 2023 APHA CONFERENCE (ver: 11/27/23)



Greetings! The Spirit of 1848 Caucus is happy to share our reportback from the 151st American Public Health Association Annual Meeting and Expo (APHA; November 12-15, 2023, Atlanta, GA). In this reportback we:

- (a) share decisions we made at our labor/business meeting, plus our plans for APHA 2024 (Minneapolis, MN); and
- (b) give highlights of our APHA 2023 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 (1995-2022; see: <http://www.spiritof1848.org/apha%20reportbacks%20&%20attendance.htm>).

As for the growing numbers in our ranks, we are happy to report that:

- (a) As of October 25, 2023, **3,916** people (in the US & around the world) subscribe to our Spirit of 1848 listserv (up from 3,807 a year ago, i.e., Oct 18, 2022) – and another **149** signed up to join the listserv at the APHA 2023 meeting!
- (b) According to APHA, as of May 31, 2023 (the most recent data provide), we had **286** Spirit of 1848 members who were active dues-paying APHA members (slightly down from 295 last year), a number which nevertheless puts us well above the 2016 APHA policy which requires APHA caucuses to have 25 or more dues-paying members. That said, according to the survey we maintain at the Spirit of 1848 website, as of October 25, 2023, among the **557** who have responded to affirm they are members of the Spirit of 1848 Caucus (up from 517 last year), fully **550** stated they were APHA members (up from 512 last year).

NOTE: The number of Spirit of 1848 members REALLY MATTERS – both EVERYONE on this listserv AND ALSO those who are APHA dues-paying members. Since 2006, we have been required to report ANNUALLY to APHA 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 **your name & APHA membership number & email address**; go to:

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 listserv! – 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 listserv, grab you or inspire you -- **JOIN IN!! We work together based on principles of solidarity, volunteering whatever time we can, to move along the work of social justice and public health.**

- 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 sub-committee & designated alternative Chair contact); email: ae.birn@utoronto.edu
 - Luis Avilés (History sub-committee); email: luis.aviles3@upr.edu
 - Marian Moser Jones (History sub-committee); email: jones.7849@osu.edu
 - Maria John (History sub-committee); email: Maria.John@umb.edu
 - Catherine Cubbin (Politics of public health data & Activist sub-committees); email: ccubbin@austin.utexas.edu
 - Zinzi Bailey (Politics of public health data sub-committee); email: zinzib@gmail.com
 - Craig Dearfield (Politics of public health data sub-committee); email: craig.dearfield@gmail.com
 - Lisa Moore (Pedagogy sub-committee; Spirit of 1848 co-representative to the APHA Governing Council and APHA Caucus Collaborative); email: lisadee@sfsu.edu
 - Rebekka Lee (Pedagogy & Activist sub-committees); email: rlee@hsph.harvard.edu
 - Vanessa Simonds (Pedagogy sub-committee); email: vanessa.simonds@montana.edu
 - Nylca Muñoz (Pedagogy & Activist sub-committees); email: nylca.munoz@upr.edu
 - Jerzy Eisenberg-Guyot (Activist sub-committee); email: jerzy.eisenbergguyot@gmail.com
 - Charlene Kuo (Student poster session & History sub-committees); email: cckuo@umd.edu
 - Miranda Worthen (E-networking sub-committee, for social gatherings; Spirit of 1848 co-representative to the APHA Governing Council and APHA Caucus Collaborative); email: miranda.worthen@sjsu.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 **Minneapolis, MN (Oct 27-30, 2024)**; the official theme is “**Rebuilding Trust in Public Health and Science**” – and our Spirit of 1848 theme, as usual, ups the ante -- and will be: **Believe it or not: critical trust building, trust busting & creating trustworthy public health science and practice** – and we are mindful this conference will be 1 week before the US elections (presidential & otherwise), and ~4.5 years after the police murder of George Floyd in Minneapolis on May 25, 2020.



Attended by 12 members:

(a) Spirit of 1848 Coordinating Committee members (alphabetical order; n = 8 in person): Craig Dearfield (data); Marian Moser Jones (history); Nancy Krieger (chair & integrative & data & e-networking); Charlene Kuo (student poster session; history); Rebekka Lee (pedagogy & activist); Lisa Moore (pedagogy & Spirit of 1848 co-representative to the APHA Governing Council and APHA Caucus Collaborative); Nylca Muñoz (pedagogy & activist); Miranda Worthen (e-networking & Spirit of 1848 co-representative to the APHA Governing Council & APHA Caucus Collaborative) [& 7 were unable to attend but engaged in planning the meeting: Luis Avilés (history); Zinzi Bailey (data); Anne-Emanuelle Birn (history); Catherine Cubbin (activist & data); Jerzy Eisenberg-Guyot (activist); Maria John (history); Vanessa Simonds (pedagogy)]

Note: we would like to honor & thank **Pam Waterman** for her MANY years of activism & work with the Spirit of 1848 Caucus, and for making sure our listserv & website have functioned since we first launched them back in 1995! The happy reason for our offering these thanks (which go beyond what words can convey) is that as of Feb 2024 Pam will be moving on to a new phase of life and will be retiring, including stepping down from being on the e-networking committee and serving as the technical manager of the Spirit of 1848 listserv! We will update everyone in January 2024 on the new ways we will ensure functionality of the Spirit of 1848 listserv and website. And once again: **HUGE THANKS TO PAM!!!**

Two of our Spirit of 1848 Coordinating Committee members received APHA awards this year, both attesting to the value placed on our collective and individual work for health justice: **Nancy Krieger** received the [Sedgwick Memorial Medal](#), APHA's "oldest and most prestigious honor," and **Anne-Emanuelle Birn** received the [Arthur J. Visellear Prize for Lifetime Achievement in Public Health History](#), awarded by the Mailman School of Public Health, Columbia University, and the Medical Care Section, American Public Health Association

(b) additional Spirit of 1848 members (alphabetical order; n = 4, with 1 by Zoom): Courtney McNamara; Luis Emilio Muñoz; Josh Osowiecki; Abena Yirenya-Tawiah (by Zoom)

1) **Spirit of 1848 mission.** We referred everyone to our Spirit of 1848 website, which includes the mission statement of the Spirit of 1848 (also at the end of this reportback & see also: <http://www.spiritof1848.org/>) – and which, among other things, describes our purpose, our subcommittee structure, and our history.

-- In brief, rooted in 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, 2023 is our 26th year as an official APHA Caucus – but: we held our 20th year celebration back in 2014, to recognize when we actually founded our group – and by that timeline, 2019 was our 25th anniversary, and we celebrated accordingly! *[This means that next year's APHA conference in 2024 will, by our reckoning, be our 30th anniversary – something to celebrate at our social hour!! – and mention in our sessions ...]*

-- Our 3 substantive foci are: (1) politics of public health data, (2) progressive pedagogy, (3) the social history of public health (with the sub-committee serving as liaison to the Sigerist Circle, an organization of progressive historians of public health & medicine). In addition to sub-committees that organize our sessions with these foci, we also have sub-committees that organize our student poster session, our activist session, and our integrative session, and we additionally have a sub-committee for e-networking, which handles our listserv, website, and social networking (including our joint social hour with Public Health Awakened).

-- We also have official co-representatives 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 meets annually at APHA and in between communicates regularly & frequently by email and occasionally via zoom, and its chair (and other members, as necessary) deals with all paperwork related to organizing & sponsoring & co-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:

(a) **As of October 25, 2023, fully 3,916 people (in the US & around the world) subscribe to our Spirit of 1848 listserv (up from 3,807 a year ago, i.e., Oct 18, 2022) – and another 149 signed up to join the listserv at the APHA 2023 meeting!**

(b) According to APHA, as of May 31, 2023 (the most recent data provided), we had **286** Spirit of 1848 members who were active dues-paying APHA members (slightly down from 295 last year), a number which nevertheless puts us well above the 2016 APHA policy which requires APHA caucuses to have 25 or more dues-paying members. That said, according to the survey we maintain at the Spirit of 1848 website, as of October 25, 2023, among the **557** who have responded to affirm they are members of the Spirit of 1848 Caucus (up from 517 last year), fully **550** stated they were APHA members (up from 512 last year).

-- As usual, we will need to send APHA our updated numbers to comply with their Dec 31, 2023 deadline to report the N of Spirit of 1848 members who are also dues-paying APHA members.

3) **Spirit of 1848 Sessions.** We reported back on how our various sessions went (see detailed descriptions below), discussing both attendance and content. This was the 2nd fully-in-person APHA since 2019 (with 2020 solely virtual, and 2021 hybrid, due to COVID-19, and 2022 being the 1st to be back in-person & also the 150th anniversary of APHA).

a) We learned that for APHA this year, *the N of persons attending equaled 13,000* – which is on par with pre-COVID attendance, when in-person meetings included ~ 12,000 to 15,000 persons. By contrast, in 2021, attendance at the hybrid conference equaled 9200 persons, of whom 5787 (63%) were virtual, with only 3413 (37%) in person.

b) One implication is that while we can meaningfully compare our attendance in 2023 to 2022, we cannot do so for either 2021 (for which ALL Spirit of 1848 sessions were VIRTUAL, in the context of a hybrid conference) or 2020 (which was 100% virtual). That said, here are our data for 2019-2023 – noting that our 2023 attendance was a bit lower than in 2022 and 2019, but still a good turn out!

Session	2023 (in person)	2022 (in person)	2021 (virtual)	2020 (virtual)	2019 (in person)
Scientific sessions (oral): total	525	780	~ 259	~ 419	765
Social history of public health	90	150	~ 36	158	175
Politics of public health data	110	250	~ 36	~ 69	180
Activist	60	95	~ 33	~ 71	95
Progressive pedagogy	60	60	~ 55	~ 54	90
Integrative session	130	225	~ 74	~ 67	225
Student poster session	75	~100	~ 25	?? (no data)	60 to 90
Additional sessions:					
Spirit of 1848 labor/business mtg	12	19	18	36	19
Joint 1848/PHA social hour	~150	~ 100 to 120	53	53	~ 100

Throughout, our sessions underscored the need for work for both defensive and proactive work, per our 2023 theme:

Contesting Structural Assaults on Public Health While Building Anew: Radical Alternatives for Health Justice. See detailed descriptions of our sessions in Part II of this reportback.

4) **Spirit of 1848 engagement with the APHA history project.** We remained engaged with the APHA history project, which was launched in 2018 in recognition that 2022 marked the 150th year of APHA (which was founded in 1872). Of note, our Caucus is well-ahead, in terms of preserving our history, compared to most other APHA entities (e.g., Caucuses, Sections, SPIGS) – because on our Spirit of 1848 website you can find a copy of every single annual flyer and reportback we have produced since our founding in 1994! – see:

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

We are also happy to report that Marian Moser Jones, our historian Spirit of 1848 coordinating committee member who has been liaison to the APHA history project, has become one of the editors for the History section of the *American Journal of Public Health*.

5) **Institutionalizing our Spirit of 1848 policy about Land Acknowledgement and inviting submissions that bring a critical Indigenous lens.** Since 2019, every Spirit of 1848 session starts with a Land Acknowledgement slide, as a very first step towards histories that must be acknowledged, as prelude to reparative action and creating better futures. In 2019 we also established a policy to ensure that all calls for abstracts invite submissions that bring a critical Indigenous lens to the specific topic that is the focus of each session, drawing on Indigenous theories, knowledge, and methods. In 2023, two of our oral sessions (integrative session and pedagogy) included discussion of Indigenous issues.

Land Acknowledgement

The Spirit of 1848 Caucus acknowledges that our sessions take place on stolen Native Land & we acknowledge the continuities & strengths of the Indigenous Peoples of these lands

Aaron Carapella - Tribal Nations Maps
<http://www.tribalnationmaps.com/>

6) **Joint social hour (virtual) with Public Health Awakened.** This year we held our 5th joint social hour with Public Health Awakened – YAY!! We kept the title to be the one we collectively came up with in 2020 as an antidote to the physical distancing in these times of COVID-19: “*Resistance & Connection Social Hour.*” We are happy to report that approx. **150 folk** connected at an outdoor patio on a warm evening & many stayed on well past the 8:30 pm official ending (indeed, till past 11 pm!!) And: 49 new persons signed up for the 1848 listserv at the event 😊. Miranda Worthen will continue to be the Spirit of 1848 Coordinating Committee point person for co-organizing this event!

Resistance and Connection: Social Hour at APHA

Hosted by
Public Health Awakened and Spirit of 1848

Monday, November 13th

6:30pm - 8:30pm
Hudson Grille Downtown
(outdoors on the patio)
120 Marletta St. NW, Atlanta

RSVP at bit.ly/resistanceandconnection2023

Free Event! Light Food Provided
Please be vaccinated and bring a good mask



Sari Bilick (PHA) and Nancy Krieger (spirit of 1848) welcoming everyone!

7) **APHA Caucuses & Governing Council.** Lisa Moore and Miranda Worthen continue to be our co-representatives to the APHA Caucus Collaborative and also Governing Council. They have both been attending the quarterly Caucus Collaborative calls. However, this year we did NOT attend the Caucus Collaborative Roundtable at APHA because it conflicted with one of our Spirit of 1848 sessions; its main focus was to encourage those attending to become a Caucus member. We also note that the APHA Caucus Collaborative surprisingly did not have a booth at the Exhibition Hall this year (in contrast to past years), hence we were unable to leave our flyers at their booth this year.



Summary from the Governing Council:

Caucus representatives had seats with placards in the Governing Council session this year (after having not had seats available for representatives from the caucuses last year).

At the Governing Council Meeting on Saturday 11/11/23, a representative from the strategic planning committee presented APHA's newly approved vision, mission, and values. The plan was approved at the meeting on Friday 11/10/23. The full strategic plan will be posted on the website.

Former components of strategic plan & their new replacements (which we very much welcome!)	
Component	Former vs. newly adopted component
Vision	Former: "Create the healthiest nation in one generation." New: "Optimal, equitable health and well-being for all."
Mission	Former: "Improve the health of the public and achieve equity in health status." New: "To build public health capacity and promote effective policy and practice."
Values	1) No change: Community, Science & Evidence-based Decision-making, and Prevention & Wellness 2) Former: "Health Equity" New: "Health Equity & Justice" 3) Former: "Real Progress in Improving Health" New: "Measurable Progress in Improving Health."
APHA by-laws	Newly amended: the Caucus Collaborative will now have an affiliate non-voting member status in the Governing Council.

At the Governing Council Meeting on Tuesday 11/14/23, a presentation summarized the 2023 Executive Board Actions.

-- One of the actions was that the Executive Board approved the West Virginia Public Health Association request for disaffiliation. There was a question from a Governing Council representative requesting additional information about the reasons for the disaffiliation, but no further information was forthcoming. It was noted that this is the first time a state association had voted to disaffiliate.

-- The board also approved a modified meeting theme development process, to begin with the 2025 annual meeting.

-- The new APHA president is [Ella Greene-Moton](#), who has served as the Caucus Collaborative chair, and who is very involved in community-based work and research. The president-elect is [Deanna Wathington](#), who previously served as Chair of the APHA Executive Board and who likewise is focused on health equity, especially in relation to community health initiatives, clinical-community linkages, and equitable community development. Aaron Guest was re-elected as the Speaker of the Governing Council.

-- A list of new policies approved by APHA will be posted at: <https://www.apha.org/Policies-and-Advocacy/Public-Health-Policy-Statements>. Most notable was the late breaker "LB1 Immediate Cease Fire in Hamas-Israel War" that, after [Spirit of 1848 reportback: 151th annual APHA meeting \(Nov 12-15, 2023, Atlanta, GA\)_final.doc \(ver 11/27/23\)](#)

extensive debate and substantial amendment, passed with 90% support; the resolution, directing APHA to send its stance to President Biden & Congress, stated:

LB1 Immediate Cease Fire in Hamas-Israel War

In light of the continuing escalating of civilian casualties in Gaza and Israel and the collapse of the healthcare infrastructure in Gaza, APHA calls upon President Biden and Congress to urgently demand an immediate ceasefire and to call for de-escalation of the current conflict by securing the immediate release of the hostages and those detained; the restoration of water, fuel, electricity and other basic services; and the passage of adequate humanitarian aid to the Gaza Strip.

Additional notable policy statements approved included one to stop shackling incarcerated people seeking health care and another to end forceable displacement of unhoused people. The other latebreaker was in support of the health and human rights of refugees from Nagorno Karabakh.

-- Also of note, this year's opening session at APHA opened with a dynamic marching brass band and, for what seems to be the first time ever, did not include a video with the US national anthem and instead included its most substantive land acknowledgement ever.

Summary from Caucus Collaborative Breakfast:

At the Caucus Collaborative breakfast, APHA staff advised caucus representatives that APHA will begin looking at sections to see whether they are doing "what they are supposed to be doing," and that caucuses will also be under review. APHA will not add new sections until some sections are removed. The review of caucuses will examine whether they participate in the collaborative, have sufficient membership (at least 25 APHA members), assess whether they are having business meetings and scientific sessions, and whether they submit documenting evidence by the annual deadline at the end of December. There was also encouragement to participate in APHA Lead.

The representative from the Peace Caucus asked whether we could take joint positions on Governing Council policies so that representatives could speak on behalf of other caucuses. Our Spirit of 1848 representatives to the Caucus Collaborative re-iterated that Spirit of 1848 does not take positions on internal APHA policy. The chair of the Caucus Collaborative asked whether we could make it mandatory that caucus representatives serve on sub-committees of the Caucus Collaborative. When our Spirit of 1848 representatives objected to requiring additional participation, this led to an extensive discussion of the role of the Caucus Collaborative and whether there is a shared vision for the Caucus Collaborative. This was not resolved during the meeting, but Miranda and Lisa will follow up with further conversation with some of the other caucus representatives.

8) **APHA 2024:** Below we describe our plans for next year's 152nd annual meeting of APHA, to be held in **Minneapolis, MN (October 27-30, 2024)**, which will again be in-person.

The official theme for APHA 2024 is: "*Rebuilding Trust in Public Health and Science.*" We in the **Spirit of 1848** take the next step and call for: **Believe it or not: critical trust building, trust busting & creating trustworthy public health science and practice** – a task core to the mission of the Spirit of 1848 Caucus, for which we will be honoring our 30th anniversary, since we launched the Spirit of 1848 in 1994! We also recognize the meeting will be taking place in Minneapolis, MN, where George Floyd was horrifically murdered by the police on May 25, 2020, as well as 1 week (!!) before the US presidential & other elections (Nov 5, 2024).

This year, the Spirit of 1848 Coordinating Committee continued with our new practice (1st used in 2021) to develop the call for abstracts in advance of the APHA meeting, which we then discussed and revised at our Spirit of 1848 labor/business meeting. Our rationale was & remains that of avoiding the extremely hectic fast-paced process of the past, whereby we previously rushed to finalize the call after the meeting, to be ready in time for the mid-December APHA deadline for posting the call. With our new approach, we can use the time at our Spirit of 1848 labor/business meeting to have more engaged discussion about the proposed call, get feedback, and elicit ideas about potential speakers.

SPIRIT OF 1848 CAUCUS LABOR/BUSINESS MEETING (Tues, Nov 14, 6:30-8:00 pm; GWCC, Room B206) – 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 January 2, 2024.**

2) **ALL abstracts – both unsolicited and solicited – will be due on March 29, 2024.**

3) APHA continues to revise the structuring of times for general sessions and scientific sessions, so we are making our plans based on the time slots we were assigned this year (2023), recognizing that the time slots may change yet again.

4) As usual, we have \$0 to pay for any speakers to come (since we are a volunteer, no-dues Caucus, noting too 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 complementary passes for invited speakers (permitted for non-APHA members only), and on some occasions we have sought out local groups who can fund travel costs as part of having the invited speaker also speak at their organization/university.

Proposed themes for APHA 2024 Spirit of 1848 sessions (listed in the order in which they take place at the APHA meeting)

Overall theme:

Believe it or not: critical trust building, trust busting & creating trustworthy public health science and practice

We expect that our 5 scientific sessions and our Spirit of 1848 labor/business meeting will continue to be in the following slots, albeit with the caveat that APHA does shift around the times of sessions.

Spirit of 1848 sessions (APHA 2024) – by day, name, and LIKELY time, and whether an OPEN CALL for abstracts or INVITED ONLY			
Monday, Oct 28, 2024	Activist session	8:30 am to 10:00 am	OPEN CALL + invited
	Social history of public health	10:30 am to 12 noon	INVITED ONLY
	Politics of public health data	2:30 pm to 4:00 pm	OPEN CALL + invited
Tuesday, Oct 29, 2024	Integrative session	10:30 am to 12 noon	INVITED ONLY
	Student poster session	12:30 pm to 1:30 pm	OPEN CALL + invited
	Progressive pedagogy	2:30 pm to 4:00 pm	OPEN CALL + invited
	Labor/business meeting	6:30 pm to 8:00 pm	N/A

AND: we also plan to have a joint social hour again with Public Health Awakened! (date & time to be determined ...)

Here is a preview of what will be our official “call for abstracts” (opening Jan 2, 2024; due March 29, 2024):

Activist Session (Mon, Oct 28, 2024, 8:30 am to 10 am) – *Open call and invited speakers*

TITLE: *Organizing to counter attacks on public health and earn community trust in science*

CALL: Attacks on public health, science, and educational systems are escalating. Despite this, public health activists are not only countering these attacks, but also fostering equitable, sustainable, joyful, and dignified futures for all through solidaristic and trust building organizing. The Activist Session will include presentations that describe activism around the overall Spirit of 1848 theme of “Believe it or not: critical trust building, trust busting & creating trustworthy public health science and practice” through an open call and invited abstracts. Possible examples include: grassroots approaches for building community trust in science; organizing to counter racism in policing; attacks (& counterattacks) on public health activists themselves; and ways to combat the silencing that is happening in social justice-oriented higher education, among others.

Social History of Public Health (Mon, Oct 28, 2024, 10:30 am -12 noon) – invited speakers

TITLE: *Trust Building and Trust Busting in Public Health: Critical Historical Perspectives*

CALL: The Social History of Public Health Committee of the Spirit of 1848 Caucus will INVITE abstracts from speakers who can present historical and ongoing examples of how public health institutions and actors in multiple contexts have worked with communities to co-construct trust in public health science for the people's health. We are particularly interested in examples of public health engagement with social movements and other forms of resistance to the ways in which fascism, free market fundamentalism, and right-wing and populist misinformation machines have sought to distort science and public health institutions for self-serving and destructive political and economic goals. Invited presenters will provide local and global case studies of struggles to counter these assaults in solidarity with communities' and the peoples' health.

Politics of Public Health Data (Mon, Oct 28, 2024, 2:30 – 4:00 pm) – open call and invited speakers

TITLE: *Critical science vs. science denialism: building trustworthy public data for health justice*

CALL: This session and its speakers (via both an open call & invited) will focus on conceptual and empirical investigations into the historical and contemporary struggles to develop trustworthy public health data for health justice, calling for critical science while challenging science denialism. Presentations could include a focus on the relationship between public health data and: (1) historical and contemporary resistance to fascism, (2) resistance to eugenics and racism, (3) science denialism (e.g., vis-à-vis climate change, vaccine), the current complex alchemies brewing under the banner of "don't trust authorities," from ultra-left to fascist, mixed with counterculture/wellness and libertarian/anti-regulation zealots, and (4) data sources, gaps, and ownership, including contrasting publicly collected data, community-sourced data, and private data.

Integrative Session (Tues, Oct 29, 2024, 10:30 am – 12 noon) – invited speakers

TITLE: *Science & the production of knowledge and ignorance: implications for public health research, practice, and activism for health justice*

CALL: This session and its invited speakers will focus on critical science and the politics & production of knowledge and ignorance relevant to public health research, practice, and activism for health justice. Topics to be considered will include: who and what can make science either trustworthy or not trustworthy, under what conditions; what the relationships are between academic freedom and scientific integrity; and who benefits from and who is harmed by attacks on public health science and regulations and policies based on trustworthy science. The format will be a featured speaker, followed by 3 discussants reflecting on these issues in relation to the 3 foci of the Spirit of 1848 Caucus – the social history of public health, the politics of public health data, and progressive pedagogy – and implications for public health research, teaching, practice, and activism for the people's health & health justice.

Pedagogy Session (Tues, Oct 29, 2024, 2:30 pm – 4:00 pm) – Open call and invited speakers

TITLE: *Teaching to counter miseducation and build critical pedagogy*

CALL: We seek abstracts for presentations exploring trustworthiness and trust as it relates to public health pedagogy. The focus of the presentation may include processes in teaching to counter miseducation and build critical education, strategies to build community trust in research and science, radical initiatives within and outside educational institutions, progressive efforts to strengthen trust within the public health workforce, and issues of academic freedom & free speech. We invite presentations focusing on how pedagogy can be carried out by community activists, public health practitioners, and academic instructors (K-post graduate).

Student Poster: Social Justice & Public Health (Tues, Oct 29, 2024, 12:30 – 1:30 pm) – – *Open call and invited speakers*

Spirit of 1848 Social Justice & Public Health Student Poster Session Call for Abstracts

For the APHA Annual Meeting 2024, the Spirit of 1848 Social Justice & Public Health Student Poster Session is issuing an **OPEN CALL FOR ABSTRACTS** for posters that **highlight the intersections between social justice and public health** from a historical, theoretical, epidemiological, ethnographic, and/or methodological perspective.

Our session will, as usual, have an **OPEN CALL for submissions** by students (undergraduate or graduate) who are focused on work linking issues of social justice and public health. This can include, but is not limited to, work concerned with the Spirit of 1848's focus for APHA 2024 on "***Believe it or not: critical trust building, trust busting & creating trustworthy public health science and practice.***"

One important value of submitting to our Spirit of 1848 student poster session is that the students whose abstracts are accepted not only get to talk to everyone who comes to see their work (with such folk presumably interested in the links between social justice & public health) but they also all get to meet each other and find like-minded peers at the session, helping to build a cohort/network of up-and-coming public health workers committed to advancing social justice & public health. Conversations are always lively! – and we know from experience that the students who present do stay in touch with each other going forward.

Per our Spirit of 1848 policy, we encourage submissions that bring a critical Indigenous lens, drawing on Indigenous theories, knowledge, and methods, to the specific topic that is the focus of this session, i.e., student posters on links between social justice & public health.

The submitted work can address one or more of many interlocking types of justice (e.g., racial, Indigenous, political and/or economic, gender and/or sexuality-related, environmental, restorative, etc.) We are interested in submissions not only from students in schools of public health and other health professions (e.g., nursing, medicine) but also from students in schools & programs focused on law, political science, public policy, social work, government, economics, sociology, urban planning, etc. For examples of abstracts selected in prior years, see our [annual reportbacks](#).

Instructions for how to submit an abstract can be found at: <https://www.apha.org/events-and-meetings/annual>

Abstracts will be evaluated on the following criteria:

- (1) Relevance to the Spirit of 1848's broader [mission](#) and [theme](#) (Spirit of 1848's theme for APHA 2024 is "***Believe it or not: critical trust building, trust busting & creating trustworthy public health science and practice.***");
- (2) The rigor of the research methods and theoretical foundation;
- (3) Originality; and
- (4) Scholarly or practical importance

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 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).

For any questions about this session, please contact Spirit of 1848 Student Poster Coordinating Committee member [Charlene Kuo](#).

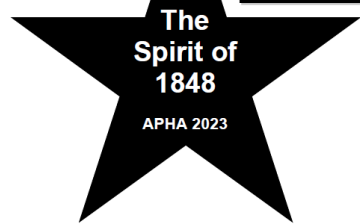
Timeline for abstract submission to APHA 2024: the call for abstracts will go live on the APHA website (<https://www.apha.org/events-and-meetings/annual>) on **January 2, 2024 & abstracts are due on March 29, 2024.**

★★★★★ HIGHLIGHTS OF SPIRIT OF 1848 SESSIONS (APHA 2023) ★★★★★

Our Spirit of 1848 sessions brought all of us attending APHA together once again in fraught times, especially in relation to the Israeli military onslaught against Palestinian civilians in Gaza (over 15,000 dead as of the time of preparing this reportback on 11/27/23), in the wake of the Hamas attack on Israeli civilians on October 7 (1,200 dead, 240+ kidnapped). Threats to the people’s health, democratic rule, and planetary health remain readily apparent; COVID’s toll continues (albeit with mortality for TB now exceeding that for COVID). In the US, the November 7, 2023 elections brought some notable victories, including putting the right to abortion in the Ohio state constitution, but APHA took place during the final days before a potential US governmental shutdown due to far-right MAGA Republicans in Congress (in the short term averted, but likely to re-emerge in early 2024). In this context, progressive organizing on so many fronts, both as responses and forward-looking, remains frenetic and multi-faceted, including in relation to the 2024 elections.

EVER ONWARDS:
ORGANIZING & WORKING FOR
HEALTH JUSTICE
& HEALTH EQUITY
& A BETTER
& SUSTAINABLE WORLD!

SPECIAL FOCUS:
CONTESTING STRUCTURAL ASSAULTS ON
PUBLIC HEALTH WHILE BUILDING ANEW:
RADICAL ALTERNATIVES FOR HEALTH



linking
issues of
social
justice &
public health

All the more reason that our sessions focused on **“Contesting structural assaults on public health while building anew: radical alternatives for health justice.”** The Spirit of 1848 is about the vision to go forward for health justice, mindful of the histories that bring each of us to where we are. And also: as usual, APHA gave those of us present a chance to regroup and replenish our spirits – and one of the many reasons we organize the Spirit of 1848 sessions as we do!

Our provisional counts for attendance indicate ~525 people came to our 5 scientific sessions. In chronological order, they comprise our Spirit of 1848: activist session (n ~ 60); social history of public health session (n ~ 90); politics of public health data session (n ~ 110); integrative session (n ~ 130) & progressive pedagogy session (n ~ 60)-- and over 75 came to our student poster session. Attendance for each of our Spirit of 1848 scientific sessions was much higher than the average APHA in-person attendance of ~ 30 persons/session.

Mon, Nov 13	10:30 am - 12 noon	ACTIVIST SESSION / ORGANIZING TO CONTEST STRUCTURAL ASSAULTS AND BUILD FOR HEALTH JUSTICE (Session 3058, Georgia World Congress Center (GWCC), Room B207)
	10:30 am - 12 noon	SOCIAL HISTORY OF PUBLIC HEALTH SESSION / HEALTH WORKERS RESIST! RADICAL HISTORICAL MOMENTS OF STRUGGLE AND REIMAGINING FOR PEOPLE'S HEALTH AND HEALTH CARE (Session 3154, GWCC Room B207)
	2:30 - 4:00 pm	POLITICS OF PUBLIC HEALTH DATA SESSION / WHO'S STRENGTHENING AND WHO'S ATTACKING DATA FOR HEALTH EQUITY? (Session 3293, GWCC Room B207)
Tues, Nov 14	10:30 am - 12 noon	INTEGRATIVE SESSION / THE LONG FIGHT FOR HEALTH JUSTICE: MOVEMENTS, DATA, AND TRANSFORMATIONAL PEDAGOGY (Session 4149, GWCC Room B207)
	12:30 - 1:30 pm	STUDENT POSTER SESSION / SPIRIT OF 1848 SOCIAL JUSTICE & PUBLIC HEALTH STUDENT POSTER SESSION (Session 4183, GWCC Hall B2-B3)
	2:30 - 4:30 pm	PROGRESSIVE PEDAGOGY SESSION / TEACHING FOR HEALTH JUSTICE AND AGAINST ATTACKS ON PUBLIC HEALTH (Session 4267, GWCC Room B207)
	5:30 - 8:00 pm	SPIRIT OF 1848 CAUCUS LABOR/BUSINESS MEETING (GWCC Room B206)
SPECIAL EVENTS:		
(1) Sat, Nov 11: 4:30 & 4:45 pm – RADICAL HISTORY TOUR – Atlanta's Little Five Points – Cost: \$20 – Each tour limited to 25 (1st come, 1st serve) – RSVP here – meet outside Little Five Points Community Center (1083 Austin Ave)		
(2) Mon, Nov 13: 6:30-8:30 pm – RESISTANCE & CONNECTION SOCIAL HOUR – co-organized with Public Health Awakened, at Hudson Grille Downtown , 120 Marietta Street, Atlanta, GA--RSVP here		
---FOR DETAILS, SEE OTHER SIDE ---		
American Public Health Association 151 th Annual Meeting and Expo: Atlanta, GA, November 12-15, 2023 Spirit of 1848 website: www.spiritof1848.org Email bulletin board: spiritof1848+subscribe@googlegroups.com		
Please copy & circulate *** ALL SESSIONS OFFER CME/CE CREDIT *** labor donated (ver 9/7/23)		

Our APHA 2023 Spirit of 1848 theme – **Contesting Structural Assaults on Public Health While Building Anew: Radical Alternatives for Health Justice** – was, as usual, a deliberately radical rendition of the official APHA conference theme, which for 2023 was: *“Creating the Healthiest Nation: Overcoming Social and Ethical Challenges.”*

Motivating our theme is our longstanding approach to grounding present-day struggles for health justice in the histories of our field and in the principles of solidarity and bolstering critical analysis and action for fostering inspiring, equitable, sustainable, joyful, and dignified futures for all.

We also, yet again, noted 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”? – and finally, as noted in above, APHA has decided to drop this goal and has replaced it with a new vision of “optimal equitable health for all.” Further underscoring the problems with pegging a US conference to the notion of “healthiest nation,” tellingly one of the opening APHA sessions (#2049.0) was titled: [Declining US Health: A population health emergency!](#) Not only has the US ranked poorly in health metrics compared to other high GDP nations in health for a while, but matters are getting worse. Hence the need for radical alternatives for health justice!

One theme that emerged from across our sessions is a newfound sense of public health workers organizing for themselves as a way of organizing to protect and enhance equity-oriented public health work. This was manifest in the newfound organizing of public health students to form unions to protect their rights as workers, as well as current public health workers organizing to improve their working conditions – and challenging the institutions in which they are based (both [Spirit of 1848 reportback: 151th annual APHA meeting \(Nov 12-15, 2023, Atlanta, GA\)_final.doc \(ver 11/27/23\)](#)

public and private) to be more equitable in their workplace practices and in the work they do in the world. This is a change from the more typical stance of “public health professionals” as somehow “above the fray.” The fight for public health, including the central role of government public health regulations, policies, and programs, entails fighting with and for the public for the public good, equitably so – and against the privatization of public health and commodification of public health work, medical care, and the institutional and physical infrastructure needed for public health and health equity. We look forward to seeing what this growing presence of public health workers organized as workers from the start of their work in the field will yield for social justice and public health!

• RADICAL HISTORY WALKING TOUR

Estimated attendance: ~ 40 people.

On Sat, Nov 11, 2023, preceding the start of the APHA conference, we (meaning: Marian Moser Jones, of our Spirit of 1848 history subcommittee) organized a radical history walking tour of Atlanta’s [Little Five Points](#), in conjunction with tour guides from the Atlanta Preservation Center. We chose this site for our tour because in the 1970s, Little Five Points residents formed community-based organizations, successfully stopped a planned highway extension that would have gutted the neighborhood, and nurtured vibrant feminist and queer communities while supporting community-based alternatives to megastores and racist banks.

The weather was cool & a bit rainy, but definitely did NOT dampen our anticipatory spirits! – but, regrettably, the content of the tour turned out not to be what we had requested (likely due in part to changes in the leadership of the organization that led the tour that took place after we had made the arrangements for the tour). The tour started at the [Little Five Points Community Center](#), commented (largely from the perspective of “historical preservation”) on various buildings, shops, bars, and performance venues along a street on or near where a trolley in the early 20th c. connected downtown Atlanta to the area, and ended at the [Wrecking Bar Brewpub](#). Although it was good to be seeing an Atlanta neighborhood not near the APHA Convention Center, and while many on the tour enjoyed meeting each other, many also found the content of the tour to be highly problematic. Marian Moser Jones sent a note to everyone who attended on the evening of Sat, Nov 11, 2023, drafted via conversation after the event involving Lisa Moore, and Nancy Krieger, which explained what went wrong with the tour and why it went against what we had expected:

Good evening and thanks to all of you who braved the rain and came out to the LFP community Center for what was supposed to be a people’s history walking tour.

Please know that it was not what we had expected. I had reached out to several organizations seeking a tour that discussed the progressive, antiracist, queer feminist struggles that took place in the neighborhood. I was directed to this group and this is what they had agreed to provide.

We were completely surprised and disappointed by the guides’ lack of attention to the history of racism, gentrification, and the related underlying political power dynamics that shaped peoples’ lives in the neighborhood and in Atlanta over the past century. We also noted how the tour guides completely omitted the histories of indigenous peoples in this place. Such erasure is simply appalling.

Amidst this disappointment, we still appreciate the chance to get together, have some meaningful discussions, and spend some time with each other.

Take good care all and I hope to see many of you at the Spirit of 1848 sessions.

In Solidarity,
Marian

• SPIRIT OF 1848 ACTIVIST SESSION

<https://apha.confex.com/apha/2023/meetingapp.cgi/Session/66778>

Estimated attendance: ~60 people

**ACTIVIST SESSION / ORGANIZING TO CONTEST STRUCTURAL ASSAULTS AND BUILD FOR HEALTH JUSTICE
(Mon, Nov 13, 8:30-10 am; Session 3058, GWCC Room B207)**

8:30 AM: **INTRODUCTION – Catherine Cubbin, PhD**

8:35 AM: **EVERYBODY IN, NOBODY OUT: NURSES FIGHT FOR MEDICARE FOR ALL TO RADICALLY REDISTRIBUTE OUR HEALTHCARE INFRASTRUCTURE.** C. Comsti, JD, Z. Cortez, RN, J. Ross, RN, D. Burger, RN, and N. Hagans, RN, CCRN

8:50 AM: **NO HEALTH JUSTICE WITHOUT LABOR JUSTICE: AN ANALYSIS OF UNIVERSITY OF CALIFORNIA SYSTEM TWEETS DURING THE 2022 ACADEMIC WORKER STRIKE.** N. Bradford, PhD, MS, T. Rogers, MPH, M. Sharif, PhD, MPH, R. Cross, PhD, J. Huynh, MA, MPH, A. Hing, PhD, MPH, M. Wong, MSPH, M. Anderson, MA, and A. Cabral, MPH.

9:05 AM: **A NEW STUDENT MOVEMENT TO ADVOCATE FOR PUBLIC HEALTH: THE NATIONAL ALLIANCE OF PUBLIC HEALTH STUDENTS & ALUMS (NAPHSa)** H. Krasna, PhD and E. Coles, DrPH

9:20 AM: **TRADING IN MISERY: DEBT COLLECTORS AND DEBT ABOLITIONISTS IN AMERICAN MEDICINE.** L. Messac, MD, PhD

9:35 AM: **Q&A**

INTRODUCTION – Catherine Cubbin, PhD

-- Z. Cortez presented on: “Everybody in, nobody out: nurses fight for Medicare for all to radically redistribute our healthcare infrastructure.”

As president of National Nurses United (NNU), Cortez – who has been a nurse for 40 yrs – discussed the NNU’s priority campaign for “Medicare for All,” which they view as a way of radically redistributing the health care infrastructure and as a structural solution to corporations profiting from the health care system. She recounted well-known facts about how the US health care system is failing, including: upwards of 40% of those with health insurance finding it hard to get health care; a 61% rise in premiums between 2012 and 2023 for single policies; administrative waste on the order of 34% of health care spending (i.e., \$812 billion); 27.5 million uninsured and 46 million between the age of 19 and 64 underinsured; and 15 million having lost Medicaid coverage since the declared end of the COVID-19 pandemic. She then recounted the histories of the long fight for universal health care in the US, actively involving nurses from the start – with this demand central to the founding of the NNU in 2009. Since 2016, organizing for “Medicare for All” has reached a new level, with Sanders calling for this in his 2016 presidential campaign, in 2018 a new “Medicare for All” bill being filed in Congress, in 2019 the first-ever US congressional hearings taking place on “Medicare for All,” and in 2022 NNU testifying for the first time before the US Senate. The NNU’s framing of “Medicare for All” is as collective bargaining over the terms and conditions of health care, which puts patients over profits and centers health care around patients’ rights and needs, rather than market competition – and they see this as a transformative tool for redistribution.

-- N. Bradford presented on: “No health justice without labor justice: an analysis of University of California system tweets during the 2022 academic worker strike.”

Bradford first noted that all persons involved in the project she was reporting on were either former or current postdocs or graduate students. As background, she explained that as of Nov 14, 2022, when the strike occurred, there were 48,000 academic workers in the UC system (including grad students, TAs, postdocs), employed across the 10 campuses. The strike lasted 5 weeks; 98% authorized the strike, and 62% voted yes to approve the end of the strike in December 2022 (with this lower percent reflecting disagreement that 2 demands were not met, regarding disability and police presence on campus). Key victories of the strike included winning: fair wages, affordable housing, job security, transportation benefits, and family leave and childcare benefits. The analysis Bradford reported on focused on tweets by the UC system during the strike (Nov 14 to Dec 16, 2022) that were posted on 120 UC twitter accounts (UC-wide; by campus; by schools within each of the 10 campuses; by grad student offices; by diversity offices; and via news outlets). They analyzed tweets to see what percent included any terms pertaining to “health justice” and found that among the 4137 UC tweets during the specified time period, only 2% (66) mentioned any issues involving health justice, whether in relation to labor issues (n = 24) or health justice specifically (n = 24). Among these 66 tweets, the project identified 4 themes. The primary theme pertained to updates on the strike and negotiations; a secondary theme concerned modifications of UC operations due to the strike, framed as disruptions (e.g., disruption to shuttle service); a third theme discussed labor policy and strikes not involving UC and with no mention of the UC strike (e.g., a strike at COSTCO); and the fourth theme was that of promoting UC research and events concerned with labor issues, diversity, etc., but again with no mention of the strike and its pertinent demands. Together these themes, and especially the 4th theme, underscored the ironic disconnect between what the research and teaching purportedly support (e.g., diversity, social justice) and what actually goes on in the institution. The question prompted by the documentation that only 2% of the UC tweets

during the strike addressed issues of health justice was thus: what role does silence play in upholding oppressive systems?

-- E. Coles and T. Holder jointly presented on: “A new student movement to advocate for public health: the National Alliance of Public Health Students & Alums (NAPHSa)”

The presentation described the formation and current work of the National Alliance of Public Health Students & Alums (NAPHSa), founded in early 2023. It is an incorporated non-profit all-volunteer group that advocates for public health students & alums, based on the premise that public health matters all the time, not just when there is a crisis; it also has a fiscal sponsor and works with a pro-bono lobbyist. A primary reason for forming NAPHSa is that public health has an underutilized latent power to advocate for itself. Currently there are, per year, 35,000+ US public health graduate students, 26,000 medical students, and 6,600 dental students, and over 250,000 persons in the US with a public health degree – yet, up to now there has been no organization like NAPHSa, even as there long has been the American Medical Student Association (AMSA) and the National Student Nurses Association (NSNA). In 2021, the field of public health spent less than \$500,000 on political lobbying for public health (with the top 3 organizations doing this lobbying being APHA, NACCHO, and AASPH) – and this is in contrast to Big Pharma spending \$30.4 million on lobbying, the American Hospital Association spending \$25.1 million, and the AMA spending \$19.5 million. Also relevant to the foundation of NAPHSa is: (a) the ongoing crisis in the US public health workforce, due to low wages, understaffing, and growing anti-public health harassment; and (b) growing student debt, with legislation to enable a public health student loan repayment program repeatedly authorized by Congress (in 2000 and 2010) but never funded. Thus, in September 2022, the group that formed NAPHSa organized its first-ever national public health student lobbying week (virtual), which met with 21 representatives in Congress (15 Democrat, 6 Republican), including 15 in the House and 6 in the Senate, and delivered 2 letters with 2500+ signatures calling for funding for the public health student loan repayment program, which had been approved again in 2022 but again without any funding appropriated. In March 2023, they hosted their 2nd “Hill week” that this time focused on the appropriations committee and delivered letters with 4200+ signatures calling for funding; because the legislation has been authorized through 2025, this gives till 2025 to get the program funded. What NAPHSa is now seeking to do is: (a) encourage advocacy; (b) create chapters nationwide that will meet with their elected officials to work on public health legislation (& as of now there are chapters at Boston University, Columbia University, UC San Diego, University of Maryland, University of North Carolina, and University of Texas-Austin); (c) keep a focus on the US Congressional appropriations committee, including for the upcoming March 2024 “lobby week.” NAPHSa also offers: training (e.g., an on-line course about public health advocacy, hosted by Columbia University), mentoring & support, analysis of policies; and convening national meetings of local chapters and stakeholders to plan strategies. Its key message is “you can lobby for public health policy.” For more information, see: <https://naphsa.org/> & send inquiries to: info@naphsa.org

-- L. Messac presented on: “Trading in misery: debt collectors and debt abolitionists in American medicine.”

Drawing on his new book *Your Money or Your Life: Debt Collection in American Medicine* (NY: Oxford University Press, 2023), Messac discussed the long history and current sordid realities of debt collection by US health care institutions. He opened with an egregious case in New Haven that went on for 20 years, starting in 1983, which finally got the attention of multiple organizations (including SEIU and faith-based organizations), led to a congressional hearing that called attention to the shame of medical debt, and ultimately forced the hospital to forgive the debt. Messac then presented data showing that medical debt in the US is especially high in US states in the southeast and Texas (i.e., states of the former Confederacy), and has been deeply reduced in those states that adopted Medicaid expansion. He then described the various entities that go after medical debt, including hospital internal collectors, collection agencies, and debt buyers. A key point is that whereas medical debt used to involve direct negotiations between individual health care providers and their patients, that no longer is the case, as it becomes a corporate issue and a commodity (with one John Oliver episode showing how \$15 million in medical debt could be purchased for only \$60,000). The different options for making people pay their medical debt include: wage garnishment (up to 25% of paycheck), seizing bank accounts; property lien (legal claim to a home or other property); foreclosure; and “body attachment” (where someone can be jailed for contempt of court if they don’t show up for legal proceedings about debt, despite an 1893 US ruling that it is unconstitutional to have debtors’ prisons). As for who benefits: NOT the people who are employed to be debt collectors (i.e., who make the calls), but instead the owners of the debt collection agencies, such as Michael Beret who is the founder

and owner of the debt collection firm Platinum Equity and who also sits on the Board of the UCLA Medical Center, and Tom Reed, a Republican Congressional representative whose company has collected medical debt from his own constituents (and who was forced to leave Congress on account of a sexual assault case and now is employed as a lobbyist). Messac underscored that “charity care” is not a solution, as there is no real regulation, accountability, or transparency for such care. He said he started learning about medical debt four years ago, when NNU and others were suing Johns Hopkins over medical debt – and he decided to track down the records for the hospitals where he worked in Rhode Island to see what they were doing – and was shocked to learn that these hospitals were suing hundreds of patients every year. He wrote about his discoveries in a blog called “Uprising RI”; in response, the hospital administrators said they didn’t realize their hospitals employed debt collectors, which then led to his writing his new book that documents the problem. He closed by listing several organizations that are involved in the fight against medical debt collection: [Physicians for a National Health Program](#); [Dollar for Medical Bill Negotiation](#); [Debt Collective](#); and [Rightcare Alliance](#).

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

- (1) the kinds of projects listed (analyzing tweets; tracking down institutional practices re debt collection) are great for student projects, and faculty should work with public health students to encourage such projects;
- (2) what seems to be a new trend of public health students and workers looking to themselves to organize internally to secure better working conditions and better public health funding, legislation, and agencies from local to national – as tied to an increase in collective organizing and unionization and strikes happening now in the US;
- (3) how “Medicaid for All” is a step in the right direction, but not a panacea, since it doesn’t address privatization of the health care sector (as is happening in Canada) nor the drivers of health inequities outside of the medical care system;
- (4) the importance of looking at how public health schools and institutions can themselves become drivers of ill-health and need to be challenged to walk the talk for health equity, and how this involves challenging a “professional identity” that puts public health professionals “above the fray;” and
- (5) how calls to have public health workers engage with the politics of public health does not mean discarding “objectivity” but rather being that much more explicit about the values that motivate scientific questions and also their silencing, while also holding onto the value of recognizing the importance of having scientific questions tested by and having the evidence base built on the work of independent investigators who seek to test the ideas at issue and make their methods and approaches public, available for scrutiny by others (all of which is necessary to avoid having “evidence” conflated with “opinion,” as per current approaches to disinformation and science denialism).

• SOCIAL HISTORY OF PUBLIC HEALTH

<https://apha.confex.com/apha/2023/meetingapp.cgi/Session/66776>

Estimated attendance: ~ 90 people.

SOCIAL HISTORY OF PUBLIC HEALTH SESSION / HEALTH WORKERS RESIST! RADICAL HISTORICAL MOMENTS OF STRUGGLE AND REIMAGINING FOR PEOPLE’S HEALTH AND HEALTH CARE (Mon, Nov 13, 10:30 am – 12 noon; Session 3154, GWCC Rm B207)

10:30 am: INTRODUCTION – C. Kuo, MPH

10:35 am: THE TACTILE WORLD: CAREGIVERS ON THE EXPERIENCE OF TIME AND WORKPLACE SIN THE EARLY TWENTY-FIRST CENTURY. A. Cummings, PhD

10:50 am: OUR FIGHT FOR HEALTH CARE JUSTICE: A HISTORICAL ANALYSIS OF OUR CURRENT MOMENT FROM THE PERSPECTIVE OF A UNION NURSE. D. Burger, RN, Z. Cortez, RN, J. Ross, RN, and N. Hagans, RN, CCRN

11:05 am: SPELMAN COLLEGE AND HEALTH CARE ACTIVISM IN ATLANTA: THE CASE OF THE SPELMAN’S NURSES TRAINING PROGRAM (1886-1920) AND ITS LEGACY. D. de Sousa, Dr.

11:20 am: HEALTH WORK BY THE COMMUNITY, FOR THE COMMUNITY: COMMUNITY HEALTH WORK IN HISTORICAL PERSPECTIVE (1950-1970), IN THE UNITED STATES. M. Chowkwanyun

11:35 am: DISCUSSANT: A COMMENTARY ON RADICAL HEALTH WORKERS RESISTANCE – M. Moser Jones, PhD, MPH

11:45 am: Q&A

INTRODUCTION – C. Kuo, MPH

-- A. Cummings presented on: “The tactile world: caregivers on the experience of time and workplaces in the early twenty-first century”

This presentation regrettably was cancelled due to the author being the target of a vicious anti-trans/homophobic attack in late October; they are recovering, but could not attend APHA – and: (1) the discussant summarized key themes of the work of this author (see below); and (2) those present at the session expressed their horror at this attack and asked us to convey our concern and support to the author (which we will do).

-- D. Burger presented on: “Our fight for health care justice: a historical analysis of our current moment from the perspective of a union nurse”

Burger spoke in her position as a co-president of National Nurses United (NNU) and as president of the California Nurses Association (CNA). Her focus was on the harms due to the corporate profit motive in the health care sector and its role in compromising safety and regulations. She described three chapters in the work of nurses’ unions taking on the fight against the bosses and for their patients. Chapter 1 pertained to taking back the union (from nurse administrators) and claiming the power of staff nurses, as per the 1995 vote by the CNA (with 92% support) to end its affiliation with the American Nurses Association. Chapter 2 focused on how the CNA then built relationships and took collective action to win transformative care, with a focus on getting legislation passed regarding the minimum patient:nurse ratio allowed, which they achieved in 2004 after considerable protest and lobbying, in collaboration with patients and communities, and which now sets a model for nurses in other US states to do likewise; research has shown such legislation has saved lives and reduced patient deaths by over 10%. Other legislative wins have included: whistleblower protection; back injury protection laws; and workplace violence prevention laws. Chapter 3 concerns ongoing work to respond to national and international attacks on nurses’ unions and patient and health care worker safety, combined with visioning an economy based on care, not profits – all of which is counter to the threats of the hospital industry. In the US, CNA in 2004 launched the National Nurses Organizing Committee (NNOC, now active in 20 states) to lead such work; in 2009 the CNA and NNOC launched the National Nurses Union (NNU), whose guiding vision is “Medicare for All”; and in 2013, NNU was part of launching Global Nurses United (GNU), which is a federation of nurses and health care workers in 35 countries – and whose networks made a big difference during the COVID-19 pandemic, to coordinate and to share experiences and resources globally. The overall focus now is on “safe staffing,” noting that since 2020 there has been a 25% rise in nurse injuries in the US, and also a rise in patient infections – and while employers call the problem a “nursing shortage,” the reality is that in the US there are over 1 million nurses currently NOT working as nurses because of the terrible work conditions. A key focus for the NNU (which prioritizes staff nurses, not administrative nurses) is to work on eliminating wage disparities and having a national minimum nurse:patient ratio. The overall vision is for an economy based on care, which centers health justice in health care.

-- D. de Sousa presented on: “Spelman college and health care activism in Atlanta: the case of the Spelman’s nurses training program (1886-1920) and its legacy”

The presentation focused on the work of Black nurses in Atlanta, following the 1886 establishment at Spelman of the 1st nursing program in Georgia that trained Black nurses, launched one year after Spelman college was founded in 1885 (i.e., 20 years after the abolition of slavery). A key theme was how these nurses, in combination with Black women’s health activism (spearheaded by the nurses and Black middle-class women), challenged physicians’ racist interpretations of the poor health of Black people and their false Social Darwinist claims that the Black population had fared well when enslaved and was not up to the task of living freely post-emancipation. In their view, “Black people were now free to die” and these physicians advocated letting “nature run its course.” Working against such views and for the Black community were the Black nurses and “The Neighborhood Union” (NBU), led by wives of Spelman faculty, who together focused on the sanitary conditions within the Black neighborhoods. Their neighborhood surveys preceded those of Du Bois (e.g., for *The Philadelphia Negro*, published in 1899), and documented the living conditions of people in the Black neighborhoods and who took care of children when the parents went off to work (including the women often working as domestic servants), e.g., whether parents locked their children in the homes (to prevent them from getting into trouble, but also running the risk of their being locked in the homes if a fire broke out), vs. lock them out of the home (preventing exposure to household harms, such as fires, but exposing them to potential physical and social harms in the neighborhood). The NBU taught classes on infant care, cooking, sewing, and house cleaning, and read stories to children and taught them games to play outside of the home. They also brought in “Portable Clinics” to the neighborhood to provide otherwise inaccessible health care, supported campaigns to clean up neighborhood streets, and helped establish kindergartens and schools for children. Another major focus was tuberculosis and they worked with the Anti-TB society, and they also challenged the common racist view among doctors that

Black women did not feel pain, thereby having the Black nurses and their community allies center the dignity and humanity of Black women, children, and men.

-- M. Chowkwanyun presented on “Health work by the community, for the community: community health work in historical perspective (1950-1970), in the United States”

The speaker noted the current moment has a new energy regarding labor movement mobilization, strikes, and organizing, and said it provided a useful impetus to consider who counts as being a “radical health worker” – and to address this topic, the talk would consider two different cases, one in the 1960s involving mental health workers in NYC, the other in the 1970s, involving health care workers and the US “Great Society” programs that were part of the “War on Poverty.”

-- The first example started with the mid-1960s organizing by a radical physician in Topeka, KS, Bill Branston, who did a residency in psychiatry, and who helped launch a union that occupied a health facility for 12 hours, with 17 demands regarding wage issues, work rules, and staffing, including the need to have a “career ladder” (as opposed to dead end jobs); the action was not successful and he was fired. He then moved to NYC and joined the staff at Lincoln Hospital, which already had a legacy of activists in the hospital and in the surrounding community (composition: 2/3 Puerto Rican and 1/3 Black) organizing for better health care. Working with the community psych movement, they succeeded in getting 3 neighborhood storefront service centers established which employed 300 paraprofessionals who were community members, who provided services and did surveys. They had been promised career mobility and job training, but in 1967 the hospital was unable to renew the federal grants to keep the program going, as the funding agency (National Institute of Mental Health) shifted its focus to become increasingly biomedical, with reliance on drugs to treat psychiatric conditions. The workers at these storefronts held a 3-day work stoppage to protest the closing of these neighborhood centers, which was then joined by 100 workers and 21 physicians at Lincoln Hospital; they forcibly removed the medical administrators from the offices the protestors occupied & then they themselves ran the mental health and psychiatric services for 1 month without these administrators. However, after a month, Lincoln Hospital was able to get 23 of the “occupiers” arrested for trespassing, and suspended half of those involved without pay – and the movement for change ultimately did not achieve its aims, with those involved burned out and unable to institute institutional change.

-- The second example concerned community health work in Los Angeles (LA), following the summer of 1965, when the Watts neighborhood exploded and burned in community protests against racism and for civil rights and economic justice, part of that year’s “long hot summer.” In response to the community protests, LA set up a commission, with a focus on health, which led to the establishment of the Watts Community Health Center (CHC), funded with \$2.4 million obtained from the federal Office of Economic Opportunity (OEO). They hired local community residents as community health workers and began ascertaining community needs. Tensions arose, however, because the OEO required an academic entity to be the recipient of the grant, which for this case was University of Southern California (USC), and the CHC resisted having USC control its work. Jim Bates, a Black man hired as a community organizer for the CHC, helped the CHC organize against USC, which had appointed 3 white male physicians as supervisors of the CHC, and who repeatedly clashed with the Black physicians staffing the CHC. A strategy Bates led to ensure community control over the CHC was to set up a community board that included non-professional lay people, with the criteria for inclusion involving political ideology (including support for Black nationalism), age, and educational level. The first council was comprised entirely of Black members, 9 women, 8 men, some with at most a high school education, others with higher education. This board, in conjunction with a Black physician from Philadelphia, Rodney Powell, who became involved with the CHC, ultimately succeeded in getting USC phased out of the project and also reduced micromanagement of the CHC by the community board. Thus, in this 2nd case, sustainable radical health work was carried out with funding from a federal program, whereby a government mandate was used to achieve radical ends.

-- The larger implication is that there is no one type of “radical health worker,” and also that “radical health work” can be achieved using government programs and can include workers that range from paraprofessionals to credentialed professionals. These issues and more are discussed in the presenter’s recent book: [All Health is Politics is Local: Community Battles for Medical Care and Environmental Health](#) (University of North Carolina Press, 2022), and all proceeds from the book are being donated to the [Association of Flight Attendants-CWA](#), a union led by Sarah Nelson since 2014.

-- M. Moser Jones, as discussant, presented “A commentary on radical health workers resistance”

Jones opened by briefly describing the work of Cummings, who was supposed to have been the 1st presenter, but who was unable to come due to injuries suffered as a result of an anti-trans/homophobic assault. Their work

focuses on struggles over time in the workplace, framed as “stolen time,” including in relation to emotional labor of workers who provide care and their resistance to Taylorism in the workplace. Commenting also on Cummings’ inability to participate, Jones referred to new work considering the “violence of the archive,” in terms of who is silenced and dehumanized, versus on the record for the “beautiful experiments of lives” – and referred those present to our [on-line freely accessible archives of the work of the Spirit of 1848 caucus](#) since we were founded in 1994. Jones also spoke to the centrality of “care” in sustaining humanity and how it is undermined by for-profit health care systems. She additionally spoke to evidence underscoring that in the US nurses contributed more than physicians to protecting and preserving community health in the 1918 influenza pandemic, including key organizing by Black nurses, in a context of understaffing and racism in medical facilities. Key themes for all to consider include: what does it mean to have an economy based in care, not profits; what is the centrality of Black women to community work and health care; what are the implications of expanding the idea of who is a “health care worker” and how expertise in community conditions & who comprises the community is essential; and the critical importance of networks, from local to global, in organizing for health justice.

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

- (1) the current attacks on Palestinian health care workers and the health crisis in Gaza precipitated by the Israeli military response to the attacks by Hamas and ongoing Israeli policies that have led to Gaza becoming an “open air prison” for the past 16 years – and the need for APHA to take a stronger stand against this carnage and international war crimes [NB: the APHA Late Breaker #1 on this issue was passed the next day];
- (2) current work to train peer-specialists as alternatives to police in work on harm reduction and how to make such work not only sustainable but also include job training and career options; and
- (3) the need to have organizing focused on conditions outside the health sector, not just solely within the health sector.

• **POLITICS OF PUBLIC HEALTH DATA**

<https://apha.confex.com/apha/2023/meetingapp.cgi/Session/66777>

Estimated attendance: ~ 110 people.

POLITICS OF PUBLIC HEALTH DATA SESSION / WHO’S STRENGTHENING AND WHO’S ATTACKING DATA FOR HEALTH EQUITY? (Mon, Nov 13, 2:30-4:00 pm; Session 32935, GWCC Room B207)

2:30 pm: **INTRODUCTION – Craig Dearfield, PhD**

2:35 pm: **CORPORATE USING LAWSUITS TO THREATEN ACADEMIC RESEARCH – A TALC AND ASBESTOS EXAMPLE. D. Egilman, MD, MPH, C. Mo, Sc.B., T. Tran.**

2:55 pm: **ADVOCATING FOR HEALTH CONSUMERS CAUGHT IN THE ‘MEDIGAP’ CRISIS: LESSONS FROM THE CENTER FOR PUBLIC REPRESENTATION’S 1980 MEDIGAP REPORT. C. McMahon.**

3:15 pm: **ACTION RESEARCH TO TRANSFORM THE PUBLIC HEALTH WORKFORCE: VOICES FROM THE FIELD. K. Schenk, MSc MA PhD, H. Krasna, PhD, M. Chilrese, PhD, E. Lankau, DVM, PhD, J. Todd, MA, DrPH, R. Barishansky, DrPH, G. Nichols, MPH, CPH, CMQOE, ASP, A. Moreno Arellano, PhD, MPA, MA**

3:35 pm: **Q&A**

INTRODUCTION – Craig Dearfield, PhD

-- **D. Egilman presented on: “Corporate using lawsuits to threaten academic research – a talc and asbestos example”** (Note: Egilman presented via a video embedded in a slide, as permitted by APHA due to a health condition preventing his attending APHA in person).

The focus of the presentation was on how Johnson & Johnson (J&J) sought to stop the presenter from publishing research on and teaching about his work focused on how asbestos in talcum powder was associated with risk of cancer. Examples of such actions included: according to Egilman, in 2018, J&J complained to Brown University about Egilman’s course (which was highly rated by students), and the course was cancelled by Brown in 2019, with a subsequent faculty grievance investigation indicating the course was cancelled due to “external considerations,” not course evaluations, thereby raising a concern about possibilities of corporate influence. Egilman also reported he was told by Brown University that he could no longer use his Brown affiliation in his peer-reviewed publications. Egilman further stated that J&J has, since 1972, attacked scientists (including the

prominent occupational and environmental health physician Selikoff) who raised concerns about the evidence of asbestos in their talcum powder, with one paper withdrawn in 1976 due to harassment by J&J, and J&J also suing Dupont in 1977 about Dupont's claim that J&J's talcum powder contained asbestos. He also discussed a 2020 paper that documented 33 cases of malignant mesothelioma among persons with no known exposures to asbestos other than talcum powder (later reduced to 32 cases, as new evidence emerged about 1 case), and a subsequent paper with 75 such cases (only 3 of which overlapped with the cases reported in the 2020 paper). In response to these papers, Egilman stated that J&J made 3 allegations: (1) the papers contained false statements; (2) they constituted fraud; and (3) they were a violation of acts protecting commercial speech. A ruling by the Third Circuit in 2023, however, held that scientific critique is not the same as "libel," and noted that the publications did acknowledge their limitations. Egilman's advice to avoid this kind of legal harassment is to send a post-acceptance paper to corporate lawyers to ask if they detect any errors, noting they likely won't respond, and if they do respond with errors, to publish corrections ASAP – since doing so can protect against defamation and malpractice cases.

-- C. McMahon presented on: "Advocating for health consumers caught in the 'Medigap' crisis: lessons from the Center for Public Representation's 1980 Medigap report"

This paper focused on the work of the Center for Public Representation (CPR) and the Federal Trade Commission (FTC) on an issue involving "health consumer advocacy," in relation to what is referred to as the "Medigap" crisis – defined by a 1978 House Select Committee Report on Aging to mean "abuses in the sale of health insurance to the elderly in supplementation to Medicare." In 1979 the FTC asked CPR, a public interest law firm, to research the "Medigap" crisis from the standpoint of consumer experiences – leading CPR to conduct surveys at 3 sites, with 45 persons per site. Inclusion criteria required having purchased Medigap insurance, leading to the interviewees being primarily white retired middle-class consumers, thereby limiting understanding of the extent of the problem. CPR also conducted an industry study, reviewing policies in 5 states, and found that they were prohibited from obtaining data from the health insurance industries, with the legislated lack of transparency highlighting the industries' control of the data. A subsequent report in 1986 documented that the crisis was worsening, leading to a 1990 call for greater federal oversight. Throughout, the issue was framed and treated as being a "health consumer problem," as opposed to a structural problem that could not simply be addressed by better information. The resistance by the industry to standardization, i.e., making data comparable across companies and states, was another tactic in opposing efforts to improve industry practices and to block company profiting off elderly persons.

-- K. Schenk presented on: "Action research to transform the public health workforce: voices from the field."

(Note: Schenk presented on behalf of Krasna via a video embedded in a slide, as permitted by APHA due to a health condition preventing Krasna attending APHA in person).

The presenter noted that most of the authors of the paper were all employed as consultants, a telling indictment of employment options in public health in the US at this time. The motivation for the work described was the turmoil of the COVID-19 pandemic, which exacerbated already existing challenges faced by the US public health workforce. The goal of the work was: action to promote change, and research to increase knowledge. Based on interviews with 14 individuals in diverse health departments, challenges and next steps were listed for "people" (overworked & burned out; needed workplaces with physical and psychological safety, stable employment, and sustainable salaries, with attention to diversity, equity, and inclusion); "job" (lack of jobs & job security, lack of attention to career development; need to stop outsourcing of work, use of temporary staff, and build up a secure workforce); "recruitment" (typical experience of being treated poorly in interviews; need to stop requiring unnecessary requirements, e.g., MD for a public health position); and "communications" (perennial problem of low visibility of public health; need to increase the visibility and value of supporting public health workers). In response to a prompt from the presenter, approximately 75% of session attendees raised their hand to indicate they had experienced one or more of these challenges. A first step in addressing the challenges is to admit they exist, that they are systemic (not individual), and then define real equity in relation to actual practices, not slogans. Resources mentioned include the substack [The Public Health Workforce is Not OK](#); the [National Alliance of Public Health Students & Alums \(NAPHSA\)](#); and the *Health Affairs Forefront* article: "[We Are the Public Health Workforce](#)" (April 10, 2023).

During the Q&A period, points raised included:

- (1) the importance of re-framing “consumer advocacy” not as a matter of responding to “market failure,” but to using a “market” framing in the first place – and the need to resist having health care be framed as a “commodity” (would someone ever describe themselves as being “a health care consumer?”);
- (2) what appears to be a newfound recognition of the need for public health workers to organize as such to improve their own working conditions as part of improving public health programs and work for health justice;
- (3) single-payer health care system is important, but is not sufficient, as there is an urgent need to challenge corporatization, and thus the need to change delivery systems for medical care and for public health;
- (4) the challenges due to corporations both collecting data (e.g., on consumers) and suppressing data (e.g., for accountability), and the need for public health activists to engage with the question: when is data collection a social good vs. a form of repressive surveillance?;
- (5) public health workers, including those employed by government, need to fight back against toxic workplaces and make the connections to past struggles for health justice, including in the 1960s, including to expose corporate abuses; and
- (6) the need to challenge the idea of “community-based” research as if the community is simply the “base” and not the “center” – and doing so requires building up community infrastructure.

• INTEGRATIVE

<https://apha.confex.com/apha/2023/meetingapp.cgi/Session/66780>

Estimated attendance: ~ 130 people.

INTEGRATIVE SESSION / THE LONG FIGHT FOR HEALTH JUSTICE: MOVEMENTS, DATA, AND TRANSFORMATIONAL PEDAGOGY (Tues, Nov 14, 10:30 am – 12 noon; Session 4149, GWCC Room B207)

10:30 am: **INTRODUCTION – Nancy Krieger, PhD**

10:35 am: **SICK AND TIRED OF BEING SICK AND TIRED. D. Rosner, PhD**

10:55 am: **GENDER-RELATED VARIABLES IN HEALTH RESEARCH: TRANSFORMATIVE RESEARCH POSSIBILITIES AT THE NATIONAL INSTITUTES OF HEALTH. E. Barr, Ph.D.**

11:15 am **ADVANCING HEALTH EQUITY FROM A ROOT CAUSE APPROACH USING NACCHO'S ROOTS OF HEALTH INEQUITY ONLINE COURSE. J. Akuffo, MPH, B. Aldridge, MPH**

11:35 am **Q&A**

INTRODUCTION – Nancy Krieger, PhD

-- D. Rosner presented on: “Sick and tired of being sick and tired”

Rosner opened up with the famous Fannie Lou Hamer quote: “sick and tired of being sick and tired,” which was part of her [1964 speech in Harlem](#), sharing the platform with Malcom X, and core to the work and ethos of “Freedom Summer” in Mississippi, and the work of Jack Geiger and others in setting up the first US community health centers. He then turned to quotes from Studs Terkel’s classic book [“Working”](#) – about how work by its nature in the US is about violence to the spirit and to the body, causing people to become the “walking wounded,” with the book throughout using the language of bodily harm and psychic harm, literally – not as a metaphor. Rosner’s thesis is that disease in all its forms is violence to the human body, whether the causes are bacteria, viruses, other diseases, exposure to toxic chemicals at the workplace or in the environment, and also physical harm, by guns, the whip, and more. Behind this harm: the necessity of asking who makes the decisions that cause this harm.

-- Rosner then recounted a trip he and a colleague took to Baton Rouge, to travel in “Cancer Alley” and visiting Black communities that were organizing against environmental racism. Documenting forms of displacement and disease caused by the petrochemical industries, the two interviewed local residents who were organizing against these injustices, with one saying that they now drove a motorcycle, rather than a car, because it was easier to see if someone had placed a bomb. Rosner & his colleague then went to their hotel & ordered a pizza – only to have it be delivered by a state trooper. They learned that they had been under surveillance, and that the security forces at several of the industrial sites where they had stopped by to take photographs had called the police to report them as being suspicious. Once they got past the trooper’s suspicion that they were terrorists, they talked for a while, and the trooper shared his concerns about all the flame alerts (affecting air quality) and contamination of water by chemicals.

-- Rosner then shifted to discuss his 1991 book [*Deadly Dust: Silicosis and the Ongoing Struggle to Protect Workers' Health*](#) (University of Michigan Press; new and expanded edition: 2006) written with co-author Markowitz, about silicosis and industry efforts to suppress knowledge and action to counter this manufactured epidemic of disease. This led to lawyers asking Rosner to testify in cases about toxic exposures, e.g., Monsanto and PCBs. In his new book that he is writing, titled: *Building the Worlds that Kill Us: the Un-Natural History of Disease*, he focuses on the long history of willful negligence for more production and the exposures suffered by those doing the producing. The thesis is that US history of death and disease is in fact the history of America, as further revealed by how the best predictors of who lives and dies is bound up with people's income, wealth, race, social position, and time of work, and this has been true since the time of colonial invasion until now, evident in the shorter and more sickly lives of working people, African American, Indigenous Americans, immigrants, etc. What's needed is work on tallying the human cost, in disease and death, of building America – and in his view no amount of monetary reparations can compensate for the millions of years of lives lost, but there does need to be an accounting. He quoted from a 1927 report by Crystal Eastman on “The Price of Industrial Progress,” which listed the value put on permanent injuries experienced by workers in Pittsburgh (in Allegheny County), including the cost for losing one eye being anywhere from \$150 to \$200, losing an arm valued at \$300, etc. He then mentioned the study by [Krieger](#) documenting the declining inequities in US infant mortality and premature mortality between 1960 and 1980, with this trend reversed in 1980 with the advent of neoliberalism – and how these findings underscored how it is possible to narrow the gap with concerted investment and regulation. In his view, meaningful reform is possible even in the absence of major structural changes, even as the latter are needed.

-- E. Barr presented on: “Gender-related variables in health research: transformative research possibilities at the National Institutes of Health”

Barr recounted the history of the [NIH Office of Research on Women's Health \(ORWH\)](#), which was founded in 1990 to address the lack of inclusion of women in clinical trials and which works collaboratively with the 27 NIH Institutes and additional centers. Since then, its role has expanded to address lack of other understudied populations in research, lack of women in research careers, and the need to have “sex and gender integrated across NIH” and to include “every woman – all cis, trans, gender diverse, and non-binary.” Noting that the [NIH mission](#) is “to seek fundamental knowledge about the nature and behavior of living systems and the application of that knowledge to enhance health, lengthen life, and reduce illness and disability,” Barr stated that with its \$40 billion annual research budget, NIH is the single largest funder of biomedical research in the world, and in 2021, its investments in research generated \$94 billion in economic activity. Barr then presented her own view of NIH as a “black box” with its jumble of institutes, together employing over 18,000 persons, and awarding ~60,000 research grants per year, with an emphasis on positivist science.

-- Barr then discussed how ORWH is emphasizing that “sex” and “gender” are different but connected complex constructs, which are independent and interactive in their impacts on health, with each encompassing multiple domains. Thus, “sex” is a biological descriptor referring to such biological features as anatomy, physiology, genetics and hormones, and with “intersex” referring to sex traits not corresponding to a single binary sex. “Gender” in turn is a multidimensional construct referring to such social phenomena as identity, roles and norms, relations, and power, and as such constitutes an important social determinant of health. She then showed data on how higher gender equality in a society is associated with lower disability rates and higher life expectancy. She also emphasized the importance of intersectionality, e.g., how gender, race and racism interact in their impacts on health, and that work on this topic has a long history in Black feminist analysis, including the 1970s Combahee River Collective, and work in the 1990s by Crenshaw and currently by Bowleg.

-- With regard to NIH resources and policies relevant to studying “sex” and “gender,” NIH policies to address “sex” in research date back to 1977, when women were excluded from clinical trials, with their inclusion being mandated in 1993, and in 2016 ORWH instituted the “sex as a biological variable” (SABV) policy, requiring testing of both male and female animals in pre-clinical research as appropriate. ORWH did a study covering FY 2017-2022 research to see what proportion of funded research was gender-related, and found that among the 124,364 award allocated, only 204 (0.16%) were gender-related, and were funded primarily by 3 NIH institutes: NICHD, NIMH, and NIMHD – with the 1st two of these Institutes being “medium sized” and the latter being “small” when ranked in accord with amount of NIH budget they receive. These results point to the need to get more of the NIH institutes funding gender-related research. Also of note, across the 204 awards that were gender-related, the majority focused on HIV prevention and mental health, with many of the funded studies being focused on South Africa, Sub-Saharan Africa, and India; there were also smaller clusters of studies on cancer, cardiovascular disease, and violence. There was notably very little research that focused on sexism, power, or gender norms. Other research, e.g., a [2020 study by Mirin](#), has found that NIH grants focus primarily on diseases

that disproportionately affect men. Consequently, ORWH has a new [U3 interdisciplinary initiative](#) launched to encourage research on understudied topics, disease, and populations. Suggesting there is strong interest in advancing this work, the [ORWH October 2022 virtual workshop](#) on gender and health had over 1100 registrants and over 70 abstracts were submitted. ORWH also issued a NOSI (Notice of Special Interest) on [“Research on Gender Measurement” \(NOT-OD-23-046\)](#), which was released on Jan 25, 2023, with applications due March 1, 2023), and in response has awarded 8 grants to test gender terminology to measure gender identity. It also has set up several [new e-learning courses on sex & gender research](#), some of which offer free CMEs. Barr closed by encouraging people to contact [ORWH](#) to learn about the resources and funding available.

-- J. Akuffo & B. Aldridge jointly presented on: “Advancing health equity from a root cause approach using NACCHO’s roots of health inequity online course”

The two presenters discussed [“Roots of Health Inequity.”](#) a web-based course for the public health workforce released in 2012 by NACCHO (National Association of City and County Health Officials) and now undergoing revision, to be released in a new form in summer 2024. NACCHO provides support to 3000 local health departments and this course was developed to offer support for public health workers focused on health equity. Its intent was to provide a systemic analysis, getting at the root causes and how to address them. The course offers: a conceptual framework about social justice and public health practice; resources and insights that learners can share with others; reflections about and actions people have taken to confront health inequities; and collaborations & strategies involving colleagues. NACCHO designed the course so that it could be used by groups as well as by individuals, and in 2018 newly added a “public health narrative” component. The course currently includes over 2300 new users every 3 months, variously based in local and state health departments, national health agencies, health care organizations, academia, other federal agencies and both community-based and faith-based organizations. Positive evaluations pertain to how participants can better articulate what they do and better focus their work on addressing root causes of health inequities.

-- Revision of the course: in 2022, NACCHO recognized it was time to update the course, given changes over the past decade, including: new developments in the field (in terms of knowledge and practice), recognition of gaps in the original course (e.g., re gender identity), and changes in the public health workforce and the need to build capacity. To revise the course, NACCHO convened an expert advisory group including 35 persons, based variously in academia, state and local health departments, community groups, etc.; this group has been meeting monthly. The new sections of the course will be: (1) introduction & the roots framework; (2) social justice; (3) public health history; (4) white supremacy, structural racism, and settler-colonialism; (5) class & capitalism; (6) the gender binary & heteronormativity; (7) power & health equity; (8) building community power; and (9) reimagining public health workers. The revised Roots of Health Inequity course continues to use approaches of critical pedagogy (per Freire Giroux), viewing education as a tool to advance social justice and democracy, as well as generate knowledge through a collective process; this stands in contrast to educational approaches that accept and entrench the status quo. Key objectives are to: (a) cultivate hope and energy, and (b) pursue democracy and equity in learning and its application. Each unit in the revised course has 3 modules: (1) introduce the topic, define key terminology, and provide historical context; (2) contemporary manifestations, applicable to contemporary public health practice; and (3) strategies to take action, including facilitated dialogue and discussion. The revised course also will include more videos, discussion prompts, and activities, as well as more case studies, and also a new facilitator guide. The anticipated release date is July 2024.

During the **Q&A period**, points raised included:

- (1) how all 3 presentations pointed to the critical need to invest in public health work for social justice – it doesn’t just “happen”;
- (2) the pernicious influence of privatization on the public health work force and the contracting out of so much work to private consultants, and the importance of addressing issues of power in the new revised Roots course – with the answer noting that the new course does address these changes to the public health workforce, including burnout, management consultant overuse (e.g., bringing in various firms in this \$900 billion industry) and how to challenge these problems;
- (3) a question as to whether it is sufficient to use individual law suits to challenge harmful corporate practices – with the answer being that when Rosner presented his work in Europe, he found that many were amazed by how individuals in the US could bring forward lawsuits, because in the EU it can only be unions or ministers, and he has come to appreciate how the US legal system does give more opportunities for “voice” and challenge than he had previously realized, whereby the legal system can be used as a public forum to raise issues and force redistribution of corporate profits;

- (4) ways in which the course can promote more understanding of the need to address root causes and give public health workers the framework and vocabularies to do so;
- (5) how the presentations relate to the construct of “embodied truths” as articulated using the ecosocial theory of disease distribution, in that bodily harms are not an opinion, they are embodied truths that can be litigated both in the actual legal course and also the court of public opinion;
- (6) how to address issues of sex and gender inequality if the group predominantly affected by a problem is cis-gender white men, as is the case for harm reduction and meth use in W. Virginia – with the response pointing to work on “toxic masculinity” and on how restrictive gender norms can harm people in all gender groups;
- (7) how ORWH is working to address the notion that the SABV policy emphasized work focused on “sex difference” – with new work trying to change this misconception;
- (8) for people doing work on transgender health and health of gender diverse populations: is the best strategy for stakeholder mobilization to focus only on supporters and ignore both the “naysayers” and the “fence sitters”? – with the response being that it depends on the initiative, and requires doing a power analysis and power mapping (both of which are discussed in the revised Roots course);
- (9) how to tap the untapped public health workforce – as revealed by the COVID-19 pandemic in San Francisco, when many monolingual Spanish workers (some undocumented) stepped up to help out with community care – but they typically are excluded from public health training initiatives – with response from the Roots course that they are in the process of working on multilingual options and are sorting out which languages to include, and corresponding suggestion were also provided for the ORWH materials.

• PROGRESSIVE PEDAGOGY

<https://apha.confex.com/apha/2023/meetingapp.cgi/Session/66779>

Estimated attendance: ~ 60 people.

PROGRESSIVE PEDAGOGY SESSION / TEACHING FOR HEALTH JUSTICE AND AGAINST ATTACKS ON PUBLIC HEALTH (Tues, Nov 14, 2:30-4:30 pm; Session 4267, GWCC Room B207)

2:30 pm: **INTRODUCTION** N. J. Munoz Sosa, JD, DrPH, R. Lee, ScD, L. Moore, PhD, and V. Simonds.

2:35 pm: **EMPOWERING WORKERS AND PROMOTING HEALTH EQUITY THROUGH OCCUPATIONAL SAFETY AND HEALTH EDUCATION.** F. Galley, MPH, A. Fitch

2:50 pm **ABOLITION FRAMEWORKS FOR PUBLIC HEALTH: ETHOS, CONTENT, AND PEDAGOGICAL APPROACHES.** M. Chilton, PhD, MPH

3:05 pm **THE ABOLITIONIST PUBLIC HEALTH STUDENT NETWORK: BUILDING CAPACITY FOR ABOLITION AS A PUBLIC HEALTH STRATEGY.** C. Mitchell, ScD, MDiv

3:20 pm **Q&A**

INTRODUCTION N. J. Munoz Sosa, JD, DrPH, R. Lee, ScD, L. Moore, PhD, and V. Simonds.

-- F. Galley presented on: “Empowering workers and promoting health equity through occupational safety and health education”

The presentation focused on occupational safety & health trainings given to union members via the United Steelworkers Tony Mazzochi Center, with an emphasis on empowering these union members through these trainings. Galley discussed how this work is supported by the NIEHS Working Training Program (WTP). A core objective is to reduce health inequities, in part by training workers about their rights in the workplace, employer requirements, and federal regulations. They have found the best format is to be in-person, in class together, to have a safe space to discuss issues and build solidarity – as opposed to many courses that are solely computer-based, both synchronous and asynchronous. The trainings follow adult learning principles, recognizing that people have diverse learning styles, and that one powerful way to learn is to have to teach others. Co-workers are ideal co-instructors because they know the job best, they know the hazards, they have an interest in their own safety, and they have credibility. Hence: they use peer-training, and involve diverse groups in curriculum development, including workers, union staff, worker advocates, management representatives, and diverse subject matter experts (e.g., in industrial hygiene, researchers, government officials). Small group discussion works best as the format for teaching others, using clear language and clear terms.

-- **M. Chilton presented on: “Abolition frameworks for public health: ethos, content, and pedagogical approaches”**

This presentation began with a request to move chairs around (out of rows, into circles), and then discussed Chilton’s own positionality (as a white cis-gender woman from an affluent background, raised in Nantucket, MA), followed by general principles of the ethics of care and caregiving, and using abolitionist frameworks that put “love at the center.” The task at hand is to “identify structures to dismantle systems that oppress and at the same time promote equity and human flourishing.” A core value is that all lives are precious (not just human life), and that it is important to promote Black and Indigenous power, anti-war, non-binary, and womanist perspectives, as well as “Black joy.” Rooted in the work of such activist/scholar/writers as [bell hooks](#) (1952-2021) and [Ruth Wilson Gilmore](#), the point is to “change everything” and build a new type of society without any carceral apparatus. Specific content of the course was not presented, due to running out of time.

-- **C. Mitchell presented on: “The abolitionist public health student network: building capacity for abolition as a public health strategy”**

Mitchell presented work developed by the [Health Instead of Punishment](#) program, based at [Human Impact Partners](#). Its vision is a world in which: all people are healthy & free; collective resources exist to help, rather than punish or harm; people can get assistance to repair harms they have caused; there is no need for prisons, jails, detention centers, or policing; and all people can thrive. The purpose of the “Abolition as a public health strategy” network is to make these principles common sense. It is starting with students, to ground them in this framework early in their work and learning in public health. So far, they have enrolled 4 cohorts (Spring 2022, Fall 2022, Spring 2023, Fall 2023), spanning 40 schools across the US (primarily located on both coasts and the Midwest). The goals are to: (1) build capacity – specifically to name and recognize abolition as a public health strategy; (2) get participants to be skilled up to get involved in abolitionist campaigns – whether to include abolitionist content in course curricula, getting cops off campus, or fostering non-punitive and non-police emergency responses; (3) identify opportunities at schools of public health for more abolitionist content; (4) longevity – keep students connected after they have done their training; and (5) provide resources to students – e.g., an ongoing book club.

-- One example of work conducted as part of the training: students at the University of Texas-Austin met with 3 faculty, 2 of whom subsequently integrated abolition material into their curricula, plus also were part of a panel discussion on the topic. Another example was a convening held at Columbia University held with [“Survivors + Punished”](#), an organization created and led by people who were incarcerated for defending themselves against people who attacked them; this event was attended by 40 people.

-- Student feedback on what they like about the training: it gives them space to belong; they are able to learn from people who have been incarcerated; they connect with others also involved in abolitionist work; they can talk freely about their concerns; they can meet students from across the country; it facilitated their meeting others in their department or school (since students are required to apply in pairs or in groups). What they would like to change: more opportunities to build cross-campus networks; didn’t have enough time to devote themselves properly to the work (given that it is on top of all else they are doing & learning); and needed more information on how to interact with and approach faculty effectively.

-- For more information, contact Mitchell directly at: christine@humanimpact.org

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

(1) a request from the moderator that people put the chairs back in place at the end of the session, so as not to cause undue extra work for the staff at the convention center who are responsible for the chair set-up configurations;

(2) a powerful statement from a student who identified as being a Palestinian from Gaza who said that: her brother was killed last week and her home demolished by the military assault on Gaza; her relatives are reduced to drinking rainwater, there is genocide and ethnic cleansing underway; she loves people from everywhere, including Jews; Gaza is in a state of public health crisis; everyone has to raise their voices; and she will bring back the message to her family and others that there are people in the US who care – as evidenced at this session – and one panelist and one audience member together announced that the APHA governing council had just a little while earlier passed, with 90% approval, Late Breaker policy #1, which reads:

LB1: Immediate Cease Fire in Hamas-Israel War

In light of the continuing escalating of civilian casualties in Gaza and Israel and the collapse of the healthcare infrastructure in Gaza, APHA calls upon President Biden and Congress to urgently demand an immediate ceasefire and to call for de-escalation of the current conflict by securing the immediate release

of the hostages and those detained; the restoration of water, fuel, electricity and other basic services; and the passage of adequate humanitarian aid to the Gaza Strip.

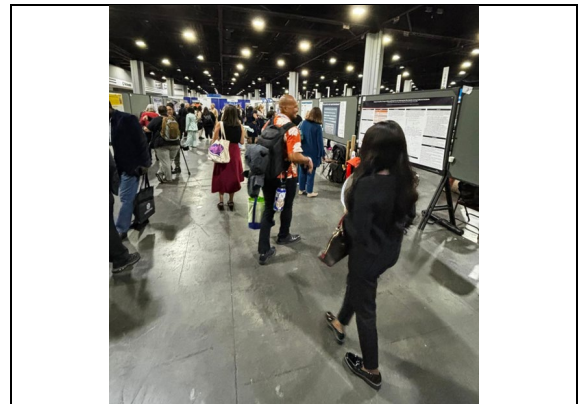
- (3) what does it actually mean to “empower” workers who are confronting employers about unsafe work conditions, with the response discussing how the training teaches the union workers (since only union members are eligible to take the course) about union resources and legal resources to challenge unsafe conditions, and they know who to contact to get legal help;
- (4) how to challenge people who say: “I and my family never owned slaves; why do we have to pay for reparations?”;
- (5) links between food systems and carceral systems, as shown by work with tribes in New Mexico on food sovereignty, and seeing food systems as a matter of liberation, not “lifestyle”; and
- (6) contrasts between the number of faculty at UCLA who say they support health equity but who haven’t signed letters in support of Palestinians.

• STUDENT POSTER SESSION

<https://apha.confex.com/apha/2023/meetingapp.cgi/Session/66781>

Estimated attendance: ~ 75 people (during the 12:30-1:30 pm slot)

Our 22nd “**STUDENT POSTER SESSION: SOCIAL JUSTICE AND PUBLIC HEALTH**” had 9 posters (10 was the limit, and one had to cancel). The students were able to engage in lively conversations with each other & also all who came by to see their work. As usual, for most of those sharing their student posters, 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 of public health professionals & practitioners linking social justice and public health in their work – and we surely need their enthusiasm, energy, outrage, insights, and organizing for all the challenges we face!



STUDENT POSTER SESSION / SPIRIT OF 1848 SOCIAL JUSTICE & PUBLIC HEALTH STUDENT POSTER SESSION (Tues, Nov 14, 12:30 – 1:30 pm; Session 4183, GWCC Hall B2-B3)

- **Poster 1 – BRIDGING THE GAP: USING A SOCIAL JUSTICE FRAMEWORK TO BUILD A MORE JUST FUTURE FOR PEDIATRIC PALLIATIVE CARE.** C. Murray, BSA, BA, K. Johnson, MD, D. Kavalieratos, PhD, and J. Karbeah, PhD, MPH
- **Poster 2 – TESTING THE TRUMP EFFECT: CHANGES IN DISTRESS AND HEALTH ACCESS FOLLOWING THE 2016 ELECTION AMONG CALIFORNIA RESIDENTS.** C. Calhoon, DPH, S. Haley, PhD, and H. Zhang, PhD
- **Poster 3 – WHY ARE WE STUCK DOWNSTREAM? THE STRUCTURAL DETERMINANTS OF PUBLIC HEALTH INTERVENTIONS.** M. Kupfer, BA
- **Poster 4 – THE PROMISE AND PITFALLS OF “STRUCTURAL STIGMA” AS A CONCEPT IN EMPIRICAL HEALTH-RELATED RESEARCH: A SCOPING REVIEW.** E. L. Eschliman, E. P. Kisanga, M. Kaufman, PhD, D. German, PhD, S. Murray, PhD, and L. Yang, PhD.
- **Poster 5 – RACE, WEALTH AND HEALTH: THE ROLE OF REPARATIONS.** S. Whittaker, MPH and T. Kershaw, PhD
- **Poster 6 – A CONVENIENT NEGLECT: UNCOVERING A SYSTEMATIC PATTERN OF LETHAL POLICE VIOLENCE AGAINST PUERTO RICO'S YOUTH .** L. Muñoz
- **Poster 7 – REIMAGING PUBLIC POLICY TO ADVANCE HEALTH JUSTICE: BLACK FEMINIST RESISTANCE AND THE POLICING ALTERNATIVES & DIVERSION INITIATIVE (PAD).** K. Ameen, MPH and T. Gay, MA
- **Poster 8 – A STRUCTURAL INTERSECTIONALITY FRAMEWORK TO CONSIDER THE RELATIONSHIP BETWEEN MEDICAL FINANCIAL HARDSHIP AND CANCER SURVIVORS IN THE UNITED STATES.** C. Wilsnack, MSW, LMSW and C. Cubbin, Ph.D.
- **Poster 9 –THE ASSOCIATION BETWEEN HOUSING INSECURITY AND RISK FACTORS FOR CARDIOVASCULAR DISEASE IN WOMEN.** Natasha Quynh Nhu La Frinere-Sandoval, MSW, Jahanett Ramirez, PhD, Erin Nolen, MSW, Nalini Ranjit, PhD, Yessenia Castro, PhD, Catherine Cubbin, PhD

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 sub-committees to conduct our work:

- 1) Public Health Data:** this sub-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 sub-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 sub-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 sub-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 sub-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 sub-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 sub-committees--and we invite you to join in!

Community email addresses:

Post message: spiritof1848@googlegroups.com
Subscribe: spiritof1848+subscribe@googlegroups.com
Unsubscribe: spiritof1848+unsubscribe@googlegroups.com
List owner: 1848.spirit@gmail.com
Web page: www.spiritof1848.org

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

WHY "SPIRIT OF 1848"?

Selected notable events in and around 1848

1840-1847:

Louis René Villermé publishes the first major study of workers' health in France, *A Description of the Physical and Moral State of Workers Employed in Cotton, Wool, 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, including sex workers*; in England, Edwin Chadwick publishes *General Report on Sanitary Conditions of the Labouring 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); Friedrich Engels publishes *The Condition of the Working Class in England* (1845); John Griscom publishes *The Sanitary Condition of the Laboring Population of New York with Suggestions for Its Improvement* (1845); Irish famine (1845-1848) despite high agricultural output and protests against British agricultural and trade policies; start of US-Mexican war (in Mexico, known as "La invasión de Estados Unidos a México," i.e., "The United States Invasion of Mexico") (1846); Frederick Douglass founds *The North Star*, an anti-slavery newspaper in the United States (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 (Medizinische Reform)*, and writes 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" and radical measures rather than "mere palliatives"

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, 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, New York

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

Karl Marx and Friedrich Engels publish *The Communist Manifesto*

77 enslaved persons in the District of Columbia attempt to escape to freedom aboard *The Pearl* schooner. While the attempt is unsuccessful and many participants are sold to Southern plantations, the *Pearl Incident* provokes renewed activism for abolition of slavery in the U.S. Frederick Douglass highlights the hypocrisy of enslavers in Washington who stopped the Pearl while "feasting and rejoicing over" the 1848 democratic revolution in France.*

The Seneca Nation of Indians is founded as a modern democracy with a constitution and elected representative government, building on a democratic self-governing tradition begun in 1200 C.E. by the Hodinöhsó:ni' or Six Nations Confederacy.*

First Chinese immigrants arrive in California: Chinese immigrants comprise 90% of workers who build the Central Pacific Railroad and complete the transcontinental rail system. Paid 30% less than white workers, suffering high injury rates from this hazardous work, and excluded from citizenship, they persist and form the foundation of vibrant Chinese American communities (with parallel migration and exploitative labor experiences across the Americas).*

1849-1855:

European and US-settler prospectors, mostly White, flock to California during the 1849 Gold Rush, bringing disease, ecological destruction, and waves of genocidal violence against Indigenous communities. These events, followed by wars against Indigenous peoples throughout the West and Southwest U.S. (1849-1892), seed Indigenous resistance movements that continue into the 21st century.*

Elizabeth Blackwell (1st woman to get a medical degree in the United States, in 1849*) 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); 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); James McCune Smith (1st African American to get a medical degree, awarded in 1837 by University of Glasgow) co-founds the interracial Radical Abolitionist Party (1855)*

* denotes entries added since the original list created in 1994 (version: 6/21/22)