★★★★★★ THE SPIRIT OF 1848: APHA 2025 REPORTBACK ★★★★★★

TO: EVERYONE ON SPIRIT OF 1848 EMAIL BULLETIN BOARD
FROM: SPIRIT OF 1848 COORDINATING COMMITTEE
RE: REPORTBACK FROM THE 2025 APHA CONFERENCE (ver: 11/11/25)

We have finalized this Spirit of 1848 APHA 2025 reportback after being in Washington, DC, exactly one year after last year's devastating elections, which have led to relentless attacks in the US on democracy, human rights, the rule of law, scientific and public health institutions, work on health equity and environmental justice and climate change, and more. All of this is what we expected – and what we have been resisting – per the posting submitted to the Spirit of 1848 listserv on Wed, Nov 6, 2024 by the chair & co-founder of the Spirit of 1848 Caucus (N. Krieger):

> The US election results – for president, for control of the US senate, and more – portend truly hard times ahead for the fight for health justice in its many forms, domains, and dimensions – within the US and globally.
>
> Many on this listserv have share myriad postings about the dire implications of emboldened market and religious fundamentalism, in conjunction with minority rule, for people's health and human rights, as well as for the health and well-being of all life on this planet (per the already existing climate and environmental crises that will be worsened).
>
> Hence the need for resolve to continue the ceaseless fight for health justice, each of us in whichever aspects of the fight we have taken on and continue to take on – and may we do so in solidarity with each other, grounded in the knowledge (not simply belief) of the embodied interconnections of our specific struggles, as they play out within both bodies and the body politic – and find and build strength with each other to make another better world possible.

AND: we were able to close out this year's APHA meeting on the encouraging results of the November 2025 election, which followed on the heels of the October 18, 2025 US "No Kings Day" protest (3rd thus far) – in which ~ 7 million people in the US, in 2700+ separate demonstrations occurring in every state and territorial possession (plus a slew of solidarity demonstrations in other countries), stepped up to protest against the MAGA agenda and fascist authoritarianism and stand up for human rights, social justice, political & economic democracy, and better policies for the health of people and our planet. Evidence indicates this is the largest single-day demonstration in the US ever, one with a mission of mobilizing people for organizing and action, not simply a one-day protest. And as for the hopeful election results, well, as summarized in the wee hours of Nov 5, 2025 by Heather Cox Richardson in her "Letters from an American":

> Tonight the results came in. American voters have spoken.
>
> Democrat Abigail Spanberger won the governorship of Virginia by 15 points, becoming Virginia's first female governor. Every single county in Virginia moved toward the Democrats, who appear to have picked up at least 12 seats in the Virginia House of Delegates. Democrat Mikie Sherrill won the governorship of New Jersey by more than ten points (the vote counts are still coming in as I write this).
>
> Pennsylvania voted to retain three state supreme court justices, preserving a 5–2 liberal majority on the court. Democrats in Georgia flipped two statewide seats for public service commissioners by double digits. Mississippi broke the Republican supermajority in the state senate.
>
> Maine voters rejected an attempt to restrict mail-in voting; Colorado voters chose to raise taxes on households with incomes over $300,000 to pay for meals for public school students.
>
> California voters approved Proposition 50 by a margin of about 2 to 1, making it hard for Trump to maintain the vote was illegitimate.
>
> And in New York City, voters elected Zohran Mamdani mayor.
>
> Tonight, legal scholar John Pfaff wrote: "Every race. It's basically been every race. Governors. Mayors. Long-held [Republican] dog-catchers. School boards. Water boards. Flipped a dungeon master in a rural Iowa D&D club. State senators. State reps. A janitor in Duluth. State justices. Three [Republican] Uber drivers. Just everything."
>
> Trump posted on social media: "'TRUMP WASN'T ON THE BALLOT, AND SHUTDOWN, WERE THE TWO REASONS THAT REPUBLICANS LOST ELECTIONS TONIGHT,' according to Pollsters."
>
> But in fact, today voters resoundingly rejected Trump and Trumpism, and tomorrow, politics will be a whole different game.

Amplifying these points, in Mamdani's powerful victory speech, he addressed themes directly relevant to the ongoing fight for health justice, and against the growing fascist authoritarianism of the Trump administration and its allies; selected excerpts include:

> The sun may have set over our city this evening, but as Eugene Debs once said, "I can see the dawn of a better day for humanity."
>
> For as long as we can remember, the working people of New York have been told by the wealthy and the well-connected that power does not belong in their hands.
>
> Fingers bruised from lifting boxes on the warehouse floor, palms calloused from delivery bike handlebars, knuckles scarred with kitchen burns: these are not hands that have been allowed to hold power. And yet, over the last twelve months, you have dared to reach for something greater.
>
> Tonight, against all odds, we have grasped it. The future is in our hands. …
>
> New York City, breathe this moment in. We have held our breath for longer than we know.
>
> We have held it in anticipation of defeat, held it because the air has been knocked out of our lungs too many times to count, held it because we cannot afford to exhale. Thanks to all of those who sacrificed so much. We are breathing in the air of a city that has been reborn. …
>
> And while we cast our ballots alone, we chose hope together. Hope over tyranny. Hope over big money and small ideas. Hope over despair. We won because New Yorkers allowed themselves to hope that the impossible could be made possible. And we won because we insisted that no longer would politics be something that is done to us. Now, it is something that we do. …
>
> This will be an age where New Yorkers expect from their leaders a bold vision of what we will achieve, rather than a list of excuses for what we are too timid to attempt. Central to that vision will be the most ambitious agenda to tackle the cost-of-living crisis that this city has seen since the days of Fiorello La Guardia: an agenda that will freeze the rents for more than two million rent-stabilized tenants, make buses fast and free, and deliver universal childcare across our city. …
>
> Safety and justice will go hand in hand as we work with police officers to reduce crime and create a Department of Community Safety that tackles the mental health crisis and homelessness crises head on. Excellence will become the expectation across government, not the exception. In this new age we make for ourselves, we will refuse to allow those who traffic in division and hate to pit us against one another.
>
> In this moment of political darkness, New York will be the light. Here, we believe in standing up for those we love, whether you are an immigrant, a member of the trans community, one of the many black women that Donald Trump has fired from a federal job, a single mom still waiting for the cost of groceries to go down, or anyone else with their back against the wall. Your struggle is ours too.
>
> And we will build a city hall that stands steadfast alongside Jewish New Yorkers and does not waver in the fight against the scourge of antisemitism. Where the more than one million Muslims know that they belong — not just in the five boroughs of this city but in the halls of power. No more will New York be a city where you can traffic in Islamophobia and win an election.
>
> This new age will be defined by a competence and a compassion that have too long been placed at odds with one another. We will prove that there is no problem too large for government to solve, and no concern too small for it to care about. …
>
> We will hold bad landlords to account, because the Donald Trumps of our city have grown far too comfortable taking advantage of their tenants. We will put an end to the culture of corruption that has allowed billionaires like Trump to evade taxation and exploit tax breaks. We will stand alongside unions and expand labor protections, because we know, just as Donald Trump does, that when working people have ironclad rights, the bosses who seek to extort them become very small indeed.
>
> New York will remain a city of immigrants: a city built by immigrants, powered by immigrants and, as of tonight, led by an immigrant.
>
> So hear me, President Trump, when I say this: To get to any of us, you will have to get through all of us. …
>
> Let the words we've spoken together, the dreams we've dreamt together, become the agenda we deliver together. New York, this power, it's yours. This city belongs to you.

And meanwhile, on Nov 10, 2025, despite (or because) of these victories, 8 Democratic US Senators caved on the fight to secure the extension of the ACA health care subsidies, and voted with 52 Republican US Senators to end the shutdown.

In this context, we share our Spirit of 1848 Caucus reportback from the 153rd American Public Health Association Annual Meeting and Expo (APHA; November 2-5, 2025,Washington, DC), which once again speaks to the values and ceaseless work we do to fight for health justice. Here, we:

(a) share decisions we made at our labor/business meeting, plus our plans for APHA 2026 (San Antonio, TX, November 1-4, 2026); and

(b) give highlights of our APHA 2025 sessions

And: as usual, we are sending this reportback by email and are also posting it to our Spirit of 1848 website.

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

(a) As of October 9, 2025, **3,872** people (in the US & around the world) subscribed to our listserv (on par with the **3,933** who subscribed as of October 14, 2024) – and another **270** signed up to join the listserv at the APHA 2025 meeting!

(b) According to APHA, as of Dec 2024 (the most recent data provided), we had **556** Spirit of 1848 members who are active dues-paying APHA members (up from 286 the prior year), a number which continues to put us well above the 2016 APHA policy which requires APHA caucuses to have 25 or more dues-paying members. According to our own Spirit of 1848 survey data (from our website), as of December 2024, using our old form, the N of Spirit of 1848 members equaled **1848** (a nice number!), of whom **710** at some point were APHA members; using our new form (launched in January 2025), among the **1112** responding to state they are members of the Spirit of 1848, **354** self-reported they were members of APHA. We will be sending out another survey in late November/early December 2025 to update these numbers, as well as include the new folk who signed up to be added at our Spirit of 1848 sessions at APHA.

NOTE: The number of Spirit of 1848 members REALLY MATTERS – both EVERYONE on this listserv AND ALSO those who are APHA dues-paying members. Since 2006, we have been required to report ANNUALLY to APHA the number of Spirit of 1848 members who are ALSO dues-paying APHA members. Accordingly, we STRONGLY REQUEST that all of you reading this who are **DUES-PAYING APHA MEMBERS** **please take a moment to *find your APHA membership number* & then do *BOTH* of the 2 following tasks**:

(a) fill out the 30-second survey to affirm your affiliation with the Spirit of 1848 Caucus and APHA by providing your name & APHA membership number & email address; to do so, please go to:

https://harvard.az1.qualtrics.com/jfe/form/SV_86XQ5KQvFCgCpFP

(& for more explanation about why we need this information, see: http://spiritof1848.org/listserv.htm)

(b) update your APHA membership profile to flag your membership in the Spirit of 1848 Caucus; the steps are:

1) login in at: http://apha.org/

2) click on the bottom part of where your name shows up, which will reveal the "menu" for options

3) click on "update profile"

4) click on the tab for "communities"

5) scroll down to "caucuses," go to "Spirit of 1848," and choose the option for "current participant"!

(note: selecting a Caucus affiliation does NOT count against the choice of 2 Section affiliations)

And so:

1) please encourage interested colleagues & friends to subscribe to our listserv! – directions for how to do so are provided at the end of this email and on our website – and also encourage them to check out our website, at: http://www.spiritof1848.org/

2) If any of the activities and projects we are reporting, either in this reportback or on our listserv, grab you or inspire you -- **JOIN IN!! We work together based on principles of solidarity, volunteering whatever time we can, to move along the work of social justice and public health.**

3) if you have any questions about our work, please send your query to: 1848.spirit@gmail.com

NB: for additional information about the Spirit of 1848 and our choice of name, see:

--Coordinating Committee of Spirit of 1848 (Krieger N, Zapata C, Murrain M, Barnett E, Parsons PE, Birn AE). Spirit of 1848: a network linking politics, passion, and public health. *Critical Public Health* 1998; 8:97-103.

--Krieger N, Birn AE. A vision of social justice as the foundation of public health: commemorating 150 years of the spirit of 1848. *Am J Public Health* 1998; 88:1603-1606.

Both of these publications are **posted** on our website, at: http://www.spiritof1848.org

And: APHA next year will be in **San Antonio, TX (November 1-4, 2026)**; the official theme is "**Together We Thrive: Health Across the Lifespan"** – and our Spirit of 1848 theme, as usual, ups the ante -- and will be:

"In solidarity we thrive – health justice across 'borders' and generations"

★★★ THE SPIRIT OF 1848 LABOR/BUSINESS MEETING (Tues, Nov 4, 2025, 6:30-8:00 pm) ★★★

SPIRIT OF 1848 CAUCUS LABOR/BUSINESS MEETING (***Tues, Nov 4, 2025, 6:30-8:00 pm; WCC, Room 305***) – **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!**

Attended by 15 members:

(a) Spirit of 1848 Coordinating Committee members (alphabetical order by 1st name; n = 7): Craig Dearfield, Luis Avilés, Marian Moser Jones, Meg Matthews, Nancy Krieger, Nylca Muñoz, Zinzi Bailey.

> NB: the remaining 1848 coordinating committee members (n = 8) who were unable to attend in person were actively engaged in planning the meeting: Anne-Emanuelle Birn, Bekka Lee, Catherine Cubbin, Charlene Kuo, Lisa Moore, Maria John, Miranda Worthern, & Vanessa Simonds
>
> AND: *we thank Jerzy Eisenberg-Guyot for his many years of service on the Spirit of 1848 Coordinating Committee!* –and note that he stepped down from this role just prior to the start of this year's APHA meeting. His first role on the 1848 Coordinating Committee was to help organize the student poster subcommittee, starting in 2017, and in 2019 he played a key role in developing our activist session, which he helped organize every year from then till now!

(b) additional Spirit of 1848 members (alphabetical order by 1st name; n = 8): Carolyn Fan, Chrys M Cuencas Mama, Elizabeth Brown, Jessica Chairez, Jessica Islam, Sara Aghagg, Sarah Pease, Somava Saha

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

-- In brief, rooted in the work in the late 1980s of the National Health Commission of the National Rainbow Coalition, we cohered as the Spirit of 1848 network in 1994 and began organizing APHA sessions as an affiliate group to APHA that year. In 1997 we were approved as an official Caucus of APHA, enabling us to sponsor our own sessions during the annual APHA meetings. Thus, 2025 is our 28th year as an official APHA Caucus, and in 2027, APHA will consider us to be 30 years old. That said, by our own timeline, we held our 20th year celebration back in 2014, and our 25th anniversary celebration in 2019 ...

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

-- We also have official co-representatives to the APHA Caucus Collaborative and to the APHA Governing Council.

-- To ensure accountability, all projects carried out in the name of the Spirit of 1848 are approved by the Spirit of 1848 Coordinating Committee. The Coordinating Committee meets annually at APHA and in between communicates regularly & frequently by email and occasionally via zoom, and its chair (and other members, as necessary) deals with all paperwork related to organizing & sponsoring & co-sponsoring sessions at APHA and maintaining our Caucus status. The subcommittees also communicate regularly by email and occasionally by zoom in relation to their specific projects (e.g., organizing APHA sessions).

2) **Spirit of 1848 listserv & membership**. We happily reported that:

(a) As of October 9, 2025, **3,872** people (in the US & around the world) subscribed to our listserv (on par with the **3,933** who subscribed as of October 14, 2024) – and another **270** signed up to join the listserv at the APHA 2025 meeting!

(b) According to APHA, as of Dec 2024 (the most recent data provided), we had **556** Spirit of 1848 members who are active dues-paying APHA members (up from the 286 last year), a number which continues to put us well above the 2016 APHA policy which requires APHA caucuses to have 25 or more dues-paying members. According to our own Spirit of 1848 survey data (from our website), as of December 2024, using our old form, the N of Spirit of 1848 members equaled **1848** (a nice number!), of whom **710** at some point were APHA members; using our new form (launched in January

2025), among the **1112** responding to state they are members of the Spirit of 1848, **354** self-reported they were members of APHA. Additionally, **33** new folk filled out our Google Form during or shortly after the APHA 2025 conference (i.e., I the span from Nov 2-Nov 10, 2025). We will be sending out another survey in late November/early December 2025 to update these numbers, as well as include the new folk who signed up to be added at our Spirit of 1848 sessions at APHA.

3) **Spirit of 1848 Sessions**. We reported back on how our various sessions went (see detailed descriptions below), discussing both attendance and content. This was the 4th fully-in-person APHA since 2019 (with 2020 solely virtual, and 2021 hybrid, due to COVID-19, and 2022 resuming being an in-person meeting & also the 150th anniversary of APHA).

a) This year at APHA, *the N of persons attending equaled ~11,400* – a tad lower than pre-COVID attendance, when in-person meetings included ~ 12,000 to 15,000 persons. By contrast, in 2021, attendance at the hybrid conference equaled 9,200 persons, of whom 5,787 (63%) were virtual, with only 3,413 (37%) in person.

b) Hence, although we can meaningfully compare our attendance in 2025 to 2022-2024, we cannot compare meaningfully to either 2021 (for which ALL Spirit of 1848 sessions were VIRTUAL, in the context of a hybrid conference) or 2020 (which was 100% virtual). That said, here are our data for 2019-2025 – noting that our 2025 attendance is on par with that in 2024, albeit with both lower than in 2022 and 2019, but still a good turn out!

Session (chronological order)	**2025 (in person)**	**2024 (in person)**	**2023 (in person)**	**2022 (in person)**	2021 (virtual)	2020 (virtual)	2019 (in person)
Scientific sessions (oral): total	**360**	**390**	**450**	**780**	**~ 231**	**~ 419**	**765**
Activist	**50**	**50**	**60**	**95**	~ 33	~ 71	95
Social history of public health	**60**	**50**	**90**	**150**	~ 36	158	175
Politics of public health data	**100**	**125**	**110**	**250**	~ 36	~ 69	180
Integrative session	**90**	**130**	**130**	**225**	~ 74	~ 67	225
Progressive pedagogy	**60**	**35**	**60**	**60**	~ 55	~ 54	90
Scientific session (poster)							
Student poster session	**?? (no data)**	**~ 125**	**75**	**~100**	~ 25	?? (no data)	60 to 90
Additional sessions:							
Spirit of 1848 labor/business mtg	**15**	**14**	**12**	**19**	18	36	19
Joint 1848/PHA social hour	**~180**	**~ 200**	**~150**	**~ 100 to 120**	53	53	~ 100
Joint oral session with SCAPHA (2025)	**130**	**na**	**na**	**na**	na	na	na

Note: at our 1848 labor/business, we discussed possible reasons for the trend of declining attendance at our sessions. Plausible explanations include:

(a) declining attendance at APHA overall, compounded by this year's attendance uncertainty due to budget cuts, public health staff layoffs, grant terminations, and US DHHS prohibition of federal employees from attending, due to: (1) APHA having sued DHHS in multiple cases, re federal freeze on funding to health departments, grant terminations, etc., and (2) the furlough of federal employees still in effect at the time of the conference, due to government shutdown tied to the ongoing fight over the federal budget; and

(b) the post-2020 rise in other non-1848 sessions as explicitly focused on social justice as our sessions have long been, as tied to the 2020 radicalizations triggered by the 2020 onset of the COVID-19 pandemic and the police killing of George Floyd (noting that prior to 2020, the Spirit of 1848 caucus stood out for being one of the few with sessions explicitly and consistently focused on issues of social justice & public health, across a wide range of exposures and types of health inequities).

Once APHA releases its attendance data later this year, we can review and see if it sheds any light on the trends in attendance at our Spirit of 1848 sessions.

That said, throughout, our sessions underscored the need for both defensive and proactive work, per our 2025 theme: **Making Health Justice: Everything Everywhere All at Once.** See detailed descriptions of our sessions in Part II of this reportback.

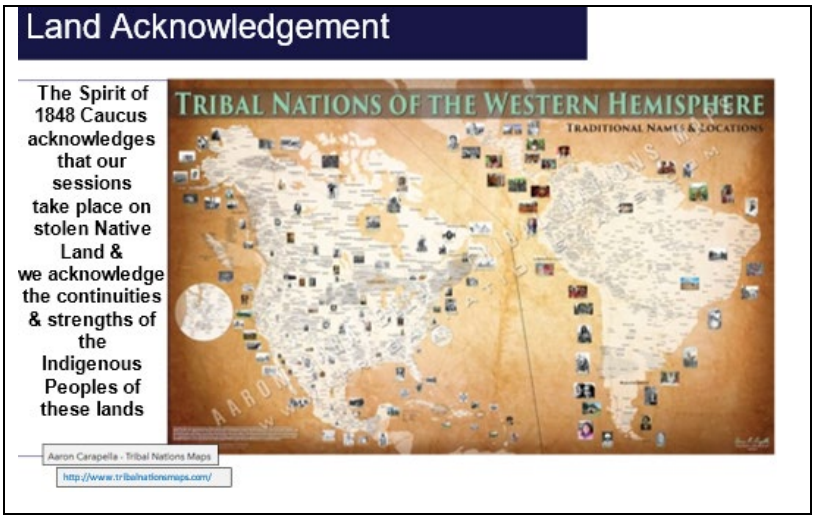
One final note: this year we had an unprecedented number of speakers be unable to present their talks, due to family emergencies and to federal restrictions, and we learned this was not unique to our sessions, but affected sessions across the conference. In all cases where we lost a speaker, we had panels with 4 speakers scheduled -- and we were easily able to have full panels and good Q&A with only 3 speakers. Going forward, we will focus on planning to have sessions with only 3 speakers (each 20 min), as opposed to 4 speakers (each 15 min), as the latter leads to more rushed presentations and less time for Q&A -- and as you will see below, having robust Q&A is a key part of engaging with our sessions and a high note for both speakers and those attending the sessions!

4) **Spirit of 1848 engagement with the APHA history project**. We continue to have a liaison with the APHA history project, which was launched in 2018 in recognition that 2022 marked the 150th year of APHA (which was founded in

1872). Of note, our Caucus has been dedicated, from the start, to preserving our history, and on our Spirit of 1848 website you can find a copy of every single annual flyer and reportback we have produced since our founding in 1994! – see: http://www.spiritof1848.org/apha%20reportbacks%20&%20attendance.htm

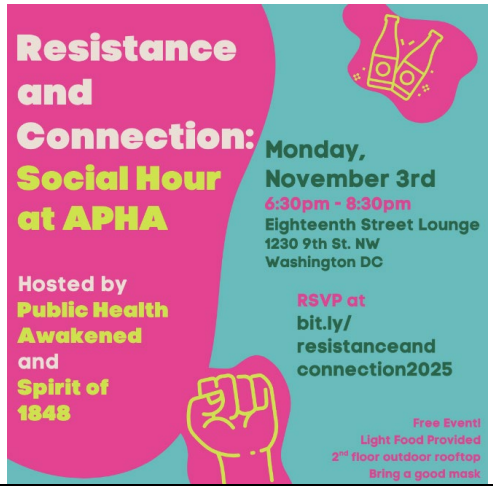
We are also happy to report that our liaison to this project, Marian Moser Jones, who is on the social history subcommittee of the Spirit of 1848 & a member of our coordinating committee, is now in her 3rd year as one of the editors for the History section of the *American Journal of Public Health*.

5) **Institutionalizing our Spirit of 1848 policy about Land Acknowledgement and inviting submissions that bring a critical Indigenous lens.** Since 2019: (a) every Spirit of 1848 session starts with a Land Acknowledgement slide, as a very first step towards histories that must be acknowledged, as prelude to reparative action and creating better futures; and (b) our call for abstracts invite submissions that bring a critical Indigenous lens to the specific topic that is the focus of each session, drawing on Indigenous theories, knowledge, and methods. In 2025, one of our oral sessions (integrative) was slated to include a presentation on "Protecting and building healthful Indigenous futures," authored by Dr. Karina Walters, an enrolled member of the Choctaw Nation of Oklahoma and who since 2023 has served as the Director of the Tribal Health Research Office (THRO) at the U.S. National Institutes of Health (NIH); however, because of her federal position, Dr. Karina Walters was unable to attend (but looks forward to attending next year to give her presentation, assuming federal employees are able to attend).



6) **Joint social hour with Public Health Awakened.**

This year we held our 7th joint social hour with Public Health Awakened (PHA) – YAY!! We kept the title we collectively came up with in 2020 as an antidote to the physical distancing in the early years of COVID-19: "*Resistance & Connection Social Hour.*" We are happy to report that ~**180 folk** connected at an amazing speak-easy setting with an outdoor patio (on par with our 200 folk last year, our highest attendance to date). And: **111** new persons signed up for the 1848 listserv at the event (compared to 64 last year)! Nancy Krieger & Miranda Worthen will continue to be the Spirit of 1848 Coordinating Committee point persons for co-organizing this event.



Sari Bilick (PHA) & Nancy Krieger (Spirit of 1848) welcoming everyone

Also, at this year's social hour, we had a special virtual guest join us: Dr. Nadera Shalhoub-Kevorkian, who at her website states she is "a Palestinian Jerusalemite feminist whose scholarship on the settler colonial state's brutality, unchilding, securitized and sacralized politics, state crime, law and society, and global feminist politics, challenges epistemic violence." Dr. Shalhoub-Kevorkian was supposed to have spoken the following day at the International Health (IH) Section Lunch. However, because of an APHA disciplinary procedure that a good number of us at APHA deem to be unjust, Dr. Amy Hagopian, chair of the IH Section, was stripped of being IH chair and banned from attending APHA for two years, on account of allegations of antisemitic conduct as tied to a demonstration she and many others helped organize last year re Palestine and the genocide in Gaza. In response, Dr. Shalhoub-Kevorkian boycotted the official APHA IH lunch session – and, in solidarity, we created the opportunity for her to present brief comments via zoom at our joint social hour, with her presentation available to all in attendance in person as well as via zoom for those who had bought tickets for the IH section lunch. In her remarks, Dr. Shalhoub-Kevorkian focused on the moral role of public health professionals, which infuses all aspects of our technical & professional public health skills. She spoke powerfully about what a just restoration for Gaza will entail, one that requires NOT erasing the crimes of the present and instead ensuring that the people of Gaza are able to reclaim and honor their dead, and participate meaningfully in determining the future of Palestine.

7) Recruiting new members to work on our Spirit of 1848 subcommittees: We are keen to recruit some more students to join our student poster session to help with the review of abstracts. If you are a student who is interested – or if you are a faculty member who might know of a student who would be interested – please contact **Charlene Kuo (charlene.cl.kuo@gmail.com)**. At our labor/business meetings, several students agreed to join the student poster session!

8) **APHA Caucuses & Governing Council.** Lisa Moore, Miranda Worthen, and Charlene Kuo continue to be our co-representatives to the APHA Caucus Collaborative and also Governing Council.

Some permutation of our 3 reps have been attending the quarterly Collaborative calls. Miranda attended this year's Governing Council sessions as our Spirit of 1848 reps. Additionally, Miranda, Charlene & Nancy Krieger attended the Caucus Collaborative Roundtable at APHA (which was also attended by 7 other of the 17 extant Caucuses in APHA). We also had our flyers available at the APHA Caucus Collaborative Caucus booth in the Exhibition Hall and Nancy Krieger staffed the table on the Sunday of APHA.

Caucus Collaborative Breakfast

> There was lively discussion about a proposed "Caucus Collaborative Policies & Procedures" document, which outlines roles and responsibilities for executive leadership of the caucus collaborative, establishes several committees and task forces, and a section on "Promotion & Development of Policies & Procedures on the Advocacy of Public Health Issues." Noting that APHA has 17 Caucus, among those participating in the breakfast there were highly contrasting views on the document and some newer representatives had not seen the document before. As a Caucus, we support clearly articulating the roles and responsibilities of the executive leadership of the caucus collaborative, but are not in favor of developing new committees or having a caucus collaborative voice in policy development except insofar as: (a) they pertain to policies about the relationship of APHA and the Caucuses, including Caucus self-governance; (b) they refer to opportunities for Caucuses to collaborate (e.g., on sessions) but do not require them to do so; and (c) any committees and/or policies formulated by the Caucuses who work on them do not speak on behalf of the Caucus Collaborative or all caucuses, but only on behalf of caucuses that elect to be represented in any committee or policy. There will be an opportunity for suggesting edits to the document asynchronously and then a vote will be scheduled to take place in December 2025.

Summary from the Governing Council (GC):

> Melissa (Moose) Alperin, EdD, MPH, MCHES was elected President, and Shirley Orr, MHS, APRN, NEA-BC was elected Treasurer.
>
> There were several committee report-backs, updates from organization staff, and an update on the budget of the organization, and the bylaws process. This year, the organization is in deficit and expects to remain in deficit (unlike prior years where the organization ended up having higher revenue than expected). Notable updates from Dr. Georges Benjamin, the APHA Executive Director, were: (1) APHA was hoping to have a Career Mart at the conference. Because they had difficulty getting employers – who noted the lack of jobs – they made the decision to cancel it; (2) West Virginia and Puerto Rico affiliates are (still) withdrawn from APHA; and (3) The Oklahoma affiliate was told that the Health Department cannot spend any money to be a part of APHA and that the state government is not engaging the affiliate because they are affiliated with APHA.

The policy brief "A1- Addressing Hate Motivated Behavior" was adopted. Because of the policies adopted last year to change to having policy briefs and to archive "outdated" policy statements, several older policy statements were archived. Several more policy statements were allowed to remain active for 1 year, as members rewrite them to be policy briefs.

On Sat, Nov 1, there was an effort to have discussion about the adjudication of Code of Ethics violations and disciplinary measures. There was an invitation to propose bylaws changes to be then discussed on Tues, Nov 4. Then, on Tues, Nov 4, the bylaws committee stated they had consulted the APHA lawyer after the amendments were submitted, and they decided to not bring them to discussion or vote. There were multiple attempts to continue discussion that were voted down with between 60 – 67% of the vote on each of these items. There was a request for a specific timeline for consideration of these changes and there was not a response to that request. The amendments were not shared with the GC – it was announced that they would be included in the June report.

At times, the meeting was very tense, with the Speaker noting that he had experienced doxxing and other forms of harassment and Dr. Linda Rae Murray (a GC member and past president of APHA) noting that many members have experienced death threats and that Palestinian colleagues have been getting threats for years. She also noted that as a professional organization, we should be able to talk about decisions and people want a way to discuss this. Dr. Benjamin, Executive Director, said our rules are our rules. Also this year, there were new restrictions on the accessibility and openness of the gallery, with any person who wanted to be in the gallery being required to check their coat, bags, and any electronic devices – with the option of keeping their phone in a locked pouch.

9) APHA 2026: Below we describe our plans for next year's 154th annual meeting of APHA, to be held in **San Antonio, TX (November 1-4, 2026)**.

The official theme for APHA 2025 is: "*Together We Thrive: Health Across the Lifespan."* We in the **Spirit of 1848** take the next step, with our theme being: **"In solidarity we thrive — health justice across 'borders' and generations!"**– a task core to the mission of the Spirit of 1848 Caucus – and all the more important given results of the US elections.

And so:

1) Look at our preliminary call for abstracts, below, and think about whether you or anyone you know would be a good fit for the different sessions we propose – and also *if you know any students (or faculty who teach students) in/near San Antonio TX, since it is much easier for students who are local to present (to avoid hotel & travel expenses).*

2) Be on the look-out for the **APHA CALL FOR ABSTRACTS, which will go live on *January 5, 2026.***

3) **ALL abstracts – both unsolicited and solicited – will be due on *March 31, 2026.***

4) APHA continues to revise the structuring of times for general sessions and scientific sessions, so we are making our plans based on the time slots we were assigned this year (2025), recognizing that the time slots may change yet again.

5) As usual, we have $0 to pay for any speakers to come (since we are a volunteer, no-dues Caucus, noting too that APHA policy expressly forbids paying for speakers). For unsolicited abstracts, we depend on finding speakers who can fund their own participation in APHA. We also have successfully obtained a limited number of complementary passes for invited speakers (permitted for non-APHA members only), and on some occasions we have sought out local groups who can fund travel costs as part of having the invited speaker also speak at their organization/university.

Preliminary call for APHA 2026 Spirit of 1848 sessions

Overall theme:

"In solidarity we thrive — health justice across 'borders' and generations!"

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

Spirit of 1848 sessions (APHA 2025) – by day, name, and LIKELY time, and whether an OPEN CALL for abstracts or INVITED ONLY			
Monday, Nov 2, 2026	Activist session	8:30 am to 10:00 am	**OPEN CALL + invited**
	Social history of public health	10:30 am to 12 noon	**INVITED ONLY**

	Politics of public health data	2:30 pm to 4:00 pm	**OPEN CALL + invited**
Tuesday, Nov 3, 2026	Integrative session	10:30 am to 12 noon	**INVITED ONLY**
	Student poster session	12:30 pm to 1:30 pm	**OPEN CALL + invited**
	Progressive pedagogy	2:30 pm to 4:00 pm	**OPEN CALL + invited**
	Labor/business meeting	6:30 pm to 8:00 pm	N/A

AND: we also plan to have a joint social hour again with Public Health Awakened! (date & time to be determined, but presumably the evening of Mon, Nov 2, 2026).

Here is a **preliminary preview** of what will be our official "call for abstracts"(listed in the order in which expect the sessions to take place at APHA 2026. We will finalize the call in December 2025 -- and the final **call for abstracts** will become live on the APHA website (https://www.apha.org/events-and-meetings/annual) on ***January 5, 2026 – and: all abstracts (invited & open call) will be due on March 31, 2026.***

Instructions for what we are seeking for each session (listed in chronological order) are as follows:

1. Activist Session (Mon, Nov 2, 2026, 8:30 am to 10:00 am) – *Open call and invited speakers*

TITLE: In solidarity we act: organizing for health justice across "borders" and generations

CALL: This session will focus on Texas-based activist work on health-related justice issues relating to the current political landscape. Presentations could include, but are not limited to, immigrant protection, access to healthcare, policing/incarceration, reproductive health, social and economic justice, LGBTQ health justice, political participation, and/or environmental justice.

-- If you have any questions, please contact Catherine Cubbin (ccubbin@austin.utexas.edu)

2. Social History of Public Health (Mon, Nov 2, 2026, 10:30 am – 12 noon) – *Invited speakers*

TITLE: In solidarity we remember: Histories of struggles for health justice across 'borders' and generations

CALL: As we prepare to convene in 2026 in San Antonio, a borderland between the overlapping Mexican and U.S. empires, we focus our solicited call for abstracts on papers that historical struggles for health justice across and in relation to these U.S./Mexico borderlands. We also turn to historical and ongoing struggles so prevalent in this region and in the U.S., that relate to *who* determines *how* people use the land and water and to *what* end. Local people of Texas' Gulf Coast have lived in the shadow of, and among the wastes of the petrochemical industry and other allied industries while resisting the industries' practices of using their local areas and their bodies as environmental and health "sacrifice zones". We seek papers that will explore their stories of resistance and survivance. Finally, countering the dominant narrative that Texas is a state free of indigenous peoples, we seek out scholarship that resurfaces the histories of indigenous Texans/Tejanos/as in relation to their vital efforts to survive erasure and to work in solidarity with others to imagine healthy lives for future generations.

-- This session will be developed by the history subcommittee: Marian Moser Jones (email: moserj@umd.edu), Anne-Emanuelle Birn, (email: ae.birn@utoronto.ca), Luis A. Aviles (luis.aviles3@upr.edu), Charlene Kuo (email: charlene.cl.kuo@gmail.com)

3. Politics of Public Health Data (Mon, Nov 2, 2026, 2:30 – 4:00 pm) – *open call and invited speakers*

TITLE: "In solidarity we thrive: evidence, fixing missing evidence, & accountability for health justice"

CALL: This session will focus on our current data landscape, namely evidence, fixing missing evidence, and accountability for health justice. Presentations could include, but are not limited to:

- Data preservation for health equity and challenging authoritarian erasure
- Reimagining and building new data infrastructure, technologies, & policies for health justice

- Research using all the banned words: still fighting for health justice and evidence for accountability
- Weaponizing the US census and other data sources vital for health justice research & monitoring
- Who is being classified how, by whom, and why – and how does that affect data for health justice?

-- If you have any questions, please contact Zinzi Bailey (zinzib@gmail.com)

4. Integrative Session (Tues, Nov 3, 2026, 10:30 am – 12 noon) – *Invited speakers*

TITLE: Solidarity Forever: Health Justice, Thriving, & Everything Everywhere All at Once, continued!

CALL: This session will build on our session last year, embracing our theme of "Making Health Justice: Everything, Everywhere, All at Once" and extending it to make clear the links between solidarity and thriving. Invited presentations will engage with Spirit of 1848 foci regarding critical public health histories, data, activism, pedagogy, and the ongoing intergenerational work for health justice – including from critical Indigenous perspectives.

5. Student Poster Session (Tues, Nov 3, 2026, 12:30 – 1:30 pm) – *Open call and invited speakers*

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

For the **APHA Annual Meeting 2026**, the **Spirit of 1848 Social Justice & Public Health Student Poster Session** is issuing an **OPEN CALL FOR ABSTRACTS** for posters that **highlight the intersections between social justice and public health** from a historical, theoretical, epidemiological, ethnographic, and/or methodological perspective.

This session will have an **OPEN CALL for submissions** by students (undergraduate or graduate) who are focused on work linking issues of social justice and public health. This can include, but is not limited to, work concerned with the Spirit of 1848's focus for APHA 2026 on ***"In solidarity we thrive — health justice across 'borders' and generations"***

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

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

Abstracts will be evaluated on the following criteria: (1) Relevant to the Spirit of 1848's broader mission and our APHA 2026 theme ("***In solidarity we thrive — health justice across 'borders' and generations***"); (2) The rigor of the research methods and theoretical foundation; (3) Originality; and (4) Scholarly or practical importance

NOTE:

(a) Students who submit to our session have a high success rate in getting your abstracts selected!

(b) to address the on-going problem of student uncertainty about funding, which has led to students with accepted posters withdrawing their submissions, we will continue with the successful approach we implemented in 2016, whereby we will: (1) accept the top 10 abstracts (the limit for any poster session); (2) set up a waitlist of all runner-up potentially acceptable posters (ranked in order of preference); and (3) reject abstracts that either are not focused on issues of social justice and public health or are not of acceptable quality. If any accepted poster is withdrawn, we will replace it with a poster from the waitlist (in rank order).

-- For any questions about this session, please contact Spirit of 1848 Student Poster Coordinating Committee member Charlene Kuo (charlene.cl.kuo@gmail.com).

6. Pedagogy Session (Tues, Nov 3, 2026, 2:30 pm – 4:00 pm) – *Open call and invited speakers*

TITLE: Teaching for Solidarity Across "Borders" and Generations for Health Justice

CALL: We seek submissions for practical presentations on pedagogy that enhances capacity for teaching and organizing with a focus on making health justice. This includes the pedagogies that are being (re)developed through decolonizing epistemologies and other ways of re-framing knowledge and voice, Indigenous methodologies outside of Western frameworks, and learning that happens outside of traditional academic settings, across "borders" and generations.

We call for work that shows how such pedagogy can be carried out, in both: (1) training programs for community and workplace activists, organizations, and members, and (2) diverse academic settings, e.g., universities and colleges (including community colleges), health professional schools (public health, nursing, medical, dental, veterinary, etc.), high schools, elementary schools, and across the age span, highlighting intergenerational and lifelong learning. We also welcome student-led presentations focused on how to bring such pedagogy into their educational programs and communities.

Per our Spirit of 1848 policy, we encourage submissions that bring a critical Indigenous lens, drawing on Indigenous theories, knowledge, and methods, to the specific topic that is the focus of each session

-- If you have any questions, please contact the session organizers, who are Spirit of 1848 Coordinating Committee members Vanessa Simonds (email: vanessa.simonds@montana.edu), Lisa Moore (email: lisadee@sfsu.edu), Rebekka Lee (email: rlee@hsph.harvard.edu), and Nylca Muñoz (email: nylcamunoz@gmail.com).

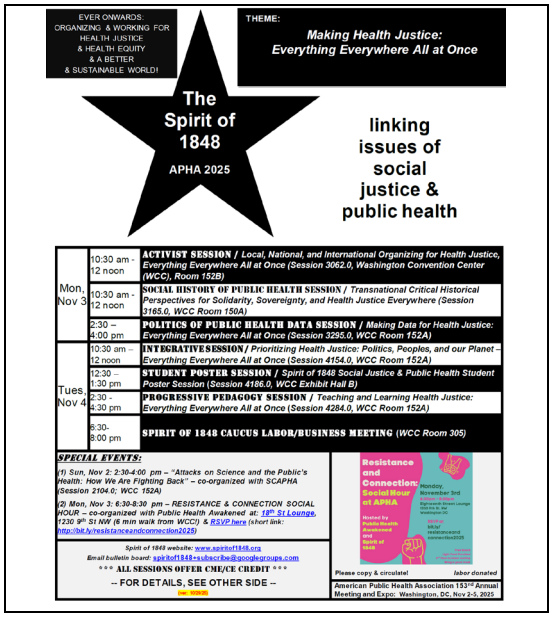
★★★★★★ HIGHLIGHTS OF SPIRIT OF 1848 SESSIONS (APHA 2025) ★★★★★★

Our Spirit of 1848 sessions brought all of us attending APHA together once again in even more fraught times. Since the start of the new administration, attacks on public health have escalated to unprecedented levels, as has the volume and speed of disinformation, putting people's lives in danger and, via climate disinformation, threatening all life on this planet. Additionally, war is raging still in Ukraine, in the Sudan, in Myanmar, and more -- and the ceasefire between Gaza and Israel remains fragile. In this context, progressive organizing on so many fronts, both as responses and forward-looking, remains frenetic and multi-faceted.

All the more reason that our sessions focused on:

"Making Health Justice: Everything Everywhere All at Once"

The Spirit of 1848 is about the vision needed to advance the fight for health justice, mindful of the histories that bring each of us to where we are. And as usual, APHA gave those of us present a chance to regroup and replenish our spirits – and one of the many reasons we organize the Spirit of 1848 sessions as we do!



Our provisional counts for attendance indicate ~**360** people came to our 5 scientific sessions. In chronological order, they are: (1) activist session (n ~**50**); (2) social history of public health session (n ~**60**); (3) politics of public health data session (n ~**100**); (4) integrative session (n ~ **90)** & (5) progressive pedagogy session (n ~**60**)-- and many folk came by our student poster session. Attendance for each of our Spirit of 1848 scientific sessions remains much higher than the average APHA in-person attendance of ~ 30 persons/session. We also co-sponsored two events: a session with the Socialist Caucus (n ~**130**) and our joint social hour with Public Health Awakened (n ~**180**), both of which are likewise described below.

Our **APHA 2025** Spirit of 1848 theme – **Making Health Justice: Everything Everywhere All at Once** – was, as usual, a deliberately radical rendition of the official APHA conference theme, which for 2025 was: "***Making the Public's Health a National Priority***."

Motivating our theme, as stated in our "call for abstracts," was: "(a) deep recognition of the need for international solidarity and questioning of reactionary nationalist politics, including anti-immigrant politics and politics that undermine Indigenous sovereignty, that harm people's health and drive health inequities within and between countries, combined with (b) deep appreciation for the creativity and joy that lies at the heart of the work for health justice in all of us, doing everything, everywhere, all at once, in solidarity & coalition with so many others!"

● SPIRIT OF 1848 ACTIVIST SESSION

https://apha.confex.com/apha/2025/meetingapp.cgi/Session/72618

Estimated attendance: ~50 people

ACTIVIST SESSION / *Local, National, and International Organizing for Health Justice, Everything Everywhere All at Once (Session 3062.0, Washington Convention Center (WCC), Room 152B) – Mon, Nov 3, 2025*

8:30 AM: **Introduction. C. Cubbin PhD**
8:35 AM: ***Preserving public health data: Enhancing access to the pre-January 20, 2025 CDC archived website.*** **M. Holland, PhD, MPH, et al.**
8:50 AM: ***Democracy in Action: Insights from the People, Parks, and Power Initiative's Efforts to Advance Health Justice.*** **G. Cotangco, MPH, et al.**
9:05 AM: ***The Zine Clinic: A Health Justice Intervention to Reclaim the Right to Health.*** **Nargish Patwoary, M.S., M.A.**
9:20 AM: ***The Mid-Atlantic Justice Coalition (MAJC): Where are we now and where do we need to go?*** **S. Wilson** et al.
9:35 AM: **Q&A**

INTRODUCTION – Catherine Cubbin, PhD

-- **Margaret Holland, PhD, MPH** presented on: "***Preserving public health data: Enhancing access to the pre-January 20, 2025 CDC archived website.*"**

Dr. Holland's major points focused on the work she and colleagues have done, as volunteers, to recreate the CDC website with working links across pages and to data sets; see: RestoredCDC, which is what the CDC website was

like as of January 6, 2025. They undertook this work in response to the Trump Administration's taking down of websites and data that they opposed ideologically, especially but not only focused on health equity, gender, climate change, and environmental justice. Noting that there have been 3 major lawsuits resulting in court ordered restoration of a small number of websites and data sets, she and her colleagues realized a more systematic effort to restore information was needed. The core team of 6 members, plus an additional 4 contributors, worked together to identify the relevant sites via using the Internet Archive, and their RestoredCDC website went live on March 3, 2025. At their website they provide not only the CDC website information but also the code they developed to identify and restore the website pages & datasets (see links below). The files are all stored via a server in France (i.e., deliberately outside of the US), and include 73,832 pages (amounting to 95 GB of data!). She also demonstrated the comparison tool offered at their website, whereby it is possible to compare what a given page looked like on Jan 6, 2025 versus the date that one choses for the comparison. In the case of websites and data deleted or altered by the Trump Administration, the RestoredCDC website provides the pre-censored/pre-altered information. However, in the case of websites that are currently being updated (e.g., re new disease outbreaks occurring since Jan 20, 2025), the current website will show the more up-to-date data. Attesting to the need for this resource, in the 1st week of the website's launch, it had >176,000 unique visitors, and as of September 2025, the N of unique visitors is on the order of 23,400 per day – which, while large, is smaller than the daily traffic to the US government official CDC website. The two main limitations of the website are that: (1) it is static (i.e., it shows only what was available as of Jan 6, 2025, and does not try to update the pages), and (2) it is not yet broadly known. Strengths include: (1) it is designed to be easily searchable; (2) it provides the comparison tool, permitting easy comparison of each page as of Jan 6, 2025 vs. the current page as of the day the comparison is conducted; and (3) at its "About us" page, the website provides a link to "Trusted Health Resources" to guide users to current relevant websites with sound information.

-- For more information and to get involved, contact: info@RestoredCDC.org

-- The website URL is: https://www.restoredcdc.org/www.cdc.gov/

-- The restored data can be accessed at: https://data.restoredcdc.org/

-- The GitHub site is: https://github.com/RestoredCDC & the code is at: https://github.com/RestoredCDC/CDC_zim_mirror

-- **Grace Cotangco, MPH** presented on: "***Democracy in Action: Insights from the People, Parks, and Power Initiative's Efforts to Advance Health Justice***"

Ms. Cotangco described a 4-year project funded by RWJF, "People, Parks, and Power" (P3), now in its final year, that is supporting 14 organizations across the US, primarily led by Black, Indigenous, and Latinx people of color, with the goal of building community power via a focus on people and parks; the project website is available at: https://preventioninstitute.org/projects/people-parks-and-power. Different communities have had different entry points into the project. For example, based in North Carolina, involved a community group who during start of the COVID-19 pandemic had distributed food in a park, and based on their experiences, decided to work on improving park conditions and making them better sites for community engagement, enjoyment, and exercise of power. She noted that extensive scientific literature has documented the beneficial impact of parks that are in good shape, in terms of: promoting physical activity, providing respite, reducing temperature, bringing community members together and increasing social connection, increasing life expectancy, and reducing stress, violence, and asthma. After presenting their model of "producing park inequities" and showing the links to producing health inequities, she described how P3 is tied to community work on: climate change, the food environment, housing & displacement, prisons, and environmental health. Their theory of change is that the work of P3 helps build capacity for power-building organizations to operationalize equity and bring the right people to the table to push for health equity-oriented policies that are concerned with distributional equity (who benefits from parks & green spaces) & structural equity (what existing factors & policies give rise to green space inequities in the first place). Two examples described were:

-- Project MILPA, located in Oxford, CA, has united 3 community organizations focused on agricultural workers & issues affecting immigrant, Indigenous, and Mexican laborers and their families, as shaped by a long history of unjust displacement and exploitation. Examples included: (a) the 1848 Treaty of Guadalupe-Hildago, which ended the Mexican-American war and forced Mexico to cede 525,000 square miles of land to the US, including what is now California, Nevada, New Mexico, Arizona, Utah, and parts of Colorado; and (b) the current influx of high-income tech workers who can work remotely, leading to gentrification and displacement of current residents, coupled with growing ICE raids. Key questions

concern who has the right to be where, including in the parks -- and the P3 project has led to new engagement with the parks department to make the parks be a real community resource.

-- Colectiva Feminista en Construcción, based in San Juan, PR, which is tackling issues of residents' displacement by high-income newcomers who are coming to PR in response to new incentives for their tax benefits. Key issue concern: land access, land stewardship, and land ownership -- and what these mean in a post-modern context. Their work focuses on organizing residents (predominantly low-income Puerto Ricans) and youth to reclaim the space of parks.

The talk concluded with describing the origins of the P3 movement, in the aftermath of the police murder of George Floyd in 2020, and its organizing credo "Where there's people there's power" -- and contrasting this to current backlash, where the social justice energy of 2020 seems so distant. Their "what's next" -- especially after the funding ends -- is to stay rooted in the work for racial justice & health equity -- and all the organizations involved are committed to staying in touch, once the funding for the formal project concludes.

-- **Nargish Patwoary, MS, MA** presented on: "***The Zine Clinic: A Health Justice Intervention to Reclaim the Right to Health***."

In this presentation, Nargish Patwoary distinguished between "health equity" -- which she defined as being about meeting needs -- and "health justice" -- which she defined as challenging systemic barriers via activism and resistance. She focused on the use of zines -- i.e., self-published pamphlets produced and distributed by activists -- to call attention to whose stories are told, by whom, and whose are erased, setting the stage for who is deemed by whom to be disposable, and framing story telling as a type of infrastructure that holds memory, relationality, and imagination. The point is to use this infrastructure to motivate and shape organizing, not just to "humanize" the people whose stories are presented. She described the process of co-creating zines and presented images from the 1st zine she and others produced, focused on the right to health care, using various images, typefaces, types of text (including essays, poetry, song lyrics, and more). For inspiration, she draws the work of Dr. Franz Fanon (1925-1961), a radical West Indian psychiatrist whose work in Algeria in the 1950s, including involvement with its revolutionary struggle against colonialism, "shifted his thinking from theorizations of blackness to a wider, more ambitious theory of colonialism, anti-colonial struggle, and visions for a postcolonial culture and society" (see: https://caribbeananti-colonialthoughtarchive.domains.trincoll.edu/frantz-fanon/).

-- **Sacoby Wilson** was unable to present due to a family emergency; his talk would have focused on: "***The Mid-Atlantic Justice Coalition (MAJC): Where are we now and where do we need to go?"***

During the **Q&A period**:

(1) The first question asked about whether organizers focused on housing and displacement have used zines; the answer was "yes" & with their use supplemented by "photovoice" (whereby community members document their own conditions, as a step to gain collective insight into what they are confronting & the organizing needed for change).

(2) The second question requested guidance on how to get a group working on park issues in Boston to shift their focus to park justice; the answer pointed to the task of building relationships between the relevant community organizations and noted the work for P3 built on over a decade of coalition building work.

(3) The third question asked all the presenters to share their thoughts on how activists, usually working as volunteers, can make their work sustainable and expand its reach. Answers included: (a) for RestoredCDC, the major work was to set up the website and because it is static (i.e., how things were on Jan 6, 2025) and they are not updating thereafter, hence the project now involves minimal maintenance -- and they are working to increase visibility (and were glad to hear we have posted about the website on the Spirit of 1848 listserv!); (b) for P3, from the start of the project, it's been clear the funding for all the groups would be available for only 4 years, so the organizing has included consideration of how to keep networking in useful ways once the funding runs out -- what really matters is the relational work, and getting all groups to recognize that the key problem is capitalism; and (c) for the zines, it is not easy to get grants, and funds are needed to maintain a website, as well as produce printed material, and the next step will be to set up a 501c3 organizational structure to make it easier to do fundraising.

(4) The fourth question was whether P3 required organizations to work with public agencies; the answer was "no," with the direction of work determined by the local organizations, with a focus on city, county, and local policy change.

(5) The fifth question was whether any groups developed any surprising new partnerships; answers ranged from RestoredCDC working with librarians to the zine collaborations welcoming new partners who pass the "vibe test" to P3 developing new partners via the task of finding good places for P3 community groups to meet.

(6) The sixth question concerned how the current attacks have altered any of the work; answers included: for P3, really working hard to shift the focus from being one of projects to policies (e.g., to counter the ICE attacks), which requires leadership training & development; and for the zines, getting more stability by transitioning to a 501c3 structure.

(7) The seventh question asked about distribution of zines, with the answer celebrating the existence of zine shops and zine conferences that take place in many cities.

● SOCIAL HISTORY OF PUBLIC HEALTH

https://apha.confex.com/apha/2025/meetingapp.cgi/Session/72619

Estimated attendance: ~60 people.

SOCIAL HISTORY OF PUBLIC HEALTH SESSION / *Transnational Critical Historical Perspectives for Solidarity, Sovereignty, and Health Justice Everywhere (Session 3165.0, WCC Room 150A) – Mon, Nov 3, 2025*

10:30 am: ***Introduction.*** **Marian Jones, PhD, MPH,** A.E. Birn, ScD
10:35 am: ***Attending the crossing: the spirituality and public health of 20th century African American midwives.*** **Kendra Anthony, PhD**
10:55 am: ***Sex and scandal: early American abortion cases and Dobbs v. Jackson.*** **Mary Fissell, PhD**
11:15 am: ***Studying "down" ethically: lessons from studying the history of syphilis control in Bombay.*** **Ashwini Tambe, PhD**
11:35 am: ***On history, epistemology, and injustice: A commentary.*** **Luis Avilés, PhD**
11:45 am: **Q&A**

INTRODUCTION – Marian Moser Jones.

--- **Kendra Anthony, PhD**, presented on: "***Attending the crossing: the spirituality and public health of 20th century African American midwives*.**"**

Dr. Kendra Anthony said that her talk was based on the 5th chapter of her dissertation. In her work, she has documented how African American midwives in the US in the early 20th century felt they answered a spiritual "call." Their work involved preserving and enacting cultural knowledge, drawing on knowledge transmitted from ancestors via the Middle Passage, via close female relatives (e.g., mothers to daughters), and via an apprenticeship program whereby younger women worked with older midwives to learn their ways and meet and engage with their community members. She discussed how during the Progressive Era, pervasive medical racism led to white-dominated (if not white-only) physician organizations trying to eliminate midwifery, and she underscored they did so in a context of: (a) very limited access (if any) to medical care especially for freedpeople (i.e., Black persons who had been enslaved or their descendants); (b) white employers seeking to control their employees by regulating their access to health care; and (c) the inadequate resources of the Freedmen's Bureau. In these circumstance, Black midwifery was, in effect, a form of mutual aid. For example, in 1881 in Alabama there were 0 Black physicians or pharmacists, and the 1st licensed Black physician in the state, Dr. Cornelius Dorsett, only was allowed to practice starting in 1883, making hospitals out of reach for Black patients. Black midwives were also eager to adopt new practices that improved the health of their patients, and between 1925 and 1950 they were integral to efforts to shift births from being at home to the hospital. They also fought against the stereotype that Black inferiority was the reason for high maternal and infant mortality, and pointed to evidence regarding the harmful impacts of racial residential segregation and poverty. Their stance about "modern medicine" was to "take the meat and leave the bones," meaning that they took what was useful to them about new techniques, new medicines (including new vaccines), and improved antiseptic practices, while also still retaining the spiritual and cultural practices critical to good midwifery. As such, their midwifery became a form of cultural resistance and helped build community trust and organization. Attesting to their success, in 1939 in Moore County, NC, there were 293 births and 0 maternal deaths, and 195 of these births were attended by midwives. The key point is that midwifery was a sacred calling, involving ritual, resistance, transformation, and legacy.

-- **Mary Fissell, PhD**, presented on: "***Sex and scandal: early American abortion cases and Dobbs v. Jackson***."

Dr. Fissell recounted a case in 1631 in Maryland, in a frontier town, involving a scandal in which a newly arrived woman from England was forced by her married lover, Mitchell (age 45), a wealthy and well-connected man from

England, to eat a pungent pill to induce an abortion; this led to her having a lot of pain and purging, with the lover assuring her that she had "frighted away the child." This story is backdrop to her newly published book Abortion: A History (March 2025), which documents abortion practices in European and North American societies from ancient Greece to the present. Four key points are that: (1) women have always ended pregnancies; (2) prohibition of abortion has never stopped women getting abortions, but instead has made abortions more dangerous; (3) periods of repression are typically followed by periods of tolerance; and (4) key flashpoints in debates about abortion usually occur in a context of backlash against gains in gender equality for women. Noting that in her presentation she was limiting her focus to free women understood at the time to be women, she then looped back to the initial story about the abortion case in Maryland and said that it was cited in the Dobbs case that overturned Roe v Wade in the US, with it treated as being precedent that upheld the incorrect claim that abortion was always viewed as an abomination and made illegal in UK and colonial law (in fact, the first law against abortion in the UK was established only in 1603). It turned out that Mitchell (the rich married lover) went back to the UK, and his lover, turned out not to have successfully aborted the fetus, but instead gave birth to a stillborn infant, who died shortly thereafter. This led to a scandal and the issue was one of blasphemy, involving adultery and illicit sex (outside of the confines of marriage and not meant to be procreative) – and one that also raised contentious issues about the responsibilities of fathers to pay for their children; the legal case that ensued was not about abortion per se. Fissell then provided more context for the case, pointing to various books published at the time about the many herbs and plants known to induce abortion and regulate the menses; one such book, published in 1652 and titled "The Ladies Dispensary," listed 121 different herbs for menses, and 145 for abortion. The use of the Mitchell abortion case in Dobbs is thus incorrect historically and is a misreading of the case: it was not about abortion being wrong, it was about the immorality of Mitchell for having non-procreative sex outside of his marriage and his shirking responsibility for paying for his children.

-- **Ashwini Tambe, PhD**, presented on: "***Studying "down" ethically: lessons from studying the history of syphilis control in Bombay***."

Dr. Ashwini Tambe next addressed the case of syphilis control in Bombay in the late 19th c CE, presented as an example that shows links between public health and colonialism. Making the case that the rise of public health knowledge during the 18th & 19th c CE was directly tied to the rise of colonialism and empires (e.g., Lind's work in the mid-1700s on scurvy was based on investigating the conditions and health of the British navy as it was deployed around the world to establish colonies and police its empire), she raised the question: who was the very limited "public" that this colonial and imperial "public health" was meant to protect? In brief, colonial rule relied on the hierarchical valuing of human lives, where the goal was to protect and propagate the colonizers, while exploiting the Indigenous populations and those the colonizers enslaved. She illustrated this by considering the work of the Indian Medical Service and its attempts to control venereal disease in Bombay in the late 1800s. One part of the work was to confine women sex workers who developed disease; another was to set up medical surveillance, as a part of establishing compulsory registration of the sex workers. This surveillance was a form of "will to know" as part of the larger agenda of "will to control." The surveillance also allowed for experiments, e.g., a study of the prevalence of syphilis among British sailors before and after their ship docked at Bombay. The women sex workers often sought to avoid the required medical exams (which involved painful examinations using large speculums), e.g., by saying they were married, or were "dancing girls" (not "prostitutes"), resorting to bribes, and trying to hide when the inspectors came. Decolonizing research has entailed looking at the police records and seeing what the records say -- with the police seeking to try to demonstrate their work was "effective." Reading against the grain, however, reveals how ineffective, coercive, and voyeuristic their work was. One case she recounted was when a "prostitute" was caught with a client, and before she let herself be dragged out of the house, she insisted on cleaning her "privates" in full view of the police. The police interpreted her actions as a sign of her "shamelessness," but a more careful reading indicates her actions were her way of demonstrating her recognition of the importance of hygienic practices. The larger point is that public health history and research must be decolonized, and should highlight the views and experiences of politically subordinated peoples from their own standpoint.

.

-- **Luis Avilés, PhD**, served as discussant. His focus was on the "storytelling" of history, and how deficient and biased "storytelling" can cause harm, exemplifying a type of epistemic injustice. He drew on this theme of biased vs. corrected "storytelling" mattered for all 3 speakers, and concluded by saying that to move forward, one needs to know what happened in the past, and this knowledge must be decolonized.

During the **Q&A period**:

(1) The first question asked if in colonial India there was also an attempt to get rid of midwives and replace them with "scientific" professionals; the answer was "yes." Building on this exchange, Dr. Athony, the first speaker, noted that these attacks on midwifery not only affected the midwives and subordinated women, but all persons who were pregnant; for example, in the US South, Black midwives took care of white women, not just Black women.

(2) The second question focused on the Trump's use of "gender ideology" as an ideological weapon to attack sexual and reproductive rights, via offering their own version of "stories" (or narratives) to justify their claims about biological sexes and binary genders -- and so how do historians deal with the realities of "facts" and that not all "stories" are "equal." Dr. Anthony said it was essential to document the wide range of views and categories regarding "sexes" and "genders" in different cultures, over time, as one way of refuting the "story" that there is only one way to understand these phenomena. Dr. Fissell discussed how developing narratives needs to be grounded in accurate scholarship and nerdy truth-telling is important, to be accurate witnesses to the past, and to foreground narratives that emphasize empathy. Such historical accounts also show that periods of intense repression have always burned out, precisely because those affected organize and draw on evidence showing this repression is not natural or inevitable. Dr. Tambe also pointed to how evidence across time and cultures readily refutes the claim that there are only 2 genders, and that there is nothing "natural" about the argument that posits this binary. She said it is important for historians and others to grapple with the connections between facts and truths -- and evidence needs to draw on facts but be tempered by interpretation of the evidence to get at the truths of people's lives.

● POLITICS OF PUBLIC HEALTH DATA

https://apha.confex.com/apha/2025/meetingapp.cgi/Session/72620

Estimated attendance: ~100 people.

POLITICS OF PUBLIC HEALTH DATA SESSION / *Making Data for Health Justice: Everything Everywhere All at Once (Session 3295.0, WCC Room 152A) – Mon, Nov 3, 2025*

2:30 pm: **Introduction. Zinzi D. Bailey, ScD, MSPH**
2:35 pm: ***The instability of racial identity in Puerto Rico's general and incarcerated populations in the 2000-2020 US censuses: Implications for measuring systemic racism and health disparities.*** **D. Apedaile**, et al.
2:50 pm: ***Leveraging health data to support incarcerated Vermonters: A review of the Vermont Department of Health data sources.*** **J. Skarha, PhD** et al
3:05 pm: ***Developing an Environmental Justice Scorecard for Maryland State Agencies.*** V. Ravichandran and **F. Johnson**
3:20 pm: ***Where do we go from here? Re-inserting politics, power and the structural determinants of health in public health practice.*** B. Rogerson, **M. Stevenson, et al.**
3:35 pm: **Q&A**

INTRODUCTION – Zinzi D. Bailey, PhD

-- **Dorothy Apedaile** presented on: "***The instability of racial identity in Puerto Rico's general and incarcerated populations in the 2000-2020 US censuses: Implications for measuring systemic racism and health disparities***."

Dr. Apedaile's presentation focused on issues affecting self-report of "racial" identity data in the US census and among incarcerated persons in Puerto Rico (PR). The motivation was to understand which groups are over- vs. under-represented among incarcerated persons. In the case of PR, the 1st US census was conducted by the War Department in 1899, which reported that 62% of the PR population was "white" and 38% was "Black." In 1950, PR established its first elected government (in the context of being a US territory), and it removed the "race" question from the PR census. Starting in 2000, the PR government added back in the US census questions on "race" -- which allowed the current project to examine trends in use of racial categories in the 2000, 2010, and 2020 census data for PR. For this project, they used the public microdata, and reported on results solely for "white," "Black," and "2 or more races." A central finding was that between 2010 and 2020 the percent reporting they were "white" dramatically dropped, as the percent reporting they were "2 or more races" rose, leading to the overrepresentation, for the first time, of the "white" population in the incarcerated population as compared to the total population. This finding in turn raises questions about why and when people change their answers to the "race" question, and the need to find ways to ensure these questions cannot be weaponized, going forward.

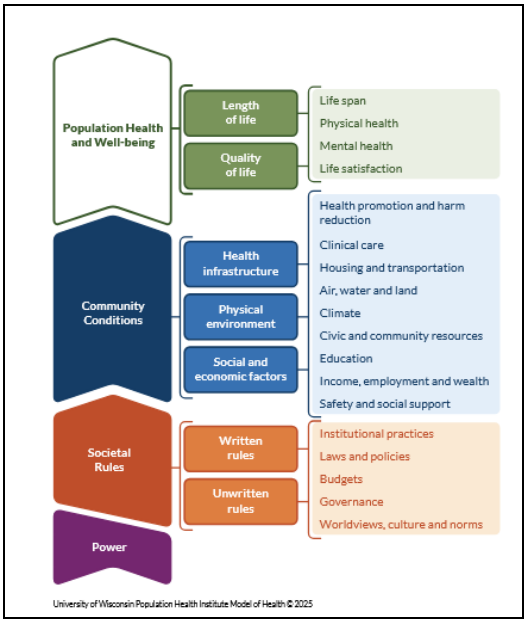
-- **Abigail Crocker, PhD** presented on: "***Leveraging health data to support incarcerated Vermonters: A review of the Vermont Department of Health data sources***."

Dr. Crocker described the work supported by the state of Vermont (VT) since 2018 to improve data on persons inside of prisons, which she referred to as an "understudied population." The work was centered on the experiences of those inside, and resulted in the prison population co-designing new surveys first launched in 2020, with the intent of having the new data generated provide a basis to bring people together to make meaningful changes. One data gap revealed was the lack of data on the health of the prison population: they were not typically included in health survey data; the health care records of those in prison often were under the control of outside contractors who provided health care (and thus were not state records); and existing data sets rarely had any fields to identify someone's status as being incarcerated. One unique strength of VT is that it is the only US state in which the Department of Corrections (DOC) is a component of the overall Agency of Human Services (AHS), making it possible to have collaborations between the DOC and the other agencies focused on health that are in the AHS. Also relevant, VT is a small state and its carceral population is small: 1400 to 1500 persons located in 6 facilities in VT, with one facility outside of VT -- and this is in contrast to much larger states with many more incarcerated persons and many more prisons. The two questions her group focused on were: (1) where do incarcerated persons show up in VT data systems?, and (2) where could they show up (but were not made visible)? They reviewed 59 potential data sets, of which 6 contained potentially useable data (e.g., in the Medicaid Management information system) -- and they found that these data sets allowed them to document that between 2020 and 2021, there was a rise in the number of incarcerated persons who were brought to outside hospitals where they were hospitalized for more than 24 hrs (likely tied to COVID-19), and that between 2020 and 2024 there was a large jump in the number of persons transported by ambulance out of prisons (rising from 166 to 394 incarcerated persons). They also found 4 data sets that could potentially be linked to include data on carceral status (including mortality records). The work is continuing, involving growing collaboration across VT agencies, and Phase 2 will address the documented data gaps using a health equity lens.

-- **Frederick Johnson** was unable, due to a family emergency, to present on his accepted talk: "***Developing an Environmental Justice Scorecard for Maryland State Agencies***."

-- **Christine Muganda, PhD** presented on: "***Where do we go from here? Re-inserting politics, power and the structural determinants of health in public health practice***"

Dr. Muganda described the conceptual and empirical work of the project "County Health Rankings & Roadmaps." This project has been funded by RWJF and is based at the University of Wisconsin Population Health Institute. A key change has been the expansion of its 2014 model to newly include metrics regarding power and societal rules, viewed as drivers of community conditions and population health and well-being. Using these new data, maps reveal that regions experiencing long standing disinvestment include American Indian and Alaska Native lands, Appalachia, and portions of the US-Mexico border. This work in part is returning to the original WHO 2008 definition of "social determinants of health," which led with recognition of the systems and forces that shape the daily conditions of life, as opposed to the 2010 CDC definition which only focused on these daily conditions. A focus now is on the "written and unwritten rules that create, maintain, or eliminate durable and hierarchical patterns, including distribution of resources and of health and well-being." The point is turn attention to the structural determinants of health, so as to focus action on changing these structures.



The shift was exemplified by an example that started with work focused on providing shelter to unhoused persons to shifting to building more housing for low-income residents to organizing people to demanding more fair housing systems to changing the belief that housing is "naturally" a commodity, setting up the basis for organizing to disrupt the power relations that preserve housing as a commodity for profit-making. Other examples cited include new work in public health on voter registration and participatory budgeting. The overall point is to have frameworks that help build community power, emphasizing links between Data - Evidence - Guidance - Stories, so as to strengthen capacity to change harmful structures.

During the **Q&A period**:

(1) The first point broached the idea of "optimistic democracy," and how to move responsibility to those with power for poor health conditions in society, as opposed to blaming those with poor health -- and responses focused on documenting how systems are failing people and need to be changed.

(2) The second comment focused on two issues: (a) the data presented from PR, given that there was no use of the category "Hispanic," rendering the data uninterpretable, and also how there was lots of research, using Census and other empirical quantitative and qualitative data on "racial churn," whereby individuals may change what "race" they self-report over time or in different contexts; and (b) the VT carceral data, asking if it could be linked to data about the environmental and social contexts of the prisons (e.g., temperature tied to climate change, air quality in relation to exposure to wildfire smoke, economic conditions of the towns in which located), as opposed to focusing solely on conditions inside the prisons -- and further suggested using other data sources to guide the linkage studies they are considering, such as MDAC, which links individual-level 2008 American Community Survey data for "group quarters" populations (including those in carceral facilities) as well as ACS data for civilian non-institutionalized persons to 2008-2015 mortality data. The response about the PR data clarified that data on "Hispanic" was not available in the public microdata, which was a limitation that should have been stated as part of the presentation, and the presenter agreed that there is a difference in categorizing people as "white only" vs. "white non-Hispanic," and ditto "Black only" vs. "Black non-Hispanic." Regarding the VT data, the presented agreed with the recommendations for data linkage and data triangulation, and can follow-up on these ideas in the next steps of the project.

(3) The third comment concerned the "County Health Rankings" data and frustration that it was often used in ways that only chipped away at the problem – hence: how does one get a health organization (whether state or non-profit) to start tackling the structural issues and engage more directly with issues of power and equity? One suggestion from the audience was to get health staff engaged in watching together & discussing the NACCHO course "Roots of Health Inequity" course series; another recounted how in the NYC DOH, under the leadership of Dr. Mary Bassett, entire units, including all staff and all leaders, would meet together to discuss how to center their work around health equity, and this enabled them to start to address the structural determinants of health.

(4) The fourth question asked about how to deal with power in one's own projects and give back resources to those systemically denied the resources. One example provided was how the "County Health Rankings" project provided data to community-based groups when COVID-19 hit, to help them develop grants to get resources for their communities. Another response was that relying on secondary data analysis is not sufficient, and that it is important to be engaged in community-based participatory research geared towards building power for marginalized communities.

● INTEGRATIVE

https://apha.confex.com/apha/2025/meetingapp.cgi/Session/72622

Estimated attendance: ~90 people.

INTEGRATIVE SESSION / *Prioritizing Health Justice: Politics, Peoples, and our Planet – Everything Everywhere All at Once* (*Session 4154.0, WCC Room 152A) – Tues, Nov 4, 2025*

10:30 am: **Introduction. N. Krieger, PhD**
10:40 am: ***From AIDS Activism to Global Health Justice: Histories and Futures.* G. Gonsalves**
10:55 am: ***Environmental and climate injustice: A threat multiplier for planetary & public health.* J. Patterson, MSW, MPH**
11:10 am: ***Modern environmentalism, environmental health, and the NRDC: uplifting the needs, desires, and demands of frontline justice communities.* M. Bapna and M. Tejada**
11:25 am: ***Protecting and building healthful Indigenous futures: everything everywhere all at once.* K. Walters**
11:40 am: **Q&A**

INTRODUCTION – Nancy Krieger, PhD

-- After introducing the speakers, the following framing of the session was provided:

"Finally, a few words to frame this session. Here we are, in Washington, DC, the seat of power of all 3 branches of the federal government – executive, judicial, legislative – and all hell-bent on imposing the dehumanizing & lethal MAGA agenda and authoritarian take-over in all branches & all levels of the US government, from federal to state to local. But their victory is not a fact foretold. Instead, they are confronted across the country by critical resistance at each and every level – in government, in legal cases, and by myriad activists in the public and private sectors, including national, state, and community-based organizations and academic institutions. As all in this room knows all too well, the politics of the moment are intense and critical – and if we had not come so far, the backlash would not be what it is.

It is for this reason I am deeply grateful to each and everyone one of you, stepping up as you can, to advance the agenda for health justice – and human decency, and doing so with a vision of establishing a better, more equitable, more sustainable, and more fruitful and hopeful future. Working together, in solidarity, we can both block and build the MAGA-infused backlash and furious rush for power, profits, private wealth, and monopolizing fossil fuel and this planet's resources, including water, minerals, land, and life itself. Only consider, on October 18, 2025, the most recent of the US "No Kings Day" saw approximately 7 million people in the US, in every state and territorial possession, step up to protest against the MAGA agenda and stand for human rights, social justice, and better policies for the health of people and our planet – the largest single-day demonstration in the US ever. Today voting is underway in the NYC mayoral election, and as of just a few days ago, the latest polls indicate that Zohran Mamdani, a social democrat, has a leading margin of over 10 to 20%, at nearly 45%, compared to around 30% for Cuomo and 10 to 20% for Silwa. We can build both community and political power for the good, and by doing so, to quote Jesse Jackson in his incomparable and powerful speech to the 1988 Democratic National Convention, "keep hope alive." The Rainbow Coalition he helped forge in the 1980s gave rise to the founding of our Spirit of 1848 Caucus back in 1994, and it is in that spirit of coalition and the need for enduring organizing infused by profound hope that we offer this panel presentation today. Let us turn to our speakers now to hear how they are engaged with the politics of now, with an eye towards building a world in which health justice exists for all on this planet."

-- **Gregg Gonsalves** presented on: "***From AIDS Activism to Global Health Justice: Histories and Futures***."

Dr. Gonsalves led with his own history of activism in the early days of the AIDS epidemic, starting with a 1988 quote from Vito Russo that in the early days when treatment was unavailable, it was like living in a war, where only you knew who was dying while no one else noticed. Those were dark days and set a basis for the struggle in the current period. Back then, in the 1980s, people went from one funeral to the next, as was true for Gregg, a pattern that changed only with the advent of effective drugs, which he himself started taking in 1995. The ACTUP posters from that period focused on root causes, including the Reagan Administration, and activists, experts in their own lives, and not "academic" experts, changed the way that science was done, how people could access new drugs outside of the bounds of clinical trial, and the focus of scientific research (e.g., those affected calling attention to the need to research new cures for the opportunistic infections that were killing HIV-infected persons). But it wasn't enough: the changes made were given to the AIDS community by those in power, and such changes can be taken away -- as is happening now, with the denial of treatments to LGBTQ persons. The lesson learned is that the reforms won were not transformational changes and did not deal with the underlying power issues. To turn attention to these issues, in 2012 Dr. Gonsalves and others set up the Global Health Justice Partnership (based at Yale University) to focus on issues of redistribution and power, with projects involving maternal mortality in the US state of Georgia, access to hepatitis medications, Ebola quarantine policies in the US, and silicosis among gold miners in South Africa. To move forward work on structural issues, it will be necessary to turn attention to the roles of law and policies. Truth and reconciliation must be a fundamental value, and structural change must be community driven. One example was their work to get the UN to apologize for bringing cholera to Haiti during the emergency response to a devastating earthquake, and beyond this, to set up protocols for prevention in the future, including pre-departure screening of UN troops and vaccination -- but the problem still lies in implementation. The next step is to tackle how power and systems work and figure out the strategies to make transformative change.

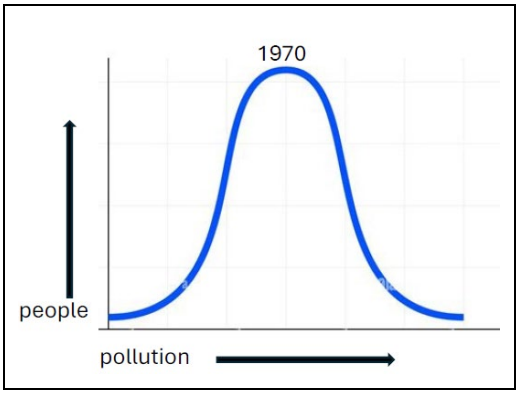
-- **Jacqui Patterson, MSW, MPH**, presented on: "***Environmental and climate injustice: A threat multiplier for planetary & public health***"

Jacqui Patterson opened with describing her early work on HIV/AIDS in the Black community, at a time when she had been working with faith based organizations who were partnering with pharmaceutical companies, and it was eye-opening to her to learn about pharmaceutical-genocidal evil. Two years later she ended up on the front page of the NY Times for her work with ecumenical pharmaceutical organizations to expose how US-branded drugs were sold for much more than generics, and she was one of the only Black people at the time doing this work to call out the greed of these companies, at whose cost (hence the NY Times story). Informed by these experiences, her current work – including via The Shirley Chisolm Legacy Project, which she founded and leads, and also her work as former director of the NAACP's Environmental and Climate Justice Program -- focuses on the fossil fuel industry and the many health and environmental harms it causes, especially to frontline communities. The point is to expose the greed and extractive economies at play, in not only Big Oil, but also Big Food, Big Tobacco, etc. This brings her back to her roots in exposing greed, with this greed structured into the very origins of the US, via the search for spices and trade, the slave trade and its stolen labor, and the stolen lands of Indigenous peoples. Coal-blooded profits are still put before people, the regulatory system still favors polluters, and ALEC, a conservative lobbying group, gets paid by energy companies out of the money consumer pay for inflated electric bills, to continue the fossil fuel pursuit of profit. A 1971 Marvin Gaye song was prophetic along these lines – and also heart rending was work Jacqui did on use of female-controlled condoms in Uganda, whereby because of environmental crisis and climate change, girls had to walk further to get water, and they would be assaulted on these longer treks. Also dramatizing the impact of climate change was the 2009 climate

meeting held in the Maldives, during which a cabinet meeting was held under water to show what is forecast for their island and peoples. Facing all this requires the Jamaican spirit of "resilience," as needed once again after this latest record-breaking hurricane – and as documented in the reggae lyrics shared. Solutions come in many forms: the work of the Soulfire Forum for food justice; work on permaculture; the Black Appalachian Coalition, doing work on food & energy & water justice; local Clean Alliance groups; work for a universal basic income; and Jamaica seeking reparations from the UK. A poem captures what's at stake: who is paying the price to whom – for all the damage inflicted. Advancing true democracy will require addressing the problem of state preemption (which is when states give themselves the power to overrule the laws and policies of local jurisdictions), and reviving the US Social Forum (people's assemblies, to meet across the nation). The closing poem, written by a poet from the Marshall Islands for the 2021 UN climate meeting, expressed the resolve and determination required – so that the poet's 7th month old daughter can grow up in a world in which the problems of climate change and environmental injustice are no longer dire threats.

-- **Matthew Tejada** then presented on his behalf and that of **Manish Bapna** (Executive Director of NRDC): "***Modern environmentalism, environmental health, and the NRDC: uplifting the needs, desires, and demands of frontline justice communities***."

Dr. Matthew Tejada is Senior Vice President, Environmental Health, National Resource Defense Council (NRDC), and before that, he worked for 10 years as deputy assistant administrator for environmental justice within the U.S. Environmental Protection Agency's (EPA) Office for Environmental Justice and External Civil Rights). He presented on "Environmental Health: Past, Present and Possible Futures," with a focus on the unfinished business of environmental injustice and what it means for today's fights and progress. He recounted how he had started out as a liberal arts major, then became an environmental activist, then a bureaucrat, and is now fusing all of this experience in his current work at NRDC.



Centering his presentation around the image of a bell curve, which showed the population peak and trends of exposure to pollution, he discussed how the work of the EPA, founded in 1970 was grounded in the goal of "the greatest amount of good for the greatest number of people." The EPA achieved this goal via rules and statutes, working within the federalist state system, involving the federal, state, local and tribal governments. Over 50 years, they did succeed in shifting the curve, to lower levels of pollution, via the Clean Air Act (which was passed with bipartisan support), the Clean Water Act, getting lead out of gasoline, reducing ozone and smog levels, cleaning up legacy toxic waste sites, and reducing sulfur dioxide and acid rain.

This work then expanded to setting the CAFÉ standards (to reduce exhaust emissions from cars), and cleaning up brownfields (not just the most toxic areas). However: this strategy did not work for those communities at the extremes of the bell curve, i.e., frontline communities exposed to the worse pollution, and sometime the EPA strategies exacerbated their problems, e.g., by setting up "sacrifice zones" and concentrating pollution in places that marginalized people were living. Currently, the bell curve is being pushed back the other way, to higher levels of exposure to pollution, both in relation to traditional threats (e.g., formaldehyde and lead exposure, higher PM2.5 levels, more ozone and smog) and also new threats (e.g., "forever" chemicals, new toxic substances in consumer and construction products that are being produced at rates beyond what can be prevented) plus climate change (leading to physical destruction of environments, including via wildfires and rising PM2.5 levels, leading to adverse health impacts everywhere) – and the impacts are worse on already hard hit communities. At the same time, the new "masters of the universe" feel that they have broken free of the bell curve, meaning that they don't need to take action to do anything, other than the steps needed to protect their immediate families – if it gets too hot, they can just fly to some cooler place, etc. To deal with the current crises, those involved environmental health have to understand it is part of public health, and that EPA has to be for people and public health. This means: (1) First, focus on the communities with the greatest needs and challenges, not just the "top" of the bell curve – and if the focus is on shifting the conditions among those worst exposed, it will result in actions that help everyone and shift the entire curve, and not leave anyone behind; (2) Second, make clear that environmental health IS public health, and get this message out in public health, environmental, and medical spaces; (3) Third, climate change is happening to everyone and no one is immune, and for the broader public climate change is only now becoming real, instead of being an abstraction – and those working to combat climate change need to be clear

who has moved the curve in a bad direction solely for their own profit – and this must be countered by those working in public health, environmental health, and medicine. Everyone needs to understand the stakes.

-- **Karina Walters, MSW, PhD,** an enrolled member of the Choctaw Nation of Oklahoma, was scheduled but unable to present on: "***Protecting and building healthful Indigenous futures: everything everywhere all at once***" -- with the reasons for her absence being the prohibition of DHHS for federal employees to attend and present at APHA (given APHA having sued the HHS about budget cuts, grant terminations, etc) and also the federal furlough (due to the government shutdown). Thus, given her role as Director of the Tribal Health Research Office (THRO) at the U.S. National Institutes of Health (NIH), she could not be at our session -- and is looking forward to presenting instead at our Spirit of 1848 integrative session for APHA 2026, conditions permitting!

During the **Q&A period**:

(1) The first question asked about ways to strengthen collaborations between public health professionals and those working for environmental and climate justice; answers included: stop being technocrats & organize politically to make change; think and act locally with partners to make changes, working with partners for whom work on these issues is new –while also recognizing that for many frontline communities, none of these issues are new, and these differences in experiences and exposures need to be recognized, not glossed over.

(2) The second question asked: what are better ways the big organizations with resources – such as Union of Concerned Scientists (UCS), or NRDC – can advance the work for environmental justice? – with responses including: (a) not enough just to focus on defending rules, using data, and relying on lawsuits, because the game has moved on, and we are in a more sinister and more dangerous reality, with DOGE stealing people's data to monetize it – the work now requires concretely allying with and supporting frontline communities and fighting for democracy, using the resources of the nonprofits to build the power of these frontline groups; (b) individual public health professionals can do health justice work that uses their public health expertise, but they also at the same time need to show up as activists who call their elected reps, help with organizing campaigns, etc.; and (c) the big groups like UCS and NRDC need to call out the bad actors who are harming the environment, especially that of frontline communities.

(3) The third question was from someone in medical school who works on harm reduction, which is also under attack – with the question being: is it necessary to change the language to be able to do the work, or should they continue using the terms of movement elders that are now disfavored by the Trump administration? Responses included: (a) the need to be pragmatic, so as to be able to provide needed services; (b) it is ok and good to care about the language, and critical to be clear that nothing is wrong with the language we have, but at the same time: it is necessary to communicate clearly and explain what the terms mean concretely, using examples that express respect for communities, and to use language to build bridges, not burn them down.

(4) The fourth question asked about AI and the environmental impact of AI centers, and thus whether it is ethical to use AI in environmental justice work; responses included: (a) AI is here, so the question is how to deal with it, not whether or not to use it, and to lift up the harms caused by data centers, as this century's new form of heavy polluting industry; and (b) as a teacher, when explaining why AI is banned, the justifications include not only that one doesn't know whom one is plagiarizing when using AI, but also the environmental harms tied to AI (re energy use and water use) and the psychological harms done to the workers who have to screen the awful content that abound in the internet and other social media regarding the many ways people harm other people and this planet.

(5) The fifth question was more a comment, and was provided by someone who has long worked for Physicians for a National Health Program (PNHP), as well as served as Chief Medical Officer of Cook County hospital – and she noted that PNHP has always been single issue, and they are realizing they need to work with many others, for access to not only health care but food and having a safe roof over one's head, and that those who have the ability to speak out must speak out and raise their voices now.

(6) The sixth and last question was from an elder in the environmental justice movement, reflecting on the need for more political power to make change and make the change last; responses included: (a) the need to becoming part of creating a united front or a range of united fronts, linking the many groups working for climate & environmental & social justice together; and (b) why it is so important to revitalize the people's assemblies via reviving the US Social Forum, with a reminder that the first World Social Forum was held in 2001 in Porto Alegre, Brazil, as a counterpoint to the neoliberal World Economic Forum, first held in Davos in 1971. This first World Social Forum famously declared, via its hallmark

slogan, "another world is possible," as a direct rebuttal of Prime Minister Margaret Thatcher's assertion "there is no alternative" (or TINA doctrine), i.e., no alternative to the dominant and domineering "free market" individualistic national and global economies.

● PROGRESSIVE PEDAGOGY

https://apha.confex.com/apha/2025/meetingapp.cgi/Session/72624

Estimated attendance: ~60 people.

PROGRESSIVE PEDAGOGY SESSION / *Teaching and Learning Health Justice: Everything Everywhere All at Once* (Session 4284.0, WCC Room 152A) – Tues, Nov 4, 2025

2:30 pm: **Introduction**. **N. Muñoz, PhD, JD**
2:35 pm: ***How Do We Navigate Teaching Public Health Law, Policy and Ethics in a Time of Uncertainty?*** **K. DeBie, PhD, JD, MS**
2:50 pm: ***An Overview of CEEJH INC's Climate Justice Fellows Program*** **. N. Jackson et al.**
3:05 pm: ***Power, privilege, and public health: Teaching & practicing anti-oppression principles in public health settings*****. L. Dean, ScD et al.**
3:20 pm: ***Training Dangerously: Creative Public Health Pedagogies of Resistance, Refusal, & 'Radical Possibility'*** **R. Petteway, DrPH, MPH**
3:35 pm: **Q&A**

INTRODUCTION – Nylca Muñoz, JD, LLM, DrPH

-- **Molly Gutilla, DrPH, MS** presented on: "***How Do We Navigate Teaching Public Health Law, Policy and Ethics in a Time of Uncertainty?***."

Dr. Guitilla presented on behalf of herself and her co-author, Dr. Kelly DeBie (a lawyer), sharing their views on where we are, what's changing, what's needed for teachers, and strategies for supporting students and each other. She asked everyone in the audience to talk to the person next to them and ask for one word that describes what it is like to be teaching/mentoring or being taught/mentored right now – and answers shared by audience members included: "weird," "dissonance," "support," "joy," "hope," and also: "overwhelming." Among the many things changing that are affecting teaching, mentoring and learning are: the new administration's Executive Orders, restricting what we can do and say; the firing of expert staff and attacks on first amendment rights; the removal of "DEI" programs and language; and student visas in flux – with the net impact that we cannot trust the systems in which we were trained to work and study. That said, great students are showing up to take law & ethics courses, and to pursue education in public health, and they want to do meaningful work – and need information, skills, direction, presence, and hope. Teaching law in 2025 requires grappling with precedent no longer being reliable, a conservative supermajority on the US Supreme Court, regulatory authority under threat, and so much uncertainty in the midst of so much urgency. The courts are breaking down prior deference to experts, putting public health authority at risk, and reinterpreting or ignoring relevant scientific evidence – with examples being the 2025 case US v. Skrmetti, where the Court ignored evident legal animus against transgender persons and also relevant scientific evidence, and the case still being litigated (Chiles v. Salazar), where religious objections may lead to overturning a conversion therapy ban, despite evidence showing harm caused by such programs that try to make LGBTQ people convert to being straight. The lessons that students need to learn is that policies are not always driven by evidence; that laws which appear to be "neutral" can in fact harm specific groups; and that it is necessary to learn to distinguish between "intent" and "impact." Teaching legal epidemiology in the present moment likewise requires recognizing that while it may still take some time for these issues to play out in the courts, in the here-and-now there is already a chilling effect, impacting both science and communication. Hence: it is necessary to talk with students about the uncertainties we are all facing, and that we need to reckon with how to live and work in a system that doesn't align with our values. This may require creating space in classroom for students to talk about their feelings, including expressing sadness and anger. Preparing students in this moment requires more attention to broadening training, networking, doing interdisciplinary work & being adaptable, practicing science communication, and keeping a focus on the "why" – that is, "why" one is doing the work and then developing the relevant skills. Faculty/instructor well-being requires taking time to unplug, be with friends, and be intentional about what one shares with students. "All politics is local" – as is public health – and it's still possible to do local change work that is meaningful.

-- **Nicole Jackson** presented on: "***An Overview of CEEJH INC's Climate Justice Fellows Program***."

As Director of Education for the Center for Engagement on Environmental Justice and Health (CEEJH), Nicole Jackson spoke about how she came into this role first by being in the first class of fellows in the program, in 2023. She then asked the audience about where they had seen community knowledge transform a public health outcome in

our work – and then discussed the importance of including community members in all aspects of the work to make change. One project involved teaching fellows how to access environmental exposure data via the MDEnvironScreen tool, which allows them to see disparate pollution burdens and focus organizing work to change those distributions. There are 4 phases to the training: Phase I (Education modules: 14 modules over 16 weeks) to learn about climate change and climate justice; Phase II (Technical Assistance module, including retreat and community engagement, for 16 weeks); Phase III (symposium & presenting results, for 4 weeks); and Phase IV (climate ambassadors, where senior fellows and alumni network continue to meet to discuss what they are doing, in an ongoing manner). The focus is on direct action and decolonizing pedagogy, whereby the work is to teach WITH communities, not about them. Tools used include GIS, to document community hazards, and capacity building to work with air pollution monitors. So far 150 individuals have been trained and over 75 communities have been engaged, with the goal of training the next generation of community leaders to organize and fight for climate justice.

-- **Lorraine Dean, ScD** then presented, with her co-author **Dr. Keilah Jacques**, on: "***Power, privilege, and public health: Teaching & practicing anti-oppression principles in public health settings***."

Dr. Dean and Dr. Jacques described the course they have developed to teach about power, privilege, and public health, in relation to teaching and practice. They analyze privilege as an intersectional spectrum, not a binary, and define privilege as unearned advantage that you have because of who you happen to be. They refer to "andragogy" rather than "pedagogy," to clarify that students already have skills and that classes build on these skills, i.e., a liberatory and Freirean approach to education. A core course objective is to enable students to recognize structures of power and privilege in the US, and students meet for 8 weeks, for 3 sessions per week, involving structured discussion, flipped classrooms, and epi methods. The objective is to shift the focus to root causes and drawing on diverse sources of knowledge, e.g., from community partners, from peer-reviewed articles, and from popular media (including song lyrics). In-class activities focus on projects that will benefit those already disadvantaged, not just open the eyes of those currently privileged – and this means engaging in conversations about how to navigate and extend grace and ask for it in return. One in-class exercise involves "Privilege Adjustment" whereby students are assigned a real grade, which is then randomly adjusted up or down – and then engaging with the different reactions students have, ranging from accepting the lower grade (as a sign of internalized oppression) to rejecting it as being the product of an unfair system. A key take-home lesson is that we are both part of the problem and part of the solution.

-- **Ryan Petteway, DrPH, MPH** then presented on: "***Training Dangerously: Creative Public Health Pedagogies of Resistance, Refusal, & 'Radical Possibility'***"

Dr. Petteway discussed his approach to teaching, which he noted is very influenced by Foucault's analysis of power. He cited data on the extreme underrepresentation of Black, Latinx, and Indigenous persons in the ranks of tenure-track faculty and editorial boards, and asked who are the gatekeepers? He likewise presented evidence on how standards for accreditation and competencies in public health don't mention power, epistemology, political engagement, structural racism, settler colonialism – and he noted that the Health and Power Organizing Project is putting pressure on the Council on Education for Public Health (CEPH) to include these issues among the core public health competencies. In the courses he teaches, he draws on bell hook's work about "power from the margins," work by Chandra Ford and Collins O. Airhihenbuwa on public health critical race praxis, Audra Simpson's work on generative refusal, and José Medina's work on resistant imagination. He rejects deficit-oriented narratives, premised on comparing the health of one group to another, and argues for calling attention to why and how joy and levity matter for health, as do creative healthful narratives. He uses music in his classes and has created "public health mix tapes" that include songs whose lyrics convey the ideas and realities of: social production of disease; stress, embodiment, and the people's health; on through intersectionality and the people's health. He also has created a "Play Movement Mixtape," which includes music that revs people up and also calms them down. One classroom assignment is to prepare children's books; others involve use of poetry as a way of decolonizing data. One critical assignment is for students to do a critical review of what they have learned in prior classes, to see and name the gaps.

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

(1) The first question focused on issues of ethical engagement with communities in relation to well-meaning students who nevertheless can cause harm; responses included: (a) only send students into communities to work with community groups with whom you have longstanding relationships; and (b) make sure to teach students about the histories of the communities with whom they are partnering, so that they can learn how to be a partner and be part of maintaining

relationships over time. In the case of CEEJH, they use food as a way to find commonalties, and focus on food systems as well as share food at retreats, to make the communities very tangible to the fellows.

(2) The second question asked about the ways that trauma is addressed in these different courses, with responses being that building community through the courses is part of the way to strengthen resistance and healing.

(3) The third question asked if the courses described were required or electives, and how have the courses been affected by external pressures (e.g., the new raft of Executive Orders and attacks on higher education). For CEEJH, the answer focused on their decision to change their institutional base, whereby they are no longer affiliated with an academic institution and instead are now based in a non-profit organization, so that they can have complete control over their curriculum and what they teach – and they are getting funders to support this new approach, encouraging them to be an ally, and also finding that it makes the fellows more engaged. Dr. Gutilla in turn described how she and her colleagues have been asked to change words in their syllabi, and have done it to ensure the courses can be taught, with their approach being to "change words, but do not change the work," and being clear that the classroom can be a radical space (as emphasizes by bell hooks). For Dr. Dean, she noted their course is an elective, but it has had an impact on the content of the required courses (e.g., their including measures of racism for epidemiologic research). For Dr. Jacques, she noted that for courses being taught at state schools (such as the one where she is based), a key strategy is align what is covered in every class to the relevant competencies. For Dr. Petteway, he stated that undergrads were required to take one course he teaches, but the decolonizing course is an elective. A common discussion point was that faculty need to organize not only within but across schools to stand up to these attacks on our work.

● STUDENT POSTER SESSION

https://apha.confex.com/apha/2025/meetingapp.cgi/Session/72623

Estimated attendance: no head count but many folk came by! (during the 12:30-1:30 pm slot)

Our 23rd **"STUDENT POSTER SESSION: SOCIAL JUSTICE AND PUBLIC HEALTH"** had 10 posters (the maximum permitted!). As usual, for most of those sharing their student posters, it was their first time presenting at a scientific meeting – and the session gave them an opportunity to talk with each other, as well as all who came by to see their work. The student poster session accordingly continues to meet our objective of helping to bring forward & connect the next generation of public health professionals & practitioners linking social justice and public health in their work – and we surely need their enthusiasm, energy, outrage, insights, and organizing for all the challenges we face!

STUDENT POSTER SESSION / *Spirit of 1848 Social Justice & Public Health Student Poster Session (Session 4184.0, WCC Exhibit Hall B) – Tues, Nov 4, 2025*

• **Poster 1** – ***Gender/sex in clinical algorithms: A review of tools.*** **S. Davis,** A. C. Danielsen, MSc, MPH, I. Hsiao, MPH, et al.

• **Poster 2** – ***Transforming WIC Access: Formative Research on Developing a Food Delivery System for the Navajo Nation.*** **A. Lopez,** M. Estrade, DrPH, RDN, J. Gittelsohn, PhD, V. Clark, et al.

• **Poster 3** – ***An Ethnographic Study of the Experiences of Ecological Distress and Climate Adaptation of the Oglala Lakota People.*** **A. Chhabra,** B. Jacobs, PhD, and S. S. Wahid, DrPH, MPH

• **Poster 4** – ***Indigenous Voices, Innovative Solutions: Leveraging Health Communication, Traditional Health Practitioners and Indigenous Knowledge Systems for Sustainable HIV/AIDS Care in Rural South Africa.*** **E. Ngcobo**.

• **Poster 5** – ***Rethinking Public Health Curriculums for Freedom and Health: A decolonial discussion from an Afro-Caribbean archipelago.*** **C. M. Cuencas Alamo**

• **Poster 6** – ***Abolition medicine as a framework for reimagining a liberated health system in Palestine.*** D. Ayesh, **M. Omar,** S. Fadda, et al.

• **Poster 7** – ***Structural Change and Community-Based Participatory Approaches to Research and***

Practice: Synergies, Lessons Learned, and Recommendations. **C. Reyes, MPH,** A. Schulz, PhD, MPH, B. A. Israel, DrPH, MPH, A. Becker, PhD, MPH, et al.

• **Poster 8** – ***Willingness to Use Fentanyl Test Strips Among Puerto Rican Injectable Drug Users.*** **L. Reyes** and H. M. Colón, PhD [this poster was withdrawn shortly before the session, due to a family emergency]

• **Poster 9** – ***The role of perceived social support in shaping Latine young adults' medical help-seeking and mental health outcomes following a victimization experience.*** **F. M. Korte,** C. Cuevas, PhD, C. Salhi, ScD, and A. Lincoln, MPH, PhD

• **Poster 10** – ***Financial Hardship and Mental Health Among Cancer Survivors: Examining the Intersectional Impact of Race.*** **M. Chen,** L. Noel, PhD, and C. Cubbin, PhD

● CO-SPONSORED SESSION WITH SCAPHA

https://apha.confex.com/apha/2025/meetingapp.cgi/Session/74322

Estimated attendance: ~130 people.

Sun, Nov 2: 2:30-4:00 pm – "Attacks on Science and the Public's Health: How We Are Fighting Back" – co-organized with SCAPHA (Session 2104.0; WCC 152A)

On behalf of the Socialist Caucus of the American Public Health Association (SCAPHA), Martha Livingston opened the session, followed by an introduction from Miranda Worthen, on behalf of the Spirit of 1848. The session included 4 panelists:

1) Nancy Krieger (Spirit of 1848), speaking on the selective nature of the attacks on science, the weaponization of the notion of "gold-standard science," and work she and her team are leading re "data preservation." Key points were that:

(1) the attacks on science constitute opportunistic science denialism, with attacks primarily on scientific work that either exposes embodied harm (thus providing evidence relevant to litigation) or challenges authoritarian ideology, noting that science and the institutions where it is made can comprise alternative source of authority that authoritarians either seek to control or smash (in part by falsely claiming the work violates their tenets of "gold standard science" – with the Trump administration seeking to shift power to award funds to decisions by political appointees, with scientific review groups being demoted to solely an advisory role); by contrast, sciences which benefit authoritarian & oligarchic power are not under attack (e.g., for producing fossil fuels, building armaments, ramping up AI centers, etc) (unless conducted at institutions of higher education under attack overall by the Trump administration, per freezing of all federal funds to selected universities)

(2) examples of attacks on specific public health knowledge and resources include: (a) the rapid take down of websites & data sets that were in contradiction to new administration's agenda e.g.: websites & data regarding environmental justice, climate change, racism & health, LGBTQ health (especially transgender), anything to do with "gender" rather than "sex" (i.e., "gender ideology" – the 1st websites to come down were those of the NIH Office of Research on Women's Health that explained why both gender and sex matter and are both complex, not binary); (b) the posting of "disclaimers" on websites that were reinstated due to court orders, with the same language applied whether the website had to do with gender or environmental justice, and this language stating: "**Per a court order, HHS is required to restore this website to its version as of 12:00 AM on January 29, 2025. Information on this page may be modified and/or removed in the future subject to the terms of the court's order and implemented consistent with applicable law. Any information on this page promoting gender ideology is extremely inaccurate and disconnected from truth. The Trump Administration rejects gender ideology due to the harms and divisiveness it causes. This page does not reflect reality and therefore the Administration and this Department reject it.";** & (c) prevention of collection of new data, e.g., questions on food insecurity in the Current Population Survey, or questions about sexual orientation and gender identity in the US Census Household Pulse Survey

(3) resistance is largely focused on data preservation, which is not the same as ensuring data collection going forward; examples include: EDGI (Environmental Data Governance Initiative, set up during the 1st Trump administration), Data Rescue Project, RestoredCDC, and our own work on preserving websites & data relevant to health equity.

-- Hence: defending the science being attacked and removed requires dealing with the politics of the moment, and engaging with others to defend knowledge, institutions, and people from authoritarian anti-democratic control.

2) Aryn Melton Backus, speaking about the organizing by Fired But Fighting/National Public Health Coalition: she and others formed this organization in March 2025, starting as a newsletter to employees to share information, then with the April "RIF"("reduction in force") it started also getting more news out to the public about what was happening to CDC employees. Currently CDC staff has been cut by 1/3, and those remaining lack the resources needed to do their jobs. The foci of the group now is on: (a) advocacy (national & state legislatures, including developing relationships with staff); (b) direct action (including partnering with Indivisible and 5051, and organizing to get RFK Jr to resign); (c) education (e.g., on why public health matters, what it is, what CDC does, why public health funding is necessary – as much of the public and also legislators have very little understanding or awareness of these matters) & they also engaged in work to correct disinformation and lies being put out by the Dept of Health and Human Services); (d) partnership (e.g., with staff at other agencies being dismantled, including work with 27 UNIHTED, which is fighting for funding for NIH); and (e) communication (e.g., working to develop clear, concise & effective communication to pull people in, since most people have no idea what public health is or does, using new social media platforms, including those geared to younger audiences; it is now also critical for reaching government agency & staff in DC, since on October 10, 2025, the CDC Washington DC office was totally shuttered, severing official communication about CDC to such people in DC). They have newly rebranded themselves as being the "National Public Health Coalition," reflecting their expanding mission to build a public health system that really works for everyone and is less hierarchical – and they encourage everyone to join in (whether in government, academia, other organization) & also to keep calling elected representatives (both Democrats who need to do better, as well as Republicans) about the need to support public health and its workers.

3) Gregg Gonsalves, speaking about Defend Public Health: Gregg recounted the history of creating this new organization, founded in November 2024 after the election, and it now has over 7000 people on its mailing list; specific campaigns are focused on opposing RFK Jr, increasing funding for science for public health, opposing changes to the committee that decides the vaccination schedules, plus campaigns for writing op-eds and letters about these issues. However: the usual advocacy work is no longer enough, and they are taking on work to build power, and have just received a grant from RWJF to start state-based chapters throughout the US and start organizing locally. They recently held an event at a public library in New Haven about what is happening to SNAP, housing, Medicaid, Medicare, etc – but the audience mainly consisted of people affiliated with Yale and already in public health & medicine – and this needs to change, to make sure this information gets to the people most affected. Building back what has been destroyed will take a generation or more.

4) Linda Rae Murray (past president of APHA, past chair of the APHA occupational safety & health session), speaking about relevant lessons for organizing, drawing on her long history of being an "old leftist." She spoke to the critical importance of knowing the history of what has come before into order to make change now, e.g., recognizing that the Nazis came to the US to learn about the US systems of Jim Crow and reservations for Indigenous peoples, as models for what they designed and imposed in Nazi Germany. Key points were that one always needs to fight back, to become better advocates, demonstrate, and build better infrastructure for resistance, always making the connections that are core to public health clearly visible to all who must be involved in collective change. One example she provided concerns the parallels of Chicago's response to the 1850 Fugitive Slave Act (whereby the City Council said it would not allow the act to be enforced in its city boundaries) to the current kidnappings by ICE and non-cooperation of the city government. Core to this work is recognizing the fundamental need to complete the US Civil War and the promise of Reconstruction.

In the Q&A, discussion focused on:

(1) How to deal with a key public health institution, i.e., APHA, which is increasingly silencing dissent within the organization; responses included remembering these has always been dissent and disagreement (citing the example of the walkout in 1968, led by Dr. Paul Cornely, that led to the establishment of the 1st Caucus in APHA, for Black Public Health Workers), keeping in mind that the goal of addressing disagreements is to strengthen the organization.

(2) How to engage as a public health activist, with one response being that, yes, some of the activism will draw on one's particular public health expertise, but it is also crucial to show up as a person, getting out the vote in your neighborhood, contacting your local reps about a myriad of issues, etc.

(3) How to introduce public health and public health activism to a new younger generation; responses included: older activists can zoom into their classrooms to share their histories; public health organizations can get more savvy about using social media to reach younger people.

(4) Why and how to emphasize the importance of investing in community health workers.

(5) How to get the public to understand the devastating impacts, long term, of destroying the CDC, which will not be as directly or quickly perceived as the impact of stopping SNAP payments (because people get hungry in 1 to 2 days); responses included: making clear how public health is everything and prevention is critical, and realize the key task is to build power (and not just focus on the best messaging).

(6) How to take care of oneself as an undergrad focused on public health in these overwhelming times; responses included making sure to be here, now, and alive, celebrating birthdays, holidays, and more, and recognize that the best way to stay sane is to be involved in the struggle, with solidarity an antidote to despair.

(7) How to survive this time as a graduate student or faculty member, with one response being on the need to cross-link the organizing that's happening within and across campuses, e.g., for faculty via the American Association of University Professors (AAUP), for grad students & for staff via unionizing campaigns and collective bargaining, and bringing in alums as well, recognizing that most higher ed institutions rely on alums for donations, such that alum organizing can carry clout.

Onwards! ....

Spirit of 1848 Coordinating Committee

SPIRIT OF 1848 MISSION STATEMENT

November 2002

The Spirit of 1848:
A Network linking Politics, Passion, and Public Health

Purpose and Structure

The Spirit of 1848 is a network of people concerned about social inequalities in health. Our purpose is to spur new connections among the many of us involved in different areas of public health, who are working on diverse public health issues (whether as researchers, practitioners, teachers, activists, or all of the above), and live scattered across diverse regions of the United States and other countries. In doing so, we hope to help counter the fragmentation that many of us face: within and between disciplines, within and between work on particular diseases or health problems, and within and between different organizations geared to specific issues or social groups. By making connections, we can overcome some of the isolation that we feel and find others with whom we can develop our thoughts, strategize, and enhance efforts to eliminate social inequalities in health.

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

1) Public Health Data: this sub-committee will focus on how and why we measure and study social inequalities in health, and develop projects to influence the collection of data in US vital statistics, health surveys, and disease registries.

2) Curriculum: this sub-committee will focus on how public health and other health professionals and students are trained, and will gather and share information about (and possibly develop) courses and materials to spur critical thinking about social inequalities in health, in their present and historical context.

3) E-Networking: this sub-committee will focus on networking and communication within the Spirit of 1848, using e-mail, web page, newsletters, and occasional mailings; it also coordinates the newly established student poster session.

4) History: this sub-committee is in liaison with the Sigerist Circle, an already established organization of public health and medical historians who use critical theory (Marxian, feminist, post-colonial, and otherwise) to illuminate the history of public health and how we have arrived where we are today; its presence in the Spirit of 1848 will help to ensure that our network's projects are grounded in this sense of history, complexity, and context.

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

Community email addresses:

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

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

WHY "SPIRIT OF 1848"?

Selected notable events in and around 1848

1840-1847:

Louis René Villermé publishes the first major study of workers' health in France, *A Description of the Physical and Moral State of Workers Employed in Cotton, Wool, and Silk Mills* **(1840)** and Flora Tristan, based in France, publishes her *London Journal: A Survey of London Life in the 1830s* **(1840)**, a pathbreaking account of the extreme poverty and poor health of its working classes, including sex workers***;** in England, Edwin Chadwick publishes *General Report on Sanitary Conditions of the Labouring Population in Great Britain* **(1842)**; first child labor laws in the Britain and the United States **(1842)**; end of the Second Seminole War **(1842)**; prison reform movement in the United States initiated by Dorothea Dix **(1843)**; Friedrich Engels publishes *The Condition of the Working Class in England* **(1845)**; John Griscom publishes *The Sanitary Condition of the Laboring Population of New York with Suggestions for Its Improvement* **(1845)**; Irish famine **(1845-1848)** despite high agricultural output and protests against British agricultural and trade policies; start of US-Mexican war (in Mexico, known as "La invasión de Estados Unidos a México," i.e., "The United States Invasion of Mexico") **(1846)**; Frederick Douglass founds *The North Star*, an anti-slavery newspaper in the United States **(1847)**; Southwood Smith publishes *An Address to the Working Classes of the United Kingdom on their Duty in the Present State of the Sanitary Question* **(1847)**

1848:

World-wide cholera epidemic

Uprisings in Berlin, Paris, Vienna, Sicily, Milan, Naples, Parma, Rome, Warsaw, Prague, Budapest, and Dakar; start of Second Sikh war against British in India

In the midst of the 1848 revolution in Germany, Rudolf Virchow founds the medical journal *Medical Reform (Medizinische Reform*), and writes his classic "Report on the Typhus Epidemic in Upper Silesia," in which he concludes that preserving health and preventing disease requires "full and unlimited democracy" and radical measures rather than "mere palliatives"

Revolution in France, abdication of Louis Philippe, worker uprising in Paris, and founding of The Second Republic, which creates a public health advisory committee attached to the Ministry of Agriculture and Commerce and establishes network of local public health councils

First Public Health Act in Britain, which creates a General Board of Health, empowered to establish local boards of health to deal with the water supply, sewerage, and control of "offensive trades," and also to conduct surveys of sanitary conditions

The newly formed American Medical Association sets up a Public Hygiene Committee to address public health issues

First Women's Rights Convention in the United States, at Seneca Falls, New York

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

Karl Marx and Friedrich Engels publish *The Communist Manifesto*

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

The Seneca Nation of Indians is founded as a modern democracy with a constitution and elected representative government, building on a democratic self-governing tradition begun in 1200 C.E. by the 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)