The Spirit of 1848 is happy to share a preview of our final program for the 142nd annual meeting of the American Public Health Association, with the theme of “Healthography: how where you live affects your health and well-being” (November 15-19, New Orleans, LA)

**PLEASE NOTE THAT GIVEN THE NEW TIME SCHEDULE FOR THE APHA CONFERENCE, APHA HAS CHANGED THE TIME OF OUR "INTEGRATIVE" SESSION, SO THE SESSION LINE-UP NOW IS:**

<table>
<thead>
<tr>
<th>Monday of APHA</th>
<th>Time</th>
<th>Session</th>
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<tbody>
<tr>
<td>10:30 am to 12 noon</td>
<td>Social History of Public Health session</td>
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<tr>
<td>2:30 pm to 4:00 pm</td>
<td>Politics of Public Health Data session</td>
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<tr>
<th>Tuesday of APHA</th>
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<tr>
<td>8:30 am to 10:00 am</td>
<td>Progressive Pedagogy session</td>
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<tr>
<td>10:30 am to 12 noon</td>
<td>Integrative Session (all 3 themes) (new time)</td>
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<tr>
<td>12:30 pm to 1:30 pm</td>
<td>Social Justice &amp; Public Health Student Poster Session</td>
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<tr>
<td>6:30 pm to 8:00 pm</td>
<td>Spirit of 1848 business (aka labor!) meeting</td>
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And we also have two items UNIQUE to this year:

1) **RADICAL HISTORY TOUR.** We have organized, with the Praxis Project, 2 radical history tours for the Sunday afternoon of APHA – see details below! -- each tour will accommodate 20 people (first-come, first-serve) at a cost of $20/person, and we'll be posting the details about how to sign up in early August – so stay tuned! – we'll make the announcement on our Spirit of 1848 listserve and our Spirit of 1848 website

2) **PELLEN PARSONS MEMORIAL SESSION.** We have a one-time change for this session, which we annually co-organize with the Medical Care Section, Socialist Caucus, and Women’s Caucus, and which typically has been held on the Tuesday afternoon of APHA: the good news is that we submitted it for consideration as an APHA Special Session, and it was selected! – so it will be in a special time slot on Wed, Nov 19, 10:30 am to 12 noon – see details below!!

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

All sessions will be in the Ernest E. Morial Convention Center (EMCC); rooms still are not assigned.

You can also download a copy of this preview program from our website (see address below) and also obtain information on sessions via the APHA website: [http://www.apha.org/meetings/eventschedule/](http://www.apha.org/meetings/eventschedule/)

Later this summer, the final program (with room numbers), along with a 1-page flyer (two-sided) that you can download, will be available on our website, at:

[http://www.spiritof1848.org/](http://www.spiritof1848.org/)

We look forward to seeing you at our sessions in November!
1) SESSION TITLES ONLY

SPIRIT OF 1848 SESSIONS

► Sunday, November 16, 2014

■ 2:00 pm to 5:00 pm: 2 RADICAL HISTORY TOURS (co-organized with the Praxis Project)

► Monday, November 17, 2014

■ 10:30 am to 12 noon

   Critical histories of port cities and the public’s health: migration, commerce, social movements, epidemics, and the environment (Session 3186.0; Ernest E. Morial Convention Center (EMCC))

■ 2:30 pm to 4:00 pm

   Counting to make people count for health equity. (Session 3398.0; EMCC)

► Tuesday, November 18, 2014

■ 8:30 am to 10:00 am

   Twenty years of mentoring for passion, politics, social justice, and public health (Session 4074.0; EMCC)

■ 10:30 am to 12 noon

   Celebrating & critically reflecting on 20 years of the Spirit of 1848: passion, politics, and public health (Session 4170.0; EMCC)

■ 12:30 pm to 1:30 pm

   Spirit of 1848 social justice & public health student poster session (Session 4919.0; EMCC)

■ 6:30 pm to 8:00 pm

   Spirit of 1848 Caucus Business (Labor!) Meeting (Session 336.0; EMCC)

CO-SPONSORED SESSIONS

Tuesday, November 18, 2014

-- In the evening we will, as usual, co-sponsor the annual health activist dance party, organized by the Occupational Health & Safety section – which is celebrating its 100th anniversary!! -- details will be available in our final program.

Wednesday, November 19, 2014

■ 10:30 am to 12 noon (APHA Special Session)

   Separate and unequal: the political geography of reproductive rights, reproductive justice, and reproductive health (co-organized by the Spirit of 1848 Caucus, the Women’s Caucus, the Socialist Caucus, and the Medical Care Section) – P Ellen Parsons Memorial Session (Session 5093.0; EMCC)
2) SESSION TITLES & PRESENTATION TITLES (speaker names: in bold)

SPIRIT OF 1848 SESSIONS

► Sunday, November 16, 2014

2:00 pm to 5:00 pm

RADICAL HISTORY TOUR:

On Sunday, November 16, 2014, the Spirit of 1848 Caucus, in collaboration with the Praxis Project, will be organizing 2 radical history walking tours – to get you moving and imbued with the long history of struggles for social justice & public health in New Orleans! The tours will take place between 2 and 5 pm; one will focus on the 1892 general strike, the other on the legacy of the environmental justice movement in New Orleans.

Each tour will accommodate 20 people (on a first-come, first-serve basis), and we anticipate the cost will be $20/person. In early August, we will post information about how to sign-up for a slot on our Spirit of 1848 listserve and our Spirit of 1848 website. So: stay tuned!!

► Monday, November 17, 2014

10:30 am to 12 noon

Critical histories of port cities and the public’s health: migration, commerce, social movements, epidemics, and the environment (Session 3186.0; Ernest E. Morial Convention Center (EMCC))

10:30 am – On ports, plagues, peoples, and social justice: an introduction. – Luis Avilés, PhD, MPH (University of Puerto Rico, School of Public Health, Dept of Social Sciences, San Juan, PR)

10:35 am – Yellow fever, medical knowledge and the control of the port of Veracruz in the nineteenth century. – Mariola Espinosa, PhD (Dept of History, University of Iowa, Iowa City, IA)

10:55 am – Epidemics, health policies, and the regional links between the ports of Veracruz and Havana in the second half of the 19th century. – José Ronzón-León, PhD (Dept of Historiography, Universidad Autónoma Metropolitana, Azcapotzalco (Mexico City), Mexico)

11:15 am – Oil spills and community resilience: uneven impacts and protection in historical perspective. – Craig Colten, PhD (Dept of Geography and Anthropology, Louisiana State University, Baton Rouge, LA)

11:35 am – Q&A, moderated by Mary Moser Jones, PhD, MPH (University of Maryland School of Public Health, Family Science Dept, College Park, MD)

2:30 pm to 4:00 pm

Counting to make people count for health equity. (Session 3398.0; EMCC)

2:30 pm – Introduction: counting to make people count for health equity. – Catherine Cubbin, PhD (School of Social Work, University of Texas at Austin, Austin, TX)

2:35 pm – Potential revisions to US census data on "race" and "ethnicity": Findings from the 2010 Census and planned research for the 2020 Census. – Roberto Ramirez, MA (Ethnicity and Ancestry Statistics Branch, Population Division, US Census Bureau, Washington, DC) and Nicholas Jones, MA (Racial Statistics Branch, Population Division, US Census Bureau, Washington, DC)

2:55 pm – Undercounting an at-risk population of unauthorized Latino/a immigrants: how Hurricane Katrina made an invisible population visible. – Elizabeth Fussell, PhD (Dept of Sociology, Washington State University, Pullman, WA)

3:15 pm – Invisible Men: mass incarceration and the myth of black progress. – Becky Pettit, PhD (Dept of Sociology, University of Washington, Seattle, WA)
3:35 pm – Q&A

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Twenty years of mentoring for passion, politics, social justice, and public health (Session 4074.0; EMCC)

8:30 am – Introduction to 20 years of mentoring for passion, politics, social justice, and public health. – Rebekka Lee

8:35 am – Participants:

Sherman James, PhD (Susan B. King Professor of Public Policy and Professor of Sociology, San Ford School of Public Policy, Duke University, Durham North Carolina)

with mentee Debbie Barrington, PhD (Division of Intramural Research, National Institute on Minority Health and Health Disparities, Bethesda, MD)

John Hatch, MD (Professor Emeritus, University of North Carolina, Chapel Hill, NC)

Nina Wallerstein, DrPH ((Dept of Family and Community Medicine, University of New Mexico, Albuquerque, NM)

with mentee Julie Lucero, PhD, MPH (Dept of Family and Community Medicine, University of New Mexico, Albuquerque, NM)

Moderator: Lisa D. Moore, DrPH (Dept of Health Education, San Francisco State University, San Francisco, CA)

■ 10:30 am to 12 noon

Celebrating & critically reflecting on 20 years of the Spirit of 1848: passion, politics, and public health (Session 4170.0; EMCC)

10:30 am: Introduction to “Celebrating & critically reflecting on 20 years of the Spirit of 1848: passion, politics, and public health” – Nancy Krieger, PhD (Dept of Social and Behavioral Sciences, Harvard School of Public Health, Boston MA)

The session will include:

▪ 5 short presentations pertaining to the themes of our Caucus: social history of public health; politics of public health data; progressive pedagogy; integrating work linking social justice & public health via history, data, and progressive pedagogy; and training the next generation for social justice & public health

Participants (from the Spirit of 1848 Coordinating Committee): Nancy Krieger, Luis Avilés, Catherine Cubbin, Rebekka Lee, Lisa Moore, Allegra Gordon, Tabashir Sadegh-Nobari, & Jake Coffey

▪ Winners & honorable mentions for the Spirit of 1848 award for best song, chant, and short video linking social justice & public health

VIDEO: Winner = "Lost in Translation" (Yosimar Reyes)

Honorable Mention: “Suburban Colorlines” (Marline Hackett)

“Street Literature” (Ryse Center)

"You Down with LGBT?" (Planned Parenthood LA)

SONG/CHANT: Honorable Mention: "This is Democracy" (Pinki Tuscaderro)

▪ Singing for social justice & public health: led by Andrea Kidd Taylor, DrPH, MSPH (School of Community Health & Policy, Morgan State University, Baltimore, MD)
12:30 pm to 1:30 pm

Spirit of 1848 social justice & public health student poster session (Session 4191.0; EMCC)

Board 1: Organizing for Fair Food: An analysis of a campaign to include farmworker rights into the alternative food movement – Megan Galeucia (Master's Candidate, Dept of Sociomedical Sciences, Columbia University, Mailman School of Public Health, NYC, NY)

Board 2: Creating healthier food choices for Black and Brown communities: shaping food access through retail – Robert Henry-Jones (Global Institute of Public Health, Community and International Health, New York University, NYC, NY)

Board 3: "Healthcare for the Underserved": A student-designed preclinical elective at Alpert Medical School to address gaps in education about social determinants of health and foster interest in the care of vulnerable populations – Julius Ho, BS and Rian Yalamanchili, BA (both at: The Warren Alpert Medical School at Brown University, Providence, RI)

Board 4: Performance of the Everyday Discrimination Scale: a three group comparison – Kevin Jefferson, MPH (Doctoral Student, Behavioral Sciences and Health Education, Emory University, Atlanta, GA)

Board 5: Culture and stigma: social exclusion of families of children with cerebral palsy in China – Liying Shen, MD (Doctoral Student, Dept of Social and Behavioral Sciences, Harvard School of Public Health, Boston, MA)

Board 6: Ineffective decoupling in South Korea's reformed anti-prostitution laws – Nayoung Woo (Master of Public Health Candidate, Dept of Sociomedical Sciences, Columbia University Mailman School of Public Health)

Board 7: Moving towards health equity via social urbanism in Medellín, Colombia – Jeffrey Reynoso (MPH Candidate, Dept of Health and Social Behavior, UC Berkeley School of Public Health, Berkeley, CA)

Board 8: Counting [on] environmental health risks: Closing Latin America's largest garbage dump during the UNCSD Rio+20 Earth Summit in Rio de Janeiro, Brazil – S. Christopher Alley, M.Phil (PhD Candidate, Dept of Sociomedical Sciences, Columbia University, Mailman School of Public Health, NYC, NY)

Board 9: Where the pharmacist is the doctor: A qualitative analysis of health care in rural Guatemala – Clarice Amorim, MA (Doctoral student in Public Health, School of Social and Behavioral Sciences, Oregon State University, Corvallis, OR)

Board 10: Should they be told? The historic debate in Israel on the question whether to inform former patients of irradiation from the 1950s – Ciro Burstein, MSc and Sari Levi (both at: The National Center for Compensation of Scalp Ringworm Victims, Haim Sheba Medical Center, Ramat Gan, Israel)

6:30 pm to 8:00 pm

Spirit of 1848 Caucus Business (Labor!) Meeting (Session 336.0; EMCC)

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 in planning future sessions & projects!

CO-SPONSORED SESSIONS

Tuesday, November 18, 2014

-- In the evening we will, as usual, co-sponsor the annual health activist dance party, organized by the Occupational Health & Safety section – which is celebrating its 100th anniversary!! -- details will be available in our final program.
Wednesday, November 19, 2014:

10:30 am to 12 noon (APHA Special Session)

Separate and unequal: the political geography of reproductive rights, reproductive justice, and reproductive health (co-organized by the Spirit of 1848 Caucus, the Women’s Caucus, the Socialist Caucus, and the Medical Care Section) – P Ellen Parsons Memorial Session (Session 5093.0; EMCC)

Moderator: Lisa D. Moore, DrPH (Dept of Health Education, San Francisco State University)

10:30 am – Historical legacies of inequality – Linda Gordon, PhD (Professor of History, Florence Kelley Professor, New York University, NYC, NY)

10:50 am – Reproductive Justice Now!: How intersectionality will help us achieve the world we want – Carol McDonald (Director of Strategic Partnerships, Planned Parenthood Federation of America, Washington, DC)

11:10 am – Misconceptions, misogyny and nonsense: Fighting anti-abortion legislation in the states – Cindy Pearson (Executive Director, National Women's Health Network, Washington, DC)

11:30 am – From the eye of the storm: New Orleans' perspectives on the role of place & other social determinants in reproductive health, rights, and justice -- Rheneisha M. Robertson, MPH (Executive Director, Institute of Women & Ethnic Studies, New Orleans, LA)

11:50 am: Q&A
SPIRIT OF 1848 SESSIONS

► Sunday, November 16, 2014

2:00 pm to 5:00 pm

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10:30 am – On ports, plagues, peoples, and social justice: an introduction. – Luis Avilés, PhD, MPH (University of Puerto Rico, School of Public Health, Dept of Social Sciences, San Juan, PR)

William McNeill's 1976 book *Plagues and People* provided a sound perspective on how human disease shapes history itself. This session aims to build upon such framework to consider three port cities as case studies to look into the dynamics between commerce, public health, and social inequality.

10:35 am – Yellow fever, medical knowledge and the control of the port of Veracruz in the nineteenth century. – Mariola Espinosa, PhD (Dept of History, University of Iowa, Iowa City, IA)

Veracruz was the single most important port of New Spain and independent Mexico, the land's link to Caribbean and the broader Atlantic world. It was also notoriously unhealthful. Foreigners who arrived at the port, natives of the Mexican highlands, and even many of the most prominent Veracruzanos sought to spend as little time within the city's walls as possible. Situated in the narrow band of tropical lowlands along Mexico's gulf coast, Veracruz hosted endemic yellow fever, the most feared disease in the western hemisphere during the nineteenth century. During the first half of the century, a period that witnessed Mexico's transition from colony to independence as well as its partition by conquest, the city was repeatedly contested by the armies of Spain, France, Mexico, and the United States. This paper will examine how evolving medical understandings of yellow fever shaped military strategies of both the invaders and the defenders who sought to control this port city and so the key route to and from central Mexico.

10:55 am – Epidemics, health policies, and the regional links between the ports of Veracruz and Havana in the second half of the 19th century. – José Ronzón-León, PhD (Dept of Historiography, Universidad Autónoma Metropolitana, Azcapotzalco (Mexico City), Mexico)

The vibrant commercial exchange between the seaport cities of Veracruz (Mexico) and Havana (Cuba) during the second half of the nineteenth century meant a constant movement of products and people that produced a complex health landscape. Both ports were walled urban settlements that registered poor health conditions among their inhabitants. This research presentation will use a comparative perspective to analyze the population composition and the urban conditions in both cities and the emergence of epidemics and the consequent public health measures implemented in order to contain them.

11:15 am – Oil spills and community resilience: uneven impacts and protection in historical perspective. – Craig Colten, PhD (Dept of Geography and Anthropology, Louisiana State University, Baton Rouge, LA)
Coastal Louisiana is populated by a diverse population with Native American, French, African, Asian, and Spanish backgrounds. Over the centuries, most of these residents have become marginalized to some degree from the state’s political leadership. Each has also developed natural resource dependent economic practices that make them particularly vulnerable in the wake of oil spills. Our review of historical oil spill incidents since the 1930s reveals the emergence of resilient practices at the community and the state/corporate levels to cope with the loss of oyster or shrimp harvests due to occasional major spills. As consumers of marine life, Louisiana’s coastal populations have faced exposure to contaminated foods and have suffered loss of income when harvests were disrupted. We evaluate the community responses from the 1930s to the 2010s in terms of Wilbanks’ four elements of resilience (anticipate, reduce, respond, and recover) and compare community inherent resilience practices to the formal resilient practices promoted by government and corporate entities. The talk will conclude with an evaluation of the areas of strength in community resilience as a measure of a healthy community, and the areas where improvements can be made to integrate inherent with formal resilience capacities.

11:35 am – Q&A, moderated by Mary Moser Jones, PhD, MPH (University of Maryland School of Public Health, Family Science Dept, College Park, MD)

2:30 pm to 4:00 pm

Counting to make people count for health equity. (Session 3398.0; EMCC)

2:30 pm – Introduction: counting to make people count for health equity. – Catherine Cubbin, PhD (School of Social Work, University of Texas at Austin, Austin, TX)

The topics addressed in this session will include: (i) continued discussions of counting in relation to race/ethnicity, e.g., new possible revisions being considered for the 2020 US census, and (ii) counting in relation to: political boundaries (such as voting districts), institutions (such as prisons), and evacuees and refugees (as per people uprooted by Hurricane Katrina), all of which have implications for political representation and resource allocation. At issue are how these data affect and shape the reality and understanding of population distributions of health disease and well-being, in ways that can either exacerbate health inequities or promote health equity.

2:35 pm – Potential revisions to US census data on "race" and "ethnicity": Findings from the 2010 Census and planned research for the 2020 Census. – Roberto Ramirez, MA (Ethnicity and Ancestry Statistics Branch, Population Division, US Census Bureau, Washington, DC) and Nicholas Jones, MA (Racial Statistics Branch, Population Division, US Census Bureau, Washington, DC)

This presentation will feature issues and evidence regarding potential revisions to methods used to collect US census data on "race" and "ethnicity," as informed by findings from the 2010 Census and planned research for the 2020 Census. For example, in the 2010 census, over 40 percent of all Latinos did not report a “race” group as designated by the categories mandated by the US Office of Management and Budget (i.e., “White, Black or African American, American Indian or Alaska Native, Asian, and Native Hawaiian or Other Pacific Islander”). US census data on “race” and “ethnicity” matter vitally to every sector of government and civil society and these data need to be valid, reliable, and informative. Work of the US census on categories of “race” and “ethnicity” are germane to public health because these data serve as the denominators for rates of morbidity, mortality, and other health outcomes and are fundamental to measuring progress in efforts to address racial/ethnic health inequities. Discussion of public health implications of the work presented, during the question & answer period, is welcomed.

2:55 pm – Undercounting an at-risk population of unauthorized Latino/a immigrants: how Hurricane Katrina made an invisible population visible. – Elizabeth Fussell, PhD (Dept of Sociology, Washington State University, Pullman, WA)

Hurricane Katrina, like most disasters, exposed the most vulnerable in our society. One group which was exposed was the rapid response labor force of unauthorized Latino/a immigrants who came to participate in the recovery of New Orleans and other devastated areas of the Gulf Coast. This highly mobile population is difficult to count using federal survey samples and censuses because of their mobility and their desire to remain unobserved. In the summer of 2007, while New Orleans was still rebuilding, I surveyed immigrants attending the Brazilian, Mexican, and Nicaraguan mobile consulates and the Honduran permanent consulate. They sought national identity documents which unauthorized immigrants use to send money to their families in their origin countries and in the case that they are apprehended and detained by U.S. law enforcement authorities. Therefore, the consular surveys reach a difficult to count population.

The survey results show that those attending the consular visits were especially vulnerable to wage theft, in which their employers deny them earned wages, and crime victimization, especially street robbery. Many also experienced on-the-job injuries and lacked access to health care. These health outcomes result in part from their fear of deportation and the
cooperation of law enforcement officers with Immigration and Customs Enforcement. Through interviews with Latino immigrants I discerned a “deportation threat dynamic” that operated in New Orleans after Hurricane Katrina, which is generalizable throughout the U.S. Such as dynamic keeps unauthorized immigrants legally marginalized and leads to preventable injuries, victimization, and other unfavorable health outcomes.

3:15 pm – Invisible Men: mass incarceration and the myth of black progress. – Becky Pettit, PhD (Dept of Sociology, University of Washington, Seattle, WA)

For African American men without a high school diploma, being in prison or jail is more common than being employed—a sobering reality that calls into question post-Civil Rights era social gains. Nearly 70 percent of young black men without a high school diploma will be imprisoned at some point in their lives. Another vexing fact of mass incarceration is that most national surveys do not account for prison inmates, a fact that results in a misrepresentation of U.S. political, economic, and social conditions in general and black progress in particular.

This paper provides an eye-opening examination of how mass incarceration has concealed decades of racial inequality and considers its implications for research on the causes and consequences of health disparities.

3:35 pm – Q&A

Tuesday, November 18, 2014

8:30 am to 10:00 am

Twenty years of mentoring for passion, politics, social justice, and public health (Session 4074.0; EMCC)

8:30 am – Introduction to 20 years of mentoring for passion, politics, social justice, and public health. – Rebekka Lee

Our first APHA Spirit of 1848 pedagogy session -- planned 20 years ago in fall 1994, at our first public Spirit of 1848 meeting, and held in fall 1995 – focused on the experience and impact of positive mentoring for public health and social justice. This year, we circle back to our roots. The invited presentations will focus on how mentoring can contribute to building a public health workforce that critically examines and links issues of social justice and public health. Speakers will draw on personal experience to speak about how they have been mentored and/or mentored others.

8:35 am – Participants:

Sherman James, PhD (Susan B. King Professor of Public Policy and Professor of Sociology, San Ford School of Public Policy, Duke University, Durham North Carolina)

with mentee Debbie Barrington, PhD (Division of Intramural Research, National Institute on Minority Health and Health Disparities, Bethesda, MD)

John Hatch, MD (Professor Emeritus, University of North Carolina, Chapel Hill, NC)

Nina Wallerstein, DrPH ((Dept of Family and Community Medicine, University of New Mexico, Albuquerque, NM)

with mentee Julie Lucero, PhD, MPH (Dept of Family and Community Medicine, University of New Mexico, Albuquerque, NM)

Moderator: Lisa D. Moore, DrPH (Dept of Health Education, San Francisco State University, San Francisco, CA)

10:30 am to 12 noon

Celebrating & critically reflecting on 20 years of the Spirit of 1848: passion, politics, and public health (Session 4170.0; EMCC)

10:30 am: Introduction to "Celebrating & critically reflecting on 20 years of the Spirit of 1848: passion, politics,
Starting with the APHA 2002 Conference, the Spirit of 1848 – whose sessions focus on the inextricable links between social justice & public health – has sponsored an “integrative” session which integrates the three themes of our Caucus: the social history of public health, the politics of public health data, and progressive pedagogy for public health. For APHA 2014, our integrative session will celebrate and reflect on 20 years of the Spirit of 1848 caucus, which was founded in the fall of 1994 at APHA to advance work linking social justice & public health. The aim is to galvanize action to protest health inequities, feed the spirit, and advance health equity! Critical humor & reflection & dynamism is strongly encouraged! – and the session's components are as follows:

- **5 short presentations** pertaining to the themes of our Caucus: social history of public health; politics of public health data; progressive pedagogy; integrating work linking social justice & public health via history, data, and progressive pedagogy; and training the next generation for social justice & public health

  Participants (from the Spirit of 1848 Coordinating Committee): Nancy Krieger, Luis Avilés, Catherine Cubbin, Rebekka Lee, Lisa Moore, Allegra Gordon, Tabashir Sadegh-Nobari, & Jake Coffey

- **Winners & honorable mentions for the Spirit of 1848 award for best song, chant, and short video linking social justice & public health**

  **VIDEO:** Winner = "Lost in Translation" (Yosimar Reyes)
  Honorable Mention: "Suburban Colorlines" (Marline Hackett)
  "Street Literature" (Ryse Center)
  "You Down with LGBT?" (Planned Parenthood LA)

  **SONG/CHANT:** Honorable Mention: "This is Democracy" (Pinki Tuscadero)

- **Singing for social justice & public health:** led by Andrea Kidd Taylor, DrPH, MSPH (School of Community Health & Policy, Morgan State University, Baltimore, MD)

### 12:30 pm to 1:30 pm

**Spirit of 1848 social justice & public health student poster session** (Session 4191.0; EMCC)

**Board 1: Organizing for Fair Food: An analysis of a campaign to include farmworker rights into the alternative food movement** – Megan Galeucia (Master's Candidate, Dept of Sociomedical Sciences, Columbia University, Mailman School of Public Health, NYC, NY)

In the American alternative food movement's promotion of local, animal-friendly food systems, concern for workers who produce our food is largely absent. Farmworkers, the majority whom are Latino immigrants, are among the most exploited workers in the U.S, rendered vulnerable by both immigration policy and agricultural laborers’ exclusion of from the National Labor Relations Act. Drawing on participant observation in the organizing campaign for Farmworker Justice in New York, this presentation uses Gusfield’s work on the formulation of public problems to discuss a reframing of the food movement’s calls for local, farmer friendly, and sustainable food systems to include the largely invisible struggle for farmworker justice. A food justice approach to reforming the food system requires fighting for farmworker rights alongside local food. One means to realizing a more just food system in New York is rendering visible farmworkers’ role in the food system in order to engage allies across social movements in the work of campaigning for a new labor law that would advance farmworkers’ rights and political power. Building alliances between the movements for food justice and immigrant and worker rights is critical for creating a fair, well-functioning food system. In order to develop multisectoral alliances, it is vital for advocates to critically examine what strategies work to connect with audiences in different places (suburban communities, on farms, in Albany). This presentation analyzes the ideological work that is part of effective social movement building, and presents recommendations for food justice advocates in other states across the U.S.

**Board 2: Creating healthier food choices for Black and Brown communities: shaping food access through retail** – Robert Henry-Jones (Global Institute of Public Health, Community and International Health, New York University, NYC, NY)

Access to fresh, affordable and nutritious food remains a problem for low-income communities of color. They typically have fewer supermarkets, poorer quality grocery stores, and a heavy use of bodegas or corner stores. This contributes to a greater and unfair prevalence of health disparities within communities of color. This problem can be seen in the Brooklyn communities of Bushwick, Brownsville, East New York and Bedford-Stuyvesant, neighborhoods of Central Brooklyn.
According to the New York City Department of Health and Mental Hygiene, Central Brooklyn consists of higher proportions of Black and Hispanic residents, as well as higher rates of poverty, obesity and mortality when compared to New York City. Changing the landscape of food retail in low-income neighborhoods is critical in addressing equity and food access. On September 6th, The Partnership for a Healthier Brooklyn and the NYC Food and Fitness Partnership launched a healthy retail initiative at a heavily used supermarket in Bedford-Stuyvesant. The pilot featured implementations such as displays with water at eye-level, healthier alternatives at checkout lanes, such as nuts and dried fruit, “easy to eat well” and “buy local” signage to highlight healthy and local options, cooking demonstrations and supermarket tours. By tracking point-of-sale data we will determine the impact of the pilot program while surveying participants of subsequent supermarket tours to glean what the most important changes to shoppers are. Our goal is to increase food access and equity through the expansion of this pilot to other stores in Central Brooklyn while maintaining culturally relevancy.

Board 3: "Healthcare for the Underserved": A student-designed preclinical elective at Alpert Medical School to address gaps in education about social determinants of health and foster interest in the care of vulnerable populations – **Julius Ho, BS** and **Rian Yalamanchili, BA** (both at: The Warren Alpert Medical School at Brown University, Providence, RI)

**BACKGROUND:** There is a growing movement to train physicians in ‘structural competency,’ the ability to recognize and act on the social determinants of health disparities (SDOH). In medical school, discussion often focuses on unequal healthcare access, without attention to the underlying socioeconomic forces that place vulnerable groups at risk for negative health outcomes. Furthermore, students are not taught skills geared towards meeting the complex needs of underserved patients. To address these gaps, we designed a ten-session elective targeting first-year medical students. With approval from the curriculum committee, we implemented the course in Fall 2013.

**OBJECTIVES:** Our goals were to: 1) broaden students’ understanding of underserved populations to include SDOH, and 2) foster interest in caring for underserved populations.

**METHODS:** This course explored five topics related to the intersection of health disparities and social inequality, such as childhood obesity and the built environment. We addressed each topic through case-based learning and skills workshops. Surveys prior to and after the course assessed its impact on students’ attitudes. Students also evaluated the content of each session.

**RESULTS:** Students (n=18) reported an increase in their understanding of the term “underserved” (pre=3.1, post=3.8; p<0.001; scale: 1-strongly disagree, 4-strongly agree) and desire for more opportunities to engage with underserved populations in medical school (pre=3.2, post=3.6; p=0.02). Students responded positively to the course format, especially the skills workshops.

**CONCLUSION:** This course provides a model for increasing understanding and interest in SDOH among medical students.

Board 4: Performance of the Everyday Discrimination Scale: a three group comparison – **Kevin Jefferson, MPH** (Doctoral Student, Behavioral Sciences and Health Education, Emory University, Atlanta, GA)

Discrimination has been found to impact health, but reliable measures of perceived discrimination are necessary to research how discrimination “gets under the skin”(1,2). Among individuals belonging to multiple marginalized groups, single cause (e.g., racism or sexism) discrimination scales may be inadequate to assess discrimination experiences(3). The Everyday Discrimination Scale (EDS) offers one possible solution to measuring discrimination across marginalized groups(1,4,5). By assessing global experiences with everyday discrimination, this scale allows individuals within multiple minority groups to report discrimination without distinguishing inseparable causes of discrimination. To understand how the scale assesses everyday discrimination experienced by individuals within different marginalized groups, a comparison of factor pattern loadings was performed using exploratory factor analyses with promax rotations on data from the Midlife Development in the United States survey (2004-2006). People of color (N=340), sexual minorities (N=108), and substance-misusing individuals (N=46) were compared to evaluate scale performance. Three factors were extracted for each group, but the factor pattern loadings differed between groups. For example, two items (being treated with less respect and less courtesy) comprised a single factor among people of color and sexual minorities, but combined with other items among substance-misusing individuals. One item (“people act afraid of me”) performed differently within all three groups. Results indicate that investigators wishing to measure multiple discriminations with EDS should use prior analyses to identify scale performance for specific populations to be surveyed. Rather than summing across items to score EDS, weighted scoring might be used to adapt EDS to distinct populations.

Board 5: Culture and stigma: social exclusion of families of children with cerebral palsy in China – **Liying Shen, MD** (Doctoral Student, Dept of Social and Behavioral Sciences, Harvard School of Public Health, Boston, MA)

There are 6 million children with cerebral palsy in China and 70% of affected families are living in poverty. Raising a child with cerebral palsy encompasses social stigma which places affected children and their families at a disadvantage resulting in extraordinary hardship. The cultural meanings, expression, and results of stigma regarding cerebral palsy vary across cultures. However, there have been no studies specifically examining the role of cultural values as they relate to stigma
associated with cerebral palsy. Our study utilizes the ethnographic approach to examine the experience of raising cerebral palsy children in China. The established stigma model for China is used to examine how “loss of face,” a distinctive cultural value, functions as a physical, emotional, social and moral force in shaping the daily lives of affected children and their caregivers. Snowball sampling was utilized to recruit 15 mothers who were primary caregivers for a child with cerebral palsy aged 3 – 18 years old. Data were collected using face-to-face interviews in city of Shanghai, Chengdu in China. Results indicate that the mothers with children of cerebral palsy experience both physical and emotional burdens of caregiving. These mothers live with shame and disgrace which shape their interaction among relatives and extended family members. Mothers with lower education receive less family and social support than mothers with college degrees. Findings also indicate that children of mothers with higher perception of “loss of family face” have less social interactions in the informal settings of neighborhoods and outdoor activities.

Board 6: Ineffective decoupling in South Korea’s reformed anti-prostitution laws – Nayoung Woo (Master of Public Health Candidate, Dept of Sociomedical Sciences, Columbia University Mailman School of Public Health)

Although the commercial sex industry is strictly prohibited in South Korea, sex work is estimated to generate anywhere from 1.5 to 5% of the nation’s GDP. In 2004, prompted by feminist academicians, anti-prostitution laws dating from the 1960’s were reformed to prevent the penalization of sex workers and promote their rehabilitation. Since then, collective protests by the sex workers against the reformed laws have raised questions about the impact and effectiveness of good intentions and seemingly just policies. This study sought to describe the mandated collaboration between the police and non-profit - the two institutions responsible for implementing the anti-prostitution laws by closing red light districts and transitioning sex workers to other professions, respectively. Interviews of 12 individuals representing 3 police precincts and 9 non-profit organizations and coded analysis of the translated transcripts identified institutional barriers to the police and non-profit’s effective collaboration. In the face of policy expectations to significantly reduce the sex industry and superficial augmentation of resources to match these expectations, the police and non-profit both decoupled their day-to-day activities from mandated ones in accordance to the Theory of Decoupling. After a decade of frustration, burn out, resignation, and the expansion of sex work from public red light districts to private residences, the study recommends a reconsideration of the reformed anti-prostitution laws, for them to be feminist for women of all professions.

Board 7: Moving towards health equity via social urbanism in Medellín, Colombia – Jeffrey Reynoso (MPH Candidate, Dept of Health and Social Behavior, UC Berkeley School of Public Health, Berkeley, CA)

A current challenge for researchers and practitioners concerned about health inequities is how to intervene upon place to improve population health and reduce health inequities across ethnicity, class, and gender. This paper will critically analyze two slum upgrading interventions in Medellín, Colombia that employed health equity strategies to reduce violence and increase community social capital. The study employed case study theory generation methodology in order to answer the questions: 1) How did the city of Medellín integrate health equity strategies in its planning processes after the passage of the 1991 Constitution? What were the successes and the challenges?; 2) What population level indicators associated with better health and wellness did these place-based, health equity strategies improve?; and 3) Based on this case study, what processes of politics and government should future urban planning and public health professionals integrate into their place-based, health equity interventions? Results show that there were significant decreases in homicides and increases in social capital. Furthermore, there were increases in life expectancy, as well as reductions in poverty and income inequality. The paper concludes that Medellín is achieving the goal of building a healthy city by recognizing that place-based, health equity interventions must mitigate factors in the interactions occurring between people and place and especially the processes of politics and government that affect health outcomes across the life course. The city’s social urbanism policies are a promising best practice for urban planning and public health professionals seeking to conduct successful place-based, health equity interventions in urban settings.

Board 8: Counting [on] environmental health risks: Closing Latin America's largest garbage dump during the UNCSD Rio+20 Earth Summit in Rio de Janeiro, Brazil – S. Christopher Alley, M.Phil (PhD Candidate, Dept of Sociomedical Sciences, Columbia University, Mailman School of Public Health, NYC, NY)

A landfill opened in 1978 alongside the Guanabara Bay in Rio de Janeiro, Brazil. It grew to be not only Latin America's largest garbage dump, but home to over 3,000 catadores, or informal waste pickers and recyclers. Daily life on the dump exposed catadores to toxins and occupational hazards that were intrinsic to the strategies for economic survival catadores pursued. In the mid-1990s, the weight of the dump’s accumulated refuse (60-80 million tons) exceeded acceptable geotechnical parameters, and threatened to collapse with catastrophic consequences for Rio’s waterways. This 17 month ethnographic study investigated the dump’s closure in June 2012. The longitudinal research design examined changes over time in perceptions of government responses to catadores displaced by the dump’s closure. The investigator conducted focus groups, semi-structured interviews, and participant-observation with a purposive sample (N = 30) of catadores (n = 10), Brazilian public sector employees (n = 10), and individuals from government and non-governmental organizations who participated in the United Nations Commission for Sustainable Development “Rio+20” Earth Summit (n = 10), an event held in Rio that coincided with the dump closure. Results documented competing interpretations of “social inclusion” of catadores.
in state-sponsored programs, and revealed disjunctures between public declarations of threats to biosecurity (environment as imminent risk) and social justice debates (tensions between environment as source of pollution and site of informal livelihoods). The study concluded that state actors used Rio+20 to enrobe neoliberal logics with moral proclamations about local vulnerability, incorporating catadores into Brazil’s presence in the global green economy.

**Board 9: Where the pharmacist is the doctor: A qualitative analysis of health care in rural Guatemala – Clarice Amorim, MA** (Doctoral student in Public Health, School of Social and Behavioral Sciences, Oregon State University, Corvallis, OR)

In the aftermath of the Guatemalan civil war, the Peace Accords of 1996 opened space for international organizations to promote neoliberal reforms; regarding health care, the focus was on decentralization and privatization. Such reforms, however, unintendedly widened the gap between rural communities and their urban counterparts - a situation particularly detrimental to vulnerable populations who reside in isolated areas, are of indigenous descent, or live in extreme poverty. In addition, health care provision in rural Guatemala has become underfunded and fragmented, directly affecting the work of providers practicing in rural areas. This poster displays the results of qualitative research conducted in four communities located in the state of Suchitepéquez; data was collected through 24 semi-structured interviews with various health care providers, and ethnographic methods have informed the analysis. I will describe some of the challenges faced by health care providers as they attempt to mediate between national policies and the needs of their communities. I will focus on demonstrating how decentralization of health services have turned pharmacies into de-facto primary health care providers. In addition, I will indicate how privatization of care caused a significant expansion in the number of pharmacies without necessarily improving the accessibility or quality of health care in rural areas. Finally, I will analyze how pharmacy employees and owners, as well as other health care providers, understand the ambiguous nature of the pharmacy businesses in rural Guatemala, which oscillates between a commercial activity and a needed health service, between attracting “clients” and serving "patients."

**Board 10: Should they be told? The historic debate in Israel on the question whether to inform former patients of irradiation from the 1950s – Ciro Burstein, MSc and Sari Levi** (both at: The National Center for Compensation of Scalp Ringworm Victims, Haim Sheba Medical Center, Ramat Gan, Israel)

Irradiation treatment of children for a variety of minor ailments such as ringworm and acne were a common practice in the medical word until 1960s. In the United States some four million children were treated with irradiation in this manner. In France, Portugal, Germany, England and Canada tens of thousands of children were also treated with x-rays. In Israel the largest group of children treated were children who had contracted ringworm, a fungal disease of the scalp. In the late 1960s, in the wake of research on the extent of damage caused by irradiation for ringworm, 17,000 medical cards former ringworm patients were found in Israel, among whom 10,000 were identified as children. The identification of the children involved was kept secret by the researchers. At the beginning of the 1980s, a public struggle began to pressure authorities to release the names of ‘ringworm children’ whose medical cards had been uncovered. The struggle to make the names of the ‘ringworm children’ public became a legal battle and a media issue between researchers in the health system, and politicians and community activists - a clash that continued for close to three decades. The work at hand describes the historic struggle to reveal the names of ringworm children in Israel, and its results. The work is based on archival and legal documents, protocols of discussions of the issue and coverage in the Israeli media on this issue.

** board

6:30 pm to 8:00 pm

**Spirit of 1848 Caucus Business (Labor!) Meeting**  (Session 336.0; EMCC)

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 in planning future sessions & projects!

**CO-SPONSORED SESSIONS**

**Tuesday, November 18, 2014**

-- In the evening we will, as usual, co-sponsor the annual health activist dance party, organized by the Occupational Health & Safety section – which is celebrating its 100th anniversary!! -- details will be available in our final program.
Note: the text below is an excerpt from what we prepared for our application to be approved as a special session, which is why it has so many references!

Recognition that “place matters” is longstanding in public health. In the mid-19th c CE, public health research discovered that neighborhood mortality rates varies by neighborhood poverty, expanding the earlier Hippocratic emphasis on physical environs, as per the 5th c BCE classic “Airs, Waters, Places”. Only recently, however, has still another dimension of place – aptly termed “political geography” -- begun to inform analysis of population health and health inequities. At issue is how place-based political institutions, laws and policies structure whether populations can – or cannot – attain health equity.

Bringing home the issue of political geography is the case of US reproductive rights, reproductive justice, and reproductive health. In January 2014 the Guttmacher Institute reported that during the past 3 years (2011-2013), US state legislatures enacted more abortion restrictions (N=205) than in the entire previous decade (N = 189, 2001-2010), along with policies hostile to family planning, emergency contraception, and sex education. Consequently, between 2000 and 2013 the proportion of US women of reproductive age living in states hostile to abortion rights rose from 31% (13 states) to 56% (27 states) – this at a time when over 50% of all US pregnancies are unintended, translating to 1-in-20 US women of reproductive age having an unintended pregnancy each year. Meanwhile, 26 states, encompassing about 50% of the US population, have rejected participating in expansion of Medicaid, in opposition to the Affordable Care Act (ACA), limiting access to reproductive health care.

The impact of restrictions on reproductive rights and access to reproductive health care are unequal and disproportionately harm US women and girls who are low-income and/or of color. In the 1990s, women of color activists, US and globally, conceived the idea of “reproductive justice” to address the joint embodiment of racial/ethnic, class, and gender inequality and their influence on the control one’s own body, the choice whether or not to be pregnant, and possibilities for having healthy children. Framed by the indivisible and interconnected set of social, economic, political, civil, and political rights that constitute human rights and are vital to health, a reproductive justice analysis is thus a crucial contribution to understanding geographic variation in reproductive health and community well-being, including across generations.

REFERENCES

10:30 am – Historical legacies of inequality – Linda Gordon, PhD (Professor of History, Florence Kelley Professor, New York University, NYC, NY)

Inequalities in reproductive health simply replicate the overall inequalities in the society. Inequality in medical care reflects political, economic, social and constitutional inequalities; specifically, because our welfare state is based on fragmented coverage of particular populations, rather than simpler universal coverage, so too are reproductive health services. Ever since the birth-control movement of the early 20th century began to open clinics, providers realized that providing “family planning” could not be separated from holistic health care. In these inequalities, racial, ethnic and class inequality have been mapped onto different regional histories. To name just a few:
--In the southeastern states, centuries of white rule and share-cropping exploitation meant virtually no medical care for the majority of the poor, both black and white, until very recently.
--In the southwestern and west-coast states, a century-and-a-half of using immigrant and Mexican-origin labor created similar racisms and deprivations.
--Throughout the US, 150 years of nativism continue today to deny health care to those who need it most and strengthen opposition to public funding.

At the same time American religiosity and prudery periodically re-escalate, building moral panics about reproductive rights. For all these reasons, birth-control activists were often forced to compromise with regional prejudice in order to win benefits for more privileged groups. Today gerry-mandering and political over-representation of conservative regions have continued to endanger reproductive health.

10:50 am – Reproductive Justice Now!: How intersectionality will help us achieve the world we want – Carol McDonald (Director of Strategic Partnerships, Planned Parenthood Federation of America, Washington, DC)

For 41 years, access to safe, legal abortion has been the law of the land and the majority of Americans continue to oppose efforts to overturn Roe v. Wade. However, the fight for Reproductive Justice is about much more than this court decision. Reproductive Justice will only be achieved when every person has the social, economic, and political resources to make healthy decisions about their bodies, sexuality, and reproduction for themselves, their families, and their communities.

The term Reproductive Justice was coined in 1994 at the United Nation’s International Commission on Population Development in Cairo, Egypt. The reality then and now is that a range of social and health disparities continue to disproportionately affect the people of color and people of the global south, including higher rates of cancers, unintended pregnancies, and sexually transmitted infections. Women of color even have a lower life expectancy than white women across the board due to these disparities. The participants at the ICPD quickly realized the movement for reproductive rights wasn’t taking any of this, any of their lived experiences into account -- so they created a movement that did.

Since then, the global movement for reproductive justice has been true to its origins – consistently challenging the traditional feminist movement and engaging communities of color, young people, and other marginalized groups as its dynamic leadership. Now, at the 20th year anniversary of the term’s creation we must lean into the successes and challenges of the movement to find a path to victory.

11:10 am – Misconceptions, misogyny and nonsense: Fighting anti-abortion legislation in the states – Cindy Pearson (Executive Director, National Women's Health Network, Washington, DC)

A vast wave of anti-women, anti-abortion and anti-reproductive justice restrictions is sweeping over the United States. Ultra-conservative politicians have promoted and too often passed laws that undermine women’s rights and fly in the face of science and evidence-based healthcare. In particular, over half the states have imposed restrictions on medication abortion that have nothing to do with ensuring safe healthcare and everything to do with preventing a woman from getting abortion services. These restrictions include requirements that a physician prescribe the drugs, be present when the drugs are taken and use outdated drug regimens. Additionally, anti-choice policymakers in nearly half the states have expanded the unjust and harmful bans on Medicaid coverage of abortion to restrict abortion coverage in insurance plans offered through health insurance marketplaces, with some states restricting abortion coverage in all private insurance plans. These restrictions result in significant state to state variation in access to quality of reproductive healthcare and disproportionately harm low-income and young women, women of color and women living in rural areas. Access to the full range of reproductive health services including abortion should not be dependent on where a woman lives, how she gets insurance or her income, and activists are fighting back. This presentation examines the various anti-abortion restrictions, health disparities worsened by these state-specific restrictions, and advocacy successes to oppose some restrictions. It shines a light on coordinated efforts of local, state and federal advocates as a model for defending and expanding the availability of safe, affordable abortion care.
There is a vast significance of place on reproductive health, rights and justice in Louisiana. The intersection of multiple oppressions, including racism, classism, and gender discrimination, have been long-standing social ills that disproportionately impact marginalized communities access to basic human rights. While Louisiana maintains some of the poorest health outcomes, conservative state policies and ideologies continue to restrict access among our most vulnerable communities.

In the aftermath of hurricane Katrina, communities of color, particularly women of color, socio-economically disadvantaged and uninsured residents living in New Orleans experienced the highest levels of disaster risk and exposure. These women have been most impacted by the lack of safe and affordable housing, quality childcare and schools, equitable and sustainable employment, and access to a full range of health services. Eight years later, while there has been significant development and recovery, multiple oppressions and social determinants such as place, continues to disproportionately increase their exposure to illness, violence, diminished sexual and reproductive health services, mental and emotional health. In fact, a rejection of federal policies and resources, including the Affordable Care Act and Medicaid Expansion, and more restrictive and oppressive state policies, further limit access to a full range of comprehensive sexual and reproductive health information and services among our most vulnerable populations.

This presentation discusses the local, state, and national work of the New Orleans' based Institute of Women and Ethnic Studies, including how current policies and conditions impact sexual and reproductive health outcomes in New Orleans post-Katrina, using a reproductive justice framework.

11:50 am: Q&A