Spirit of 1848: a network linking politics, passion, and public health[a]

COORDINATING COMMITTEE OF SPIRIT OF 1848[b]

In 1994, several US public health activists and researchers founded a new organization, 'Spirit of 1848: A network linking politics, passion, and public health'. We came together to develop and project a progressive public health agenda, at a time of growing social and economic inequality, conservative retrenchment and increasing fragmentation. Our purpose is to make and strengthen connections among progressive public health workers, whether in or outside the United States, from a perspective that simultaneously recognizes diversity and emphasizes common bonds.

The name of our organization, Spirit of 1848, speaks to our vision, principles and program for action (Appendix 1). We chose our name because the year 1848 not only marks the passage of the first great Public Health Acts in Great Britain, a turning point in the development of the field of public health, but also because 1848 was a year of social ferment, linking issues of social justice and public health (Appendix 2). In 1848, in the midst of a year of democratic revolution across Europe, Rudolf Virchow founded his famous journal '*Social Medicine*' and published his classic essay 'Report on the Typhus Epidemic in Upper Silesia', in which he declared that only 'full and unlimited democracy' could avert such enormous compilations of misery. Similarly, 1848 was a year of growing connection among the nascent abolitionist, women's suffrage and trade union movements in the United States—all of which included a profound desire for improving social well-being and public health among their principal concerns. Firmly believing we have much to learn from the past as we act to improve the present and future health of the public, the founding members of our group thus chose a name that would project our progressive and unifying spirit, while recognizing diversity and honoring those in prior generations whose lives and work were likewise dedicated to the belief—and fact—that social justice is the foundation of public health.

Keeping alive this spirit, the Spirit of 1848 has created four committees to further understanding of and action to address critical determinants of the public's health. These committees focus on: (a) public health data (especially as related to monitoring and analyzing social inequalities in health and progress towards social equity in health), (b) curricula addressing social justice and social inequalities in health, (c) mentoring and networking, and (d) history of public health. With the exception of this last committee, which serves as a liaison to the Sigerist Circle (a US-based organization of progressive historians of public health and medicine), none of these areas

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presently has a clear US organizational base or focus within the field of public health. Coordinating and approving the activities of these committees is the Spirit of 1848's Coordinating Committee. Our Coordinating Committee comprises one elected representative from each of the four committees, plus two elected co-chairs. And, although we have no dues paying members, our mailing list includes nearly 600 people and over 400 people subscribe to our electronic bulletin board.

One major focus of our work is organizing sessions at the annual American Public Health Association (APHA) meetings (Appendix 3). Typically, each committee organizes one session, and attendance has ranged upward from 50 to 250 people. Our sessions have focused on: health consequences of discrimination, measurement of social class for public health surveillance and research (including in relation to gender and race/ethnicity), measurement of social inequalities in health, curricula on social justice and social inequalities in health, and mentoring and development of new public health leadership. To augment awareness of the issues we address, every year Spirit of 1848 has sought and almost always obtained co-sponsorship of our sessions by all APHA caucuses (e.g. American Indian and Alaska Native Caucus, Asian Caucus, Black Caucus, Caucus on Homelessness, Caucus on Refugee and Immigrant Health, Latino Caucus, Lesbian, Gay and Bisexual Caucus, Socialist Caucus, Women's Caucus). Increasingly, several APHA sections have also agreed to co-sponsor our sessions, including Medical Care, Epidemiology, Statistics, and Maternal and Child Health. As recognition of our ability to galvanize attention, attendance and action, we have also been invited to co-sponsor sessions by the Black Caucus, Caucus on Homelessness, Caucus on Refugee and Immigrant Health, Latino Caucus, Socialist Caucus, Forum on Bioethics, and Medical Care Section.

Attesting to the impact of our work, sessions organized by Spirit of 1848 for the 1996 APHA meeting received national attention when the *Wall Street Journal*, on 12 December 1996, published an op-ed piece attacking our work. Entitled 'Politicization of Public Health', the piece was written by a Dr Sally Satel, a physician with undisclosed ties to the arch-conservative Heritage Foundation. Satel excoriated our sessions for raising concerns about racism and social class as determinants of public health, asserting instead that the bad health of the poor is due chiefly to their bad health habits. She also castigated APHA for including John Sweeney, the newly elected president of the AFL-CIO (the national US organization of trade unions) as a keynote speaker at the opening session of APHA. Satel's stance was that trade unions and politics undercut and have nothing to do with the real work of public health: developing vaccines, encouraging people to eat healthy diets, and the like. Her piece, however distorted, nonetheless enabled members of the Spirit of 1848, the president of APHA, and other public health advocates to publish letters in the *Wall Street Journal* articulating points rarely found in conservative or mainstream newspapers: about the social determinants of health, how politics and ideology shape research agendas, that social justice is the foundation of public health. Additionally, Barry Levy, the president of APHA, devoted his February 1997 'President's Column' of the organization's monthly newspaper to this exchange, further educating members of APHA about the importance of standing up for these kinds of basic public health principles.

Spirit of 1848 committees are also involved in projects that extend beyond APHA. The data committee, for example, conducted a survey of all US state public health departments to evaluate what socioeconomic data they collect and report, so as to assess our ability, as a nation, to monitor socioeconomic inequalities in health. Our results were published in late 1997,[1,2] and we also presented our findings, along with an appraisal of the health consequences of welfare repeal and growing economic inequalities, at the 1997 APHA meeting. The data committee is also starting a new project to collect survey instruments with questions on social class, racism, gender and other characteristics relevant to studies of social inequalities in health. We will then make these instruments available via an Internet Web page that the Spirit of 1848 is in the midst of developing, in order to further use of such measures by public health researchers.

The curriculum committee is similarly planning to collect syllabi of courses on social justice and social inequalities in health taught in public health schools, with the goal of listing these syllabi on the upcoming Spirit of 1848 Internet Web Page. Meanwhile, the mentoring and networking committee already maintains an extremely useful and lively Spirit of 1848 electronic bulletin board. This bulletin board serves as an important tool for connecting public health practitioners, sharing information and galvanizing action. (To subscribe to our bulletin board, send an email to Cecilia Zapata requesting to be added to the subscriber list; her email address is: zapata@sou.edu) Finally, the history committee has introduced members of Spirit of 1848 to public health history and is making plans for the 1998 APHA conference to highlight the significance of the 150th anniversary of 1848 for public health and social justice.

In conclusion, Spirit of 1848 is a young but vigorous and growing network. In the years to come, we envision connecting more and more public health advocates, researchers and activists alike, so that we can exchange insights and questions, build upon each other's work, and, in our distinct ways, contribute to the multifaceted task of combining work to build social justice and public health. Taking a long-term perspective, as behoves our name, we believe our times demand no less.

Notes

(a) This paper appeared earlier in *Radical Statistics* 1997; No. 66: 26–32.

(b) Nancy Krieger, PhD: co-chair, Spirit of 1848, Data Committee; Cecilia Zapata, PhD: co-chair, Spirit of 1848, Mentoring Committee; Michelle Murrain, PhD: Curriculum committee; Elizabeth Barnett, PhD: Mentoring committee; P. Ellen Parsons, PhD (deceased): Public Health Data committee; Anne-Emanuelle Birn, PhD: History committee.

References

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Appendix 1. Founding statement of spirit of 1848 (October 1994).

The Spirit of 1848: A network linking politics, passion, and public health

Purpose and structure

The Spirit of 1848 is a network of people concerned about social inequalities in health. Our purpose is to spur new connections among the many of us involved in different areas of public health, who are working on diverse public health issues (whether as researchers, practitioners, teachers, activists, or

all of the above), and live scattered across diverse regions of the United States and other countries. In doing so, we hope to help counter the fragmentation that many of us face: within and between disciplines, within and between work on particular diseases or health problems, and within and between different organizations geared to specific issues or social groups. By making connections, we can overcome some of the isolation that we feel and find others with whom we can develop our thoughts, strategies, and enhance efforts to eliminate social inequalities in health.

Our common focus is that we are all working, in one way or another, to understand and change how social divisions based on social class, race/ethnicity, gender, sexual identity and age affect the public's health. As an activist network, we have established four committees to conduct our work:

(1) Public Health Data: this committee will focus on how and why we measure and study social inequalities in health, and develop projects to influence the collection of data in US vital statistics, health surveys and disease registries.
(2) Curriculum: this committee will focus on how public health and other health professionals and students are trained, and will gather and share information about (and possibly develop) courses and materials to spur critical thinking about social inequalities in health, in their present and historical context.
(3) Networking & Mentoring: this committee will focus on networking and communication within the Spirit of 1848, using email, newsletters and occasional mailings, and will also develop mentoring relationships, so that some of us who have been around for a while can share our experience with—and also learn from—others of us who are relatively new to public health.
(4) History: this committee is an affiliate of the Sigerist Circle, an already established organization of public health and medical historians who use critical theory (Marxian, feminist and otherwise) to illuminate the history of public health and how we have arrived where we are today; its presence in the Spirit of 1848 will help ensure our network's projects are grounded in this sense of history, complexity and context.

Work between these committees will be coordinated by our Coordinating Committee, which consists of two co-chairs and the co-chairs of each of the four sub-committees. To ensure accountability, all public activities sponsored by the Spirit of 1848 (e.g. public statements, mailings, sessions at conferences, other public actions) will be organized by these committees and approved by the Coordinating Committee (which will communicate on at least a monthly basis). Annual meetings of the network (so that we can actually see each other and talk together) will take place at the yearly American Public Health Association meetings. Finally, please note that we are *not* a dues-paying membership organization. Instead, we are an activist, volunteer network: you become part of the Spirit of 1848 by working on one of our projects, through one of our committees—and we invite you to join in!

Appendix 2. Notable events in and around 1848.

1840–47:

Louis Rene Villermé publishes the first major study of workers' health in France, 'A Description of the Physical and Moral State of Workers Employed in Cotton, Linen, and Silk Mills' (1840); in England, Edwin Chadwick publishes 'General Report on Sanitary Conditions of the Laboring Population in Great Britain' (1842); first child labor laws in Britain and the United States (1842); end of the Second Seminole War (1842); prison reform movement in the United States initiated by Dorothea Dix (1843); Frederick Engels publishes 'The Condition of the Working Class in England' (1844); John Griscom publishes 'The Sanitary Condition of the Laboring Population of New York with Suggestions for Its Improvement' (1845); Irish famine (1845–48); start of US–Mexican war (1846); Frederick Douglass founds 'The North Star', an anti-slavery newspaper (1847); Southwood Smith publishes 'An Address to the Working Classes of the United Kingdom on their Duty in the Present State of the Sanitary Question' (1847)

1848:

Worldwide cholera epidemic; uprisings in Berlin, Paris, Vienna, Sicily, Milan, Naples, Parma, Rome, Warsaw, Prague, and Budapest; 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* (*Medicinische Reform*), and publishes his classic 'Report on the Typhus Epidemic in Upper Silesia', in which he concludes that preserving health and preventing disease requires "full and unlimited democracy"; revolution in France, abdication of Louis Philippe, worker uprising in Paris, and founding of The Second Republic, which creates a public health advisory committee attached to the Ministry of Agriculture and Commerce and establishes a network of local public health councils; first Public Health Act in Britain, which creates a General Board of Health, empowered to establish local boards of health to deal with the water supply, sewerage, cemeteries, and control of 'offensive trades', and also to conduct surveys of sanitary conditions; the newly formed American Medical Association sets up a Public Hygiene Committee to address public health issues; first Women's Rights Convention in the United States, at Seneca Falls; Henry Thoreau publishes 'Civil Disobedience', to protest paying taxes to support the United States' war against Mexico; Karl Marx and Frederick Engels publish 'The Communist Manifesto'

1849–54:

Elizabeth Blackwell sets up the New York Dispensary for Poor Women and Children (1849); John Snow publishes 'On the Mode of Communication of Cholera' (1849); Lemuel Shattuck publishes 'Report of the Sanitary Commission of Massachusetts' (1850); founding of the London Epidemiological Society (1850); Indian Wars in the southwest and far west (1849–92); 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 Falls convention (1853); John Snow removes the handle of the Broad Street Pump to stop the cholera epidemic in London (1854)

Appendix 3. Summary of sessions organized by Spirit of 1848 at the American Public Health Association's annual meetings (1994–97).

Public health data committee:

(1) 'Discrimination: a risk factor for health status?—a look across the lines of color, class, gender, and sexual identity' (1994 APHA meeting)

> This session presented pathbreaking and provocative new research on health effects of different types of discrimination, including racial discrimination and anti-gay discrimination. Speakers considered both physical and mental health outcomes (attendance: 60 people)

(2) 'Social inequalities in health: measures and trends' (1994 APHA meeting)

> This session provided little known background on the history of measuring social inequalities in health in the United States, made links between the changing structure of work and the public's health, and reported on the content and recommendations of the 1994 NIH-sponsored conference on 'Measuring Social Inequalities in Health' (attendance: 100 people)

(3) 'The politics of naming: implications of proposed changes in federal classification of race and ethnicity' (1995 APHA meeting)

> This session brought together all the APHA caucuses of color and also the Epidemiology, Statistics, and Medical Care section to hold the first public health dialogue on this important topic, and enabled participants to give direct feedback to representatives of the Office of Management and Budget. The success of our session led the

Office of Minority Health to organize a follow-up session at the 1996 APHA meeting (attendance: 250 people)

(4) 'Measuring social class in public health research: theoretical, empirical, and practical issues' (1996 APHA meeting)

This session provided an important didactic opportunity to increase awareness of different conceptual and practical issues in measuring social class in public health research, in both the United States and the United Kingdom. It also provided background on the new WHO/SIDA initiative on 'Equity in health and health care', thereby linking together US and international concerns about inequalities in health (attendance: 250 people)

(5) 'Social inequalities in health and health care: using social class measures in healthservices research' (1996 APHA meeting)

This session presented results of new research, using NCHS and other data sets, on socioeconomic inequalities in access to health services and also in AIDS mortality rates (attendance: 200 people)

(6) 'Socio-economic inequalities in health: the political economy of welfare repeal and documenting disparities in health by class, race/ethnicity, immigrant status, gender, and age' (1997 APHA meeting)

This session provided an overview of the politics and realities of welfare repeal, how federal policies have exacerbated urban poverty and declines in voting participation, and presented results of a national survey documenting the limited capacity of US health departments and US vital statistics to monitor socioeconomic inequalities in health. We dedicated the session to P Ellen Parsons, a longtime advocate for social justice and public health, and founding member of Spirit of 1848, who passed away in October 1997 (attendance: 250 people)

Curriculum committee:

(1) 'Curricula in social inequalities in health: teaching in different settings' (1996 APHA meeting)

This session provided the opportunity for four instructors to discuss the content and approach of their courses on race and racism, health of women, the biology of poverty, and social inequalities in health in relation to health services. They also shared the syllabi with the audience (attendance: 50 people)

(2) 'Curricula in social inequalities in health: epidemiology and public health advocacy' (1997 APHA meeting)

This session included presentations about the content and pedagogical approach of four courses on: public health advocacy, controversies in epidemiology, teaching causality in context, maternal and child health in an urban environment, and the use of allegory in teaching about race and racism (attendance: 40 people)

Mentoring committee:

(1) 'Mentoring health professionals for the 21st century' (1995 APHA meeting)

This session included six prominent public health practitioners who have served as role models for numerous younger public health workers: Helen Rodriguez- Trias, Joyce Lash, Sherman James, David Strogatz, John Hatch and Nelly Taveras. The panel emphasized the importance of mentoring as a way of building a multicultural public health workforce, especially in relation to developing leadership among women and people of color (attendance: 50 people)

(2) 'Who will be the public health leaders and who will mentor them?: facing the challenge' (1997 APHA meeting)

At this session, representatives from the 13 APHA caucuses shared ideas about how they reach out to, bring in, and mentor new members (attendance: 30 people)

History committee:

(1) 'Give Em Health! A conference on the history of the American Health Left' (1996 APHA meeting)

This conference, organized by the Sigerist Circle and co-sponsored by several other organizations, including Spirit of 1848, brought together over 150 public health practitioners and historians of public health, for a day of fruitful learning, connecting and strategizing

(2) 'Out of our past: Biological determinism and the politics of repression' (1996 APHA meeting)

This session, organized by the Medical Care Section and the Sigerist Circle, and co-sponsored by Spirit of 1848, provided public health practitioners with important historical knowledge about public health practice in relation to eugenics and racism within the United States (attendance: 40 people)

(3) 'Social movements and public health' (1997 APHA meeting)

This session, organized by the Medical Care Section, Forum on Bioethics, and the Sigerist Circle, was co-sponsored by Spirit of 1848. It included presentations on Henry Sigerist, working mothers in the mid-20th century US South, the discovery of industrial radium poisoning, an oral history of physicians and AIDS (1981–97), and immigration as a social movement (attendance: 50 people)