


## The Lessons of Spring 1968 for Public Health

 See also Morabia, p. 714; Stellman and Stellman, p. 726; Wodka, p. 728; Laurell, p. 730; and Phillips, p. 731.

In spring 1968, students in the United States, France, Germany, and elsewhere mobilized to oppose the war in Vietnam, challenge a culture that celebrated consumption over human well-being, and transform universities that were seen as preparing their students for corporate success rather than for improving the world. This international student movement emerged from the civil rights, labor, and anticolonial movements, and its alumni went on to play important roles in other movements of the 1970s, 1980s, and beyond.

The 50th anniversary of these student uprisings this spring is an appropriate time to assess the impact of the 1960s' movements and their progeny on public health. How have these activists shaped the practice of public health? How can the lessons learned by those of us who came of age politically in the 1960s contribute to improving public health today? How can we assist our younger colleagues to take on the forces that are now seeking to reverse the public health gains won by the movements of the past 50 years?

### STUDENTS FOR A DEMOCRATIC SOCIETY

Here in the United States, Students for a Democratic

Society (SDS), founded in 1959, was the largest and most powerful student organization opposing the war in Vietnam.<sup>1</sup> For some of us, SDS shaped our politics, our career choices, and our values for decades to come. Our experiences in Columbia University SDS in spring 1968 helped to forge the values and beliefs that led myself and others into public health. One lesson I learned that is relevant for public health advocacy was that the whirlwind of activism in spring 1968 depended on two years of research on Columbia's connections to the defense industry and Harlem real estate developers, countless education sessions in dormitories, and many small demonstrations.

Over the decades, many individuals who passed through SDS helped to shape the campaigns that define today's public health focus on healthy equity and social justice. Paul Booth, who died this year, was an early leader of SDS and a coauthor of SDS's founding Port Huron Statement.<sup>2</sup> Almost 30 years after his student activist days, Booth organized a coalition in Baltimore, Maryland, that successfully pressed for the country's first living-wage law. His wife, Heather Booth, also in SDS, helped to create a group urging the student movement to take up women's issues and

founded the Jane Collective to assist women in getting safe abortions before *Roe v Wade*. These seeds contributed to the blossoming of the women's health movement. Robb Burlage, also a coauthor of the Port Huron Statement, came to New York City and founded HealthPAC, a research action center that supported efforts to reform the municipal and national health care systems and to tackle the growing corporate domination of medical care.<sup>3</sup>

### THE ONGOING IMPACT OF MOVEMENTS

These individuals and others brought the spirit and skills nurtured in the 1960s to the women's; environmental; lesbian, gay, bisexual, and transgender; health care reform; and antinuclear movements. The long shadows of the '60s' movements show that activists can contribute to reform long after their movements have dissipated. Several ideas that characterize current progressive public health practice have

their roots in the 1960s. Participatory research owes a debt to the SDS concept of participatory democracy, the notion that people should make decisions about their own communities, not defer to elites or experts to make decisions for them.<sup>4</sup> Sixties' activists expanded the Marxist premise that living conditions shape well-being to include human relations and cultural values. These beliefs in turn shaped the contemporary progressive public health focus on the wider social determinants of health. In part in reaction to male New Left ideologues, the women's movement insisted that the personal is political and the political personal, a spirit that infused the health social movements that have emerged since the 1980s.<sup>5</sup>

### IMMUNITY TO DOMINANT IDEAS

More fundamentally, those of us who participated in the movements of the 1960s acquired an immunity to some dominant American ideas—ideas that continue to block public health progress. Activism in the 1960s challenged the postwar consensus that high-income Western

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nations had solved the problems of the 20th century. What we saw with our own eyes in Harlem or Appalachia or Watts led us to question that complacency and made us want to experience and learn from other parts of the world. Most of all, we feared that, unless we actively resisted the war in Vietnam, we would become accomplices—people who sat back as children were napalmed, villages were massacred, and toxic defoliants were sprayed indiscriminately.

Over the years, this experience of questioning dominant world views has required periodic resuscitation. In the 1980s, Ronald Reagan told us that government was the problem, and Margaret Thatcher pronounced that there was no alternative to corporate capitalism, two ideas that challenge the foundations of modern public health. Today, Donald Trump forces us to resist another idea that undermines health—that rolling back the social advances that have reduced inequality and promoted inclusion will make America great.

## WHAT PUBLIC HEALTH PROFESSIONALS CAN DO

Today, many organizations inside and outside public health are challenging this unraveling of public health successes of the past five decades. By asking what we as public health professionals can do to advance the belief that another world is

possible, that social justice, human rights, a clean environment, social inclusion, and an end to racism are worthy goals, we can nurture the hope and optimism that characterized the 1960s.

A special area of focus might be universities, the terrain SDS chose for its organizing. The Port Huron Statement notes that

our professors and administrators sacrifice controversy to public relations; their curriculums change more slowly than the living events of the world; their skills and silence are purchased by investors in the arms race; passion is called unscholastic. The questions we might want raised—what is really important? can we live in a different and better way? if we wanted to change the world, how would we do it?—are not thought to be questions of a “fruitful, empirical nature,” and thus are brushed aside.<sup>2(p2-3)</sup>

Universities, including schools of public health, are now much more diverse than the mostly middle-class students from whom SDS drew its members. Can we use this broader reach to make our universities and our public health training programs meeting grounds for those who will need to work together to achieve the public health goals of health equity and social justice? Could our schools be the places where we raise the important questions that will prepare students—and faculty—to ally with others to change the world?

Even in 2018, some schools of public health continue to debate

whether to take money from Coca-Cola, Philip Morris International, or other multinational corporations; spend more time adjusting competencies for accrediting bodies than preparing students to tackle the fundamental causes of ill health; and worry more about maximizing revenue streams from tuition than recruiting the students who can diversify our workforce. In taking on these internal challenges, we can contribute to wider social change.

As I look back on the 1960s, I ask what we got right and what we can do now to make up for where we fell short. What we had right was a visceral understanding that the world views that dominated the 20th century were incapable of ensuring human well-being and social justice. What we had right was that in the United States and around the world, people yearned for a real voice in shaping their communities, schools, health care, and democracies. What we had right was that universities needed a higher calling than designing weapons for the Pentagon, helping corporations to profit, or preparing students to fit into a society in which more consumption was the highest goal.

## NURTURE PEOPLE TO THINK CRITICALLY

What we did not achieve was creating spaces where all those who had a stake in changing the world could talk and listen to each other, find common

ground, debate strategies, and reach consensus on moving forward. No sector of society can by itself lead the resistance to the dark forces that today threaten our world. But for those of us in public health, we can make our schools places that nurture people to critically analyze health and disease, consider strategies to educate and mobilize around protecting health and advancing equity, and learn the technical and political skills needed to bring about such changes. In taking on these tasks, we can translate the lessons of the 1960s into a public health practice that helps to solve the problems of the next 50 years. **AJPH**

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