

# Spring Newsletter

Volume 60, Issue 3



## Note from the Chair

Greetings Med Soc Community!

As the semester winds down, the activities of the Medical Sociology Section gather steam. Our award committees are busy making their selections, elections are underway, the Mentor of the Month program celebrates its launch year, and we plan earnestly for ASA 2024 in Montreal in August. And that’s just some of what is happening behind the scenes. Please read on for updates!

### Award Nominations and Selections

Thank you for sending in nominations for our six awards. The committees are busy at work selecting award winners. Winners will be notified in the coming months and celebrated at ASA in August. Also, at our Summer Council Meeting, we will be considering revisions to our award calls. Our goal is to update nominations guidelines in ways that will enhance inclusive and equitable practices. Your suggestions are welcome. Please send any suggestions or comments to me directly at [susan\\_short@brown.edu](mailto:susan_short@brown.edu).

### Elections

ASA Elections close May 20th. The Nominations Committee put together an exciting slate of candidates. On behalf of the Section, I thank Joseph Harris (Chair), Christy Erving, Lauren Gaydosch, Amy Zhou, and Elizabeth Anderson for their excellent work on Nominations. This year the ballot also includes an important resolution, the Resolution for Justice in Palestine. Please vote!

### Mentor of the Month

We did it! “Mentor of the Month” successfully launched this year with three exciting panels: What kinds of jobs are out there, and how do I decide where to apply?... The job market from the perspective of those who are on hiring committees ... and ... Jobs from the perspective of people doing the applying. Many thanks to Karen Spencer, J’Mauri Jackson, Surbhi Shrivastava, and Felicia Casanova for their vision, collaborative spirit, and expert organizing. And thanks to all who volunteered their time and ideas to make these events a success. We look forward to continuing the program next year and welcome volunteers interested in leadership opportunities. Please reach out to Karen Spencer at [karen.spencer@ucdenver.edu](mailto:karen.spencer@ucdenver.edu) if you are interested.

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## **ASA 2024, Hello Montreal!**

Our organizers have done a phenomenal job reviewing submissions and planning our sessions. We have five paper sessions and 18 roundtables, which makes twenty-three opportunities to come together to discuss Medical Sociology. We'll be discussing more than 100 papers! Details to follow, but for now, if you are planning your schedule, our sessions will be held on Monday and Tuesday. In addition, our Business Meeting, Awards Ceremony, and Reeder Address will be held Monday afternoon. We will follow the Reeder Address with a celebratory reception Monday evening. Congratulations to all who have papers accepted and thank you to our amazing organizers, we couldn't do it without you.

## **Reeder Award Winner Pamela Braboy Jackson**

We are delighted to introduce Reeder Award Winner Pamela Braboy Jackson in this issue of the newsletter with a tribute written by Chair-elect Karen Spencer. For those who are new to the Section, you may be interested to know that the Reeder Awardee is selected a year in advance by a sixteen-person committee – the entire Medical Sociology Council! On behalf of the Committee, which I had the honor of chairing, and the entire Medical Sociology Section, Congratulations Dr. Jackson! We are looking forward to your remarks, and to the opportunity to congratulate you in person, in August.

Congratulations to PJ and Danielle on another excellent newsletter. Please read on and be inspired. In closing, I wish you all a few quiet moments amid this very full period – time to think and write and plan the kinds of things that bring you joy and meaning. Thank you for being a part of the Medical Sociology Community.



**Susan Short**

**Chair, Medical Sociology**

## DR. PAMELA BRABOY JACKSON RECIPIENT OF THE 2024 LEO G. REEDER AWARD



On behalf of the Medical Sociology Section Council, it is my honor to present Dr. Pamela Braboy Jackson, Provost Professor of Sociology and the Associate Vice President for Faculty & Belonging at Indiana University, as the recipient of the prestigious 2024 Leo G. Reeder Award. The Reeder Award is the Medical Sociology Section's career award, recognizing scholarly contributions, particularly a body of work displaying an extended trajectory of productivity contributing to theory and research in medical sociology.

The Reeder Award also acknowledges teaching, mentoring, training, and service to the medical sociology community broadly defined. Dr. Jackson's nomination letter was co-signed by a long list of her former doctoral students, including Christy Erving, Rashawn Ray, Muna Adem, Jason Cummings, Amy Irby-Shasanmi, Yasmiyn Irizarry, Joanna Lara, Dana Prewitt, and Deidre Redmond. In their letter, the nominators showcase Dr. Jackson's enduring and innovative research contributions in the areas of social psychology, mental illness, family, and social stratification, especially her recognized expertise in minority mental health.

Dr. Jackson completed her Ph.D. at Indiana University, Bloomington in 1993. After serving as an Assistant Professor at Duke University (1993–2000), she joined the faculty at Indiana University, Bloomington in 2000. Since 2022, she has served as the Associate Vice President for Faculty & Belonging in the Office of the Vice President for Diversity, Equity, and Multicultural Affairs.

As her nominators describe, Dr. Jackson has been at the forefront of theoretical and empirical research in several areas. First, she has produced pioneering work at the intersection of social role engagement, social status, and mental health. Beginning with a seminal 1997 JHSB article and continuing with multiple follow-up papers, Dr. Jackson has been a leader in researching how race, ethnicity, and racism influence the associations among work, family, parental roles, and their relationship to mental health. Although engagement with social roles is generally associated with lower levels of psychological distress, these associations are mitigated for racial and ethnic minorities relative to their White peers. Second, Dr. Jackson's work on race, socioeconomic status, and health has helped set the stage for contemporary scholarship focused on the diminishing health returns of higher education among Black Americans. Her work demonstrated that access to resources (e.g., higher educational attainment, occupational prestige) did not have the expected health protective effects among Black Americans, necessitating a new research agenda to better understand how stress impacts the Black Middle Class. This work on the health of Middle-Class African Americans was supported by a prestigious Robert Wood Johnson Foundation Investigator Award in Health Policy Research.

Dr. Jackson's career also stands out for the ways she has integrated this research success into her teaching, mentoring, and service. After teaching a major research practicum study on Family, Work, and Health, Dr. Jackson collaborated with several of her nominators who were enrolled as graduate students in the early phases of this work. With Dr. Rashawn Ray, Dr. Jackson co-authored a 2018 monograph entitled, *How Families Matter: Simply Complicated Intersections of Race, Gender, and Work*, which broke new theoretical ground in scholarship on race, gender, work, and family. With Dr. Muna Adem and others, Dr. Jackson co-edited a 2016 volume *People of Color in the United States: Contemporary Issues in Education, Work, Communities, Health, and Immigration*.

Beyond these research publications, her letter writers underscore how incredibly supportive Dr. Jackson was in providing guidance about how to navigate sociology, the ivory tower, and Bloomington, Indiana as non-white, often first-generation students. They credit her with helping them process racialized experiences, develop healthy coping strategies, and learn how to focus their energies on completing their PhDs. It would be impossible to enumerate the many students who have benefited from her presence, but her letter writers underscore how Dr. Jackson played a critical role in helping them secure tenure-track positions as well as prestigious graduate, dissertation, and postdoctoral fellowships with the National Science Foundation, Ford Foundation, National Institutes of Health, Robert Wood Johnson Foundation, and American Sociological Association. They write, "We are eternally grateful for her mentorship and genuine caring for us as individuals. Dr. Jackson is one of the few professors who put students' issues before hers."

I conclude with the glowing words of her nominators: "In sum, Dr. Jackson is irreplaceably crucial to our development as scholars, mentors, and teachers...Dr. Jackson exemplifies what an academic is and should be: an individual with the ability to balance and excel at research, teaching, mentoring, and community involvement. Accordingly, a letter of this magnitude is only a small recognition to acknowledge the impact Dr. Jackson has had on our careers and experiences navigating Bloomington and graduate school."

We look forward to honoring Dr. Jackson at the upcoming ASA meetings in Montreal, where she will deliver the annual Reeder Address. As is customary, her address will also be published as an invited article in the *Journal of Health and Social Behavior*. We encourage you to join us in celebrating Dr. Jackson this summer!



**Karen Lutfey Spencer**  
Chair-Elect, Medical Sociology Section

## New NIH Review Processes and Health Policy Spirals and Unravels

Daniel Dohan

This health policy and research update highlights a change in National Institutes of Health (NIH) grant review and wonders how medical sociology could help us understand an emerging issue at the nexus of federal and state health policy.

Each year, Congress appropriates tens of billions of dollars to the NIH to support health-related research. The vast majority of those funds, around 85%, are stewarded, not spent, by NIH, which passes dollars to universities and other institutions in the form of contracts and grants. Deciding which contracts and grants to award is a key area of NIH expertise, and the NIH relies on peer review for the bulk of its decision-making.

NIH peer review is organized by the Center of Scientific Review (CSR), which occupies an interesting patch of middle ground at NIH. It focuses on the research process while NIH's 26 other centers and institutes focus on research topics. Over the years, this has allowed CSR to engage some tough questions about peer review. How can peer review avoid expert capture, advance intellectual diversity, and avoid incrementalism? How can peer review carried out by part-timers consistently achieve a high level of competence? How can reviewers from diverse disciplinary and practical backgrounds quickly and efficiently achieve consensus about what constitutes valuable research?

CSR recently introduced a simplified review process to be implemented in 2025. Currently, grant review includes an overall score as well as five additional component scores (Significance, Investigators, Innovation, Approach, Environment). Going forward, reviewers will provide an overall score but only two factor scores, the importance of the research (factor 1) and its rigor and feasibility (factor 2). The overall score will also reflect a third factor (expertise and resources) that will not be scored separately. CSR notes that this will help reviewers focus on whether the proposed research should be conducted and whether it can be conducted.

These changes could help highlight the value that sociologists and sociology bring to health research. In the current system, the investigator and environment scores tend to reinforce reputational bias. I have experienced this first-hand as an applicant, where I benefited from UCSF's prestige in biomedical research. I've also seen it as a peer reviewer, where investigators and environment may drag on applications submitted by applicants and institutions outside the biomedical research mainstream. Hopefully, as CSR encourages them to focus on the big factors, reviewers will have an easier time appreciating the value of sociological insights into the fundamental social causes of illness and our discipline's ability to analyze and address the institutional and structural causes of health and healthcare inequities.

This spring, two issues have played out at the nexus of federal and state health policy in the US, one that has attracted steady attention in media and politics and one that has transpired more quietly. In media and politics, reproductive rights have been steadily prominent while post-pandemic Medicaid unraveling has occurred more quietly. I bring no sociological expertise to either arena, only what I've gleaned from the New York Times, Kaiser Family Foundation, etc.



Some months back, I shared thoughts about the Dobbs decision and its cruel impact. In the ensuing months, the practices and politics surrounding Dobbs have varied from unpredictable to surreal. As of this moment, 25 states, including Alaska, continue to protect the right to access abortion services; 14 states, including Arkansas, have banned abortion. The Arizona courts unexpectedly re-animated a nineteenth-century ban. In Alabama, healthcare providers suddenly found themselves at risk of criminal prosecution for providing people with access to the twenty-first-century medical procedure of in vitro fertilization. In both of the latter states, local politicians have pivoted away from these unexpected directions. And that is just the “A” states.

The politics in this domain of health policy has been head-swirling. Restricting reproductive rights continues to cost conservative politicians during general elections yet remains a party litmus test... except for the politician arguably most responsible for Dobbs. Medical sociologists and health policy analysts need to continue to shed light on how the practices of abortion bans impact health as well as the dynamics of abortion-restriction politics.

If there can be a silver lining to a pandemic that kills millions, in the US it might be the loosening of regulations that typically excluded needy people and communities from healthcare. During the COVID emergency, the Federal government eased the requirement for continuous re-enrollment in state-run Medicaid programs. For several years, eligible individuals and families could count on re-enrollment and continuous coverage from Medicaid. Once the official emergency ended, so too did automatic re-enrollment.

Four years out from the COVID emergency, we are gaining insights into the dynamics of Medicaid unwinding. Overall, nearly a third of recipients are being dis-enrolled, but there is significant state-by-state variation. States such as Connecticut, Oregon, and California as well as the District of Columbia are re-enrolling about 80% of recipients while in Utah, Montana, South Dakota, and Oklahoma, fewer than half are being re-enrolled. That pattern of difference is not surprising given state-level politics, but New Jersey dis-enrolled 40% of recipients and Wyoming re-enrolled a higher proportion of recipients than California.

Medical sociologists can shed light on these variations — disentangling the effects of bureaucracy from the intents of policy from accidents of politics. We also have an opportunity to bring to life the social and health consequences of Medicaid disenfranchisement as well as to recognize the unintended, lifesaving consequences of a deadly pandemic.



**Daniel Dohan**  
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## The Value of Teaching Health Policy

Tasleem J. Padamsee

In the United States, the financing and organization of healthcare are perpetually contentious topics, subject to constant political debate on the national stage and at the state level, as well as constant revision across industries and private organizations. As a result, health policy offers relevant and exciting topics for both undergraduate and graduate students of medical sociology. Nevertheless, many medical sociology curricula omit health policy, leaving the subject to be covered by our public policy or political science colleagues. In this column, I argue that health policy is an instructive arena in which to explore key sociological ideas and offer some suggested topics that could stimulate interesting classroom conversation.

Debates over society's healthcare arrangements—both historical and contemporary—reflect and illustrate core sociological themes, including social inequality and the distribution of social resources, conflicts between interest groups, and the framing of publicly important issues.

Disparities in healthcare access and outcomes clearly reflect broad patterns of social inequality, structured across race-ethnicity, national origin, social class, gender, sexuality, ability, and more. The causes of health-related inequalities are many, both proximal and distal. Among these are the broad range of health policies instituted by governments and organizations, which illustrate—sometimes shockingly well—whose interests are served and not served by particular social arrangements. Among the questions we can encourage our students to consider are:

- How does health policy serve the needs of patients? Health policy proposals are commonly articulated in terms of meeting the needs of patients, but the actual terms of these proposals frequently fail to respond to empirically demonstrated patient needs. How should we determine whether patient needs are met by a current policy, or whether they will be better met by a new policy than an existing one? And which patients will be best cared for under which institutional arrangements? For many of our students, interest in health and healthcare is motivated by a broader interest in the social good, and their critical skills can be put to use in understanding the real and potential impacts of health policy choices.
- How does health policy serve the needs of healthcare providers? Our undergraduates are often interested in healthcare careers and can benefit from considering the similarities and differences between policies that serve their own (future) interests and those that serve the best interests of their patients.

- How does health policy serve private interests—those of health insurers, hospitals, and pharmaceutical companies? How do policies that advance the goals of private parties also advance—or impede—the best interests of patients or providers?
- How do health policies structure the way that health resources—such as medical appointments, procedures, and medications—are rationed? While public healthcare conversation in the U.S. tends to position “rationing” as a negative dynamic that happens in other countries and is to be avoided here, students can engage in a more critical exploration of the ways healthcare is already rationed—by need, by the ability to pay, etc.—and how health policy change might transform the principles on which healthcare is rationed in more or less just directions.

Health policy debates also offer meaningful, accessible examples of the social roles of interest groups and social movements—and their conflicts—in shaping social institutions. Scholars in sociology and neighboring disciplines, for example, have written excellent analyses of the influence of ACT-UP and other HIV/AIDS activist organizations in the evolution of the FDA’s drug approval policies during the 1980s, as well as the long tail of those changes in the distribution of COVID-19 vaccines under Emergency Use Authorization decades later. The history of profoundly effective advocacy by pharmaceutical companies is another excellent example; these efforts have resulted in patent laws that are vastly more protective of pharmaceutical firms than the interests of any other societal stakeholder, the inability of Medicare to negotiate drug prices even as the largest purchaser in the market, and more.

Finally, health policy debates and innovations are excellent contexts in which to witness the profound, long-term impact of framing. For example, the potential introduction of delays in healthcare has been a strong and effective argument against incorporating elements of Canadian- or British-style healthcare into the U.S. system, despite clear empirical evidence of widespread—and unequal—access delays already at play across the country.

Often argued out on the public stage, health policy topics are the subject of many videos and podcasts that offer interesting variety alongside sociological readings. A few examples include:

John Green’s many accessible and engaging videos about the arrangements, financing, and politics of U.S. healthcare.

- [Why Can’t America Have a Grown-Up Healthcare Conversation?](#)
- [Bigger Pizzas: A Capitalist Case for Health Care Reform](#)
- [The Healthcare System of the United States](#)

Any number of informative discussions about the 2010 the Affordable Care Act. For example:

- History Talk:  
<https://www.youtube.com/watch?v=KKwp-1V3Edk>
- Commonwealth Fund: <https://www.commonwealthfund.org/publications/video/2020/mar/high-stakes-americas-journey-affordable-care-act>
- University of Michigan’s event with health policy experts at the ACA’s 10th anniversary:  
<https://www.youtube.com/watch?v=igw2kg055pU>
- PBS NewsHour, on the ongoing legal battles over ACA provisions:  
<https://www.youtube.com/watch?v=faINS56sKFU>



Reflections on the development, passage, implementation, and impact of Medicaid and Medicare, from an event commemorating their 50th anniversary:

o <https://www.c-span.org/video/?325397-1/medicare-medicaid-50th-anniversary>

Whether you choose to cover these national topics or to find examples of state or organizational policies closer to home, I hope you will enjoy engaging with students on health policy issues. Next month's column will share additional resources for teaching about healthcare and health policy in an international context. Until then, I invite you to share your reflections and suggestions with me at [padamsee.1@osu.edu](mailto:padamsee.1@osu.edu).

## CHAIR OF CAREER AND EMPLOYMENT COMMITTEE

### Conferencing for Introverts: A Short Guide and Pep Talk

'Tis the season for conferencing! From the budding sociologist to the seasoned academic, presenting and networking at these events can be overwhelming, especially for those of us who are more on the introverted side. I know—many academics love everything about them, but even as an Associate Professor, I get stressed just thinking about the time and energy it takes to travel, present, and then try to network in a new city. Regardless, I still attend and present my research at conferences as often as I can. Why? Sure, it's a part of the professor gig, but more importantly, I've found that academic conferences are, more often than not, filled with inspiring research and some amazing people.

If you haven't figured it out already, I should note that networking has never been my strong suit, but I've learned a few lessons over the years that I wanted to pass along to my fellow nervous conference-goers. For all the faults conferences can have, they remain critical for cultivating diverse professional relationships, sparking unexpected collaborations, and inspiring future research and researchers. So, in this blog post, I'm going to outline how to survive (potentially thrive?) academic conferences and make the most of the networking opportunities they provide.

## Investigate Conference Dynamics

Conferences come in lots of shapes and sizes, ranging from small regional conferences to large national and international conferences. Understanding the different dynamics of each conference is helpful for effectively navigating them and getting the most out of your conference experience. I find larger conferences like ASA's annual meetings, with thousands of attendees and numerous concurrent sessions, more difficult to network at. Whereas smaller regional gatherings (I highly recommend the Southern Sociological Society!), provide more intimate settings for in-depth conversations and meaningful interactions. Regardless of the conference size, I recommend getting familiar with the program, identifying some interesting sessions, and setting one or two simple goals for networking.

# Presenting at Roundtables and Poster Sessions

Most academic conferences have roundtable or poster sessions. I've embraced these as a way of both developing new papers and meeting new people. The traditional oral presentations can be tense for me, whereas roundtables and poster sessions are more relaxed and provide opportunities for meeting and casual chatting. I start almost all my new projects by presenting a rough draft at the ASA roundtables. Once I'm approaching a submission-ready draft, I submit it to present at oral sessions, which can be intimidating experiences.

## Attending Social Events

Try your best to attend social events, including receptions, dinners, and networking mixers. These conference events tend to offer a less intense setting, which is more conducive to building relationships and collaborations. Approach these gatherings with an open mind. If you can, seek out conversations with people you don't know while also nurturing existing connections. Most importantly, no matter who you meet: be attentive and genuinely interested in learning about their research and experiences. This is a big one. Nothing makes someone feel smaller than not listening while they explain their research projects (i.e., their current "baby"). Give everyone your full attention. You never know how you might inadvertently hurt someone's conference experience.

## Social Media

Despite my love-hate relationship with social media, it provides a powerful tool for networking before, during, and after conferences. Platforms like Twitter, BlueSky, LinkedIn, and Facebook usually have conference-specific groups/pages where you can connect to other attendees, share insights, and participate in discussions. I've also seen academics utilize conference hashtags to increase engagement with their presentations. Although social media is a nice tool for finding and sharing ideas and professional opportunities, don't let it distract you too much from making personal connections at the conference.

# Prepare an Elevator Pitch

Having an “elevator pitch” is most relevant to those going on the job market, but having a quick summary of your research interests is helpful. Your elevator pitch is just a brief introduction that highlights your research. I tend to forget about advertising my work if I’m not ready to chat about it to some degree. If you’re on the job market, I’d take that one step further and try to tailor your pitch to different audiences, e.g., fellow scholars, potential collaborators, or industry professionals.

## Conclusion and Pep Talk

Ultimately, networking isn't just about advancing your career; it's about building relationships, fostering collaborations, and contributing our small part to the whole of sociology as a discipline. Last but not least, don't give yourself a hard time if any of my tips are overwhelming. I'll end by saying it's possible to both embrace your introverted self and still make lifelong connections with fellow scholars. Remember, most of us in attendance are genuinely excited to meet you and hear about your research!



JOSEPH D. WOLFE

# CHAIR OF MEMBERSHIP COMMITTEE

Happy Spring! I hope everyone is well and looking forward to the summer and ASA in Montreal.

As you may know, we have an ongoing membership drive match campaign. For this to work, we need faculty willing to sponsor a student (\$5) and students who are not currently members of the section to indicate that they want to be sponsored.

We have incredibly generous faculty who have signed up to sponsor students (thank you!), but now we need students! If you have student colleagues, peers, or mentees who want to join our section, please share this link with them.:

<https://tinyurl.com/MedSocMemberDrive>

If you have any questions or concerns, or want to help out with the membership committee, please do not hesitate to email me at [sshuster@msu.edu](mailto:sshuster@msu.edu).



**Stef Shuster**

[sshuster@msu.edu](mailto:sshuster@msu.edu)

## PUBLICATIONS BY SECTION MEMBERS

**"It's Like Having an Uncontrolled Situation": Using Body Maps to Understand the Embodied Experiences of People with Hidradenitis Suppurativa, a Chronic Dermatological Condition"**  
**Ingraham, Natalie, Kelly Duong, and Lena R. Hann. (2024)**

### **Abstract:**

Hidradenitis suppurativa (HS) is a chronic, inflammatory, and often debilitating skin condition that includes painful "flares" in the groin, genital, and underarms. (1) Background: Patients with HS have the highest reported mental health comorbidities among dermatological conditions. Qualitative social science research about HS is limited, so this study aimed to understand the lived experiences of people with HS through body mapping. Body mapping is a participatory research process where participants illustrate a drawing of their body with images, symbols, and words that represent their embodied experience. (2) Methods: This study recruited 30 participants from a previous survey about HS experiences. Participants selected from pre-made body silhouettes based on their body shape, illustrated a body map about their HS experience, then shared their body map during in-depth interviews. Interviews and body maps were analyzed with the same codebook created with inductive and deductive codes. (3) Results: The body map drawings yielded rich visual data and the mapping process helped participants express their HS experiences in unique ways that cannot always be captured with textual data alone. (4) Conclusions: This study adds to the limited social science literature about HS and introduces body mapping as a relevant qualitative method for exploring chronic dermatological conditions.

**“We grow older. We also have lots of sex. I just want a doctor who will at least ask about it.”:  
Transgender, Non-Binary, and Intersex Older Adults in Sexual and Reproductive Healthcare**

**Nik M. Lampe and Carla A. Pfeffer (2024)**

**Abstract:**

Transgender, non-binary, and intersex (TNBI) older adults experience significant disparities in sexual and reproductive healthcare. Utilizing data from 50 semi-structured individual interviews with TNBI older Americans, we examine how TNBI older adults experience and mitigate inequity in sexual and reproductive healthcare. We explore elders' negotiation of inequity through what we term resourcefulness strategies – tactical processes involving marginalized communities obtaining and utilizing resources to minimize inequalities within and beyond healthcare settings. Resourcefulness strategies differ from resiliency insofar as they directly acknowledge the need for social privilege, capital, and resources – on a community level – to overcome difficult situations (e.g., inequalities in healthcare), rather than drawing upon individual coping strategies alone. Our analysis reveals medical providers' lack of cultural competency with TNBI communities and older adults as primary drivers of TNBI older adults' experiences of inequity within sexual/reproductive healthcare settings. Consequently, TNBI older adults aimed to minimize inequity in sexual/reproductive healthcare through particular resourcefulness strategies. Specifically, we found a bifurcation in respondents' strategies, wherein trans men engaged in health service avoidance while trans women and non-binary respondents engaged in health service self-advocacy. These strategies required respondents to assume primary responsibility for transforming (or avoiding) sexual/reproductive health services that were perceived as lacking or actively harmful. We argue that such approaches are neither effective nor structurally-sustainable for attaining older-age and TNBI-affirming, inclusive, and culturally-competent healthcare for TNBI older patients.

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## **Call for Publications**

If there is an article, book, or publication you would like included in the next newsletter, please send information and optional photo to  
maestas.d@northeastern.edu



# Student Section

Two medical sociologists, Dr. Lampe, and Merrily LeBlanc, MA, were interviewed for this issue of the newsletter series on sociological work that crosses more than one ASA section. Questions and responses have been paraphrased to accommodate space limitations.

## Nik Lampe, Ph.D

Dr. Nik M. Lampe (they/them) is an Assistant Professor in the Department of Mental Health Law & Policy and a Faculty Affiliate in the Louis de la Parte Florida Mental Health Institute at the University of South Florida. Their current research focuses on the behavioral health disparities of LGBTQIA+ aging populations and the health of diverse older adults living with dementia and their family care partners. They are also core faculty with the African American Alzheimer's Caregiver Training and Support Project 2, a Florida-based program that offers free skills-building and support services to Black family caregivers of older adults living with dementia.

Dr. Lampe is currently the Principal Investigator of a 3-year Alzheimer's Association Research Fellowship to Promote Diversity (AARFD-23-1145127; Mentor: Tara McKay), which examines the effects of LGBTQ+ affirming care and caregiver support on Alzheimer's disease and related dementias (ADRD) risk among LGBTQ+ older adults from the Vanderbilt University Social Networks, Aging, and Policy Study (VUSNAPS).



## Merrily LeBlanc, MA

Merrily (she/her) is a second-year Sociology Ph.D. student. She holds a BA in Psychology & Sociology with a minor in Women and Gender Studies and earned an en-route MA in Sociology at Northeastern University. Merrily joined the Sociology & Anthropology department after serving as a senior research assistant at the Fenway Institute at Fenway Health, contributing to a study that aims to analyze multiple forms of discrimination in population health. She is also a research assistant at Signs: Journal of Women in Culture and Society and at the Institute for Health Equity and Social Justice Research. Her current research interests lie at the intersection of gender, sexuality, and health. Merrily was recently awarded the National Science Foundation Graduate Research Fellowship (NSF GRFP). Her goal is to study sociopolitical discourse, theories of stigma, and queer resistance.

## What sections of ASA are you a part of?

**NL:** I am a member of the following sections: Aging & the Life Course, Medical Sociology, Sociology of Sexualities, Sociology of Sex and Gender, Sociology of Mental Health, and Teaching & Learning in Sociology.

**MLB:** I'm part of medical sociology as well as the sex, gender, and sexualities section.

## What do you find most interesting about studying sexuality and health?

**NL:** What I find most interesting is that we've come a long way in sociology when studying sexualities and sexual minority health. Studying sociology of sexualities in general was more difficult to do in sociology a decade ago, 20 years ago, and so on. I think what surprises me is the lack of sociological studies specifically focusing on bisexual people (excluding broader LGBTQIA+ studies where bi+ people are considered an afterthought). I, along with a majority of sociology of sexualities scholars, partly contribute to this. I think it's difficult to study bi+ people sometimes because of the way that monosexism is structurally embedded into society. Even as sociologists, we have historically (and implicitly still to this day) assumed monosexual identities (i.e., heterosexual, gay, lesbian) are superior to, and more authentic than, bi+ identities. Bisexualities scholarship often shatters normative expectations or assumptions of what it means to be in a sexual/romantic relationship, as well as questioning or debunking the dominant narratives established by sexualities scholars in sociology.

One person I admire doing this kind of work is Dr. Lain Mathers from Indiana State University. Dr. Mathers just finished writing a research monograph on bisexualities studies in sociology, called "Mapping the Monosexual Imaginary: Bi+ Identity, Community, and Politics," which will be coming out later this year or early next. That's exciting! Their book will be published with Lexington Books, an imprint of Roman & Littlefield. So, keep an eye out for that! Overall, I'm just excited about how this field is growing in terms of sexualities and sexual minority health scholarship, but I'm really hoping we could amp up the bisexualities lens and inclusion in sociology.

**MLB:** So, I think it's a dynamic and growing field. There are an abundance of compelling sociological research questions, and it's, of course, a fraught time socio-politically with the vast amount of legislation introduced and adopted that target queer people, largely trans youth. But I'm hopeful to see that Gen Z increasingly identifies as queer and takes up space in that way, such as creating. For example, I'm thinking about the opportunities for representation, community, and resource building through newer avenues like social media. I'm interested in studying how queer youth navigate these contemporary challenges and either accept, resist, or subvert the stigma associated with these mainstream discourses. As many sociologists know, oppression and resistance are not new phenomena, and I think we should spend time appreciating and highlighting past social justice efforts, both more often and more accurately, including the efforts of health social movements and their overlap with various forms of activism. So, I think it's interesting because there's a lot to draw on. I think there's a lot to work on currently, and I think that there's a lot to look forward to as well.

## For those interested in this topic, what literature/studies or books/websites would you recommend they look into?

**NL:** Luckily, many sociologists I have read, cited, and in some cases, was mentored by over the years, are expanding sexuality studies and sexual minority health in exciting ways. The sociologists who have influenced my work in recent years, that I recommend folks read their scholarship, are Drs. Tara McKay, Harry Barbee, Carla A. Pfeffer, stef m. shuster, Austin H. Johnson, Georgiann Davis, Cary Costello, Xan Nowakowski, J. E. Sumerau, and Lain A. B. Mathers.

**MLB:** I've found that *Other, Please Specify: Queer Methods in Sociology* is a great resource, edited by D'Lane R. Compton, Tey Meadow, and Kristen Schilt. Another book that I'm really interested in right now is "Black on Both Sides: A Racial History of Trans Identity" by C. Riley Snorton. There's also "Who's Afraid of Gender" by Judith Butler. I haven't read it yet, but I heard it's a great new contribution to their work in the current context.

## Student Editors



Samuel Nemeth



Sylvia McMillon



Katie Sweeney

# In Memorium: Peter Conrad

by Phil Brown

Peter Conrad passed away on March 3, 2024, at his home in Lincoln, MA. He has been my dear friend and close colleague since we met in 1979. I had just finished my dissertation, and Peter had started teaching at Brandeis, where he spent his whole career. Peter has long been one of the leading medical sociologists here and abroad, and his impressive scholarship was matched by his unparalleled support for colleagues and students at all levels of sociology.

For decades, we shared a room at the American Sociological Association annual meetings, staying up late at night sharing thoughts of the day's meetings, hall conversations, job market possibilities for our students, stories of the friends we'd chatted with that day, and book ads and brochures we came across for future teaching and research use.



Peter made sure to connect his students with faculty members who could help them think over a course paper or dissertation topic. I've had several occasions where I introduced my students to Peter, and he developed collegial interactions with them and always asked me how they're doing. I never failed to be amazed at how many people Peter knew as we traversed the conference hotels. During the days, we'd make sure to take time to walk around the conference city, taking in the architecture, food, scenery, and people.

Peter did groundbreaking work in elaborating the concept of the medicalization of social problems. Though he wasn't the first to coin the term, that core concept in medical sociology today is a hallmark of Peter's creativity as he extended it to ever more theoretical and analytical pathways. He integrated disparate notions from a variety of theoreticians and linked the concept to the phenomena of social control and power. He grounded medicalization in extensive research in interesting substantive areas, and he developed conceptual gradients and dimensions of the process of medicalization and demedicalization. In his later years, he greatly updated medicalization in "The Shifting Engines of Medicalization," his 2004 Leo G. Reeder Award lecture that was then published in the *Journal of Health and Social Behavior*. He followed that with *The Medicalization of Society: On the Transformation of Human Conditions into Treatable Disorders*, which synthesized medicalization research that Peter had worked on for three decades by then.

Peter was a leading scholar in the experience of illness. His work on hyperkinesis and epilepsy is widely cited as core articles in that field. Peter's dissertation became his first book in 1976, *Identifying Hyperactive Children: The Medicalization of Deviant Behavior*, setting his career off to a quick uphill start.

Peter's books with Joseph Schneider, *Having Epilepsy: The Experience and Control of illness and Deviance and Medicalization*, are widely read, and his reader, *Sociology of Health and Illness*, is a standard text, now in its tenth edition. Peter's co-editorship of the *Handbook of Medical Sociology* transformed it into a very up-to-date, creative intellectual contribution. Peter wrote or edited 16 books and monographs. His approximately 120 articles appeared in the best journals in medical sociology and related fields: *Journal of Health and Social Behavior*, *Social Science and Medicine*, *Social Problems*, *Hastings Center Report*, *Culture, Medicine, and Psychiatry*, and *American Journal of Sociology*. Many are very widely read, cited, and reprinted. I have had the pleasure of co-authoring two pieces with him, one on rationing medical care and another on the relationship between states' safety laws and injuries, and it gave me further evidence of his thoughtful conceptualization and analytical sharpness.

Peter's intellectual curiosity has led him to many topics. Often they stemmed from his long-term commitment to the study of medicalization and illness experience, where he has been one of the discipline's fundamental theorists and researchers. He spent several years studying corporate health promotion as an extension of medicalization. Peter also took up the issue of increased prescribing of psychotropic drugs to children. His work on enhancement examined the legal, moral, ethical, and medical aspects of personal enhancements such as athletes' use of steroids, parents' use of growth hormones for their children, and cosmetic surgery such as breast augmentation. Peter's study of media presentation of genetics, funded by NIH's Human Genome Project, provided excellent work on the social construction of genetics. Peter examined the implications of genetic determinism, such as attempts to "discover" genes for alcoholism and homosexuality. He co-edited *Sociological Perspectives on the New Genetics* as a monograph issue of *Sociology of Health and Illness* and co-edited *The Double-Edged Sword: Social Dimensions of Genetics in a Diverse Society*. Peter was one of the pioneers in sociological analysis of genetic issues, creating a body of work that spurred medical sociologists to take up varied research on genetics.

Peter often revisited earlier work, such as an article on ADHD in adults that extended his major scholarship on hyperactivity in children and his late-career work on the globalization of ADHD. He has continually returned to the theoretical development of medicalization, writing review pieces to update and revise that central framework. Peter also had a long-term interest in international health. He carved out wonderful sabbaticals abroad, such as one in Indonesia where he studied epilepsy, motorcycle helmet use, and emergency medicine. From all his trips abroad he put together a great co-edited volume *Health and Health Care in Developing Countries*.



In other work, Peter examined health care institutions and professions, including research on premedical and medical education, the culture of academic medicine, barriers to women's advancement in academic medicine, and bioethics. More recently, Peter started a project on the experience and management of Parkinson's Disease, with a focus on exercise, one of the most important modes of managing Parkinson's. The interest came from Peter's own diagnosis in 2014.

Peter's remarkable body of work was always carefully thought-out and well-written. Peter thought conceptually, finding the broader meaning in some of the most routine elements of social life. He was always theoretical, but in a manner that made his theoretical contributions eminently readable. Taken together, Peter's published research demonstrates the accomplishments of a brilliant career of medical sociology. When Peter retired in 2017, it was the occasion to hold a grand two-conference on medical sociology at Brandeis, and I was honored to chair it. Peter made sure that the top elder scholars were joined by the youngest graduate students and junior faculty in a series of sessions on the key areas of medical sociology.

Peter was a devoted teacher who always spent enormous time designing new and creative courses and reading extensively to find the best readings for his courses and for the next editions of his text reader and handbook. When Peter talked about his work, the teaching part always shone through, and he was deeply appreciated by his students. He nourished joint research, publishing journal articles with undergraduates as well as graduates. Peter was a great mentor to his students and to many faculty members, and he gave careful, insightful reading of manuscripts. Peter built an interdisciplinary program, Health: Science, Society, and Policy, and was always so satisfied as he led it to become the largest major at Brandeis University.

In service to the profession, Peter excelled. He served as Chair of the Medical Sociology Section (1989-1990), and one of his proudest accomplishments was to connect medical sociologists with health scholars in other fields, most notably in a panel during his Chair's term on "Crossing the Borders." He also held various offices in the Society for the Study of Social Problems, including President (1995-1996). In the Society for the Study of Symbolic Interaction, he held offices including Vice President. He was instrumental in founding Boston Area Medical Sociologists, a local/regional monthly study group that created a fertile climate for a number of years. He was widely sought after for lectures and visiting professorships here and abroad. Following a 1997 Fulbright position at Queens University in Belfast, colleagues there created an opportunity for him to return yearly to mentor students and faculty on research design. He delighted in that trip and often spoke of the many connections he kept over the years.

Working with his British colleague Michael Bury, Peter organized an amazing working conference in 1999, "Medical Sociology Toward the Millennium: Continuity and Change in Health and Medicine." Held at the Royal Holloway, University of London, this conference brought together approximately 150 sociologists, primarily from the US and UK, but also from other countries. It was exceptional in its ability to link these two main groups of medical sociologists and allow them to interact, and led to four more international gatherings in the UK, US, Ireland, and Iceland. Many sociologists have spoken fondly of the conferences as key professional and intellectual experiences.

As one more sign of his professional service, Peter served as co-editor of Qualitative Sociology and has sat on editorial boards of an enormous range of journals: *Journal of Health and Social Behavior*, *Journal of Contemporary Ethnography*, *Sociological Quarterly*, *Sociology of Health and Illness*, *The American Sociologist*, and *Health*.

In all these areas, Peter conducted himself with deep attention, a friendly smile, warm encouragement, and both intellectual and personal respect for others. He was the all-around colleague that makes it a pleasure to be an academic.

Peter provided a major impetus to my “secondary” scholarship in studying the Jewish experience in the Catskill Mountains. At the 1991 ASA meeting in Cincinnati, we shared stories of summer adventures and when he heard my tales of working in the Catskills he said there was a book there. I knew Peter had a great eye for uncovering new research topics, so I took him seriously and discussed this with him a lot, leading me to embark on the book and much more. Ever since he was always interested in the latest happenings in that adventure. That was part of Peter’s own passion for discovering ethnic and religious roots, which he did in exploring the genealogy of his family’s German Jewish heritage which he published in a limited private edition booklet. He loved sharing the stories of his trip there and his location of relatives.

That was only one of the many personal connections we had. Peter and I shared cross-country skiing and bike riding out the door of his beautiful rural home. We shared dinners and coffees all through the year. Peter was always the sympathetic ear for any personal troubles, the joyful listener about the lives of my children and later my grandchildren, and the proud raconteur of his life as a parent and grandparent. I will miss him so much. Peter leaves behind his wife Ylisabyth Bradshaw, daughter Rya Conrad-Bradshaw, son Jared Conrad-Bradshaw, and grandchildren Rafi, Sela, and Avi. And he leaves behind a lot of love for all those who knew him.

# Notes from the Newsletter Editor



**PJ Pettis**  
Newsletter Editor



**Danie Duran**  
Assistant Newsletter Editor and Designer

Greetings Medical Sociology Community!

As we transition into a new season, I want to express my sincere appreciation to all the contributors of the Spring Medical Sociology Newsletter. Your dedication and insightful contributions are what make our community thrive. A special thank you goes to our exceptional columnists Susan Short, Daniel Dohan, Tasleem J. Padamsee, Joseph D. Wolfe, Stef Shuster, and Jason Houle. Your expertise and commitment enrich our discussions and broaden our perspectives.

I also want to extend gratitude to our student columnists Samuel Nemeth, Sylvia McMillon, and Katie Sweeney, as well as Nik Lampe and Merrily LeBlanc for sharing their valuable insights through their interview with the student section of the newsletter. Also, a special gratitude to Danie Duran, the Assistant Newsletter Editor and Designer.

The Newsletter thrives on the contributions of our community members. If you have any important information or updates that you would like to see featured in the upcoming Summer 2024 edition, please do not hesitate to reach out to me at [pettisph@msu.edu](mailto:pettisph@msu.edu).

Wishing everyone a lovely summer ahead!

**PJ Pettis**  
**Newsletter Editor**