

# Fall Newsletter

Volume 59, Issue 1



## Note from the Chair

Greetings! I am honored and grateful to serve as Chair of the Medical Sociology Section for the coming year. There are so many things happening throughout the wider Association and within our Section that I cannot wait to share with you. But first, I would like to take this opportunity to thank both the outgoing Chair, Rin Reczek, the past Chair, Andrew London, and the current Secretary/Treasurer, LaShaune Johnson, who shepherded the Medical Sociology Section through two of the most unprecedented and demanding years. Hopefully, this coming year will be a little less eventful and will allow us to find new ways to pursue innovative sociological scholarship while recharging our personal batteries.

Despite continuing challenges due to Covid-19 outbreaks and variants, the 2022 Annual Meeting was an overwhelming success. Kudos to Rin, our Section officers, session organizers, presenters, and audience members who devoted countless time and energy to creating a space in which cutting-edge research within the field of Medical Sociology could be shared, debated, and refined. Believe it or not, we are already beginning to plan sessions for the 2023 Annual Meeting. It is my hope that we will provide a wide range of opportunities for as many section members as possible to participate. Please stay tuned for announcements regarding the specific details of the paper and roundtable sessions. These will be forthcoming over the next few weeks as we finalize our slate of sessions. We also have a new recipient of the prestigious Reeder Award, which you can read about on p. 12 of this newsletter.

I would like to express a huge debt of gratitude to our outgoing Council members who kept us moving forward during a period of truly unique and ever-changing hindrances. There is a great deal of invisible work involved in keeping our Section running smoothly, and these folks have gone above and beyond to make sure award nominations were solicited and chosen, membership drives occurred, the annual meeting went off without a hitch, and our Section continues to be fiscally healthy. Thank you to Hui Zheng, Yvonne Chen, Anne Bell, Ning Hsieh, Lacee Satcher, Patricia Thomas, Stephanie Teixeira-Poit, Magdalena Szaflarski, Evan Roberts, and Amy Burdette. And welcome to our incoming Council members, with whom I look forward to working over the coming year: Susan Short, Kelly MacArthur, Kammi Schmeer, Felicia Omilanla Casanova, Alyasah Sewell, Joseph Harris, Laura Hirshfield, Lucie Kalousova, J'Mauri Jackson, Daniel Dohan, Stef Shuster, Magdalena Szaflarski, PJ Pettis, and Debby Carr.

## Inside The Issue

- Note from the Chair 1-2
- Special Points of Interest 3
- ASA Section Award Winners 4-5
- Chair of Health Policy and Research Committee 6-7
- Chair of Teaching Committee 8
- Chair of Career and Employment Committee 9-10
- Student News and Views 11-12
- Reeder Award Winner 13
- Publications by Committee Members 14-15
- Note from the Newsletter Editor 16

As you have probably noticed by now, we have a new way of communicating with one another as a Section. In mid-September, the Association transitioned to using ASA Connect as its primary platform to share information and encourage dialogue among members. As a result, all Section listservs have been “retired.” I realize this is a big change for many of us and might require some getting used to, but I encourage everyone to check out the new platform. Three of the biggest differences are that (1) section members can directly communicate with each other by initiating a new discussion post; (2) we no longer have to wait until the first and fifteenth of every month to send out an email with pertinent announcements; and (3) in order to post job announcements to the Medical Sociology Section, you will need an ASA job identification number. The default setting is to receive a daily digest from ASA Connect. You can easily change this in your account settings to get these updates less often. Fizza Raza has agreed to stay on in her role as listserv manager, even though we are transitioning to using ASA Connect. Please feel free to reach out to her at [razafizza@tamu.edu](mailto:razafizza@tamu.edu) with any Section announcements or business you do not want to post directly to ASA Connect.

Soon we will be soliciting nominations for people interested in serving on next year’s Council. This is a unique opportunity to get to know fellow medical sociologists from across the country and work toward creating the type of Section you’d like to see in the future. When the call for nominations is released, please consider putting your name forward or suggesting others that you think would be a great fit for a particular position. This is your Section – now would be the time to leave your mark!

Finally, I look forward to getting to know more of you over the next year. It is my hope that we can continue to grow our membership and provide opportunities – whether virtual or in person – for a diverse set of voices and opinions to be shared. Please do not hesitate to reach out to me with any questions or ideas about the Section. Thank you again for the opportunity to serve as your Chair. And enjoy the fall weather!

Best,

**Cynthia Colen**



**Cynthia Colen**

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# Special Points of Interest

## ASA CONNECT IS HERE!

We are excited about the transition to using this platform as a way to learn, connect, and grow the sociological community. If you have not set up your profile yet, here is the link to the quick start guide, as well as a link to the video tutorial outlining the ins and outs of getting to know ASA Connect. This platform not only enables us to connect as a community but also provides the opportunity for you to put your best foot forward in representing yourself to peers and future employment connections. Not sure what to put on your profile? Check out our quick tips below!



### Profile picture

Putting a face to a name builds connection and helps people to remember you! If you do not have a professional headshot, you may be able to find a photography student looking for practice at an affordable price, although a well-lit photo of your own will work too!



### Education and Job History

ASA Connect does a great job of walking you through entering this information. It even has a space for you to list the title of your dissertation or thesis!



### Bio Section

This is the place for your elevator pitch! Use this space to summarize and share your research interests and projects. It is always nice to include something personal as well, like your love of jazz or your passion for cooking to help people know a little more about what makes you, YOU. You do not need to include your education history or job history; there is a separate space for that.



### Pro Tip:

The career center at your school likely has a wealth of support to help you perfect your elevator pitch and can assist you with other things, too, like sprucing up your CV!



### Social Media Links

Have Twitter or LinkedIn? You can use this space to link your profiles here, so people can connect with you there. If you do not have a social media account? Do not worry, it's not required to use ASA Connect!



### Privacy

ASA Connect has many privacy controls, so you can show as much or as little as you'd like, or you can hide your profile on the platform altogether. There is no judgment for choosing to remain private, and you can still use the platform to keep up to date on what your peers are doing and news from the section!



# 2022 ASA SECTION AWARD WINNERS

## Armando Lara-Millan wins Eliot Freidson Outstanding Publication Award!

The 2022 Eliot Freidson, Outstanding Publication Award, was awarded to Armando Lara-Millan for their book “Redistributing the Poor” (published in 2021 by Oxford University Press). Lara-Millan uses historically embedded ethnography to show how state agencies move people around different institutional spaces in ways that produce income for some agencies and reduce costs for others while creating the impression that services have been legitimately provided.



## Danielle Raudenbush: Honorable Mention for Freidson Outstanding Publication Award!

The Freidson Award committee also gave Danielle T. Raudenbush's book “Health Care Off the Books” an Honorable Mention. Raudenbush's book focuses on how low-income people mobilize social networks to obtain health-related resources and challenges public misconceptions surrounding this population's assumed deference of healthcare and reliance on community clinics and public hospitals. Raudenbush also highlights how low-income people utilize an informal-formal hybrid healthcare system.

## Nik Lampe wins Kaplan Memorial Award

The Kaplan Award recognizes Nik's contributions to medical sociology and their work's important practical implications on the LGBTQIA+ community.

## Emily A. Ekl wins Louise Johnson Scholar Award!

For the Johnson Award, the committee selected Emily A. Ekl (University of Bloomington), who presented her paper “Examining Drivers of the Evidence-Based Practice Movement among Allied Health Professionals.” In her article, Ekl utilizes ethnographic data to examine the role of evidenced based practice (EBP) as a form of standardization in medical practice. Ekl's paper explains how, under specific conditions, the institutional logic of evidenced based practice becomes decoupled from medical practices, which can compromise the quality of care.



## Katharine McCabe wins Donald W. Light Award for Applied or Public Practice of Medical Sociology (Article):

The winning article selected was “Criminalization of Care: Drug Testing Pregnant Patients” by Katharine McCabe. McCabe uses qualitative interviews with medical professionals to investigate how providers mobilize law and engage in exploratory work while delivering care. McCabe shows us how blurred the lines are between the punitive state and medical systems, which leads to the rights of individuals being diminished.



# 2022 ASA SECTION AWARD WINNERS

## Tania M. Jenkin: Honorable Mention for Donald W. Light Award!

The Donald W. Light Award committee also gave an honorable mention to Tania M. Jenkins's book "Doctors' Orders," published by Columbia University Press in 2020. Jenkins uses ethnography to investigate the construction and consequences of status distinctions between US medical graduates and international medical graduates before, during, and after residency training.

## Jill Fisher wins Donald W. Light Award for Applied or Public Practice of Medical Sociology (Book)!

This award aims to highlight and inspire the work of the many sociologists who apply their concepts and skills to “politically or ethically important challenges in health, health care, and health care policy at the national or international level.” The award committee selected “Adverse Events” by Jill Fisher, published by NYU Press in 2020. Fisher examines the intersections between racial inequalities and pharmaceutical testing.



## Andréa Becker wins Roberta G Simmons Outstanding Dissertation Award!

The award committee selected the dissertation, “Same Uterus, Different Paths: Hysterectomy Narratives and the Stratified Motherhood Complex in Reproductive Medicine” by Andréa Becker as the winner of the 2022 Simmons Award.

## Alexandra Brewer: Honorable Mention for Roberta G Simmons Award!

The Simmons Award committee also gave an honorable mention to Alexandra Brewer’s dissertation titled “Convenient Disasters: Exogenous Shocks and Ambivalence Toward Professional Standards for the Management of Pain with Opioids.”



# CHAIR OF HEALTH POLICY AND RESEARCH COMMITTEE

## Practicing Ethnography at a Medical School

Daniel Dohan



As I prepared to step into the role of health policy and research committee chair, I was fortunate to have the opportunity to meet Stephanie Texeira-Poit in real life at the ASA Annual Meeting and chat about her experiences in health policy, ASA, and academic sociology. Stephanie's quarterly posts in our newsletter are a must-read. The U.S. health policy machinery may be the largest bureaucratic process ever devised, and this enormous machinery is tossed about unpredictably by our turbulent politics. In her posts, Stephanie captured both of these dynamics — illustrating the societal implications of deeply-buried bureaucratic processes and helping us understand the human consequences of our all-too-visible politics.

In person, Stephanie and I slipped into a policy-geek frisson of Medicare billing codes. I knew just enough to know that she knew this better than I ever would — grasping the issues with the insight and passion a sociologist needs to follow policies commonly drafted by industry lobbyists and crafted by savvy Congressional staff and HHS gurus. We moved on to chat about teaching and researching sociology and health policy in our respective public universities, experiences that were quite distinct. Stephanie teaches in a North Carolina HBCU where resources, by racist design, are desperately inadequate to teach scores of students. I am research faculty at a University of California academic medical center where teaching responsibilities are nearly non-existent and research resources nearly limitless.

As Stephanie focuses her attention on another of her passions — working with the ASA's rural sociology section — I will aspire to continue the practice she established of posting in each quarterly newsletter. My plan is to focus on the issues she and I chatted about in LA: health policy of interest to medical sociologists and the sociological practice of health policy and research. Feedback and suggestions are welcome. Drop me an email.

Our next newsletter seems a good moment to tackle health policy in the aftermath of the mid-term elections. This quarter, by way of acknowledging my own standpoint, I'll share some reflections about the practice of sociology and health policy at a medical school. Since I joined UCSF, I've traveled in health policy more than in sociology circles. In the last year, I've reconnected with the discipline; 2020 was the first time I've skipped Academy Health in favor of ASA. So disciplinary contrasts are on my mind.

Health policy researchers in medical schools subsist on grants. When my institute is hiring new faculty, for example, we scour CVs for extramural funding, then look at publications, and then, maybe, teaching. My grants typically approach policy questions with conceptual frameworks drawn from sociological theory. My go-to method is sociologically-informed comparative ethnography. This leads to NIH-funded studies of "how." For example, how does organizational culture facilitate and impede "minority" inclusion in clinical trials? How do local institutions shape experiences of dementia in diverse communities? How does one conduct qualitative research that respects the method while remaining sensitive to NIH criteria of rigor and reproducibility?

That NIH and other biomedically-inclined grant-makers are willing to support qualitative research is kind of remarkable. As a profession, medicine owes its legitimacy to a claim of acumen at the bench. Qualitative sociology is professionally disorienting. There has been a broader trend in which quantitative sciences have embraced qualitative methods awkwardly (at best) or inanely (at worst), and our profession has rightfully called this out. Yet, my sense is that within medicine, the embrace is misinformed more than disingenuous. Clinical and health policy journals are increasingly receptive to qualitative findings, health research and policy grants more often include qualitative methods, and medical schools want more qualitative courses and consultants.



The embrace of the qualitative may reflect an enduring truth as well as recent shifts in academic medicine. The enduring truth is that medicine is narrative. Professional power is secured by the soft touch of the clinician as well as the hard science of the bench. Narrative and medicine are elective affinities. The highest-impact clinical journals devote pages of each issue to narrative writing and poetry.

The recent shift is medicine's recognition that it can no longer ignore the relationships between social conditions, health, and disease. In the mid-2010s, the American Medical Association (AMA) invited a select group of medical schools to reinvent their curriculum to train future physicians in the social aspects of health and healthcare. The AMA program sparked ambitious curricula in how to recognize, diagnose, and treat the bodily manifestations of structural disadvantage. It also launched curricula in business and leadership to support doctors as they attempted to reclaim control of the healthcare industry from health economists, private equity, and data scientists.

The emergence of COVID in 2020 scrambled these priorities. The profession was blindsided by the predictable pandemic politics of masking, vaccination, and Dr. Fauci's expertise. The stunning success of mRNA vaccines demonstrated the enduring power of the bench. These experiences, taken together, underscored the risks of straying from the safe legitimacy of biomedical science.

From inside the halls, clinics, and labs of the medical school, my personal perspective is that the profession has been gut-wrenched but not yet entirely cowed in its pursuit of social medicine. NIH study sections now grapple with the fact that grant scores recognize the privilege of gender, race, and power, not simply top science. I joined an eminent surgeon in a qualitative study of women's careers in academic medicine that surfaced depressingly consistent tales of personal harassment, professional discrimination, and institutional hostility. My university re-designed its curriculum with a focus on justice, equity, and anti-Black racism — only to find that we lacked sufficient faculty with the wisdom and skill to navigate teaching in and of America's racist terrain. NIH has not found a way to award grants to the best science, academic medicine has not institutionalized mechanisms to ensure gender equity, and medical education has not managed to hire a faculty that can field an anti-racist curriculum. But they don't yet seem to have given up trying.

I attribute medicine's willingness to listen to qualitative data — and my ability to stay funded in a soft-money medical school — to these trends in the profession. I suspect physicians will always embrace narrative writing and poetry. Their patience with qualitative data is less assured. I hope sociology can help provide some traction as the profession continues its ambivalent efforts to address social determinants of health. We have some pretty good insights to share. Hopefully, medicine will recognize our wisdom.



**Daniel Dohan**

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# CHAIR OF TEACHING COMMITTEE

Magdalena Szaflarski



In the summer newsletter, I discussed the topic of gun violence, providing useful resources and teaching material on this topic from a variety of sources. I would like to follow up with further information about population health impacts of mass shootings, featured in the recent brief in Health Affairs.

Mass shootings are understood as fire-arm-related violence that results in multiple victims in a single incident, typically in a single public location. A RAND article explains that there is no standard definition of a mass shooting, and how mass shootings are defined and counted is highly variable. Even though data on mass shootings are fragmented, there are indications that mass shootings have become more frequent and deadlier.

Notably, mass shootings do not only harm people directly, but they have further significant detrimental effects on the health of witnesses, people living in surrounding communities, and individuals who identify with groups targeted in mass shootings. There is emerging new research that uses comparison groups and multivariate analyses and that appears more robust than earlier studies in evaluating population health effects of mass shootings.

Here are a few examples of documented hazardous effects of mass shootings at the population level from recent quasi-experimental studies:

- Rise in mental health diagnoses, mental health care use, and psychiatric treatment among school-aged children/youth, parents, and siblings (Bharadwaj et al. 2021) (Rossin-Slater et al. 2020), as well as declines in self-reported mental health among working-age adults in affected counties (Brodeur & Yousaf 2022)
- Worsened infant health outcomes (Banerjee & Bharati 2021) (Dursun 2019)
- Increase in risky behaviors in later life (Deb & Gangaram 2021)
- Psychological distress in US sexual minority adults in the aftermath of the 2016 Orlando gay nightclub shooting (Gavulic & Gonzales 2020)
- Spikes in long-term mortality (suicide or accidental death) in children in school districts that experienced a major shooting (Levine & McKnight 2020)
- Declines in community wellbeing including emotional wellbeing of adults in counties that have experienced mass shootings (Soni & Tekin 2020)

In addition to data on population health impacts, there is useful information that has been published on various strategies to prevent mass shootings – from physical security measures (e.g., access control systems, video surveillance) and social media monitoring to mental health support structures and gun control policies. For example, the Child Trends 2020 brief reviews the evolution of state school safety laws since the Columbine school shooting. Another good resource is a recent systematic review of local, state, and national commissions created to develop guidance to reduce school shootings (Gregory & Park 2022).

Another aspect of social response to mass shootings is mitigation. Mitigation strategies typically fall into two categories: preparation/emergency responses and victims' services. For example, the Department of Health and Human Services (HHS.gov) has compiled a topic collection on active shooter planning and responses, including the FBI blueprint on active shooter planning and response in a healthcare setting. At the same time, an Everytown Research & Policy report has also documented lack of efficacy of active shooter drills in schools, even though over 95 percent American K-12 schools have implemented them.

In terms of victims' services, the American Psychological Association (APA) feature story describes what happens to the survivors of mass shootings, who will need long-term help, and the need for building social support systems.

Finally, for class activities and assignments on this topic, I would like to recommend the Mass Shootings Database, 1982–2022 compiled by Mother Jones and available in Excel format, 2022 Map of Mass Shootings from the Gun Violence Archive, and additional charts and graphics from Everytown Research & Policy.

Guiding Source: Soni, Aparna and Erdal Tekin. "Mass Shootings in the United States: Population Health Impacts and Policy Levers." Health Policy Brief, Health Affairs, September 15, 2022. <https://www.healthaffairs.org/doi/10.1377/hpb20220824.260250/full/>



## The Elusive Professional Hire

TANIA M. JENKINS

'Tis the season—the job market season. Ads for academic positions are circulating, applicants are polishing their materials, and search committees are beginning to pore over the dozens, if not hundreds, of applications they are likely to receive per advertised position. However, a subset of those applicants will be searching for not one, but ideally two, positions—one for themselves and one for their partners. Recognizing that there is some debate surrounding the ethics of spousal hiring in academia (see this recent Twitter thread, for example). This quarter's column will draw on the real-life experience of scholars who succeeded in landing an elusive tenure-track partner hire to offer tips to those hoping to do the same.



### Figure out your non-negotiables

Before starting applications, the first thing to do is have a heart-to-heart with your partner and be honest about what kind of position(s) you would both be willing to take and where. Ask yourselves: what do you want out of an academic job? Would you be willing to accept a non-tenure track position with either a teaching or research focus? Soft money or hard money gig? What about a temporary position, such as a postdoc or a visiting scholar job? (nb: it is often easier for hiring departments to arrange these sorts of options for spouses than tenure track jobs. Occasionally they can become permanent over time, but that is more the exception than the rule). How about geographic locations; is there anywhere off-limits for one or both of you? Determining early on what your “must-haves” are is critical to the application process. Remember, the more options you keep on the table, the better your chances; but if some of those options are unappealing or outright unacceptable to your partner, best to know that early on and make it clear to the university if and when the time comes.

### Think strategically.

Another way to keep as many opportunities open as possible is to consider a wide range of potential departments that could accommodate you and your partner. Think about this ahead of time so that you offer a ready-made list of suitable options to the hiring department if/when the time comes. Interdisciplinary units can be especially helpful here: think social medicine, public health, and area studies departments. Remember, though, not all departments are created equal. Some are better resourced than others, especially in professional schools. Keep this in mind when considering the calculus of a spousal hire; it will be significantly harder for an English department, for example, to swing a partner hire than a medical school. There may also be pros and cons to suggesting departments within the same university unit/college (where a single dean would oversee the hiring process for both partners) versus spanning two different units (where one might have more resources than the other).

### Do your homework.

Many universities, especially public schools, have dual career offices or published policies surrounding their approach to partner hiring. Look at their websites, see what resources are available, and make application decisions accordingly. Also: ask around. Some schools are very opposed to spousal hires even when recruiting senior faculty, while others are quite vocal about supporting dual academic partnerships. Word of mouth can help distinguish between the two. Ask mentors, friends, and colleagues whether they know of any successful cases of spousal hires and whether they might be willing to put you in touch with them. Speaking to someone who has been through it can help guide your approach and set expectations

# Be ready. And be patient.

Finally, just like with any job application, there is only so much control you can have over the outcome. But if and when the time comes to discuss the potential for a partner hire, be certain that your partner's job materials are polished and ready to go. Often, as soon as the prospect of a partner hire is raised, department chairs will request a CV for your partner to circulate to other chairs and the dean; so, at a minimum, make sure your partner's CV is updated and ready for submission. Departments might also require other materials, such as research and teaching statements, or they may want to schedule a job talk more suddenly than during regular searches, so best to have as much ready ahead of time as possible. That said, the partner hire process is rarely quick; it can take weeks to months to gauge interest in your partner as a candidate, line up an interview, and get all the approvals in place. So just like with the regular hiring process, patience and persistence are key during partner hires—perhaps doubly so.

If you have suggested career & employment topics you'd like to see addressed in future newsletters, please send them to: [tania.jenkins@unc.edu](mailto:tania.jenkins@unc.edu)

Special thanks to: Andrew Fenelon and Heather Randell for their help with this column.

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## ASA CONNECT

### JOB POSTINGS

The Medical Sociology Section has a special message thread for job postings. You can use this link to access current job postings and switch the “Follow” toggle to “on” in the upper right-hand corner of the message thread to receive notifications about new job postings.

# Student News and Views

## TOPIC INTRODUCTION

Public sociology was utilized by historically erased scholars such as W.E.B. Dubois and Jane Adams since the early 1900s, but it did not gain mainstream traction until the late 1980s. In 2004, Michael Burawoy of UC Berkeley called for sociologists to embrace public sociology in his American Sociological Association presidential address. The Section on Sociological Practice and Public Sociology defines this as “advancing sociologically-informed research and practice, to further public discussion of sociological issues, and to promote the use of sociology to inform public policy.” Public sociology pushes us not only to reflect on notions of power and see what society is, but it also seeks applicable impact to achieve what society could be. Through conversations with medical sociologists, the 2022-2023 student series newsletter will first focus on how medical sociologists engage in public sociology through their work more broadly, followed by special issues focusing on mental health and the educative potential of sociology in health and medicine. If you have special interests in a particular topic of public sociology that you want us to cover or recommendations for scholars you would like us to interview, please email [maestas.d@northeastern.edu](mailto:maestas.d@northeastern.edu)



## Nancy Toure

Nancy Toure (she/her/hers) is a Ph.D. student at the University of Illinois at Chicago. She earned her MA in Sociology from Northeastern University and her BA in Geology from Bryn Mawr College. Nancy is working on multiple research projects. In one area, she examines how people may explain racial inequality differently based on the race target group and shows the importance of accounting for differential racialization when creating racial attitude questions. Nancy's dissertation proposal is focused on operationalizing racialized organizations theory to measure racial inequality in different types of organizations. Finally, her current work as a research assistant investigates the relationship between adverse pregnancy outcomes and historical mob violence. Nancy will be serving as a student assistant for the medical sociology newsletter and hopes to contribute to the growth and online development of the medical sociology newsletter.

## Danielle Maestas

Danielle Maestas (she/her/hers) is a PhD student at Northeastern University. She earned her MA in Sociology from the University of Colorado Denver and her BA in Sociology from the University of New Mexico. Danielle's previous research examined how work-family burden influences diabetes management practices differently for Black and Latinx men and women. Additionally, she completed a program evaluation of a nutritional education course at the Denver Parish food bank, which provided nutritional education to diabetic seniors experiencing food insecurity. She has worked as a research assistant and qualitative analyst on clinical and translational research projects at the Adult and Child Center for Health Outcomes Research and Delivery Science at CU Anschutz. She is currently interested in using mixed methods to explore how healthcare accessibility, healthcare interactions, and patient-provider relationships influence health equity in chronic disease management, specifically among those with metabolic diseases. Danielle is also a graphic designer and has worked in marketing in the tech startup space. She is thrilled to design the medical sociology newsletter and contribute as Student Editor Chair and newsletter assistant.







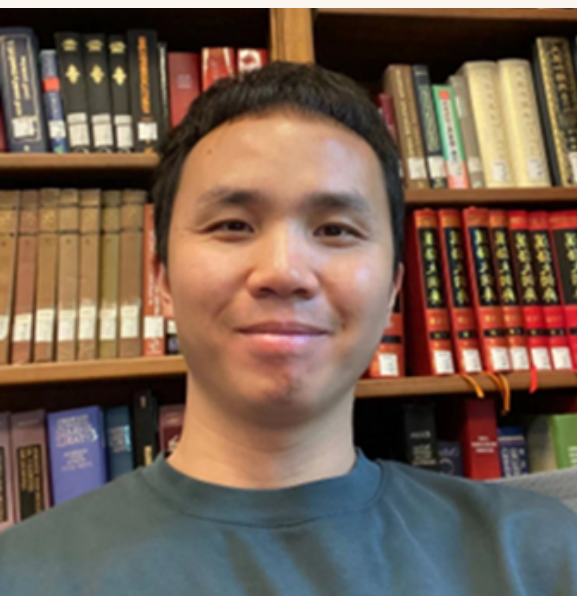
## Torisha Khonach

Torisha Khonach is a PhD Candidate at the University of Nevada, Las Vegas. Torisha earned her MA and BA in Sociology from Cal Poly Humboldt and her AA in Social and Behavioral Sciences from the College of the Redwoods. Torisha's work focuses broadly on gender, race, weight, and health stigma. Using parents as a case study, she examines the ways that bodies and health are socially constructed to frame some individuals as inherently (un)fit parents, where neoliberal ideologies of individuality and productivity become embodied through healthism, which is when one's health status is used to determine their supposed worth and value. Specifically, using interview data, Torisha explores the messages parents receive about their bodies and health throughout the course of becoming parents and how they respond to and often negotiate contradictory messages.

In addition to her research and teaching, Torisha also enjoys working with undergraduate students to help them develop their own research skills and support them throughout their educational journey. Her current project with an undergraduate colleague utilizes 200 images and 200 videos taken from Instagram and TikTok to analyze how "body positivity" is framed and constructed in online space.

## Gerald Nowak III

Gerald Nowak III is a fourth-year PhD student in the Department of Sociology at Michigan State University. He earned his Master of Arts in sociology at Wayne State University. Currently, Mr. Nowak serves as the graduate student coordinator for the Family and Population Health (FPH) Laboratory. Founded by Lab Director Dr. Hui "Cathy" Liu, the Family and Population Health Laboratory is an organization wherein students and faculty collaborate on matters of professional development. Areas currently under investigation at FPH include mental, physical, and cognitive health; family; gender and sexuality; social networks; health disparities; and aging and the life course. In his individual research pursuits, Mr. Nowak studies mental health outcomes (e.g., depression, anxiety) and how such phenomena may be exacerbated by circumstances associated with aging. Through the examination of longitudinal, population-level data, his investigation has recently been dedicated to the impact of the Covid-19 pandemic on the mental health of Americans who are aged 65 and older. Once he has earned his PhD, Mr. Nowak aspires to compete for a tenure-system faculty position at a research-focused institution of higher learning.



## Zhe Zhang

Zhe Zhang (He/Him/His) is a second-year Ph.D. student in the Department of Sociology at Vanderbilt University. Before joining Vanderbilt, he received his bachelor's and master's degrees in social security from Sichuan University, Chengdu, China. His research focuses on the social determinants of health and health disparities throughout the life course, with a particular interest in the roles of social relationships and social networks, stress/adversity, and social/political contexts. One line of his current research investigates the health and well-being of the single and living-alone population. Another line of his research examines whether state-level policies reduce or exacerbate the mental health consequences of pandemic-related stressors.

Zhe is a proud first-generation college graduate born and raised in rural China.

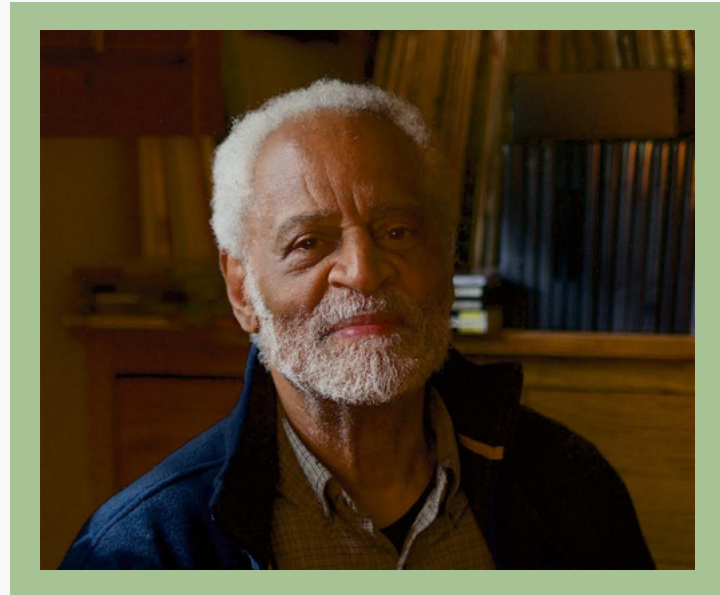
# REEDER AWARD WINNER

## Troy Duster is the 2023 Reeder Award Winner!

On behalf of the Medical Sociology Section Council, it is my honor to announce that Dr. Troy Duster, the Chancellor's Professor and Senior Fellow at the Warren Institute on Law and Social Policy at the University of California, Berkeley, is the prestigious 2023 Reeder Award Winner. Dr. Duster was nominated by Drs. Joan Fujimura, Ruha Benjamin, Catherine Bliss, and Alondra Nelson, and further supported by Drs. Adele Clarke, Osage Obasogie, and Stefan Timmermans. In their letter, the nominators write convincingly of an exemplary career in Medical Sociology and its adjacent fields, with a specific legacy in the social, political, and racialized implications of human molecular genetics and biomedicine. We, the Medical Sociology Council, are honored to give this award to Dr. Duster.

As the nominators discuss in their letter, Dr. Duster has been at the forefront of research regarding the use of race in medical genetics and clinical medicine as this area of research took hold in the U.S. science community. Dr. Duster, supported by the NIH, produced a landmark study on the topic with his book *Backdoor to Eugenics*, which was highly praised (no less by Bourdieu himself). This book was just the beginning of an illustrative and impactful career, with contributions in some of the most influential journals (including *Science*, *The Lancet*, *The American Sociological Review*), other books, including *The Legislation of Mortality: Law, Drugs, and Moral Judgement* and *Cultural Perspectives on Biological Knowledge*. Dr. Duster also has been active in numerous public policy interventions, including serving as an advisory member of the Human Genome Project, which set policy for protocols for breast cancer research and framed Congressional legislation on issues in the Americans with Disabilities Act.

While his career is of the utmost eminence, it is also critical to note that he supported an incredibly impressive number of scholars as they forged their careers, most centrally in his directorship as the NIMH training program as well as his serving as the director of the Institute for the Study of Social Change at Berkeley. It would be impossible to name all of the students Dr. Duster has influenced and mentored, as the list is long; perhaps just as importantly, though, his intellectual legacy lives on through his longstanding mentorship, his influential public sociology, and his tremendous intellectual body of work. All of us in Medical Sociology are indebted to his legacy.



I end this letter with an excerpt from his nomination letter, which sums up Dr. Duster's superlative career...

"Professor Duster has been a leading medical sociologist. Taking his research on opiates and his research on genetics and inequality as just two cases in point, he has been both a pace-setter and an agenda-setter, carving out areas that would later become cornerstones for some of the field's most rich and significant research, most notably the study of race and genetics. Duster's impact endures. In ways big and small, one mentee at a time, with his excellent and now-canonical scholarship. Duster helped to build the field of Medical Sociology. We can think of few more deserving of receiving the Leo G. Reeder Award for Distinguished Contributions to Medical Sociology." I, and the Medical Sociology Council, wholeheartedly agree. Congratulations, Dr. Duster."

As is customary, Dr. Duster will be honored at ASA 2023 in Philadelphia. His address will be made public in an invited article in the *Journal of Health and Social Behavior*.

### **Rin Reczek**

Past-Chair of the Medical Sociology Section  
and Chair of the Reeder Award Committee  
Professor, Department of Sociology  
The Ohio State University



# PUBLICATIONS BY COMMITTEE MEMBERS

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## **"Long Covid and Medical Gaslighting: Dismissal, Delayed Diagnosis, and Deferred Treatment"**

**Lau et al. 2022**

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### **Abstract:**

While we know a lot more about Long Covid today, patients who were infected with Covid-19 early on in the pandemic and developed Long Covid had to contend with medical professionals who lacked awareness of the potential for extended complications from Covid-19. Long Covid patients have responded by labeling their contentious interactions with medical professionals, organizations, and the broader medical system as "gas-lighting." We argue that the charge of medical gaslighting can be understood as a form of ontological politics. Not only do patients demand that their version of reality be recognized, but they also blame the experts who hold gatekeeping power over their medical care for producing a distorted version of said reality. By analyzing results from an online survey of Long Covid patients active on social media in the United States (n = 334), we find that experiences of contention and their reframing as "gaslighting" were common amongst our respondents. In short answer responses about their experience obtaining medical care for Long Covid, our respondents described encountering medical professionals who dismissed their experience, leading to lengthy diagnostic odysseys and lack of treatment options for Long Covid. Even though we are limited by characteristics of our sample, there is good reason to believe that these experiences and their contentious reframing as medical gaslighting are exacerbated by gender, class, and racial inequalities.



**Larry Au**  
**PhD Candidate**  
**Columbia University**

## **"The Social Life of Biomedical Data: Capturing, Obscuring, and Envisioning Care in the Digital Safety-net"**

**Taylor Marion Cruz 2022**



**Taylor Marion Cruz**  
**Associate Professor**  
**CSU Fullerton**

### **Abstract:**

Biomedical investment in digital technologies has flooded society with staggering volumes of data, spurring high-tech innovations such as performance metrics, clinical algorithms, and public data dashboards. In examining the social life of data artifacts, scholars draw from actor-network theory to emphasize data's ability to represent social reality while circulating within it, while others suggest formal data models fail to account for invisible relations on the ground. Yet little work has examined the role of human reflexivity in crafting complex human-data configurations in practice, such as how situated human actors relate to data representations within the social reality, they intimately know themselves. Drawing on ethnographic fieldwork of Electronic Health Records (EHRs) and data analytics integration from inside the digital safety-net, this article shows how health care workers recognize data simultaneously capture, obscure, and envision their everyday work of caring for the marginalized. By demonstrating how the same data point may in one context demonstrate good care while in another obscure it, these findings suggest need to broaden attention to the social life of data beyond delimited focus on standards and their travels. Digital technologies do not simply capture the social, but multiply it. Biomedical data then do not have one social life, but many.



**Motivations and Deterrents toward Blood Donation in Kampala, Uganda**

**Murtagh and Katulamu 2022**

**Abstract:**

Severe malaria, hemorrhage during childbirth, sickle cell anemia, injury from road accidents, and other medical conditions that necessitate blood transfusions affect thousands of Ugandans every year. However, only 0.3–0.5% of the population donates blood, which is less than half of the proportion recommended by the World Health Organization to maintain a sufficient supply in blood banks and health facilities. In January 2018, Uganda faced crisis level blood shortages, increasing preventable deaths in the country as patients lacked access to life-saving transfusions. To understand the factors that impact a person’s decision to give blood and to inform public health campaigns that seek to promote donation, researchers collaborated with Uganda Blood Transfusion Services (UBTS) and the Uganda Red Cross Society (URCS), the primary actors in blood donation in Uganda, to conduct 50 semi-structured in-depth interviews with blood donors and non-donors and 22 key informant interviews with UBTS and URCS staff members. Through qualitative data analysis using Dedoose software, this study identified several key motivations that promote donation, including altruism, civic duty, and opportunities for disease testing, as well as important deterrents, including fear of needles and blood and lack of awareness of or access to blood donation drives. Results have been shared with blood collection agencies to inform public health campaigns that seek to dispel fears and promote motivations toward donation to increase the blood supply and decrease preventable deaths in Uganda.



**Charles Katulamu**  
**PhD Candidate**  
**University of Michigan**

**Producing Paramedicine: Case Studies in the Medical Labor Process**

**Seim, Corman, and McCann 2022**



**Abstract:**

How is medical labor power, that being the capacity to assemble, adjust, or arrange medical subjects, converted into medical practice? Drawing on three qualitative case studies in the United States, Canada, and the United Kingdom, we argue that this conversion is shaped by pressures channeled through the relations that medical workers enter into with patients “from below” and managers “from above.” We demonstrate this by examining a common empirical object: ambulance labor. In addition to providing a unique window into the varieties of medical work, paramedicine offers a strategic venue for examining the kinds of productive relations that medical laborers enter into. Our research shows how the labor process is shaped by patient requests that can either conform or contradict workers’ shared sense of vocation. We also detail how this same process is simultaneously pressured by managers who are generally focused on increasing both the flexibility and the visibility of their workers. Many of these pressures, we argue, can be linked to common forces of neoliberalism across our three nations. Our analysis of the medical labor process inspires some practical recommendations to reform ambulance-based care. However, our primary aim is to advance a labor-centric approach to studying medicine.

**Josh Seim**  
**Assistant Professor**  
**Boston College**

# Notes from the Newsletter Editor



Welcome to the first issue of the 2022 Medical Sociology Newsletter! I have enjoyed stepping into this new role. As the Medical Sociology Newsletter Editor, I am excited to foster a greater sense of diversity, equity, and inclusion and to create an inclusive space where all sociologists can actively participate. With the help of two wonderful student assistants, Danielle Maestas (the Student Newsletter Assistant) and Nancy Toure (the Assistant for the student section of the newsletter), I hope to continue to build on the rich legacy of important work done by past editors. There is a lot of exciting change going on within the discipline! One important change is the recent transition to ASA connect, the association's new online communication platform for ASA members. We are excited to be able to use this new platform to open more dialogue amongst all community members across the student-Distinguished Professor continuum.

I would like to extend special gratitude to all the columnists Cynthia Colen, Daniel Dohan, Tania Jenkins, Rin Reczek, Nancy Toure, and Danielle Maestas, who have taken the time to write meaningful and vital information to keep our community in the know. I would also like to acknowledge those who contributed last year, Rin Reczek, Stephanie Teixeira-Poit, Magdalena Szaflarski, Tania Jenkins, and Evan Roberts.

As we move forward, I would like to continue to honor and recognize the important work and contributions of medical sociologists inside and outside the academy. I welcome comments and feedback on the newsletter and look forward to continuing to build on the tradition of former newsletter editors in serving the need of the diverse medical sociology community. I especially welcome feedback on making this newsletter more collaborative and creating a space that fosters diversity and inclusivity across a wide range of identities. Again, thank you to all the contributors and readers for making this newsletter possible. Here's to a wonderful, kind, and productive fall semester!

Best,

**PJ Pettis**  
**pettisph@msu.edu**