

★★★★★ SPIRIT OF 1848: PREVIEW OF APHA 2023 PROGRAM ★★★★★
(ver 6/5/23)

The Spirit of 1848 is delighted to share a *preview* of our final program for the American Public Health Association’s 151st Annual Meeting and Expo, November 12-15, 2023, to be held in-person in Atlanta, GA. All times refer to Eastern Standard Time, i.e., the time for Atlanta, GA. The links to the sessions are as follows:

Link to 1848 sessions: <https://apha.confex.com/apha/2023/meetingapp.cgi/Program/2340>

Link to overall APHA program: <https://apha.confex.com/apha/2023/meetingapp.cgi/Home/0>

a) The official theme for the American Public Health Association (APHA) annual meeting in 20223is: “*Creating the Healthiest Nation: Overcoming Social and Ethical Challenges*”

b) For the Spirit of 1848, we once again offer a variant of this theme, informed by 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. Hence our theme:

**CONTESTING STRUCTURAL ASSAULTS ON PUBLIC HEALTH WHILE BUILDING ANEW:
RADICAL ALTERNATIVES FOR HEALTH JUSTICE**

We list below the preliminary program for our sessions—and we look forward to joining together in Atlanta, in person, and together bolster our spirits as we move forward the work for health justice.

Additionally, we have two additional events in the works and will post details as soon as they are available (likely by end of the summer):

- (1) **Radical History Tour:** We are planning a one-hour radical history walking tour of **Atlanta’s Little Five Points neighborhood**, in connection with tour guides from the Atlanta Preservation Center. 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 (see: <https://www.l5pbiz.com/history>). **The tour is scheduled to start at 5pm, Saturday Nov. 11, and will cost \$20** (payable by cash or venmo at time of the tour). A sign-up sheet, likely available between August 1 and Sep. 15 via the Spirit of 1848 Listserv, will have 25-40 spots. We are also exploring the possibility of finding a local progressive brewpub/community restaurant for an optional after-tour drink or dinner. Little Five Points is a 15 min drive from the APHA convention center (Georgia World Congress Center); walking would take approx. 1 hr 15 min.
- (2) **“Resistance & Refreshment” Social Hour (Monday, Nov 13, 6:30 – 8:30 pm; place TBD)**, co-organized with Public Health Awakened, a tradition we started back in 2019— and we very much look forward to having our 5th joint social hour **IN PERSON** this fall!!!!

Spirit of 1848 sessions (APHA 2023) – by day, time slot, Spirit of 1848 focus, and topic			
Monday, Nov 13, 2023	8:30 am to 10:00 am	Activist	ORGANIZING TO CONTEST STRUCTURAL ASSAULTS AND BUILD FOR HEALTH JUSTICE
	10:30 am to 12 noon	History	HEALTH WORKERS RESIST! RADICAL HISTORICAL MOMENTS OF STRUGGLE AND REIMAGINING FOR PEOPLE’S HEALTH AND HEALTH CARE
	2:30 to 4:00 pm	Politics of public health data	WHO’S STRENGTHENING AND WHO’S ATTACKING DATA FOR HEALTH EQUITY?
Tuesday, Nov 14, 2023	10:30 am to 12 noon	Integrative	THE LONG FIGHT FOR HEALTH JUSTICE: MOVEMENTS, DATA, AND TRANSFORMATIONAL PEDAGOGY
	12:30 pm to 1:30 pm	Student poster	SPIRIT OF 1848 SOCIAL JUSTICE & PUBLIC HEALTH STUDENT POSTER SESSION
	2:30 pm to 4:00 pm	Progressive pedagogy	TEACHING FOR HEALTH JUSTICE AND AGAINST ATTACKS ON PUBLIC HEALTH
	6:30 pm to 8:00 pm	Labor/business meeting	ANNUAL MEETING TO DISCUSS & PLAN SPIRIT OF 1848 PROGRAM & ACTIVITIES

See very end of document for a reminder of: "Why 1848?" – our newly updated timeline!

Below we provide our program preview in 3 versions:

- 1) the session titles only
- 2) the session titles and titles of the presentations included in each session
- 3) the session titles, titles of presentations, and their abstracts

For the on-line program, see:

Link to 1848 sessions: <https://apha.confex.com/apha/2023/meetingapp.cgi/Program/2340>

Link to overall APHA program: <https://apha.confex.com/apha/2023/meetingapp.cgi/Home/0>

Later this summer, the final program, along with a 1-page flyer (two-sided) that you can download, will be available on our website, at: <http://spiritof1848.org/>

We look forward to seeing everyone IN PERSON in Boston this fall! – and fostering our spirits by being together in the Spirit of 1848! – a spirit that inspires us in all we do in our work for health justice!

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

1) SESSION TITLES ONLY

Link to 1848 sessions: <https://apha.confex.com/apha/2023/meetingapp.cgi/Program/2340>

NOTE: ALL TIMES IN U.S. EASTERN STANDARD TIME (i.e., FOR ATLANTA, GA)

SPIRIT OF 1848 SESSIONS

► *Saturday, November 11, 2023*

Radical History Tour: We are planning a one-hour radical history walking tour of **Atlanta's Little Five Points neighborhood**, in connection with tour guides from the Atlanta Preservation Center. 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 (see: <https://www.l5pbiz.com/history>). **The tour is scheduled to start at 5pm, Saturday Nov. 11, and will cost \$20** (payable by cash or venmo at time of the tour). A sign-up sheet, likely available between August 1 and Sep. 15 via the Spirit of 1848 Listserv, will have 25-40 spots. We are also exploring the possibility of finding a local progressive brewpub/community restaurant for an optional after-tour drink or dinner. Little Five Points is a 15 min drive from the APHA convention center (Georgia World Congress Center); walking would take approx. 1 hr 15 min.

► *Monday, November 13, 2023*

■ 8:30 am to 10:00 am

Activist session	ORGANIZING TO CONTEST STRUCTURAL ASSAULTS AND BUILD FOR HEALTH JUSTICE
Session 3058.0	[LOCATION: TBD -- ROOM ASSIGNMENTS WILL BE LATER THIS SUMMER]

■ 10:30 am to 12 noon

Social history of public health	HEALTH WORKERS RESIST! RADICAL HISTORICAL MOMENTS OF STRUGGLE AND REIMAGINING FOR PEOPLE'S HEALTH AND HEALTH CARE
Session 3154.0	[LOCATION: TBD -- ROOM ASSIGNMENTS WILL BE LATER THIS SUMMER]

■ 2:30 pm to 4:00 pm

Politics of public health data	WHO'S STRENGTHENING AND WHO'S ATTACKING DATA FOR HEALTH EQUITY?
Session 3293.0	[LOCATION: TBD -- ROOM ASSIGNMENTS WILL BE LATER THIS SUMMER]

■ 6:30 pm to 8:30 pm

“Resistance and Refreshment” Social Hour – Spirit of 1848 + Public Health Awakened

-- a link with more info about the event & where it will take place will be available in early fall

► **Tuesday, November 14, 2023**

■ 10:30 am to 12 noon

Integrative session	THE LONG FIGHT FOR HEALTH JUSTICE: MOVEMENTS, DATA, AND TRANSFORMATIONAL PEDAGOGY
Session 4149.0	[LOCATION: TBD -- ROOM ASSIGNMENTS WILL BE LATER THIS SUMMER]

■ 12:30 pm to 1:30 pm

Student poster session	SPIRIT OF 1848 SOCIAL JUSTICE & PUBLIC HEALTH STUDENT POSTER SESSION
Session 4183.0	[LOCATION: TBD -- ROOM ASSIGNMENTS WILL BE LATER THIS SUMMER]

■ 2:30 pm to 4:00 pm

Progressive pedagogy	TEACHING FOR HEALTH JUSTICE AND AGAINST ATTACKS ON PUBLIC HEALTH
Session 4267.0	[LOCATION: TBD -- ROOM ASSIGNMENTS WILL BE LATER THIS SUMMER]

■ 6:30 pm to 8:00 pm

Labor/business meeting	ANNUAL MEETING TO DISCUSS & PLAN SPIRIT OF 1848 PROGRAM & ACTIVITIES
Session (TBD)	[LOCATION: TBD -- ROOM ASSIGNMENTS WILL BE LATER THIS SUMMER]

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

Link to 1848 sessions: <https://apha.confex.com/apha/2023/meetingapp.cgi/Program/2340>

SPIRIT OF 1848 SESSIONS

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Activist session	ORGANIZING TO CONTEST STRUCTURAL ASSAULTS AND BUILD FOR HEALTH JUSTICE
Session 3058.0	[LOCATION: TBD -- ROOM ASSIGNMENTS WILL BE LATER THIS SUMMER]
8:30 am	INTRODUCTION TO: "ORGANIZING TO CONTEST STRUCTURAL ASSAULTS AND BUILD FOR HEALTH JUSTICE" . C. Cubbin, PhD, N. Munoz, PhD, JD, J. Eisenberg-Guyot, PhD, and R. Lee, ScD
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. Shariff, 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

■ **10:30 am to 12 noon**

Social history of public health	HEALTH WORKERS RESIST! RADICAL HISTORICAL MOMENTS OF STRUGGLE AND REIMAGINING FOR PEOPLE'S HEALTH AND HEALTH CARE
Session 3154.0	[LOCATION: TBD -- ROOM ASSIGNMENTS WILL BE LATER THIS SUMMER]
10:30 am	AN INTRODUCTION TO RADICAL HEALTH WORKERS RESISTANCE . 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	A COMMENTARY ON RADICAL HEALTH WORKERS RESISTANCE . M. Moser Jones, PhD, MPH.
11:45 am	Q&A

■ 2:30 pm to 4:00 pm

Politics of public health data	WHO'S STRENGTHENING AND WHO'S ATTACKING DATA FOR HEALTH EQUITY?
Session 3293.0	[LOCATION: TBD -- ROOM ASSIGNMENTS WILL BE LATER THIS SUMMER]
2:30 pm	INTRODUCTION TO " <u>WHO'S STRENGTHENING AND WHO'S ATTACKING DATA FOR HEALTH EQUITY?</u> " Craig Dearfield
2:35 pm	CORPORATE USING LAWSUITS TO THREATEN ACADEMIC RESEARCH – A TALC AND ASBESTOS EXAMPLE . D. Egilman, MD, MPH, C. Mo, Sc.B., and 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 Katie Schenk, MSc MA PhD ¹ , Heather Krasna, PhD ² , Maya Chilese, PhD ³ , Emily Lankau, DVM, PhD ⁴ , Jennifer Todd, MA, DrPH ⁵ , Raphael Barishansky, DrPH ⁶ , Gregory Nichols, MPH, CPH, CMQOE, ASP ⁷ and April Moreno Arellano, PhD, MPA, MA⁸ (1)KDS Public Health Consulting LLC, Washington, DC, (2)Columbia University, New York, NY, (3)Lincoln, NE, (4)Emily W Lankau Consulting LLC, Madison, WI, (5)J Todd Wellness LLC, Silver Spring, MD, (6)RMB Consulting Services, LLC, Harrisburg, PA, (7)GP Nichols & Company, LLC, Knoxville, TN, (8)Public Health Podcast Network, San Diego, CA
3:35 pm	Q&A

■ 6:30 pm to 8:30 pm

“Resistance and Refreshment” Social Hour – Spirit of 1848 + Public Health Awakened

-- a link with more info about the event & where it will take place will be available in early fall

► **Tuesday, November 14, 2023**

■ 10:30 am to 12 noon

Integrative session	THE LONG FIGHT FOR HEALTH JUSTICE: MOVEMENTS, DATA, AND TRANSFORMATIONAL PEDAGOGY
Session 4149.0	[LOCATION: TBD -- ROOM ASSIGNMENTS WILL BE LATER THIS SUMMER]
10:30 am	INTRODUCTION TO: " <u>THE LONG FIGHT FOR HEALTH JUSTICE: MOVEMENTS, DATA, AND TRANSFORMATIONAL PEDAGOGY</u> " . N. Krieger
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 and B. Aldridge, MPH
11:35 am	Q&A

■ 12:30 pm to 1:30 pm

Student poster session	SPIRIT OF 1848 SOCIAL JUSTICE & PUBLIC HEALTH STUDENT POSTER SESSION
Session 4183.0	[LOCATION: TBD -- ROOM ASSIGNMENTS WILL BE LATER THIS SUMMER]

#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.
#2	OPERATIONALIZING ANTI-OPPRESSION IN DOCTORAL HEALTH CARE EDUCATION . K. Melino and S. Louie-Poon
#3	TESTING THE TRUMP EFFECT: CHANGES IN DISTRESS AND HEALTH ACCESS FOLLOWING THE 2016 ELECTION AMONG CALIFORNIA RESIDENTS . C. Calhoun, DPH, S. Haley, PhD, and H. Zhang, PhD
#4	WHY ARE WE STUCK DOWNSTREAM? THE STRUCTURAL DETERMINANTS OF PUBLIC HEALTH INTERVENTIONS . M. Kupfer, BA
#5	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.
#6	RACE, WEALTH AND HEALTH: THE ROLE OF REPARATIONS . S. Whittaker, MPH and T. Kershaw, PhD
#7	A CONVENIENT NEGLECT: UNCOVERING A SYSTEMATIC PATTERN OF LETHAL POLICE VIOLENCE AGAINST PUERTO RICO'S YOUTH . L. Muñoz
#8	REIMAGING PUBLIC POLICY TO ADVANCE HEALTH JUSTICE: BLACK FEMINIST RESISTANCE AND THE POLICING ALTERNATIVES & DIVERSION INITIATIVE (PAD) . K. Ameen, MPH and T. Gay, MA
#9	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.
#10	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.

■ 2:30 pm to 4:00 pm

Progressive pedagogy	TEACHING FOR HEALTH JUSTICE AND AGAINST ATTACKS ON PUBLIC HEALTH
Session 4267.0	[LOCATION: TBD -- ROOM ASSIGNMENTS WILL BE LATER THIS SUMMER]
2:30 pm	CONTESTING STRUCTURAL ASSAULTS ON PUBLIC HEALTH CAPACITY WHILE BUILDING ANEW: RADICAL ALTERNATIVES FOR HEALTH JUSTICE . 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 and A. Fitch
2:50 pm	NAVIGATING NEW PRACTICE ARENAS: AN ACTIVIST-LED PEDAGOGY FOR PUBLIC HEALTH NUTRITION . J. Sallaway-Costello.
3:05 pm	ABOLITION FRAMEWORKS FOR PUBLIC HEALTH: ETHOS, CONTENT, AND PEDAGOGICAL APPROACHES . M. Chilton, PhD, MPH
3:20 pm	THE ABOLITIONIST PUBLIC HEALTH STUDENT NETWORK: BUILDING CAPACITY FOR ABOLITION AS A PUBLIC HEALTH STRATEGY . C. Mitchell, ScD, MDiv
3:35 pm	Q&A

■ 6:30 pm to 8:00 pm

Labor/business meeting	ANNUAL MEETING TO DISCUSS & PLAN SPIRIT OF 1848 PROGRAM & ACTIVITIES
Session (TBD)	[LOCATION: TBD -- ROOM ASSIGNMENTS WILL BE LATER THIS SUMMER]
<p>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!</p>	

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

Link to 1848 sessions: <https://apha.confex.com/apha/2023/meetingapp.cgi/Program/2340>

SPIRIT OF 1848 SESSIONS

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► **Monday, November 13, 2023**

■ **8:30 am to 10:00 am**

Activist session	ORGANIZING TO CONTEST STRUCTURAL ASSAULTS AND BUILD FOR HEALTH JUSTICE
Session 3058.0	[LOCATION: TBD -- ROOM ASSIGNMENTS WILL BE LATER THIS SUMMER]
8:30 am	<p>INTRODUCTION TO: "ORGANIZING TO CONTEST STRUCTURAL ASSAULTS AND BUILD FOR HEALTH JUSTICE" . C. Cubbin, PhD, N. Munoz, PhD, JD, J. Eisenberg-Guyot, PhD, and R. Lee, ScD</p> <p>The Activist Session will include presentations that describe activism around the overall Spirit of 1848 theme of "Contesting structural assaults on public health while building anew: radical alternatives for health justice". Possible examples include organizing to counter racism in the public health sector; mutual aid and labor struggles to build power for community health justice; new forms of collective agency to redistribute power and combat inequalities at the community, state, and national levels; radical alternatives to disaster preparedness & recovery; climate justice activism; and efforts to reinstate abortion rights and advance reproductive justice.</p>
8:35 am	<p>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</p> <p>For decades, union nurses have been at the forefront of the fight for healthcare justice and the Medicare for All movement. As labor activists, union nurses use their collective power to campaign for guaranteed healthcare for all under a single-payer healthcare system. As patient advocates, union nurses have made Medicare for All a top priority in their political advocacy beyond the bedside. Union nurses advocate to end the exploitation of their patients by corporate healthcare where the profit motive determines care. The visionary goal of union nurses is to radically restructure our healthcare system to put patients first where care is based on need, not profit. This vision of health justice includes rebuilding our healthcare infrastructure in a manner that redistributes healthcare resources so that we can begin to address disparities and injustices that have pervaded our healthcare system for generations. By removing financial barriers to care, ending the profit motive in healthcare, and creating a health planning framework to dismantle inequities of our current system, nurses' vision for healthcare justice would begin to address socioeconomic, racial, geographic, and other health disparities.</p> <p>This session will: (1) discuss and explore union nurses' historical role in the fight for Medicare for All and healthcare justice, (2) evaluate why union nurses view advocacy for guaranteed healthcare for all as part of their ethical and moral responsibility, and (3) explain union nurses' assessment of Medicare for All as a transformative tool to redistribute and rebuild our healthcare infrastructure to address health inequity.</p>
8:50 am	<p>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. Shariff, PhD, MPH, R. Cross, PhD, J. Huynh, MA, MPH, A. Hing, PhD, MPH, M. Wong, MSPH, M. Anderson, MA, and A. Cabral, MPH.</p> <p>From November 14 to December 16, 2022, nearly 48,000 University of California (UC) graduate student,</p>

	<p>postdoctoral and academic employees led the largest higher-education strike in US history. Their core demands addressed structural determinants of health including a living wage; transit, climate, and disability justice; support for working parents and international scholars; and protections against abusive conduct. This study summarizes the frequency of tweets posted by the UC system during the strike and describes themes of tweets related to health and labor justice. We collected tweets posted between November 14 and December 16, 2022 from 108 UC Twitter accounts including tweets posted by each UC campus and their affiliated schools, colleges, graduate divisions and diversity offices. Of the 4,137 tweets posted by the UC system, 42 (1.02%) mentioned health justice, 24 (0.58%) mentioned labor justice and 1 (0.02%) mentioned both. Themes identified among health justice tweets included promotion of a publication or event, community partnerships, and curriculum and training. Contract negotiations, the strike's status, and the strike's effect on normal university operations were themes among labor justice tweets. The results indicate the UC system rarely acknowledged health justice on Twitter, which was at the center of union demands and social media tactics during the UC academic workers' strike. Furthermore, the UC system's health justice and labor justice tweets rarely converged. Additional research is needed to better understand the connection between health equity and labor movements and how these movements are affected by systemic silence and public discourse on social media</p>
9:05 am	<p>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</p> <p>Advocacy was once a key component of public health. Now, as public health has come under attack, with staff being harassed, authorities curtailed, and ongoing disinvestment in public health systems, more advocacy is desperately needed. A huge resource is the 140,000 current public health students and 250,000 recent graduates. Student movements have made history, but until recently, public health students and graduates did not have a strong, unified voice.</p> <p>In March 2023, a new, grassroots 501(c)(4) nonpartisan advocacy organization was founded, the National Alliance of Public Health Students & Alums (NAPHSa). Partnering with DrPH Coalition and ASPPH, we led a campaign for a Public Health Workforce Loan Repayment program, presented a letter with 2,400 signatures to Congress, organized the nation's first Public Health Students & Graduates Hill Week, and met with 21 elected officials, contributing to the re-authorization (but not funding) of the program. In Spring 2023, we gathered 4,000+ signatures and organized meetings with Appropriations leaders to lobby to fund the program.</p> <p>Building on this success, NAPHSa will establish a chapter-based structure and provide training, via Columbia University's Public Health Advocacy Academy, a free, Massive Open Online Course for public health students. We will build a powerful national movement to work on the local, state, and federal levels, creating a unified voice and professional identity for public health students and graduates, secure funding for a public health student loan repayment program, ensure fair wages and working conditions for public health workers, and take back power for public health.</p>
9:20 am	<p>TRADING IN MISERY: DEBT COLLECTORS AND DEBT ABOLITIONISTS IN AMERICAN MEDICINE . L. Messac, MD, PhD.</p> <p>This study uses interviews, archival research, participant-observation, and analysis of a novel database of hospital financial assistance policies to chronicle patient-debtor-activists, groups of working-class Americans who have, over the last 3 decades, organized to decommodify care at American hospitals. When, during the early 2000s, Yale New Haven Hospital foreclosed on the homes of low-income patients who could not afford their bills, hospital food service workers who were working to unionize with the SEIU held protests and convinced press outlets (including the <i>Wall Street Journal</i>) to cover the issue. These stories led to congressional hearings and, for a time, compelled hospitals/ around the country to change debt collection policies. A decade later, veterans of Occupy Wall Street organized the Debt Collective, a debtors' union that aimed to expose the profits to be made from the business of purchasing medical debt by buying such debt themselves, then erasing it. Today, a former bartender in Oregon leads Dollar For, a non-profit organization that helps patients apply for charity care. He does not charge for the service, and he uses the information he gathers about hospital policies to name and shame those institutions that make it difficult for patients to access legally mandated financial assistance. Thus, unions, debtors and other communities of concern have forged networks of pragmatic solidarity with other low-income patients to counter aggressive debt collection and miserly financial assistance.</p>
9:35 am	Q&A

■ 10:30 am to 12 noon

Social history of public health	HEALTH WORKERS RESIST! RADICAL HISTORICAL MOMENTS OF STRUGGLE AND REIMAGINING FOR PEOPLE'S HEALTH AND HEALTH CARE
Session 3154.0	[LOCATION: TBD -- ROOM ASSIGNMENTS WILL BE LATER THIS SUMMER]

10:30 am	<p>AN INTRODUCTION TO RADICAL HEALTH WORKERS RESISTANCE . C. Kuo, MPH.</p> <p>How do past experiences of radical health workers resistance inform current struggles around (re-)building socially just healthcare? In the presentations for this session, we will explore the training and experiences of Black nurses in early-twentieth century Atlanta to counter racial oppression in health and health care, the experiences of professional caregivers with autonomy and time-focused resistance in more recent decades, and the experiences of community health organizations as ground-level examples of work across different historical and social contexts to mobilize for health justice in North America.</p>
10:35 am	<p>THE TACTILE WORLD: CAREGIVERS ON THE EXPERIENCE OF TIME AND WORKPLACE SIN THE EARLY TWENTY-FIRST CENTURY . A. Cummings, PhD.</p> <p>Time has long been a critical element of debates over work, from the fight for the eight-hour day by organized labor and Frederick Taylor’s time-and-motion studies in the early twentieth century, to contemporary demands by workers who seek adequate hours from employers. This paper relies on oral history interviews with a range of workers who provide care, i.e. those whose jobs require close attention and emotional labor, such as home health aides, nurses, teachers, and hairdressers. It will identify the specific ways these workers experience the organization and passage of time due to their distinctive work environments and job demands. It illustrates not just the multiplicity of care workers’ experiences, but how they have resisted excessive expectations of productivity, such as nurses who protest high patient loads that accelerate work and make it difficult to provide adequate treatment. The care workers interviewed have pushed back on widespread instances of wage theft by employers—in essence, stolen time—and struggled against irregular and unpredictable scheduling. This paper compares the strategies care workers have deployed to manage their time, and to cope with it being managed by others; in particular, it will delineate differences between experiences in more formal settings (such as hospitals) and less formal ones (such as the home). In doing so, it aims to identify lines of commonality that run through the lives of care workers in varied contexts, with an eye toward possibilities to organize for more equitable labor conditions across job categories and industries.</p>
10:50 am	<p>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</p> <p>This year, 2023, is one of accelerated and unprecedented attacks on the ability of nurses and other health care workers to provide quality, safe health care to their patients. With the health care industry’s embrace of pandemic-era regulatory flexibility to normalize and formalize crisis standards of care, nurses are facing existential threats to their practice and patient advocacy everywhere they turn.</p> <p>This year also marks the 120th anniversary of the California Nurses Association (CNA), an affiliate of National Nurses United (NNU), the largest labor union and professional association for registered nurses in the US. This time presents a unique opportunity to reflect on our historical struggles to win a just health care system for our patients to inform our current struggles to protect our patients and our profession.</p> <p>This presentation will be from the perspective of a nurse activist and president of CNA/NNU with a more than four decades-long career and experience leading cutting edge fights to win single-payer health care, safe staffing standards, whistleblower protections, meal and break protections, and more through collective bargaining, industrial union action, and political advocacy. This presentation will provide an overview of these struggles, achievements, and their impacts on patients, nurses, and communities and discuss the implications for our current fights for justice. Nurses have a unique and essential role in fighting for socially just health care, and union nurses have a powerful vision and the means to win it.</p>
11:05 am	<p>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..</p> <p>An early and comprehensive series of reports on the medical realities among Blacks in Atlanta, collected by W. E. B. DuBois, addressed “the Health and physique of the Negro”. The report titled “Mortality Among Negroes in Cities” highlighted the high infant and adult mortality rates among Blacks as compared to whites. Southern medical journals too documented Blacks’ exorbitantly high rates of morbidity and mortality focusing on tuberculosis and syphilis. In this presentation, I will discuss how Spelman College and its graduates, first, via its Nurse’s Training Program (1886-1920), and in following decades, fostered Black women-led formal and informal responses to this and successive urban health crises that threatened to decimate the community. The Spelman Nurse Training Course, founded in 1886, aimed to “open to Negro women a wide field of honorable, lucrative, and helpful employment” and to allow graduates “to care intelligently for the sick in their homes.” In 1901, McVicar Hospital at Spelman opened, becoming the only hospital in the city that offered medical services to Black patients. As late as the 1980’s, Spelman graduates endeavored to create formal and informal spaces to deliver health care to the Atlanta Black community. An example is Dazon Dixon Diallo who founded “Sister Love,” an NGO to address the devastation of the HIV-Aids epidemic among Black women. Over many generations, then, Spelman College and its graduates were active in resisting the racism of what Harriet Washington called “Medical Apartheid” in health and health care delivery to their communities.</p>
11:20 am	<p>HEALTH WORK BY THE COMMUNITY, FOR THE COMMUNITY: COMMUNITY HEALTH WORK IN</p>

	<p>HISTORICAL PERSPECTIVE (1950-1970), IN THE UNITED STATES . M. Chowkwanyun</p> <p>In the mid-century United States, from the 1950s to the 1970s, health workers took part in a wave of innovate medical care projects. They to sought to flatten hierarchy in medical care; create channels between facilities and the larger communities in which they were embedded; analyze patients' social conditions and how they might affect health; and promote more community participation in how facilities were administered. Three principal forces propelled this larger movement: labor unions, the federal government, and anti-colonial, political radicalism. Each resulted in distinct flavors of health worker models. Some wanted to work within (versus against and outside of) formal governmental channels and establishment medical institutions, while others rebuffed them, attempting to forge a more autonomous path. A spectrum of practices emerged, too, on how best to foster community participation and how much power lay people ought to have in the traditionally expert ruled-domain of medicine. This presentation will close with a consideration of what community-powered health work means for both public health labor – and the health sector writ large – today.</p>
11:35 am	<p>A COMMENTARY ON RADICAL HEALTH WORKERS RESISTANCE . M. Moser Jones, PhD, MPH</p> <p>This discussion presents key elements that provide coherence to the different historical case-studies of this session and explains their relevance for current public health practice..</p>
11:45 am	Q&A

■ 2:30 pm to 4:00 pm

Politics of public health data	WHO'S STRENGTHENING AND WHO'S ATTACKING DATA FOR HEALTH EQUITY?
Session 3293.0	<i>[LOCATION: TBD -- ROOM ASSIGNMENTS WILL BE LATER THIS SUMMER]</i>
2:30 pm	<p>INTRODUCTION TO "WHO'S STRENGTHENING AND WHO'S ATTACKING DATA FOR HEALTH EQUITY?" Craig Dearfield</p> <p>The Politics of Public Health Data Session will include presentations that describe structural assaults on public health data, including privatization, censorship, and disinvestment – and also mobilizing to counter or buffer against these assaults and spark action for better data for health justice</p>
2:35 pm	<p>CORPORATE USING LAWSUITS TO THREATEN ACADEMIC RESEARCH – A TALC AND ASBESTOS EXAMPLE . D. Egilman, MD, MPH, C. Mo, Sc.B., and T. Tran.</p> <p>Background: Asbestos in talc causes malignant diseases such as mesothelioma and ovarian cancer. Scientific literature has recognized the elevated cancer risk of asbestos-containing talcum products since the 1950's. However, companies have misrepresented the asbestos content of their talc to evade regulation and compensation of patients who developed cancer from their products.</p> <p>Objective: We provide a narrative review of meetings, events, newspaper reports, tests, research, and decisions by the industry to cover up the dangerous health effects of asbestos-containing talcum products.</p> <p>Methods: We reviewed primary source material consisting of government documents released through FOIA requests and corporate documents uncovered in litigation.</p> <p>Results: When the FDA first discovered asbestos in talc in 1972, the talc industry immediately threatened legal action if the FDA released the names of the contaminated products. Subsequently, J&J has responded to every wave of tort victim compensation claims by threatened to seek sanctions against them for filing frivolous lawsuits. J&J filed a perjurious affidavit falsely claiming that their talc was asbestos free. They then threatened to seek sanctions against lawyers who refused to withdraw asbestos claims against them. As a result, over 16,000 worker claims were dismissed. J&J is still attempting to deny victim compensation by filing lawsuit against academic researchers who have reported case series of talc caused cancers.</p> <p>Discussion: By targeting experts with lawsuit threats, J&J places a chilling effect on academics publishing on corporate malfeasances. Allowing this bullying behavior of big corporates to go unchecked would endanger the openness and integrity of the scientific community.</p>
2:55 pm	<p>ADVOCATING FOR HEALTH CONSUMERS CAUGHT IN THE 'MEDIGAP' CRISIS: LESSONS FROM THE CENTER FOR PUBLIC REPRESENTATION'S 1980 MEDIGAP REPORT . C. McMahon.</p> <p>In early 1979 the Federal Trade Commission contracted the Center for Public Representation (CPR) to write a report on the then widely publicized "Medigap crisis" by conducting research into the health consumer experience of purchasing individual health insurance policies supplemental to Medicare coverage (the "gap"). An important report on the Medigap crisis from the House Select Committee on Aging in 1978 presented an in-depth review of the problem, and its framing played a significant role in elevating the Medigap crisis as a "national scandal." Given CPR's role in elderly advocacy and consumer protection, the staff viewed the FTC study as an opportunity to strengthen health consumer rights. The study did not go smoothly. The difficulties staff encountered reflected the same structural problems with the health insurance</p>

	<p>marketplace that inherently disadvantaged health consumers. Examining these setbacks is illuminating for understanding organizing efforts to confront these structural inequities in health care at the intersection of public and private spheres.</p> <p>This paper delves into the CPR research and the challenges faced in completing the report for the FTC, exploring how CPR's staff collected data on the health consumer experience. This study is considered within the broader context of the development of health consumer rights through these contested framings. In the ensuing decades, through to the present, Congress would repeatedly return to the Medigap crisis as health policy reforms continued to fall short of addressing these structural issues, with relevant lessons for the present.</p>
3:15 pm	<p>ACTION RESEARCH TO TRANSFORM THE PUBLIC HEALTH WORKFORCE: VOICES FROM THE FIELD</p> <p>Katie Schenk, MSc MA PhD¹, Heather Krasna, PhD², Maya Chilrese, PhD³, Emily Lankau, DVM, PhD⁴, Jennifer Todd, MA, DrPH⁵, Raphael Barishansky, DrPH⁶, Gregory Nichols, MPH, CPH, CMQOE, ASP⁷ and April Moreno Arellano, PhD, MPA, MA⁸</p> <p>(1)KDS Public Health Consulting LLC, Washington, DC, (2)Columbia University, New York, NY, (3)Lincoln, NE, (4)Emily W Lankau Consulting LLC, Madison, WI, (5)J Todd Wellness LLC, Silver Spring, MD, (6)RMB Consulting Services, LLC, Harrisburg, PA, (7)GP Nichols & Company, LLC, Knoxville, TN, (8)Public Health Podcast Network, San Diego, CA</p> <p>The public health workforce has experienced turmoil throughout the COVID-19 pandemic response to multiple concurrent events. We conducted action research to reimagine a workforce positioned for current and future challenges.</p> <p>Action research is a qualitative method used to bridge research and practice “through change and reflection in an immediate problematic situation within a mutually acceptable ethical framework.” We convened meetings among 14 individuals from health departments and/or researchers on the public health workforce, to review problem diagnosis, action intervention, and reflective learning.</p> <p>Participants identified five challenges facing the public health workforce, with corresponding opportunities and interventions:</p> <p>People - Public health professionals are overworked and burned out. Prioritize workplace physical and psychological safety; ensure diversity, equity and inclusion; develop trauma-informed workplaces.</p> <p>Jobs - Lack of jobs, job security, career development, decent pay. End rollercoaster funding; reduce temporary contracting; update systems and skills; reduce student debt; benchmark salaries; extend career pathways; eliminate MD requirements for leadership.</p> <p>Workplaces - Toxic, dysfunctional workplaces, including bullying and blame culture, are accepted as norms. Build workplace culture celebrating respect; engage workers in decision-making; foster empathy and collaboration; offer autonomy.</p> <p>Recruitment - Candidates are treated poorly throughout recruitment processes. Redesign hiring systems to respond and communicate effectively and respectfully.</p> <p>Communications - Low profile of public health. Increase visibility and understanding; elevate advocacy and lobbying for public health at federal, State and local levels.</p> <p>Reimagining and rebuilding the public health workforce is essential. Interventions must begin with consistent, sustainable funding to support salaries, working conditions, job security, professional development, and trauma-informed workplaces.</p>
3:35 pm	Q&A

■ **6:30 pm to 8:30 pm**

“Resistance and Refreshment” Social Hour – Spirit of 1848 + Public Health Awakened

-- a link with more info about the event & where it will take place will be available in early fall

► **Tuesday, November 14, 2023**

■ **10:30 am to 12 noon**

Integrative session	THE LONG FIGHT FOR HEALTH JUSTICE: MOVEMENTS, DATA, AND TRANSFORMATIONAL PEDAGOGY
Session 4149.0	[LOCATION: TBD -- ROOM ASSIGNMENTS WILL BE LATER THIS SUMMER]
10:30 am	INTRODUCTION TO: "THE LONG FIGHT FOR HEALTH JUSTICE: MOVEMENTS, DATA, AND

	<p><u>TRANSFORMATIONAL PEDAGOGY"</u> . N. Krieger</p> <p>In accord with our Spirit of 1848 theme for APHA 2023 -- <i>Contesting structural assaults on public health while building anew: radical alternatives for health justice</i> – the invited speakers for our Spirit of 1848 integrative session will tackle these issues in relation to the core foci of the Spirit of 1848 Caucus: social history of public health, politics of public health data, progressive pedagogy, and activism for health justice. Framed by the introduction to the session, topics to be addressed include: (1) histories of fighting for data and power for workers’ health and environmental justice; (2) building radical institutions to expose injustice and generate data for health justice, including in relation to Indigenous health and data sovereignty; and (3) transformational pedagogy about the roots of health inequities, especially in relation to power relations & systems jointly involving social class, racism, genders and sexuality. The objective is to provide insights into how diverse social movements and advocates have analyzed and countered structural assaults on the people’s health in myriad arenas, informed by their visions of radical alternatives for health justice. Sustaining the immediate work at hand requires embracing a long view of the multigenerational, multifaceted work for social justice & public health to which so many contribute. It also requires, as stated in a 1980 essay on “The politics of nuclear disarmament,” written by the critical UK scholar and activist Raymond Williams (1921-1988), “making hope practical, rather than despair convincing.”</p>
<p>10:35 am</p>	<p>SICK AND TIRED OF BEING SICK AND TIRED . D. Rosner, PhD</p> <p>“I’m sick and tired of being sick and tired.” So declared Fannie Lou Hamer, the iconic organizer of the Mississippi Freedom Democratic Party, in her famous December 1964 speech at a Harlem rally with Malcolm X. The speech, which captured the frustration and anger that she and millions of others felt about Southern resistance to integration in general and more specifically to the Mississippi Democratic Party’s segregationist policies in the Jim Crow south, detailed the exploitation of Blacks as they worked ten- or eleven- hour days picking cotton for a mere three dollars per day. And it detailed the ways that the consequences of such treatment in disease, suffering, and death were woven into the fabric of the state’s history. [i] It was a history that, in Hamer’s words, was more than “a little sickening.”</p> <p>Attentive observers writing about the experiences of workers in the United States of whatever race, ethnicity, gender, or geographic region have, with good reason, similarly remarked on the sometimes enormous disparities in health and well-being among different classes, races and social groups. Studs Terkel, in <i>Working</i>, his now-classic 1972 book of interviews of American Workers and their families, begins by saying that the “book, being about work, is, by its very nature, about violence – to the spirit as well as to the body. It is about ulcers as well as accidents... fistfights, about nervous breakdowns... about daily humiliations. To survive the day is triumph enough for the walking wounded among the great many of us.” That so much of Terkel’s book uses the language of bodily harm, physical and psychic wounds, even disease, to describe the experience of workers is itself “no accident” or even a metaphor.</p> <p>The very argument that Terkel uses to explain the exploitation of work can be used to help us reconceptualize health. After all, at their core, diseases, disabilities, and deaths, as well as psychic distress of all sorts that may have physical manifestations, are about the violence that is done to the human body. It is the story of damage done, either in the form of Covid-19 attacking the body, exposure to toxic chemicals in the workplace or in the wider environment, or the physical harm done to people by machinery, automobiles, guns or the whip. It is the story of inequalities in power and in access to assistance and the subjugation of the human body to forces, whether in the form of viruses and bacteria or other members of our own species, that seek to exploit it. This paper, based on <i>Building the Worlds that Kill Us</i>, our forthcoming book by myself and Gerald Markowitz, provides a broader and more inclusive view of what medical and public health history can be: a real lens into the social, racial, political and economic history of the United States. Here I will look at disease as emblematic of the political and social history of systemic inequalities as opposed to a force unto itself.</p>
<p>10:55 am</p>	<p>GENDER-RELATED VARIABLES IN HEALTH RESEARCH: TRANSFORMATIVE RESEARCH POSSIBILITIES AT THE NATIONAL INSTITUTES OF HEALTH . E. Barr, Ph.D.</p> <p>As the nation’s largest health research funder, the National Institutes of Health (NIH) is uniquely positioned to engage in conversations around the transformative possibilities of inclusive, accessible, and rigorous public health data. NIH initiatives such as UNITE (Collins et al, <i>Cell</i>, 2021) , the Community Engagement Alliance Against COVID-19 Disparities (https://covid19community.nih.gov/) and Community Partnerships to Advance Science for Society program (https://commonfund.nih.gov/compass), as well as NIH efforts to end harassment in biomedical research, demonstrate NIH’s active commitment to structural, data-driven interventions. Gender is a social and structural variable that encompasses multiple domains, each of which influences health: gender identity and expression, gender roles and norms, gendered power relations, and gender equality and equity. As such, gender has far-reaching impacts on health. Research and data on gender-related variables are critical components of advancing the NIH vision for women’s health of a world in which every woman – including cisgender, transgender, and gender diverse women – as well as individuals assigned female at birth, receives evidence-based care tailored to their unique needs, circumstances, and goals. Through a discussion of NIH efforts to (1) support and expand collection of appropriate, accurate gender-related variables, and (2) advance intersectional research that address the multiple domains of gender, this presentation will explore transformative research possibilities for gender-</p>

	related research at and through NIH.
11:15 am	<p>ADVANCING HEALTH EQUITY FROM A ROOT CAUSE APPROACH USING NACCHO'S ROOTS OF HEALTH INEQUITY ONLINE COURSE . J. Akuffo, MPH and B. Aldridge, MPH</p> <p>In ongoing efforts to combat health inequity and its root causes through a social justice lens, the National Association for County and City Health Officials (NACCHO) and colleagues prepare to launch our revised <i>Roots of Health Inequity</i> online course. This is a free and effective learning tool to enable public health practitioners to act more directly upon the root causes of health inequity. The updated course is set to launch in 2024 with new and revised units that reflect recent developments in the field and provide deeper analysis on what health equity requires. We can use the <i>Roots</i> course as an example of transformational pedagogies over ten years in the making. More specifically, we can examine the importance of a learning tool that has sparked multi-faceted dialogues on the evolution of public health practice and its role in social justice movements. The course is supplemented by a facilitator's guide to encourage ongoing dialogue throughout and beyond the course. Our pedagogical approach ensures users are learners and cultivators of knowledge set to steer the culture of equity and social justice from within their own organizations. Given its broad reach even now, the <i>Roots</i> course is poised to continue elevating the conversation around health equity, prompting more effective and collaborative strategizing for the transformation necessary for our current and future time. In support of the evolution of public health practice, NACCHO is thrilled to provide the <i>Roots of Health Inequity</i> as an example of what a transformational pedagogy can establish.</p>
11:35 am	Q&A

■ 12:30 pm to 1:30 pm

Student poster session	SPIRIT OF 1848 SOCIAL JUSTICE & PUBLIC HEALTH STUDENT POSTER SESSION
Session 4183.0	[LOCATION: TBD -- ROOM ASSIGNMENTS WILL BE LATER THIS SUMMER]
#1	<p>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.</p> <p>Background: Black and Indigenous populations in the US face a disproportionate burden of pediatric serious illness and receive lower quality palliative care. Despite widespread acknowledgement of this issue, few studies have explicitly used a social justice framework to understand experiences of racism in the context of pediatric serious illness. There is an even greater lack of research examining the ways in which racism affects patient care and outcomes in this context. Purpose: This study aims to address these gaps by examining experiences of racism in healthcare settings among Black and Indigenous patients and families who have experienced pediatric serious illness. Using a social justice framework, this study will elucidate the impact of racism on patient and family experiences, mechanisms through which racism operates within palliative care settings, and areas of intervention.</p> <p>Focus: Eight focus groups will be conducted in Spring 2023 with Black and Indigenous patients and families who have experienced pediatric serious illness and have or have not received palliative care. Transcripts will be deductively coded using an applied social justice framework codebook. This will be one of the first studies to explicitly use a social justice framework alongside critical race theory to better understand experiences of racism in healthcare and the first of its kind in the field of palliative care. The innovative approach of this study has the potential to contribute significantly to the development of interventions aimed at addressing disparities in pediatric palliative care and to the broader field of health equity and social justice research.</p>
#2	<p>OPERATIONALIZING ANTI-OPPRESSION IN DOCTORAL HEALTH CARE EDUCATION . K. Melino and S. Louie-Poon</p> <p>Conducting joint dissertation research in health care doctoral programs continues to be an endeavour that is frowned upon by the academy. As nursing PhD students whose work focuses on antiracism and health equity in mental health care for individuals and families, we believe that working in community with other scholars with overlapping research objectives and foci provides a tangible avenue to challenge the individualist ideals entrenched within the neoliberal foundations of the academy, and moves us towards an anti-oppressive and collaborative framework. From the perspective of two nurses who strive to embed anti-oppression and anti-racism at the forefront of our daily practice, it feels incongruent to develop our knowledge within the field of anti-racism and structural competency using the pathways of racism and structural injustices to achieve such knowledge outcomes - namely, the Eurocentric, individualistic standards that currently dominate approaches to and evaluation of doctoral work. In this presentation, we will outline our rationale, experiences, and vision for a progressive pedagogy in health care doctoral education. Using Freire's and hooks' pedagogical theories as a foundation, our proposed framework embraces collaboration and collective world-building as liberatory knowledge development strategies for</p>

	doctoral health care students and their research.
#3	<p>TESTING THE TRUMP EFFECT: CHANGES IN DISTRESS AND HEALTH ACCESS FOLLOWING THE 2016 ELECTION AMONG CALIFORNIA RESIDENTS . C. Calhoun, DPH, S. Haley, PhD, and H. Zhang, PhD</p> <p>Introduction: We tested whether exposure to a presidential administration characterized by racially divisive rhetoric and precipitous policy shifts impacted emotional distress and health care access among adults in 2017-2018 California and whether race/ethnicity modified that effect.</p> <p>Methods: We employed interrupted time series (ITS) with California Health Interview Survey (CHIS) data from 2011–2018 ($n = 167,594$). Based on pre-election trend from 2011 to 2016, we calculated predicted post-election Kessler scale distress score and probability of having a usual source of health care (USOC) in 2017 and 2018. We compared predicted outcomes to estimated outcomes observed in calendar years and tested the difference for statistical significance. Results: American Indian and Alaska Native (AIAN), Asian, Latino, and white populations experienced significantly higher than predicted distress scores post-election. In 2018, distress score in AIAN increased by 2.34 points, $P < .0001$. In 2017, distress scores in Asians increased by .35 points, $P = .005$. Distress scores for Latino individuals increased by .35 points in 2017 ($P < .0001$) and .6 points in 2018 ($P < .001$), and in white individuals by .28 ($P = .02$) in 2017 and .46 in 2018 ($P = .0006$). Asian individuals reported a 2% reduction in probability of having a USOC in 2017 and 2018 ($P = .02$). In 2017, AIAN individuals experienced a 4% decrease in probability of USOC, though not in 2018.</p> <p>Conclusions: The election increased emotional distress and decreased health care utilization among certain populations. Shifts in the political environment are themselves a potential health determinant.</p>
#4	<p>WHY ARE WE STUCK DOWNSTREAM? THE STRUCTURAL DETERMINANTS OF PUBLIC HEALTH INTERVENTIONS . M. Kupfer, BA</p> <p>The exponential growth of research on the social determinants of health over the past 15 years has linked racial, ethnic, and socioeconomic health inequities to social, political, and economic conditions. Researchers and activists have called for interventions that go upstream to address these root causes of health inequities via policy change. However, commentators have argued that too much effort is spent on individual-level behavior change, despite evidence that such downstream interventions can worsen disparities. To explore this issue, I conducted a literature review of interventions seeking to address the social determinants of health, focusing on the disproportionate burden of diabetes among Black Americans as a case example. My findings suggest that while structural racism, socioeconomic status, and living conditions have been shown to be critical determinants of racial inequities in diabetes, interventions seeking to address these disparities are primarily focused on changing individual behavior through education, with a particular emphasis on the use of technology, peer support, and culturally-tailored curricula. To further understand why this mismatch is occurring, I focus on three upstream interventions to address diabetes inequities (sugar-sweetened beverage taxes, mixed-income housing access, and guaranteed basic income) and examine the barriers to implementing them. My findings point to the role of corporate influence, individualism, and structural racism in shaping what interventions are possible. I argue that these structural determinants of public health interventions must be named and addressed if public health is to advance health justice.</p>
#5	<p>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.</p> <p>Despite the proliferation of researchers’ use of structural stigma to uncover and document the negative health effects of systems of oppression, its use to date has yet to be formally characterized. This scoping review used the search syntax “structural stigma*” to identify all peer-reviewed articles that contain the term ‘structural stigma’ in five databases (i.e., PubMed, PsycINFO, Embase, Web of Science, and CINAHL) available prior to September 1, 2022. Articles were eligible for inclusion if they were empirical, peer-reviewed research articles written in English that included the term ‘structural stigma’ in the main text. Two reviewers conducted screening and review. A total of 233 articles met inclusion criteria. Over half of the articles ($n = 133$, 54%) were published from 2020 onward. Structural stigma was operationalized quantitatively in 77 (33%) of the articles, operationalized qualitatively in 57 (24%), and mentioned but not operationalized in 101 (43%). Moreover, over one-third ($n = 86$, 37%) of articles focused solely on stigma related to sexual minority people’s health. These and additional findings point to not only the promise of using the concept for more populations, settings, and stigmatized statuses of interest, but also the need for greater utilization of methods to account for individuals’ agency and intersectional lived experiences, time and lifecourse, and space and migration. Such efforts can push structural stigma research into fulfilling more of its promise as a means of urging structural transformation toward an imagined world of health and well-being for all.</p>
#6	<p>RACE, WEALTH AND HEALTH: THE ROLE OF REPARATIONS . S. Whittaker, MPH and T. Kershaw, PhD</p> <p>Background: Extant literature highlights that wealth significantly impacts health. Due to structurally racist policies and practices, Black Americans are less likely to accumulate wealth and thus more likely to report adverse health outcomes. Little research has assessed the role of reparations in the relationship between race, wealth, and health.</p> <p>Methods: Data from the National Longitudinal Survey of Youth 1979 were analyzed using multi-level</p>

	<p>regression models to assess race and wealth as predictors of health. Predicted probabilities evaluated changes in the probability of reporting excellent health with the inclusion of three reparation estimations to Black respondents: Darity’s land-based estimation, Craemer’s wage-based estimation and the racial wealth gap.</p> <p>Results: White respondents reported increased odds (OR = 1.42, 95% : 0.138, 0.562, p=0.0012) of excellent health compared to Black respondents. For wealth, a \$10,000 increase in wealth was significantly associated with increased odds (OR = 1.01, 95% CI: 0.004, 0.010) of excellent versus good and fair/poor health. In our predicted probability models, we found as reparations payments increased so did the probability of reporting excellent health for Black respondents. However, even at the highest level of reparations payments, Black respondents still had lower probabilities compared to whites.</p> <p>Conclusion: Reparations payments can be used to narrow the racial health equity gap. However, reparative justice interventions should look beyond reparations payments to systematically dismantle systems of harm and oppression in an effort to eradicate the racial wealth gap and address the ills of structural racism</p>
<p>#7</p>	<p>A CONVENIENT NEGLECT: UNCOVERING A SYSTEMATIC PATTERN OF LETHAL POLICE VIOLENCE AGAINST PUERTO RICO'S YOUTH . L. Muñoz</p> <p>An unarmed 16-year-old boy, who was driving a stolen car, was shot over 60 times by police officers in August 2022. He died at the scene. Without reliable data, it is not possible to assert if this was an isolated event or an emblematic case of a pattern of police violence. Due to the unreliable and non-transparent handling of statistics by the Puerto Rico Police Bureau (PRPB), the non-governmental organization Kilómetro Cero assembled an open-access database of deaths due to police use-of-force from 2014-2022. These deaths include shootings and other police-related interventions. Based on multiple sources of information, in addition to Police documents, the database documents 86 cases of deaths, of which 15 were males in the 15-20 age group (minors). In Puerto Rico, the age-specific mortality rates due to police use-of-force peaks at the 15-20 year group (0.72/100,000) and consistently decreases with age. The corresponding peak of the U.S. occurs at the 21-30 year group (1.8/100,000). Moreover, 50% of minors had no firearms when killed by police officers. They represented no risk to the life of police officers. In the courts, minors are not treated as adults; in the streets, police officers exert over them more lethal violence than that directed against adults. The statistical procedures of the PRPB are very convenient, they conceal patterns of lethal violence against minors. It is futile to demand improvements in PRPB statistics. Strengthening non-governmental watchdog organizations becomes crucial to uncover systematic patterns of police violence.</p>
<p>#8</p>	<p>REIMAGING PUBLIC POLICY TO ADVANCE HEALTH JUSTICE: BLACK FEMINIST RESISTANCE AND THE POLICING ALTERNATIVES & DIVERSION INITIATIVE (PAD) . K. Ameen, MPH and T. Gay, MA</p> <p>A Black feminist understanding of the relationship between intersecting oppressions and resistance is necessary to addressing health injustices. This poster will showcase how the concept of resistance through a Black feminist lens can be applied to public policy to advance health justice. This assets-based framing centers multi-marginalized people as active agents, who through everyday and collective counter-hegemonic actions, redefine and recreate the social conditions for our own well-being. Acknowledging resistance uplifts and honors the counter-practices and spaces that marginalized groups have long developed to foster care and healing outside of the constraints of interlocking systems of oppression.</p> <p>As a case example, we will outline how intersecting forms of state-sanctioned violence are connected to health injustices in the South, and how Black queer southerners have deployed collective resistance to advance wellbeing. Specifically, we will chronicle the history of Policing Alternatives & Diversion Initiative (PAD) in Atlanta, GA, a program that diverts individuals who are housing insecure, chronically impoverished, or struggling with substance use disorders away from the criminal legal system and towards community-based resources and services. PAD originated due to the emergence of the collaborative campaign Solutions Not Punishment Collaborative (SNapCO) in 2013. Led by trans and queer people of color, SNapCO pressured city officials to reject oppressive anti-sex work legislation and invest in community and healthcare services that support Atlanta’s most marginalized.</p> <p>Shifting towards a resistance framing could have direct implications for how health researchers, practitioners, and policy-makers engage with multi-marginalized groups and tackle oppression’s effects on population health.</p>
<p>#9</p>	<p>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.</p> <p>Purpose: Race/ethnicity may affect how cancer survivors experience increased financial burden, especially adolescent and young adults (AYA). This study investigated the effect of race/ethnicity on medical financial hardship between cancer survivors who were diagnosed when they were adolescents or young adults (AYAs, aged 15-39 years old) and non-AYAs (aged 40-64 years old).</p> <p>Methods: We identified respondents (aged 18-64 years old) from the 2013-2018 National Health Interview Survey (NHIS) who received either an AYA or non-AYA cancer diagnosis. Medical financial hardship was defined by 3 hardship domains: material (e.g., difficulty paying bills), psychological (e.g., worry about costs),</p>

	<p>and behavioral (e.g., postponing care because of cost). We used multivariate logistic regression models to analyze data controlling for sex, race/ethnicity, educational attainment, marital status, family income, health insurance status, number of comorbid conditions, region, and age at time of survey. A structural intersectionality framework was used to contextualize results.</p> <p>Results: There were 2,162 AYA cancer survivors (mean age=32 years) and 3,393 non-AYA cancer survivors (mean age=51 years). Hispanic AYA and non-AYA cancer survivors had increased odds for experiencing any psychological hardship compared to White counterparts ($P<0.05$). Black non-AYA cancer survivors had increased odds for experiencing any material and any behavioral hardship ($P<0.05$).</p> <p>Conclusions: A structural intersectionality framework highlighted the financial inequalities at a large scale level, while also demonstrating the intersection of oppressive systems (structural racism and structural ableism). Both micro and macro-level interventions are needed to equitably address financial disparities among cancer survivors. Future directions should consider disaggregated racial data.</p>
#10	<p>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.</p> <p>Purpose: More than half of unassisted low-income renters in the United States are women, and women are especially vulnerable to precarious housing conditions. While previous research indicates that housing insecurity is associated with cardiovascular disease, there is a lack of attention to this association among women, particularly mothers. This study explored the relationship between housing insecurity and six risk factors for cardiovascular disease.</p> <p>Methods: Our study used data from the statewide-representative Geographic Research on Wellbeing (GROW) study (2012-2013). We ran a set of separate unadjusted logistic and linear regression models using a comprehensive measure of housing insecurity as the independent variable and the six dependent risk factors, followed by a set of regression models, incorporating weights and accounting for GROW's stratified sample design.</p> <p>Findings: Except for binge drinking, the prevalence of each risk factor increased as the number of housing insecurity indicators increased. In adjusted models, housing insecurity was significantly associated with food insecurity (OR=4.40, 95% CI=2.75-7.04), not exercising at recommended levels (OR=1.37, 95% CI=1.07-1.76), being a current smoker (OR=2.42, 95% CI=1.19-4.92), and BMI (β=1.09, 95% CI=0.36-1.81).</p> <p>Conclusion: In light of the present home affordability crisis in the United States, our findings highlight the necessity for programs and interventions that look into ways to effectively reduce housing instability among mothers and their children. These may include policies and programs that provide affordable subsidized housing as well as legal and financial aid to prevent evictions and enable access to a stable housing environment for this vulnerable population.</p>

■ 2:30 pm to 4:00 pm

Progressive pedagogy	TEACHING FOR HEALTH JUSTICE AND AGAINST ATTACKS ON PUBLIC HEALTH
Session 4267.0	[LOCATION: TBD -- ROOM ASSIGNMENTS WILL BE LATER THIS SUMMER]
2:30 pm	<p>CONTESTING STRUCTURAL ASSAULTS ON PUBLIC HEALTH CAPACITY WHILE BUILDING ANEW: RADICAL ALTERNATIVES FOR HEALTH JUSTICE . N. J. Munoz Sosa, JD, DrPH, R. Lee, ScD, L. Moore, PhD, and V. Simonds.</p> <p>This session will include practical presentations that focus on pedagogy that explores how we contest and fight the structural assaults on public health while envisioning and planning what new structures and social formation can take us to a more just future. It will also focus on teachings about public health capacity, radical initiatives within and outside educational institutions, or the social injustices that give rise to public health inequities as well as progressive efforts to strengthen the public health workforce. This session focuses on how pedagogy can be carried out by community activists, public health practitioners, and academic teachers.</p>
2:35 pm	<p>EMPOWERING WORKERS AND PROMOTING HEALTH EQUITY THROUGH OCCUPATIONAL SAFETY AND HEALTH EDUCATION . F. Galley, MPH and A. Fitch</p> <p>Despite improved regulations and advancements in occupational safety and health over the years, workers are still injured on the job every day across the U.S., with occupational health inequities existing among certain racial and ethnic minority groups. Occupational safety and health training is one effective tool to empower workers and prevent public health inequities in the workplace. Safety and health curricula development and worker education is a unique form of pedagogy that is carried out by various entities, including academic institutions, labor unions, employers and third-party contractors. In this presentation, a</p>

	<p>model to educate worker populations is discussed. This model consists of three main components, including the utilization of worker-trainers, a diverse team of curricula developers, and a mixed methods approach to training. This model has been carried out across various states and U.S. territories to diverse worker populations on a multitude of topics. Not only does occupational safety and health education protect workers through increased hazard awareness and protective workplace practices, but it can also be an effective tool for strengthening the workforce and promoting a more just and healthier future for workers in all industries.</p>
<p>2:50 pm</p>	<p>NAVIGATING NEW PRACTICE ARENAS: AN ACTIVIST-LED PEDAGOGY FOR PUBLIC HEALTH NUTRITION . J. Sallaway-Costello.</p> <p>In the UK, public health careers have never been more popular, generating post-pandemic surges in admissions to training courses. However, a decade of divestment in public health by the UK Government, combined with endless restructuring of national public health agencies, has seen a practice shift through which formerly government-run programmes are increasingly delivered by the community and voluntary sector. Students seeking careers in public health must navigate this reLocation: TBD -- room assignments will be later this summer of the field, from government bodies to community organisations.</p> <p>To support navigation of careers in public health nutrition in this new environment, we introduced an undergraduate module privileging community health through food activism. Designed using a Pedagogy for Civic Engagement framework, and developed through a student curriculum co-production project, the module embraced health as social justice as its axiological position. Taught through a showcase of local activist-led social food movements, students were challenged to see the new community-owned spaces of public health as opportunities to reimagine wellbeing, disrupt cycles of political inertia, and advocate participatory methods of health promotion. Assessed through an ethnographic portfolio immersing students in food activism, the module prepares graduates for progressive public health careers by championing the new alternative arenas of public health practice.</p> <p>This paper uses a Freirean analytical lens to explore pedagogic potential of activist-led public health training, for the critical conscientization of the politics of health. A repertoire of student reflections exploring new spaces of public health practice will be shared, inviting colleagues to consider how they might support careers in evolving practice environments.</p>
<p>3:05 pm</p>	<p>ABOLITION FRAMEWORKS FOR PUBLIC HEALTH: ETHOS, CONTENT, AND PEDAGOGICAL APPROACHES . M. Chilton, PhD, MPH</p> <p>Abolition Frameworks is a health policy course that explores opportunities to undermine systemic racism and promote alternatives to the carceral state, capitalism, patriarchy, and militarism/imperialism in all systems that impact health. This presentation describes the philosophy, methods, and content of an advanced master's level course focused on liberation. An abolitionist framework views prisons, policing, standardized education, for-profit health care, social services, and other systems as interconnected means of exploitation that cause poor physical, mental, and spiritual health. Simultaneously, abolition works toward building new social, political and economic structures that promote a healthy society. Meeting multiple CEPH criteria for health management and policy, the course integrates art, poetry, and music, with epidemiology, health policy and social justice scholarship and action rooted in teachings from Black Panthers, Combahee River Collective, Critical Resistance, Red Nation, and Afrofuturism. The course clarifies how existing frameworks such as prison and police reform, nutrition assistance, U.S. healthcare, cash welfare, and even human rights are inadequate to support and improve health and promote equity. Approaches studied and assessed include reparations, abolishing police and prisons, transformative justice, healing justice, universal health care, universal basic income, rights of nature, and regenerative and solidarity economies. This presentation reviews the syllabus, outcomes, and teaching philosophy, introduces classroom strategies such as radical hospitality, ancestral work and journaling, and describes ways to promote student kinship across race, class, ability, and gender expression. Finally, it addresses the significance of integrating abolition frameworks throughout public health education.</p>
<p>3:20 pm</p>	<p>THE ABOLITIONIST PUBLIC HEALTH STUDENT NETWORK: BUILDING CAPACITY FOR ABOLITION AS A PUBLIC HEALTH STRATEGY . C. Mitchell, ScD, MDiv</p> <p>In 2021, following the uprisings for Black liberation in 2020, the American Public Health Association passed a policy statement on the harms of carceral systems, recommending action steps to move towards the abolition of jails, prisons, and detention centers and to build just and equitable systems that advance public health and well-being in their stead. In Spring 2022, grounded in the APHA policy statement and to build capacity for the abolition of the prison industrial complex as a public health strategy, Human Impact Partners launched a network for public health students interested in learning more about abolition and organizing campaigns at their academic institutions. Since its launch, there have been 3 cohorts of the network, in total consisting of 149 students from 38 schools across the US and Canada. Student campaigns have largely focused on incorporating abolitionist content into public health curricula and bridging the divide between local community organizations and academic institutions. Along with learning and sharing strategies to organize on their own campuses, students are building organizing skills and learning about the many injustices of the criminal legal system. Political education sessions have given students an opportunity to hear from organizers creating abolitionist alternatives in their communities and people who have directly experienced police violence and incarceration. This presentation will focus on the formation, organization,</p>

	and evaluation of the network and why an abolitionist orientation is critical to developing a radical pedagogy for public health, rooted in health equity and racial justice.
3:35 pm	Q&A

■ 6:30 pm to 8:00 pm

Labor/business meeting	ANNUAL MEETING TO DISCUSS & PLAN SPIRIT OF 1848 PROGRAM & ACTIVITIES
Session (TBD)	[LOCATION: TBD -- ROOM ASSIGNMENTS WILL BE LATER THIS SUMMER]
<p>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!</p>	

and too: "Why 1848?" -- see our updated timeline below!

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 Hodinöhsö: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)