

★★★★★ SPIRIT OF 1848: FINAL APHA 2021 PROGRAM ★★★★★  
(ver 8/16/21)

The Spirit of 1848 is happy to share our final program (with session numbers) for the American Public Health Association's 149<sup>th</sup> Annual Meeting and Expo, October 24-27, 2021 – which will be a **HYBRID CONFERENCE** due to COVID-19. Note that: **all times refer to MOUNTAIN TIME, i.e., the time for Denver, CO, the physical location of the meeting**), and also:

**THE SPIRIT OF 1848 PROGRAM IS 100% VIRTUAL**

Link to 1848 sessions: <https://apha.confex.com/apha/2021/meetingapp.cgi/Program/2104>

Link to overall APHA program: <https://apha.confex.com/apha/2021/meetingapp.cgi>

-- Notes:

1) The Spirit of 1848 Coordinating Committee decided that given the uncertainties of the pandemic & travel, combined with the budgetary impacts of the pandemic, it was best to design our program to be **100% virtual**. What this means is that our sessions:

- can be viewed by anyone who signs up for virtual attendance only (a lower registration fee)
- can be viewed by anyone who attends the conference in person (watching on your computer)
- can be viewed after the conference, as a recording, by anyone who registered for either virtual or in-person

2) The overall program (in person & virtual) will be attuned to **MOUNTAIN TIME (e.g., for Denver, CO)** – and **ALL TIMES in the program refer to the time in Denver (where the conference is physically based)**

-- Note: when you go to the APHA program website, you can see the program in **EITHER Mountain Time OR your own time zone**

-- for a website that easily lets you see the time zones across the US states & territories, see:

<https://www.time.gov/>

-- remember that the APHA conference will still be on **daylight saving time** (the clocks don't switch back to standard time until November 7, 2021)

3) Do note that on account of the HYBRID format, APHA has made a number of noteworthy changes to its schedule. For example, ALL poster sessions will be virtual and take place on the Thursday & Friday before the conference officially opens on the Sunday of APHA, Sunday afternoon will have more scientific session slots, and the general session on Monday has been moved to being in the 1<sup>st</sup> morning slot. As a result, we have shifted slightly our usual Spirit of 1848 session slots. The two biggest changes are:

- we have moved the Activist Session from a Monday morning to Sunday afternoon slot
- our joint social hour with Public Health Awakened will be on the Saturday of APHA

4) For APHA updates on the conference, see: <https://www.apha.org/events-and-meetings/annual>

Turning to the APHA program:

a) The official theme for the American Public Health Association (APHA) annual meeting in 2021 is: **“Creating the Healthiest Nation: Strengthening Social Cohesion and Connectedness.”**

b) We in the **Spirit of 1848** have designed our approach to this theme to be more explicit about health justice – hence our theme is: **Building solidarity & strengthening networks for health justice.**

Motivating our theme is recognition is that:

(1) Social movements and solidarity are key to advancing social justice and health equity – via bringing people together to attain the power to, in the words of Alicia Garza, one of the founders of Black Lives Matter, move “from a shared problem to a shared future” (see: Garza A. *The Purpose of Power: How We Come Together When We Fall Apart*. New York: One World, Penguin Random House, 2020 [quote: Loc 818 in Kindle edition]).



work for health justice!

★★★★★ PROGRAM PREVIEW: 3 VERSIONS ★★★★★

## 1) SESSION TITLES ONLY

**NOTE: ALL TIMES REFER TO U.S. MOUNTAIN TIME (i.e., TIME in DENVER, CO)**

### SPIRIT OF 1848 SESSIONS

#### ▶ *Thursday, October 21*

##### ■ 12:30 pm to 2:00 pm

**Spirit of 1848 Social Justice & Public Health** *Student Poster Session* (Session PS1068.0 – PS-SCI)

#### ▶ *Saturday, October 23, 2021*

##### ■ 6:00 pm to 8:00 pm

**“Resistance and Connection” Social Hour** – Spirit of 1848 + Public Health Awakened  
[register at: <https://tinyurl.com/48ys4utu>] (Session 128.0 - SH)

#### ▶ *Sunday, October 24, 2021*

##### ■ 4:00 pm to 5:30 pm

**Spirit of 1848 Special Activist Session: Building solidarity & strengthening networks for health justice** (Session 2069.0 – SCI-VIR)

#### ▶ *Monday, October 25, 2021*

##### ■ 10:30 am to 12 noon

**Spirit of 1848 Social History of Public Health session: Building Transnational Solidarity for Health Justice: Critical Historical Perspectives** (Session 3056.0 – SCI-VIR)

##### ■ 2:00 pm to 3:30 pm

**Spirit of 1848 Politics of Public Health Data session: Solidarity, social movements, and uses of data by, for, and against health justice work** (Session 3143.0 – SCI-VIR)

#### ▶ *Tuesday, October 26, 2021*

##### ■ 8:30 am to 10:00 am

**Spirit of 1848 Progressive Pedagogy session: Teaching for solidarity with social movements for health justice** (Session 4049.0 – SCI-VIR)

##### ■ 10:30 am to 12 noon

**Spirit of 1848 Integrative Session** (integrates the 3 foci of the Spirit of 1848): **Social movements: using public health data in solidarity for the fight for social justice** (Session 4108.0 – SCI-VIR)

##### ■ 6:30 pm to 8:00 pm

**Spirit of 1848 labor/business meeting** (Session 428.0 - BM)  
-- website for this meeting (public, not via APHA): <https://sjsu.zoom.us/meeting/register/tZlqd-mvqzovEtzPGrZPN8BF9vO7NepBORzy>

## 2) SESSION TITLES & PRESENTATION TITLES (speaker names: *in bold*)

**NOTE: ALL TIMES REFER TO US MOUNTAIN TIME (I.E., TIME in DENVER, CO)**

### SPIRIT OF 1848 Sessions (presenting author in bold)

#### ► **Thursday, October 21, 2021**

##### ■ 12:30 pm to 2:00 pm

#### **Spirit of 1848 Social Justice & Public Health Student Poster Session** (Session PS1068.0 – PS-SCI)

- 1) **Finding the solidarity in “solidarity not charity”: A qualitative study on mutual aid in the era of COVID-19** - E. Hops, MPH(c), A. Hagopian, PhD, and N. Kenworthy, PhD
- 2) **Decolonizing public health education for liberation: Restructuring Filipinx/a/o American solidarity in health** -- E. R. Cruz, MPH (c) and D. Rebanal, DrPH, MPH
- 3) **Patient nativity and deportations from California mental health institutions practicing eugenic sterilization, 1908-1936** -- L. Smith, BA, B. Easler, J. Gudino, MPH, N. Novak, PhD, MSc, and A. Stern, PhD
- 4) **Power, oppression, and liberation: Equipping students with tools to kill white supremacy** – T. Jackson, PhD(c), MS, MPH
- 5) **Assessing course content to promote progressive pedagogy in public health graduate education: a resource for anti-racist public health pedagogy** – D. Anyangwe, H. Mason, and E. Saint-Phard
- 6) **Excluded from protections: Joint experiences and embodiment of workplace hazards among informally employed domestic workers, United States, 2011-2012** – E. Wright, BA, J. Chen, ScD, J. Beckfield, PhD, N. Theodore, PhD, and N. Krieger, PhD

#### ► **Saturday, October 23, 2021**

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#### **“Resistance and Connection” Social Hour** – Spirit of 1848 + Public Health Awakened [register at: <https://tinyurl.com/48ys4utu> ] (Session 128.0 - SH)

#### ► **Sunday, October 24, 2021**

##### ■ 4:00 pm to 5:30 pm

#### **Spirit of 1848 Special Activist Session: Building solidarity & strengthening networks for health justice** (Session 2069.0 – SCI-VIR)

- 4:00 pm: **Introduction to: "Building solidarity & strengthening networks for health justice"** -- J. Eisenberg-Guyot, PhD, R. M. Lee, ScD, and C. Cubbin, PhD
- 4:05 pm **The power of storytelling** -- D. Lieu
- 4:25 pm **Solidarity and struggle: Organizing and meaningful accountability to declare racism as a public health crisis** -- L. Paine, MPH, C. Andrews, MPH, CHES, P. de la Rocha, CD, MSW, MPHc, A. Eyssalenne, MD, PhD, L. Loo, A. M. Collins, and M. Morse, MD, MPH
- 4:45 pm **Transforming racial capitalism in the MIC: Abolition, reproductive justice and the Irwin County detention center** -- M. Morse, MD, MPH, C. Page, C. Andrews, MPH, CHES, T. Avasthi, MSN, MA, RN, S. Abaza, C. Idehen, and J. Dubhashi
- 5:05 pm Q&A

► **Monday, October 25, 2021**

■ **10:30 am to 12 noon**

**Spirit of 1848 Social History of Public Health session: Building Transnational Solidarity for Health Justice: Critical Historical Perspectives** (Session 3056.0 – SCI-VIR)

- 10:30 am Introduction: Historical experiences – and ongoing urgency – of transnational health solidarity – A-E Birn, ScD, MA
- 10:40 am Protest, community self-management and transnational partnership to protect our forests and promote social transformations – A. Massol-Deya, PhD
- 11:00 am A decade and a half of extractivism under a progressive government in Ecuador: Lessons learned E. Artega-Cruz, PhD
- 11:20 am Farm and factory worker solidarity battles against Monsanto in West Virginia and Vietnam – B. Elmore, PhD
- 11:40 am Discussion: Lessons for the struggle against extractivism – L.A. Aviles, PhD
- 11:45 am Q&A

■ **2:00 pm to 3:30 pm**

**Spirit of 1848 Politics of Public Health Data session: Solidarity, social movements, and uses of data by, for, and against health justice work** (Session 3143.0 – SCI-VIR)

- 2:00 pm Introduction to: "Solidarity, social movements, and uses of data by, for, and against health justice work" -- Z. Bailey, ScD, MSPH
- 2:05 pm Lessons from the Young Lords: Resisting internalized racism and forging a pathway to liberatory political consciousness within community health education -- A. Mullany, M. Barbieri, S. Smith, A. Gubrium, PhD, and L. Valdez, PhD MPH
- 2:25 pm Social and health equity challenges for supply chain first suppliers: Examining obstacles and opportunities for solidarity in the transnational marketplace -- M. Sorensen Allacci, PhD
- 2:45 pm Toward a movement public health: Possibilities for pedagogy and practice -- F. Maviglia, MPH and A. Miller, JD
- 3:05 pm Q&A

► **Tuesday, October 26, 2021**

■ **8:30 am to 10:00 am**

**Spirit of 1848 Progressive Pedagogy session: Teaching for solidarity with social movements for health justice** (Session 4049.0 – SCI-VIR)

- 8:30 am Introduction to: Teaching for solidarity with social movements for health justice -- V. Simonds, ScD, L. Moore, DrPH, R. M. Lee, ScD, and N. Munoz, JD, DrPHc, MPH
- 8:35 am A course-based approach to collaborative, participatory research centering student voice -- M. Worthen, MPhil, PhD, T. R. Alsharif, T. M. Echevarria, H. Masood, M. McClure Fuller, MSOT, K. Nguyen, D. Perez, and C. Park, DrPH, MSPH

- 8:50 am **Calibrating the curriculum: Customizing multi-section course equity content to meet varied needs of students** -- **Y. Merino, PhD, MPH**, P. Polston, PhD, A. Josh, A. Zuercher, and M. Landfried, MPH
- 9:05 am **The need for processing: Training on antiracism while Black in a white colonial space** -- **M. Ward, EdD, MPH**
- 9:20 am **Building a better training program: Integrating anti-racism and transformative community engaged praxis into predominantly white institutions** -- **T. Craft, MSW**, H. Gilbert, MSHCM, L. Moak, S. Nkomboni, V. Pasquale, J. Fleckman, PhD, MPH, S. Francois, PhD, C. A. Taylor, PhD, MSW, MPH, and S. Drury, MD, PhD
- 9:35 am Q&A

■ **10:30 am to 12 noon**

**Spirit of 1848 Integrative Session** (integrates the 3 foci of the Spirit of 1848): **Social movements: using public health data in solidarity for the fight for social justice** (Session 4108.0 – SCI-VIR)

- 10:30 am **Introduction to “Social movements: Using public health data in solidarity for the fight for social justice”** -- **N. Krieger, PhD**
- 10:35 am **U.S. COVID-19 health equity task force, data, and health justice** -- **M. Nunez-Smith, M.D., M.H.S.**
- 10:55 am **National domestic workers alliance (NDWA) labs: Using technology and data to disrupt unequal power, for domestic workers, and COVID-19 risk** -- **P. Shah**
- 11:15 am **Center for Science and Democracy, Union of Concerned Scientists: Linking scientists, policy professionals, advocates & data for health justice** -- **F. Tormos-Aponte, PhD**
- 11:35 am **Discussant for: "Social movements: Using public health data in solidarity for the fight for social justice"** -- **V. Simonds, ScD**
- 11:45 am Q&A

■ **6:30 pm to 8:00 pm**

**Spirit of 1848 labor/business meeting** (Session 428.0 - BM)

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!  
-- **website for this meeting (public, not via APHA):**

<https://sjsu.zoom.us/meeting/register/tZlqd-mvqzovEtzPGrZPN8BF9vO7NepBORzy>

**3) SESSION TITLES & PRESENTATION TITLES & ABSTRACTS (speakers' names: in bold)**

**NOTE: ALL TIMES REFER TO US MOUNTAIN TIME (I.E., TIME in DENVER, CO)**

**SPIRIT OF 1848 Sessions** (presenting author in bold)

► **Thursday, October 21, 2021**

■ **12:30 pm to 2:00 pm**

**Spirit of 1848 Social Justice & Public Health Student Poster Session** (Session PS1068.0 – PS-SCI)

- 1) **Finding the solidarity in “solidarity not charity”: A qualitative study on mutual aid in the era of COVID-19** - **E. Hops, MPH(c)**, A. Hagopian, PhD, and N. Kenworthy, PhD  
The COVID-19 pandemic intensified underlying gaps in US social safety nets. In response, communities mobilized to support the basic needs of fellow community members by forming mutual aid networks. Mutual aid has existed since

the first time unjust governing bodies abandoned communities to care for each other, and has been used by Native, African, trans, and immigrant communities to survive and confront racism, capitalism and individualism. Although this phenomena is being studied in the UK, there is minimal research on mutual aid networks in the US. To understand the experiences of mutual aid networks during the COVID-19 pandemic, we tracked the emergence and characteristics of mutual aid networks across the US and conducted semi-structured interviews with fourteen mutual aid network organizers between August 31st, 2020 and February 22nd, 2021. This research looks at the degree to which mutual aid networks in the era of COVID-19 are implementing the principles and tenets of mutual aid. Interviews with mutual aid organizers surfaced key tensions in COVID-19 mutual aid efforts: challenges realizing the true “mutual-ity” of mutual aid, differences between charity and mutual aid models, and racial equity concerns linked to decision-making. Mutual aid networks are evolving strategies to align their solidarity intentions with their actions. As mutual aid has become popular during COVID-19, it presents an opportunity to engage in political education, redistribution of resources, direct action and true mutual liberation. However, realizing these goals requires confronting ongoing challenges in insulating mutual aid from prevailing capitalist, white supremacist, and non-profit industry influences.

2) **Decolonizing public health education for liberation: Restructuring Filipinx/a/o American solidarity in health -- E. R. Cruz, MPH (c) and D. Rebanal, DrPH, MPH**

Intersectional solidarity as a key value in public health curriculum is not often acknowledged. Recalling our history and connections with one another allows for people to acknowledge the ways in which they are linked to one another. Violence against Asian Americans have recently been amplified through the COVID-19 pandemic, but has deep rooted stems from American imperialism. There is also the need to heal relationships amongst BIPOC communities in order to gain solidarity. Learning about intersectional solidarity for action is necessary in undoing the entrenchment of white supremacy and systemic violence. To build upon public health curriculum, we critically reviewed selected literature and syllabi using a decolonizing health framework derived from ethnic studies, and applied this to the Filipinx/a/o American experience. We discuss the praxis of this framework and suggest important pedagogical considerations for public health courses that address structural and historical inequities of marginalized and colonized groups. In particular, we reflect on how using this framework includes the four tenets of process, place, production and pedagogy, which forms a pathway towards collective healing and liberation amongst marginalized people, whether Filipinx/a/o-identifying or not. This has implications for the Filipinx/a/o diaspora, as well as other populations addressing erasure, invisibility, oppression and colonization. This framework can be used in developing progressive pedagogical public health curriculum geared towards intersectional solidarity.

3) **Patient nativity and deportations from California mental health institutions practicing eugenic sterilization, 1908-1936 -- L. Smith, BA, B. Easler, J. Gudino, MPH, N. Novak, PhD, MSc, and A. Stern, PhD**

-- The legacy of eugenics continues to affect public health. California performed nearly one-third of the United States' nonconsensual sterilizations during the 20th century, disproportionately affecting individuals born outside of the country housed in mental institutions. Scholars have theorized that frequent patient deportations depressed sterilizations of foreign-born people in California institutions, but this has not been adequately quantified.

-- We compared temporal trends in nativity and deportations from six California state mental institutions from 1908-1936 by assessing 16 of the California Department of Institutions' annual and biennial reports. Data were entered by country, institution, and biennium or year. Following Pew Research Center's 2010 regional classifications and the US Census Bureau's 1789-1945 classifications for archaic regions, we collapsed 65 countries and 3 continents into 5 regions (Africa, Asia-Pacific, Europe, Latin America and the Caribbean, North America).

-- From 1908-1936, the California Department of Institutions reported 1126 deportations and 67,951 nativity observations from state mental institutions. Because the United States contributed 58% of these nativity observations (n=39698) and no deportations, it is reported separately. African nations contributed 0.1% of “foreign-born” institutionalized patients and 0.2% of institution deportations; Asia-Pacific, 7% and 16%; Europe, 68.5% and 48%; Latin America and the Caribbean, 12% and 30%; and North America, 6% and 6%. Temporal trends are identified and discussed.

-- The approximately 60,000 nonconsensual eugenic sterilizations performed across the United States during the 20th century were considered preventative for “bad” heredity. We document the social history of public health's intersection with immigration and eugenics, relevant issues in the contemporary field.

4) **Power, oppression, and liberation: Equipping students with tools to kill white supremacy – T. Jackson, PhD(c), MS, MPH**

-- Established in 2002, the University of Louisville School of Public Health and Information Sciences (SPHIS) is the newest school at the university. Premised on social justice principles, public health is notably responsible for health promotion, and disease/injury prevention. However, within academia, the fight to align with generalized Eurocentric standards of success--research funding and top tier publications--can inherently cause faculty to deviate from essential practices of social justice, thereby lacking assurance of equitable access to political, social, and economic rights for all; as a result, students are underequipped to tackle social ills, and society perpetually facilitates avoidable suffering and death.

-- Audacious students have demanded curriculum changes and have also vocalized the need to engage in increased justice-oriented activities to complement learning. One critical outcome is the creation of an undergraduate social justice track beginning in Fall 2021.

-- Power, Oppression and Liberation is the first course students take, and it comes at a time wherein Louisville is an epicenter in the fight for justice. When Louisville Metro Police murdered Breonna Taylor, Black persons (primarily women) visibly led the charge for justice and transformation in contexts of defunding police, declaring racism as a public health crisis, establishing Breonna's Law, and more. In addition to critically differentiating between oppressive and liberating philosophies of education, students will use (1) liberatory approaches to understand power dynamics across political, social, and economic systems, and (2) participatory approaches to increase awareness of, and dismantle white supremacy ideology and practices in university, community, and public policy domains.

5) **Assessing course content to promote progressive pedagogy in public health graduate education: a resource for anti-racist public health pedagogy – D. Anyangwe, H. Mason, and E. Saint-Phard**

-- Background: Students have advocated for critical analysis of how white supremacy informs public health education. Too often, public health education values white knowledge and scholarship over that of people of color.

-- Methods: Through my applied practical experience at the UNC Gillings School of Global Public Health, I created a resource to support faculty in critically engaging with their syllabi and course content to strengthen anti-racist approaches to instruction. This resource was created by using autoethnographic methods, a literature scan, 20 qualitative interviews and two focus groups with thought leaders, faculty members, and students to gain perspectives from a racially diverse group of faculty and students.

-- Results: With support from colleagues and mentors, I created the Anti-Racist Planning Guide for Public Health Pedagogy to support the development of anti-racist public health curricula and training. This tool encourages faculty to examine their teaching practices and reflect on how systems of oppression and positionality frame how they show up in the classroom, what content they teach and how, and the ways that they manage and facilitate the classroom. The Guide focuses on four major areas: course content, class policies and accommodations, interpersonal dynamics, and classroom management and facilitation.

-- Conclusion: Findings suggest that there are concrete and scalable ways to radically shift thinking and transform instruction to integrate anti-racism into public health education. Contextualizing public health issues can inform how instructors assess and determine whose knowledge is legitimate, the processes utilized to produce knowledge, those centered during knowledge production, what issues matter and why.

6) **Excluded from protections: Joint experiences and embodiment of workplace hazards among informally employed domestic workers, United States, 2011-2012 – E. Wright, BA, J. Chen, ScD, J. Beckfield, PhD, N. Theodore, PhD, N. Krieger, PhD**

**Background:** Domestic workers (DWorkers) informally employed by private households are explicitly and effectively excluded from numerous labor, employment, and occupational protections, structuring their exposure and vulnerability to workplace hazards, but scant data exist on their exposures.

**Methods:** We analyzed data from the sole US survey of informally employed DWorkers, conducted by the National Domestic Workers Alliance in 14 US cities (2011-2012; N = 2,086). We analyzed joint patterns of 21 self-reported workplace social, economic, and occupational hazards (e.g., discrimination, wage theft, heavy lifting) in relation to both work-related and general health.

**Results:** Among the 2,086 DWorkers, mean age was 42.6 years, 97.3% were women, 56.0% Latinx, 26.5% White, 33.2% undocumented immigrants, and 11.7% live-in. Fully 72.0% reported  $\geq 1$  occupational hazard, 47.9%  $\geq 1$  economic hazard, and 19.6%  $\geq 1$  workplace social hazard. 52.2% of workers reported  $\geq 3$  hazards. Latent class analysis identified four exposure classes: "Lower, all hazards" (39.5%), "High occupational" (29.3%), "Moderate economic and occupational" (16.6%), and "High, all hazard types" (14.7%), with these classes, as expected, associated with DWorkers' race/ethnicity, main DW occupation, and live-in status. Compared to "Lower, all hazards," DWorkers in all other hazard classes had worse health. For "High, all hazard types," the fully-adjusted risk-ratio for work-related back injury (26.8% reporting) was 7.0 (95% CI 5.3, 9.1), for work-related illness (32.6%), 2.5 (95% CI 1.9, 3.2), and for fair-to-poor self-rated health (37.1%), 1.9 (95% CI 1.6, 2.2).

**Discussion:** Results indicate that policies establishing DWorker workplace protections are necessary and should be informed by current nationally representative data.

► **Saturday, October 23, 2021**

■ **6:00 pm to 8:00 pm**

**"Resistance and Connection" Social Hour – Spirit of 1848 + Public Health Awakened**  
[register at: <https://tinyurl.com/48ys4utu>] (Session 128.0 – SH)

► **Sunday, October 24, 2021**

■ **4:00 pm to 5:30 pm**



**Spirit of 1848 Special Activist Session: Building solidarity & strengthening networks for health justice** (Session 2069.0 – SCI-VIR)

- 4:00 pm: **Introduction to: "Building solidarity & strengthening networks for health justice" -- J. Eisenberg-Guyot, PhD, R. M. Lee, ScD, and C. Cubbin, PhD**  
The activist session will include presentations on activism and organizing around our theme of "building solidarity & strengthening networks for health justice." Taking into account numerous suggestions during our business/labor meeting at APHA 2020 that drew from participants' knowledge of activism in & around Colorado, potential topics to be covered include: mutual-aid organizing, environmental-justice initiatives, Black Lives Matter and anti-police violence movements, harm-reduction organizing, labor organizing – including those focused on day laborers and domestic workers, reproductive-justice movements, and poor-people's movements
- 4:05 pm **The power of storytelling -- D. Lieu**  
-- Storytelling has always been central to the human experience. For communities of color, stories can be a tool with which we can unpack and dismantle systems of oppression, and challenge and redefine dominant narratives. They are a way of saying, "I am here and I matter," and have the power to bridge collective realities.  
-- From May-October 2020, The Praxis Project convened a cohort of 20 community partners from across the US to participate in a virtual Learning Circle, with a specific focus to learn, develop, and produce digital video stories that are for, by, and of us. Participants discussed the strength of storytelling for social justice and how to reframe stories to center our people. They engaged in pre-production, production, and post-production techniques through mixed-methods education and were asked to use their mobile devices to capture video.  
-- Videos produced through this Learning Circle by community organizers range widely in topic, length, and composition. They explore inequities created by lack of equitable access to resources, the prison industrial complex, and police violence, and the deep impact that these inequities has on the health of our communities. They manifest the beauty within our cultures and traditions, and the role that storytelling can play in community healing and transformation.  
-- Recommendations for Practice:
  - For organizers to build capacity to tell and produce quality digital video stories
  - For grassroots organizations to produce more stories for, by, of them (vs. reliance on traditional media coverage)
  - To center the voices of organizers in multimedia, particularly through video
- 4:25 pm **Solidarity and struggle: Organizing and meaningful accountability to declare racism as a public health crisis -- L. Paine, MPH, C. Andrews, MPH, CHES, P. de la Rocha, CD, MSW, MPHc, A. Eyssalenne, MD, PhD, L. Loo, A. M. Collins, and M. Morse, MD, MPH**  
The first declaration of racism as a public health crisis was issued in Milwaukee in 2019 to bring legislative attention and resources to addressing anti-Black structural racism. Since then, spurred by nation-wide Black Lives Matter protests, nearly 200 governing bodies have declared racism a public health crisis or emergency with varying degrees of accountability and commitment to tackling structural racism as a root cause of health inequities and to allocating financial resources to racialized communities. Such declarations are largely framed as municipal feats, yet they are impossible without grassroots racial justice organizing movements that pre-date them. However, institutions passing these declarations continue to practice and uphold white supremacy even as they denounce racism. Organizers who actively fight for racial justice and meaningful accountability are gaslit, ignored, and tokenized, their work misappropriated, dismissed, and delegitimized. Speaking from our experiences in building solidarity across disciplines, borders, and places and in engaging in abolitionist struggle, we propose a panel session with organizers who were instrumental in passing some of the first and most seminal declarations in their areas. In other words, we offer a panel of activist and organizing methods detailing experiences of racism and harm while working on declaring racism a public health crisis. We will center activists and organizers who were instrumental in this work to counter misinformation; explore solutions centered in health, healing, and care; shed light on the Janus-faced nature of these institutional efforts; and build power with people participating in conversations around similar declarations in their local contexts.
- 4:45 pm **Transforming racial capitalism in the MIC: Abolition, reproductive justice and the Irwin County detention center -- M. Morse, MD, MPH, C. Page, C. Andrews, MPH, CHES, T. Avasthi, MSN, MA, RN, S. Abaza, C. Idehen, and J. Dubhashi**  
Under the backdrop of the dual pandemics of racism and COVID-19, we aim to name and transform the harms caused by the Medical Industrial Complex (MIC) and the complicity of perinatal health workers, care providers, healers, and public health practitioners. In partnership with Project South, the Kindred Collective,

and the Campaign Against Racism (CAR), the entangled roots of the Prison Industrial Complex (PIC) and MIC are called to attention through a Healing Justice statement supporting the survivors of the forced sterilizations of people incarcerated at the Irwin County Detention Center (ICDC) through Immigration and Customs Enforcement (ICE). With the desire to transform the public health system and center the strategies of Healing Justice, also known globally as collective care and protection strategies, the campaign of truth and reconciliation for survivors requires a shift in power and naming and acting against racial capitalism. This session is meant to define and describe the harms and legacy of the MIC/PIC, explain the #ShutDownIrwin campaign and talk through the continuous strategies, tactics, and work of those who want to imagine and center safety and healing. Those who attend will be able to adopt/observe a model of actionable strategy for transforming systemic harm.

5:05 pm Q&A

► **Monday, October 25, 2021**

■ 10:30 am to 12 noon

**Spirit of 1848 Social History of Public Health session: Building Transnational Solidarity for Health Justice: Critical Historical Perspectives** (Session 3056.0 – SCI-VIR)

10:30 am **Introduction: Historical experiences – and ongoing urgency – of transnational health solidarity – A-E Birn, ScD, MA**

This introduction discusses the concept of transnational health solidarity and explains the importance of examining and comparing different case studies from a historical perspective.

10:40 am **Protest, community self-management and transnational partnership to protect our forests and promote social transformations – A. Massol-Deya, PhD**

The community-based organization Casa Pueblo was founded in 1980 to challenge an open-pit copper mining project that jeopardized the territorial integrity, the water security, and the health of the central mountainous region of Puerto Rico (Cordillera Central). It took about 15 years of contentious protests and scientific activism to defeat those mining interests. Its success made Casa Pueblo rethink its mission and embrace a new set of community managed projects, in spite of a colonial context that favors all kinds of dependency. These initiatives of sustainable local development included coffee production (Café Madre Isla), an ecological radio station (Radio Casa Pueblo), and the community-managed forests (Bosque del Pueblo and Bosque Escuela La Olimpia.) Since 1999, Casa Pueblo initiated “energy insurgency” projects based on solar energy, such as a butterfly farm, a community cinema, and a school of music. In 2010 Casa Pueblo was a key leader in another wave of protests that successfully derailed the construction of a natural gas pipeline in the region. These experiences facilitated a long lasting collaborative partnership with Costa Rica, which in turn influenced Ecuador’s struggle against a mega-mining project. Casa Pueblo is a member of the International Network of Model Forests, a platform that facilitates the necessary partnership to embark on transnational projects to protect forests in the face of extractive industries. A series of maps will be used to illustrate the mountainous region of Puerto Rico, the projected mining plans, and the model forest.

11:00 am **A decade and a half of extractivism under a progressive government in Ecuador: Lessons learned E. Arteaga-Cruz, PhD**

Three decades of extensive popular and scientific activism against oil extraction and its health effects in the northern Amazon provinces of Ecuador did not prepare citizens to face the challenges posed by an authoritarian left-wing government espousing extractivism and a development paradigm. Mining accelerated during the “Citizens’ Revolution” government (2007-2021) in Ecuador when oil extraction was extended to southern Amazon provinces. As a result, about 15% of the national territory was handed over to mining companies. The last decade and a half have provided valuable lessons for the theory and practice of social movements as related to autonomy, networks of solidarity, and cultural respect. The issue of autonomy has become critical because the demands for autonomy as the driving force for progressive social change have been realized through collective actions, based on the political strength of an organized movement rather than on the strength of an individual leader. Building networks of solidarity among social movements has also become a valuable tool to resist the criminalization of social protest, especially when the oppression comes from traditional left-wing allies. Moreover, the importance of cultural dimensions has not been neglected, as it is essential to honor the spirit of assassinated Amazonian leaders such as José Tendetza, Bosco Wisum, and Freddy Taish, among others. International networks have been key in denouncing human rights violations and promoting popular referendums to choose water over gold. The defense of sacred territories should be an international priority for the current and future protection of the people’s health..

11:20 am

**Farm and factory worker solidarity battles against Monsanto in West Virginia and Vietnam – B. Elmore, PhD**

A charismatic attorney in a West Virginia law office brought the largest and longest case in West Virginia history against Monsanto more than three decades ago. Stuart Calwell represented hundreds of factory workers in Nitro, West Virginia, who came down with disfiguring ailments after producing the active ingredients in Agent Orange. Calwell lost his case, but his intimate account of Monsanto's legal prowess explains why this chemical company, now owned by German firm Bayer, has been able to survive and become one of the most powerful companies shaping our food system today. I will also present the story of the Vietnamese Association for Victims of Agent Orange (VAVA) which has fought for nearly two decades to find justice for Vietnamese people. Toxic chemicals in Agent Orange still plague the people of Vietnam, and remediation projects--paid for with US taxpayer dollars--have recently gotten under way. Monsanto has not paid for any of the cleanup. Nevertheless, Monsanto reentered the country in the 2010s, selling genetically-engineered corn to Vietnamese farmers. Farmers buying Monsanto seeds believed they were taking part in the future of agriculture by buying into the Roundup Ready seed system. But the truth was these farmers were spraying a chemical on their new seeds that had been created half a century ago to replace the 2,4,5-T in Agent Orange. Ultimately, Monsanto's seeds connected Vietnamese farmers to a chemical past that, in so many ways, was not even past in Vietnam.

11:40 am

**Discussion: Lessons for the struggle against extractivism – L.A. Aviles, PhD**

Money had a particular birthmark, wrote a 19th century economic historian: it was a "blood-stain on one cheek." Based on that assertion, a couple of decades later, a political economist declared that the birthmark of capital was different. Capital, the use of wealth for a continuous process of profit making, came into this world "dripping from head to foot, from every pore, blood and dirt." He was describing the historical operations of the extraction of massive volumes of natural resources mainly for export, typically characterized by the undisguised cruelty of laborers. Current forms of extractivism are more insidious, and still take a toll on the bodies of the workers, on the health of communities, and on the sustainability of the environment. But the current opposition to extractivism benefits from a transnational solidarity at a scale that was undreamed in previous centuries. This discussion will identify elements in each individual case-study that point to strategic importance of strengthening transnational networks of solidarity in order to make the struggle against extractivism more effective and less burdensome.

11:45 am

Q&A

■ **2:00 pm to 3:30 pm**

**Spirit of 1848 Politics of Public Health Data session: Solidarity, social movements, and uses of data by, for, and against health justice work** (Session 3143.0 – SCI-VIR)

2:00 pm

**Introduction to: "Solidarity, social movements, and uses of data by, for, and against health justice work" -- Z. Bailey, ScD, MSPH**

Our session focuses on solidarity, social movements and uses of data by, for, and against health justice work. These uses can be, respectively, by and for social movements for health justice and public health and health care workers in solidarity with these movements, and data can also be used by opponents of these social movements to block their work. In my introduction to the session, I will highlight how the concrete examples provided by the session's presentations together raise important issues regarding the politics of public health data, their governance, and ways to strengthen their use for health justice.

2:05 pm

**Lessons from the Young Lords: Resisting internalized racism and forging a pathway to liberatory political consciousness within community health education -- A. Mullany, M. Barbieri, S. Smith, A. Gubrium, PhD, and L. Valdez, PhD MPH**

-- In the last two decades, empirical research has documented the ways racial discrimination is positively associated with health disparities. However, less is known about the role of internalized racism and its connection to psychological distress and the ruptured social cohesion of racialized and ethnically minoritized populations. W.E.B. Du Bois's theory of double consciousness illuminates how and why racism is internalized and also elucidates a pathway - a "Second Sight" - towards liberatory political consciousness. --Using the results from 40 in-depth interviews with Latinx (92.5% Puerto Rican) men living in Springfield, Massachusetts, we identified manifestations of double consciousness in participants' shared experiences. The contradictory attitudes that men expressed toward other Latinxs exemplifies the duality defined by double consciousness theory. Participants both propagated negative stereotypes about Latinxs while also expressing pride in their community and a desire for unity. DuBois' concept of Second Sight productively addresses this contradiction. Second sight focuses on the process of raising critical political consciousness

to resist the learned self-subjugation imposed by White supremacy. In a Puerto Rican political context, the history of the Young Lords' community health activism is instructive.

-- Using a Second Sight framework in community health interventions can enhance community engagement by shifting focus to structural solutions rather than prioritizing individual "treatment" or "self-help" strategies. As seen through the work of the Young Lords, solutions must be grounded in political awakening and activism. Their organizing and political education process is useful to consider today when designing community-based interventions to address health inequity.

2:25 pm

**Social and health equity challenges for supply chain first suppliers: Examining obstacles and opportunities for solidarity in the transnational marketplace -- M. Sorensen Allacci, PhD**

-- Over the last 15 years concerns have increased over impacts of global supply chains on environmental as well as social well-being, equity, and justice. Attention has become particularly relevant for sustainable or 'green' consumerism, but virtually every industry draws on the wealth of resources of ancestral lands and local populations in far reaches of the world. Multinational corporations form complex networks of consumer product sourcing, often coupled with human rights crises. While environmental destruction linked to supply chain sourcing may gain high visibility through media and environmental organizations, devastating effects on human communities are typically blurred or invisible.

--This presentation discusses market processes and a case study from Colombia to illustrate how product supply chain procurement and management can affect the health, culture, and social equity of First Supplier groups harvesting, mining, or producing raw product. A collaborative partnership developed between campesinos, Colombian activists, and researchers defined and produced study objectives and methods for the participant observation study. The research highlights issues, obstacles, and opportunities for addressing critical social health and equity interests, drawing on experiences of Indigenous people in the Amazon, campesinos in the coffee region, and people in mining and other sectors in Northern Colombian regions. We illustrate how local efforts to produce marketable products that maintain ecological and cultural integrity become threatened by transnational supply chain procurement tactics. Finally, we propose protective solutions emphasizing solidarity and connections between public health, consumer, sustainability, First Supplier, and other proponents of global supply chain health equity.

2:45 pm

**Toward a movement public health: Possibilities for pedagogy and practice -- F. Maviglia, MPH and A. Miller, JD**

-- By virtue of its methods and goals, public health sits on a privileged site for identifying and mapping the social injustices that shape health outcomes. Social epidemiology, in particular, centers inquiry into how the social creation and distribution of disadvantage affects the distribution of disease; however, many public health curricula in professional schools focus on research methods with insufficient attention to if, when, and how evidence translates to political and structural change.

-- As a team of students and faculty working in an experiential course affiliated with an interdisciplinary public health and law initiative at a private university, we identify and assess both the complexities and the urgency to develop pedagogy to work in solidarity with movements. Our experience comes from an ongoing years-long collaboration with an organization led by and for street-based sex workers, in a city characterized by stark wealth disparities reinforced by our own university. It raises questions about research, pedagogy, and power-shifting that dominant models of community-based research and teaching are not equipped to answer. We discuss integration of research and advocacy, our commitment to work with and be accountable to movement partners, and the central role that interdisciplinary pedagogy plays as public health and law students work together on projects. Drawing from the fields of movement law and movement lawyering, we name the need for "movement public health" as a methodology for public health scholarship, teaching, and practice, informed by principles of solidarity, accountability, and commitments to engagement with grassroots organizing, left social movements, and non-elite constituencies.

3:05 pm

Q&A

► **Tuesday, October 26, 2021**

■ **8:30 am to 10:00 am**

**Spirit of 1848 Progressive Pedagogy session: Teaching for solidarity with social movements for health justice** (Session 4049.0 – SCI-VIR)

8:30 am

**Introduction to: Teaching for solidarity with social movements for health justice -- V. Simonds, ScD, L. Moore, DrPH, R. M. Lee, ScD, and N. Munoz, JD, DrPHc, MPH**

This presentation will provide context for our session critically examining pedagogy that enhances capacity

for teaching and organizing for solidarity with social movements for health justice. This includes the pedagogies that are being (re)developed through decolonizing epistemologies and other ways of re-framing knowledge and voice. Presentations in this session will demonstrate how such pedagogy can be carried out, as well as student-led presentations offering a critical analysis of the pedagogy they wish to be part of that may not be currently part of their educational programs. The selected presentations address pedagogic initiatives that variously include (separately or jointly): teachers (i.e., train teachers to teach such material and approaches); students (undergraduates & graduate); community activists, community organizations, and community members; and government employees (whether in public health agencies, other state agencies, or in the legislative or executive branches of government).

8:35 am

**A course-based approach to collaborative, participatory research centering student voice -- M. Worthen, MPhil, PhD, T. R. Alsharif, T. M. Echevarria, H. Masood, M. McClure Fuller, MSOT, K. Nguyen, D. Perez, and C. Park, DrPH, MSPH**

We are a student-faculty research team that coalesced through a course-based undergraduate research experience (CURE) at San José State University - a diverse urban state university in California. Using decolonizing design, teams of students conduct a cross-sectional study from conceptualization through survey design, IRB approval, data collection, analysis, and presentation scaffolded to the pace of an introductory epidemiology course. Students are positioned as experts in their lived experiences and encouraged to pursue questions relevant to their lives. Detailed, direct feedback at each stage allows students to build confidence in their abilities, strengthening the study quality while centering student voice. This work puts faculty in the service of students, with the faculty's role being methodological and navigational as the student explores and then enters the world of research. Through three cycles of this 25-student course, ~20% of students have gone on to disseminate their work through scholarly products including conference presentations, reports, and manuscripts. From a student perspective: "We are often told our perspective matters, but this project gave me a chance to actually pursue issues in social justice that matter to me." From a faculty perspective: "This work allows me to integrate teaching, research, and mentorship in support of organizing and amplifying student voices, decolonizing epidemiology research, and producing a more diverse public health workforce." Using the example of the COVID-19 Inequities Study, we will guide the audience through how to conduct this type of collaborative study and share tips on catalyzing ingredients that inspire students and ease faculty workload.

8:50 am

**Calibrating the curriculum: Customizing multi-section course equity content to meet varied needs of students -- Y. Merino, PhD, MPH, P. Polston, PhD, A. Josh, A. Zuercher, and M. Landfried, MPH**

**Introduction:** One challenge of core courses in a Master of Public Health (MPH) program is ensuring that students of varying levels of experience are proportionally challenged. This is particularly true for equity content (e.g., antiracist praxis, inclusive leadership). In response to student frustration at the introductory level of equity-related content in an MPH core course, we developed a real-time strategy for modifying students' level of engagement on Bloom's taxonomy.  
**Methods:** We presented students with the "standard" learning objectives superimposed on a graphic of Bloom's taxonomy. Students voted on whether to stay at the default level, move higher on the taxonomy to cover more advanced concepts, or move lower to focus on more foundational concepts. Alternative in-class activities were developed for different learning levels. Instructors proceeded at the level with the most votes.  
**Results:** Students with more knowledge of equity content voted to engage with content at a higher level, allowing deeper engagement with equity content. In keeping with a Freirean pedagogical approach emphasizing co-constructed knowledge, this pedagogical approach disrupts the long-held technique of instructors dictating the level of learning that could happen in each class session. **Discussion:** We summarize the discussions that led to the development of this approach, how students responded in-class, lessons learned, and recommendations for other instructors interested in implementing a similar approach.

9:05 am

**The need for processing: Training on antiracism while Black in a white colonial space -- M. Ward, EdD, MPH**

As more institutions use trainings to reckon with racism, it is important that lessons learned are widely shared. The senior leaders across an academic medical center (AMC) named an aim for antiracism in its 2021-2024 strategic plan. They also set aside resources to develop an Antiracism Coalition. Department and program chairs across this medical enterprise philosophically agree with the institutional direction. Yet training data and anecdotal observations indicate that there remains a gap between stated values and program practice, even for those who have personally and professionally committed their work to advance racial equity. The challenge is how to readily engage students, faculty and staff to build an antiracist institution given its colonial past. The legacies of white supremacy show up in its modern-day expectations for efficiency and convenience. This runs counter to the time necessary for adequate processing of complex concepts within a fifty-minute lunch hour. This autoethnographic inquiry presents the experiences of a young, Black cisgender woman tapped to develop and lead antiracist trainings in a predominately white institution. In particular, she uses the training space to model decolonizing practices and combat fatigue as one of the BIPOC tapped to actualize the AMC's social mission. Despite overwhelmingly positive responses

to learning new training content, attendees widely vary in their capacity for anti-racism. They request follow-up trainings and ongoing support given power dynamics as students or discomfort discussing racism while being white- resulting in overreliance on the same BIPOC to take the lead on this institutional charge.

9:20 am

**Building a better training program: Integrating anti-racism and transformative community engaged praxis into predominantly white institutions -- T. Craft, MSW, H. Gilbert, MSHCM, L. Moak, S. Nkomboni, V. Pasquale, J. Fleckman, PhD, MPH, S. Francois, PhD, C. A. Taylor, PhD, MSW, MPH, and S. Drury, MD, PhD**

-- Predominantly White institutions (PWIs) in cities have historically been disconnected from the needs and experiences of surrounding neighborhoods. Often non-resident students and faculty work locally without understanding cultural and historical contexts of their university and city, contributing to institutional and interpersonal violence.

--To disrupt violence perpetuated by PWIs, the Tulane University Violence Prevention Institute, in collaboration with community partners, established the Pincus Violence Prevention Scholarship, a two-year, interdisciplinary scholarship program within Tulane's Master of Public Health program in New Orleans. Our model is grounded in a foundation of anti-racism and cultural praxis focusing on mentorship, egalitarian leadership, and learning. Scholars examine complex inequality in New Orleans, cultivating their understanding of violence prevention alongside community partners. Focusing on social, cultural, political, and geographic histories, scholars explore the long-standing national and local origins of violence. Scholars' practice-based experience continues this work by supporting and advancing a partner's mission and vision.

--Through mixed-method analysis utilizing surveys and interviews, scholars and community partners emphasized the benefit of learning together in shared settings which honors community leadership as experts of their work and experiences, a crucial requisite in advancing health justice and violence prevention work. Students described a deeper understanding of the need to examine the historical and cultural contexts of a community before engaging in practice

9:35 am

Q&A

■ 10:30 am to 12 noon

**Spirit of 1848 Integrative Session** (integrates the 3 foci of the Spirit of 1848): **Social movements: using public health data in solidarity for the fight for social justice** (Session 4108.0 – SCI-VIR)

10:30 am

**Introduction to “Social movements: Using public health data in solidarity for the fight for social justice” -- N. Krieger, PhD**

As moderator and organizer of this session, I will frame the issues of health justice that motivate our focus on: "Social Movements: Using Public Health Data in Solidarity for the Fight for Social Justice." Motivating this session is the critical organizing that's ramped up this past year, regarding structural racism, COVID-19, climate crisis, mounting wealth inequities, blatant disregard of treaty obligations, and assaults on democracy – and the countless groups working to build a more equitable sustainable world in which everyone can thrive, with respect for human rights, including Indigenous rights. Panelists for our session will have a platform to reflect critically on the different ways public health data can play a role in advancing health justice, by both strengthening and informing the work of social justice movements – or, conversely, potentially harm this work via inadequate or misleading data and analyses. Also at issue is who is engaged – i.e., at the proverbial table, with a role in data governance– in the generation, analysis, interpretation, and dissemination of these data. The three panelists will engage with these issues in relation to: (a) the work of the COVID-19 Health Equity Task Force, (b) the National Domestic Workers Alliance, and (c) the Union of Concerned Scientists, and the discussant, per our Spirit of 1848 policy, will bring a critical Indigenous lens, drawing on Indigenous theories, knowledge, and methods, to examples presented.

10:35 am

**U.S. COVID-19 health equity task force, data, and health justice -- M. Nunez-Smith, M.D., M.H.S.**

For this panel, I will reflect on the ways that the U.S. COVID-19 Health Equity Task Force is addressing data issues related to health justice and the implications of this work for health equity research more broadly. I will discuss the Task Force's response to calls made by social movements for better data to inform action for health equity and the ways in which these data have been successfully used by community-based groups, public health and medical professionals and institutions, and other advocates. I will also present on health equity and the role of data in my work as the Inaugural Associate Dean for Health Equity Research at the Yale School of Medicine and the Founding Director of the Equity Research and Innovation Center (ERIC), where we are working with community, health system, and policy partners to improve collection, sharing, and community ownership of data.

10:55 am

**National domestic workers alliance (NDWA) labs: Using technology and data to disrupt unequal**

**power, for domestic workers, and COVID-19 risk -- P. Shah**

For this panel, I will describe the work of NDWA Labs, the innovation arm of National Domestic Workers Alliance (NDWA). NDWA Labs seeks to use technology to disrupt unequal power, for domestic workers. In this past year we have been engaged in research to understand the impacts of COVID-19 on domestic workers, collecting real-time data on domestic workers and laying the groundwork for economic indicators for workers in informal sectors. We published a groundbreaking report, "6 Months in Crisis: The Impact of COVID-19 on Domestic Workers" and led a national campaign for essential workers. I will discuss the kinds of data NDWA Labs has found crucial to advance its work and improve work for domestic workers, and ways in which public health data and public health allies can help strengthen the work of the NDWA Labs. Examples of our innovations include developing technologies to: expand the social safety net for domestic workers through an online benefits platform, distribute direct cash payments for frontline workers during COVID, and using a chatbot to reach more than 230,000 Spanish-speaking domestic workers online for real-time data on domestic worker conditions

11:15 am

**Center for Science and Democracy, Union of Concerned Scientists: Linking scientists, policy professionals, advocates & data for health justice -- F. Tormos-Aponte, PhD**

For this panel, I will discuss the mission and current projects of the Center for Science and Democracy, a component of the Union of Concerned Scientists (UCS), which "works for strong, independent public science, a robust, transparent democracy, justice for overburdened communities, and the effective use of science in making policy that serves the common good." UCS has been involved in public health advocacy during the COVID-19 pandemic and across various issues, including climate, energy, transportation, food, and nuclear weapons, all of which directly intersect with social justice and public health. UCS seeks to support the growth of scientist political engagement and efforts aimed at enacting solidarity with communities engaged in struggles for social justice. I will describe how the UCS brings together scientists, policy professionals, and advocates to use and call for data to support the science, policies, and action needed for social justice, including health justice. I will share ideas on pathways by which we can strengthen and diversify science advocacy. Informing my presentation will be my own work, as a professor of public policy and political science, which focuses on intersectional solidarity, the Black Lives Matter movement, environmental justice, transnational social movements, and activism in Puerto Rico.

11:35 am

**Discussant for: "Social movements: Using public health data in solidarity for the fight for social justice" -- V. Simonds, ScD**

For this panel, I will serve as discussant for the three presentations. My comments will consider: (a) how the range of examples presented illustrates the diverse ways social movements use and seek public health data in their fight for social justice, and (b) implications for public health solidarity work to help generate needed data and critique harmful uses of data. To this role as discussant I bring my expertise and experience as a public health researcher and member of the Crow Nation who focuses on using community-based participatory research approaches, with a focus on designing and evaluating strength-based, community-centered outreach strategies designed in partnership with Native American communities, including work currently in partnership with Crow community members to develop an environmental literacy program for Crow youth and their families.

11:45 am

Q&A

**■ 6:30 pm to 8:00 pm**

**Spirit of 1848 labor/business meeting** (Session 428.0 - BM)

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!  
-- **website for this meeting (public, not via APHA):**

<https://sjsu.zoom.us/meeting/register/tZlqd-mvqzovEtzPGrZPN8BF9vO7NepBORzy>