

**2024 Section Annual Report: Part 1 for  
Medical Sociology**

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**Introduction**

Annual reports are used by the Sections Committee to assess the health of a Section, measure the Section's vitality, and identify processes, programs, or initiatives that could serve as a model for other Sections. In addition, they serve to provide institutional memory, socialize new Section leaders, and promote transparency to Section members.

This annual report covers the period of Section activity from September 2023 to August 2024 and a fiscal year from January 2024 to December 2024. This portion of the report is shared publicly.

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**Section Governance**

**Provide details of your Section's governance activity during the period between September 2023 and August 2024.**

The Section was led by the following team this year:

**2024 MEDICAL SOCIOLOGY SECTION COUNCIL LIST**

**SECTION OFFICERS:**

Susan Short  
Chair (Chair Elect 2022–23; Chair 2023–24; Past Chair 2024–25)  
Brown University  
[susan\\_short@brown.edu](mailto:susan_short@brown.edu)

Kelly MacArthur  
Secretary/Treasurer (Secretary-Treasurer Elect 2022–23, Secretary-Treasurer 2023–25)  
Department of Sociology & Anthropology  
University of Nebraska Omaha  
[kmacarthur@unomaha.edu](mailto:kmacarthur@unomaha.edu)

Karen Lutfey Spencer  
Chair-Elect (1-year term begins in 2023, 1-year term as Chair in 2024, 1-year term as Past-Chair in 2025)  
Department of Health & Behavioral Sciences  
University of Colorado, Denver  
[karen.spencer@ucdenver.edu](mailto:karen.spencer@ucdenver.edu)

Cindy Colen  
Past Chair (Chair Elect 2021–22; Chair 2022–23; Past Chair 2023–24)  
Department of Sociology  
The Ohio State University  
[colen.3@osu.edu](mailto:colen.3@osu.edu)

**SECTION COUNCIL (two-year terms):**

Kammi Schmeer  
Council Member-at-Large (2022–24)  
Department of Sociology  
The Ohio State University  
[schmeer.1@osu.edu](mailto:schmeer.1@osu.edu)

Felicia Omilanla Casanova  
Student Council Member-at-Large (2022–24)  
Department of Sociology and Criminology  
University of Miami  
[f.casanova@miami.edu](mailto:f.casanova@miami.edu)

Megan M. Reynolds  
Council Member-at-Large (2023-25)  
Department of Sociology  
University of Utah  
[u0982612@utah.edu](mailto:u0982612@utah.edu)

J'Mauri Jackson  
Student Representative Member At Large (2023-25)  
Department of Sociology & Public Policy  
University of Michigan  
[jmauri@umich.edu](mailto:jmauri@umich.edu)

**NOMINATIONS COMMITTEE (one-year terms):**

Joseph Harris  
Nominations Committee (2023-24)  
Department of Sociology  
Boston University  
[josephh@bu.edu](mailto:josephh@bu.edu)

Christy Erving  
Nominations Committee Chair-Elect (2023-24)  
Department of Sociology  
University of Texas  
[christy.erving@austin.utexas.edu](mailto:christy.erving@austin.utexas.edu)

Lauren Gaydosh  
Nominations Committee Member (2023-24)  
Department of Sociology  
University of Texas  
[lauren.gaydosh@austin.utexas.edu](mailto:lauren.gaydosh@austin.utexas.edu)

Amy Zhou  
Nominations Committee Member (2023-24)  
Department of Sociology  
Barnard College  
[azhou@barnard.edu](mailto:azhou@barnard.edu)

Elizabeth M. Anderson  
Nominations Committee, Student Member (1-year  
term begins in 2022)  
Department of Sociology  
Indiana University  
[anderelm@iu.edu](mailto:anderelm@iu.edu)

**COMMITTEE CHAIRS (two-year terms):**

Jason Houle, Dartmouth College  
Publications Committee Chair (2023–25)  
Department of Sociology  
Dartmouth College  
[Jason.Houle@dartmouth.edu](mailto:Jason.Houle@dartmouth.edu)

Joseph Wolfe  
Career and Employment Chair (2023–25)  
Department of Sociology  
University of Alabama, Birmingham  
[jdwolfe@uab.edu](mailto:jdwolfe@uab.edu)

Daniel Dohan  
Health Policy & Research Committee Chair (2022-24)  
Institute for Health Policy Studies  
University of California San Francisco  
[Daniel.Dohan@ucsf.edu](mailto:Daniel.Dohan@ucsf.edu)

stef shuster  
Membership Committee Chair (2022–24)  
Lyman Briggs College & Department of Sociology  
Michigan State University  
[sshuster@msu.edu](mailto:sshuster@msu.edu)

Tasleem Padamsee  
Teaching Committee Chair (2023–25)  
Health Services, Management, & Policy  
College of Public Health  
Ohio State University

[padamsee.1@osu.edu](mailto:padamsee.1@osu.edu)

**NEWSLETTER EDITOR (four-year term):**

Philip (PJ) Pettis  
Newsletter Editor (2022-26)  
Department of Sociology  
Michigan State University  
[pettisph@msu.edu](mailto:pettisph@msu.edu)

**JHSB EDITOR:**

Debby Carr (2023–25)  
Department of Sociology  
Boston University  
[carrds@bu.edu](mailto:carrds@bu.edu)

**WEBMASTER:**

Jason V. D'Amours (2020– )  
Department of Sociology  
Florida State University  
[jvd19a@fsu.edu](mailto:jvd19a@fsu.edu)

**Business Meeting**

Copy and paste below (or attach separately) the agenda and draft/approved meeting minutes from the Section business meeting which include a count of members present and summary of decisions made at this meeting. Minutes are not a transcript of proceedings, but a listing of what discussions took place and official actions taken.

**ASA'S MEDICAL SOCIOLOGY BUSINESS MEETING AGENDA**

August 12, 2024 at 4PM

1. Welcome
2. Council Introductions
3. Call for Council Nominations
4. Section Updates
5. Report from Secretary/Treasurer
6. Chair-Elect plans for 2024
7. Section Awards
8. Passing of the gavel & adjournment

It was a short meeting due to a technical issue with projection. We discussed removing nomination letters from award calls, Mentor of the Month, and the receipt of a proposal from SSHARE to work with the section. No official actions or votes were taken. About 45 people were in attendance.

**Council Meeting**

Copy and paste below (or attach separately) the agenda and draft/approved meeting minutes of all council meetings. Minutes must include a list of council members present and a summary of decisions made. Minutes are not a transcript of proceedings, but a listing of what discussions took place and official actions taken.

ASA'S MEDICAL SOCIOLOGY COUNCIL MEETING AGENDA  
August 8<sup>th</sup> at 12 pm EST

1. Welcome and introductions – Susan Short
2. Review of the 2024 meeting agenda – Susan Short
3. Report from Chair – Susan Short
4. Schedule of Section activities at ASA – Susan Short
5. Committee Reports
  - a. Membership –stef shuster
  - b. Nominations Committee – Joe Harris
  - c. Teaching Committee – Tasleem Padamsee
  - d. Health Policy and Research Committee – Daniel Dohan
  - e. Career and Employment – Joseph Wolfe
  - f. Publications Committee & Freidson Outstanding Publication Award – Jason Houle
  - g. Student representatives report – Felicia Casanova & J'Mauri Jackson
  - h. Leo G. Reeder Award (process not outcome) – Karen Spencer
  - i. Roberta Simmons Award – Megan Reynolds
  - j. Howard B. Kaplan Memorial Award – Kammi Schmeer
  - k. Louise Johnson Scholar – Kammi Schmeer
  - l. Donald W. Light Award for Applied or Public Practice of Medical Sociology – Cindy Colen and Daniel Dohan
  - m. Newsletter Editor's Report – PJ Pettis
  - n. Webmaster's Report – Jason D'Amours
  - o. JHSB report: Debby Carr
6. Plans for 2023 from Chair-Elect – Karen Spencer
7. Report from Secretary/Treasurer – Kelly MacArthur
8. Other business
  - a. Award Nominations - change to procedures
  - b. SSHARE proposal
  - c. Mentor-of-the-Month
  - d. Social Media Ad-hoc Committee
9. Thank you and Adjournment

**Voting members are the following individuals:**

1. Chair – Susan Short
2. Chair-Elect – Karen Spencer
3. Past Chair- Cindy Colen
4. S/T- Kelly MacArthur
5. S/T- Elect – n/a

Chairpersons of the five standing Committees

1. Publications – Jason Houle
2. Health Policy & Research: Daniel Dohan
3. Teaching – Tasleem Padamsee
4. Career and Employment – Joseph Wolfe
5. Membership – stef shuster

### Chairperson of the Nominations Committee

1. Joe Harris

### Council Members at-Large

1. Kammi Schmeer
2. Megan Reynolds

### **Spring Meeting**

**April 29, 2024 12 EST**

**Kelly MacArthur, Secretary Treasurer**

**Present:** Susan Short, Debbie Carr, Fizz Raza, Kelly MacArthur, Lauren Gaydosh, Jason Houle, Christy Erving, Joseph Harris, Dan Dohan, Elizabeth Anderson, Kammi Schmeer, J'Mauri Jackson, Cynthia Colen, JD Wolfe, Karen Spencer

### **Introductions**

#### **Chair updates**

- Election season, time to vote, look for email.
- Sociologists for Palestine discussion. Susan drafted an email asking people to vote, with links to the ASA statement and the Sociologists for Palestine statements. Discussion about other materials that might be included.

#### **Nominations committee:** concerns about nominations?

- Cohen: 5 nominations for Light book award
- Houle: Freidson. 16 nominations. Lots of publisher initiated efforts. Publisher became section member. Do we want a policy change about that? A lot of sections are foregoing nomination letters and using a form instead. Maybe we want to do that?
- Susan: removing need for nominations will promote access. We will organize materials and vote on proposed changes to nomination letters at summer meeting.
- Discussed Google form for tracking with awards.

#### **ASA organizing**

- In good shape. Six sessions, five paper sessions and one roundtable. Also business meeting and Reeder Address. Thank you to organizers.
- Reception with Mental Health Section. Reviewing venue proposals for off-site reception.
- Monday night reception. Sessions on Monday and Tuesday, business meeting Monday.

#### **Other activities:**

- Member initiated proposal for Med Soc to support global sub-section, will discuss details at summer meeting.
- Community building.
- Book panels, webinars including NIH Cindy, Mentor of the Month continuation, Karen

#### **Fundraising**

- Encourage participation in ASA campaign for the Minority Fellowship Program. In the Sections competition, only donations \$50 count.

#### **Report**

- Thanks to Cindy for all of her hard work preparing the report.
- Received positive feedback from ASA.

#### **ASA Section Tables**

- Stop by new Section Community Tables at ASA Open House this year.

#### **Social Media**

- Challenges presented by having elected student members to be in charge (frequent rotation, different interests and expertise, etc.)
- Moving forward, we discussed the possibility of making an Ad Hoc committee to review the situation and make recommendations to Council.

#### **Volunteer**

- Soliciting member interest in the fall worked well, and many members who volunteered are now involved in different capacities (ie. Ran for election, organized ASA sessions, or served on award committees).

#### **Listserv**

- Thanks to Fizza for sending out announcements twice a month (1<sup>st</sup> and 15<sup>th</sup>). We need to set clear expectations so that the demands on our listserv manager are reasonable. Asking Council's permission to cancel/delay January 1<sup>st</sup> announcement which will create a longer gap after December 15<sup>th</sup> announcements. Otherwise, while many of us are away from the office taking a break, the listserv manager and Section officers are monitoring email and requests for listsrv announcements. Discussed and agreed.

#### **Secretary/Treasurer (Kelly)**

- Going to have to submit report at later date. Budget for reception \$4,500.
- Switched from plaques to certificates and then went back to plaques, gonna need to adjust

#### **Mentor of the Month (Karen)**

- 2 sessions went great. Attendance went from 30 to like 6. Why was turnout low in second session? Should we survey students to see what times are good. Karen needs to step back from it. But, like 20 faculty reach out and express support. Ways to make it easier and standardize? Would be nice to have an event at ASA where they can meet each other in person, which then might provide momentum. Maybe meet up right before reception?

#### **Other**

- Thank you to all. Email Susan with any suggestions, comments, or questions.

#### **Awards**

**Provide a list of Section awards and awardees conferred in the past year.**

Leo G. Reeder Award

Pamela Braboy Jackson

Eliot Freidson Outstanding Publication Award

Alex Barnard

Barnard, Alex. 2023. *Conservatorship: Inside California's System of Coercion and Care for Mental Illness*. New York: Columbia University Press.

*Honorable Mention*

Jenny Trinitapoli

Trinitapoli, Jenny. 2023. *An Epidemic of Uncertainty: Navigating HIV and Young Adulthood in Malawi*. Chicago: University of Chicago Press.

Donald W. Light Award for Applied Medical Sociology (Book)

Lori Freedman

Freedman, L., 2023. *Bishops and bodies: reproductive care in American Catholic hospitals*. Rutgers University Press.

*Honorable Mention*

Victor Roy

Roy, V., 2023. *Capitalizing a cure: How finance controls the price and value of medicines*. University of California Press.

Donald W. Light Award for Applied Medical Sociology (Article)

*Co-Winners*

Alexandra Brewer

Brewer, Alexandra. 2023. "Painful Feelings: Opioids as Tools for Avoiding Emotional Labor in Hospital Work." *Journal of Health and Social Behavior* 64(3):386–400.

Mira Vale and Denise White Perkins

Vale, Mira D., and Denise White Perkins. 2022. "Discuss and Remember: Clinician Strategies for Integrating Social Determinants of Health in Patient Records and Care." *Social Science & Medicine* 315:115548.

Howard B. Kaplan Memorial Award in Medical Sociology

Caroline Brooks

Roberta G. Simmons Outstanding Dissertation in Medical Sociology Award

Philip Pettis

Contextualizing Heterosexism: An Intersectional Approach to Sexual Minority Health Inequalities (this is dissertation title)

*Honorable Mention*

Nick Smith

Smith, N.C., 2024. Residential segregation and Black-White differences in physical and mental health: Evidence of a health paradox? *Social Science & Medicine*, 340, p.116417. (we need dissertation title)

Louise Johnson Scholar Travel Grant

Elizabeth Anderson

Anderson, Elizabeth. Proximity to Maternity: How Definitions of "Deservingness" Influence Women's Access to Sexual and Reproductive Healthcare.

## **2024 Finances**

**Provide a narrative on how the 2024 budget matched with actual expenses and income from 2024. Please account for any substantive differences.**

Actual expenses were closely aligned with budgeted expenses. Income fluctuates with membership. The recent membership drive was successful and a new membership drive is planned for this year. New revenue sources are under discussion as well. The Section remains in excellent financial health.

## **The Previous Year**

**Describe Section activities during the period between September 2023 and August 2024.**

**Provide an overview of the Section's communications with its members and include explanation of how your communication strategy meets the goals and values of the Section. Include links to the section website, newsletters, and any other electronic media used.**

We transitioned communications from ASA Connect to the listserv this year. Section communications were posted to the listserv by the Section Chair, Susan Short, or Fizza Raza, a Section Member who oversees collating and disseminating bimonthly announcements through our section listserv.

The Medical Sociology Section also produced four newsletters during the 2023-2024 year. These are expertly crafted, contain a wealth of information for members, and are easy to access. About ten people contributed content for each newsletter. PJ Pettis led this important task. The newsletters were distributed to Section members through the listserv and were posted to the ASA website here:

<https://www.asanet.org/newsletters-4/>

They are appended below.

**Describe the Section's diversity, equity, and inclusion goals. What steps were taken this year to achieve those goals?**

This past year, the Medical Sociology Section continued to push forward on our DEI goals. We took the following steps.

1. Advanced the permanent DEI Committee by electing our first DEI Committee Chair.
2. Improved access to section awards by removing the required nomination letters for the article and book awards. This change applies the Friedson Award, Light Book Award, and Light Article Award.
3. Increased opportunities for members to serve as section officers, award committee members, ASA session officers, and in other roles by sending out a Medical Sociology Interest Form in the fall. We are pleased that many who expressed interest in these roles appeared on the ballot, organized an ASA session, or served on awards committees.
4. Invested in mentoring by establishing "Mentor-of-the-Month" a virtual panel organized by and for students in collaboration with senior section leaders. This activity, led by Karen



- Spencer, was an action taken to respond to suggestions made by members in our membership survey last year.
5. Nominated a diverse slate of candidates to stand for election thanks to the excellent work of the Nominations Committee. The Committee included associate members and student members. This year Joe Harris served as Chair. Christy Erving participated as Chair-elect which will support continuity.
  6. Newsletter Editor, PJ Pettis, increased contributions to the newsletter from section members, with special attention to elevating the voices of scholars whose work is underrepresented and those who come from underrepresented or marginalized groups.

**Provide an overview of the section's programming at the annual meeting and include explanation of how this programming meets the goals and values of the section (e.g. intellectual exchange, professional networking, mentoring, inclusion).**

Medical Sociology contributed exciting, timely, and high-quality programming to the 2024 Annual Meeting in Montreal. We held 5 paper sessions and 18 roundtables, which together included nearly 100 papers.

### **Medical Sociology Sessions**

#### **1. Politics and Health**

*(Session Organizer) Megan M. Reynolds, University of Utah; (Presider) Elyas Bakhtiari, College of William and Mary; (Discussant) Elyas Bakhtiari, College of William and Mary*

Sexualized Outbreaks and Stigmatization: A Qualitative Analysis of Anti-LGBTQ+ Stigma through Mpox, 2022, Dylan Felt, *Columbia University Mailman School of Public Health*; Shahin Davoudpour, *University of California-Irvine*; Reese Owens, *Northwestern University Feinberg School of Medicine*; Joshua Boegner, *Northwestern University Feinberg School of Medicine*; Aaron Kai Korpak, *Northwestern University Feinberg School of Medicine*; Ella Segovia Fernandez, *Northwestern University Feinberg School of Medicine*; Ysabel Beatrice Floresca, *Northwestern Feinberg School of Medicine | The University of Illinois at Chicago*; Jiayi Xu, *Northwestern University Feinberg School of Medicine*; Gregory Phillips II; Audrey L. French, *Stroger (Cook County) Hospital*; Pedro Alonso Serrano, *Northwestern University Feinberg School of Medicine*

Health Care Civil Rights: Set Up to Fail, Anna Kirkland, *University of Michigan-Ann Arbor*  
 Trump rallies increased adverse birth outcomes among infants of immigrant Black, Hispanic, and API mothers, Paola Langer, *University of California-Berkeley*

Debt Collection Pressure and Mental Health: Evidence from a Cohort of U.S. Young Adults, Alec Rhodes, *University of Wisconsin-Madison*; Rachel E. Dwyer, *Ohio State University*; Jason N. Houle, *Dartmouth College*

The Formation of Health Disparities in Comparative and Historical Perspective, Elyas Bakhtiari, *College of William and Mary*

#### **2. Resisting Discipline: DIY Medicine, Rogue Doctors, and Collective Empowerment**

*(Session Organizer) Michelle Hannah Smirnova, University of Missouri-Kansas City; (Presider) Michelle Hannah Smirnova, University of Missouri-Kansas City*

“Creating Ourselves”: a Qualitative Analysis of DIY HRT Practices in Gender Non-Conforming Adults, *Heather Welty, Chicago Center for Contemporary Theory*  
 Talking Across the Curtain: Hope in Patient-Provider Interactions, *Patrice C Wright, Howard University*  
 Beyond biomedical institutions: An ethnographic study of community science and the rise of alternative therapeutic imaginaries, *Nicole Foti, Johns Hopkins University*  
 Snake Oil Sellers, Cowboys, or Geniuses?: Doctors and Families Using DIY Treatments for Food Allergies, *Jill A. Fisher, University of North Carolina-Chapel Hill; Maral Erol*

### **3. After Dobbs: Changed Meanings, Politics, and Practices in Reproductive Health**

(Session Organizer) *LaTonya Trotter, University of Washington*; (Presider) *LaTonya Trotter, University of Washington*

Do State-Funded “Alternatives to Abortion” Programs Reduce Abortion Rates? A Longitudinal Analysis, *Darci Kathleen Schmidgall, University of Oklahoma*  
 Emotional Labor and Navigating the Abortion Information Landscape, *Orlaith Heymann, University of Wisconsin-Oshkosh; Hillary Gyuras; Tamika Corinne Odum, University of Cincinnati-Blue Ash College; Danielle Bessett, University of Cincinnati*  
 Beyond Dobbs: Abortion Framing and the Law, *Jael Humphrey-Skomer, Rutgers University-New Brunswick*  
 Abortion Aid Organizations’ Reflections on Incorporating Reproductive Justice Models in a Post-Dobbs World, *Ophra Leyser-Whalen, University of Texas-El Paso*  
 Reproductive Freedom on the Ballot: Politics in the Post-Roe Era, *Pamela J. Aronson, University of Michigan-Dearborn; Lisa Martin, University of Michigan-Dearborn*

### **4. Medical Sociology Roundtable Session**

(Session Organizer) *Emily Vasquez, University of Illinois-Chicago*; (Session Organizer) *Nik M. Lampe, University of South Florida*; (Session Organizer) *Ethan Raker, University of British Columbia*

- 70 papers presented at 18 Tables

### **5. Big Money, Erratic Policy, Incomplete Insurance: Pitfalls and Possibilities for Achieving Universal Healthcare in the U.S.**

(Session Organizer) *Tasleem Juana Padamsee, The Ohio State University*; (Presider) *Tasleem Juana Padamsee, The Ohio State University*

Physician Trainee Socialization and the Balancing of Patient and Professional Deficiencies in the U.S. Healthcare System, *Brian P O'Rourke, The Ohio State University; Tasleem Juana Padamsee, The Ohio State University*  
 The need for combination therapy in addressing the American health care system’s multiple disorders, *Martin Frederick Shapiro, Weill Cornell Medical College*  
 Conceptions of Moral Hazard in Health Economics: The Cause of, and Solution to, our Healthcare Problems, *Zachary Webster Griffen, New York University*

Evidence on the effectiveness of universal health care: Medicare, socio-economic status, and self-reported health in Canada, *Anders Holm, Western University; Robert Andersen, Western University; Kamma Andersen; Anders Trolle, University of Copenhagen*

## **6. Structural Inequalities and Health Justice**

(Session Organizer) *Evelyn Joy Patterson, Georgetown University; (Presider) Evelyn Joy Patterson, Georgetown University; (Discussant) Darwin A Baluran, Ohio State University*

Just Following Orders: Reproducing Systems of Inequality through Medical Education in OB/GYN Clerkships, *Theresa Morris, Texas A&M University-College Station; Joan H. Robinson, CUNY-City College*

Health justice, digitalised primary care services and Intersectionality: Racialized minorities in the UK, *Gina Netto, Heriot Watt University, Edinburgh, UK; Farjana Islam; Sara Bailey*

Immigrant Women's Experiences of Mistreatment in Reproductive Healthcare: Medical Xenophobia, Racism, and Gynaecological Obstetric Violence, *Simon Edward Fern, Rice University*

The Clinical Border: Structural Violence and Migrant Health Justice in Arizona, *Erin Hoekstra, Marquette University; Anthony M Jimenez, Rochester Institute of Technology; Lisa Sun-Hee Park, University of California, Santa Barbara*

Our Business Meeting was held on Monday, August 12<sup>th</sup>, from 4:00-4:30, followed by our Awards Ceremony and Reeder Address, 4:30-5:30.

The Reeder Address was given by Professor Pam Jackson of Indiana University and was titled, *"They 'Not Like Us' : Confronting Race/Ethnicity in Mental Health Research."*

We held a reception in Old Montreal following the Reeder Address at Auberge – Saint-Gabriel. The reception was held jointly with the Section on Mental Health this year. It was very well attended. We estimate that well over 150 people attended. It was an excellent post-Covid community-building event.

Finally, we participated in the ASA's inaugural Sections and Communities Open House. Our Chair and Membership Chairs (incoming and outgoing) joined the table and brought croissants to share at the early AM meeting. We offered sponsored section memberships at this event.

**Provide an overview of the Section's programmatic activities outside of the Annual Meeting (e.g. webinars, networking events, mentoring initiatives, resources for dissemination) and include explanation of this programming meets the goals and values of the Section.**

The Section launched a new "Mentor of the Month" program which was led by Karen Spencer. To date four virtual panels have been held. *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 ... Jobs from the perspective of people doing the applying...* and *Journal editors on getting published*. These virtual panels have been very popular. The most recent had 108 attendees. The Section on Mental Health is now collaborating on "Mentor of the Month" programming, and a new committee that includes members from both Sections was formed to lead the program in 2024-2025.

# Fall Newsletter

Volume 60, Issue 1



## Note from the Chair

Greetings, Section Members:

As I transition into the Chair position this fall, I am reminded of the joy of working in the community. Working with all of you, the energy of our section is palpable. Thank you for responding with such enthusiasm to our volunteer survey and for your active participation in the section. I look forward to the year ahead.

A special thanks to Cindy Colen (past chair), Rin Reczek (former past chair), LaShaune Johnson (outgoing secretary/treasurer), and all Council members for stewarding our section brilliantly over the last year.

ASA 2023 was a tremendous success. From thought-provoking plenaries to engaging conversations to sharing meals with friends new and old, we did sociology. Cindy Colen put together a terrific slate of Medical Sociology sessions. We celebrated section award winners and listened intently to Troy Duster's Reeder Address, "Emergence and Reductionism in Science and Medicine," delivered by Rina Bliss. If you missed the address, please watch for its publication in the Journal of Health and Social Behavior.

This year, Cindy Colen continues as Past-Chair, and we are joined by Chair-Elect Karen Lutfey Spencer and Secretary/Treasurer Kelly MacArthur, as well as an excellent group of new and continuing Council members.

At our fall Council meeting, among other topics, we will discuss community-building. Karen has already volunteered to organize and launch a "Mentor of the Month" program for early career scholars. Cindy is organizing a webinar on funding strategies for medical sociologists with an NIH program officer. Please watch for announcements about these and other activities in the months ahead.

Our newsletter, ably led by PJ Pettis, creates community four times per year. It has to be among the best of ASA section newsletters (shout-out to PJ!), with contributions on teaching, health policy, careers, and more. I love the section on Student News and Views. Please enjoy and share.

## Inside The Issue

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Finally, though it is only October, I am already excited about coming together at ASA 2024 in Montreal next summer. The Medical Sociology slate will include five open-paper sessions related to the theme of Health Justice. Topics include Politics and Health, organized by Megan Reynolds; Structural Inequalities and Health Justice, organized by Evelyn Patterson; Resisting Discipline: DIY Medicine, Rogue Doctors, and Collective Empowerment, organized by Michelle Smirnova; After Dobbs: Changed Meanings, Politics, and Practices in Reproductive Health, organized by LaTonya Trotter; and Big Money, Erratic Policy, Incomplete Insurance: Pitfalls and Possibilities for Achieving Universal Healthcare in the U.S., organized by Tasleem Padamsee. Nik Lampe, Ethan Raker, and Emily Vasquez will organize our Roundtable Session this year. Thanks to everyone who suggested topics for ASA 2024 or who volunteered to organize.

Please reach out at any time with suggestions or comments. I look forward to seeing you soon.

**Susan**



Susan Short

## **Big Money, Erratic Policy, Incomplete Insurance: Pitfalls and Possibilities for Achieving Universal Healthcare in the U.S.**

In the context of the large variety of possible arrangements for healthcare financing and organization proposed and implemented across the industrialized world, the U.S. system remains the least universalistic and most expensive. Fundamentally structured by private interests and stakeholders, its current form incorporates ever-growing elements of corporate investment alongside expansive public programs and explicit limits on government regulation that together create a patchwork of usually temporary, ever-changing coverage for diverse groups of citizens. This session welcomes sociological studies of macro aspects of the U.S. healthcare system, including the history and impacts of the organizations and interests that shape it and its potential regulatory futures.

(Session Organizer) Tasleem Juana Padamsee, The Ohio State University



### **Politics and Health**

This session invites papers that engage politics, broadly defined, as they relate to the many topics studied by medical sociologists. In keeping with the theme of ASA 2024, papers that explore intersectionalities and connect to hope, justice, and joy are encouraged.

(Session Organizer) Megan M. Reynolds, University of Utah

### **Resisting Discipline: DIY Medicine, Rogue Doctors, and Collective Empowerment**

This session brings together the diverse ways that people resist institutional medicine. This includes patients and non-patients who avoid medicalization and treatment, initiate self-medication or self-care, or engage in extra-institutional experimentation or healthcare. It also includes how doctors, nurses, and other healthcare practitioners challenge institutional practices, systems, or norms. We welcome papers that explore how people navigate and challenge inequities within health and medical systems through individual or collective efforts.

(Session Organizer) Michelle Hannah Smirnova, University of Missouri-Kansas City



### **Structural Inequalities and Health Justice**

This session invites papers considering systems, structures, ideologies, processes, and relations contributing to the persistence of health disparities and the potential for health justice. In support of the 2024 ASA topic, papers that explore intersectionalities and themes of hope, justice, and joy are encouraged.

(Session Organizer) Evelyn Joy Patterson, Georgetown University

## After Dobbs: Changed Meanings, Politics, and Practices in Reproductive Health

In 2022, in the Dobbs case, The U.S. Supreme Court held that “the Constitution does not confer a right to abortion; Roe and Casey are overruled; and the authority to regulate abortion is returned to the people and their elected representatives.” This ruling has profound implications that crosscut all areas of medical sociology, from medical education to health care practices, to access to care, to health equity, and more. This session invites papers that deepen our understanding of the changed meanings, politics, and practices in reproductive health – and the prospects for reproductive justice – after Dobbs.

(Session Organizer) LaTonya Trotter, University of Washington

## Medical Sociology Roundtable Session

Papers in this roundtable session will explore a diversity of medical sociology areas, from health to health care to health disparities and beyond.

(Session Organizer) Nik M. Lampe, University of South Florida; (Session Organizer) Ethan Raker, University of British Columbia; (Session Organizer) Emily Vasquez, University of Illinois-Chicago





# CHAIR OF HEALTH POLICY AND RESEARCH COMMITTEE

## Health Policy and Research, Equity, and Justice

Daniel Dohan

This fall at the Medical Cultures Lab (MCL), we've had some engaging conversations about health equity and research justice. For me, these conversations have occasioned reflection on the opportunities and tensions sociologists discover as they engage in applied, policy-oriented research on health. Others working in applied health policy research (now or in the future) may find some of the themes resonant.

Applied health policy research often occurs in government, community-based, or advocacy-oriented organizations, research firms, and academic settings. Health policy and research sociologists in these settings often have to align their research programs with the priorities of their organization, with the priorities of their funders, and oftentimes with both.

These arrangements create opportunities. Organizations and funders bring resources to the table that allow us to consider, conceive, and undertake more ambitious projects than might be possible in an academic environment where time and resources are more constrained by a teaching mission or departmental budgets. But there are also undoubtedly tensions. These stem from an inevitable loss of control that comes from the need to align one's research with someone else's priorities.

Our conversations at MCL suggested some different pathways to align applied policy research with a health equity agenda. At times, the interests of the organization or funder may align with our research agenda related to equity. At other times, organizational or funding priorities are not entirely aligned with a sociologist's understanding of equity. At those times, it is worth considering strategies to change or nudge agendas toward equity work.

Our conversions at MCL were sparked by engagement with the work of Oakland, California-based DataCenter: Research for Justice and the [writings](#) of Miho Kim Lee and Andrew Jolivéte. They outline a strategic framework to transform structural inequalities in research by placing community voices at the center of research that fosters lasting social change and critical engagement with communities of color, indigenous peoples, and other marginalized groups. In this work, research is an empowering intervention to advance a health equity agenda. When applied work takes place in an organization or with the sponsorship of a funder that embraces research justice, we may find ready alignment between the applied work we do and our sociological imaginings of health equity.



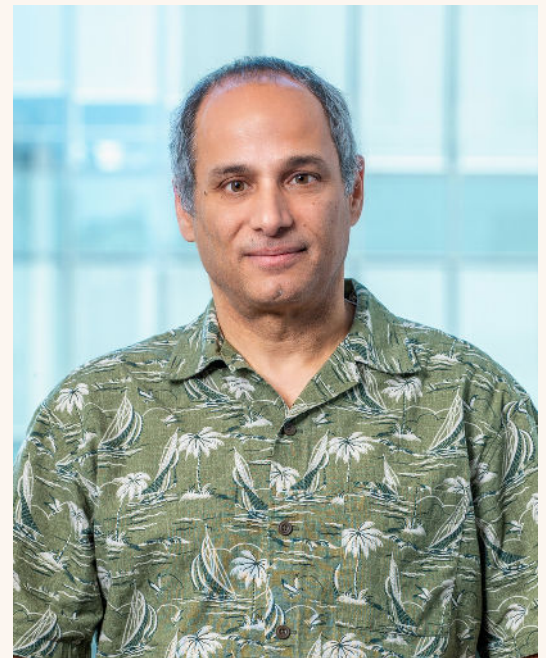
All too often, however, the organizations who employ us or fund us are not fully aligned with a research justice mission. They may not be hostile to equity. For example, I work for the University of California San Francisco (UCSF) with research support from the National Institutes of Health (NIH), so my employer and my funder both champion equity. But they don't do it in a sociological fashion. Their taken-for-granted understandings of the dynamics and mechanisms of inequity and oppression and their conceptual and actual vocabulary for addressing equity pale compared to those in our discipline. Their concepts are less dynamic, their methods are more constrained, and their approach is more narrow and polite.

I am going to focus on the funding side of this challenge. Changing organizational priorities to more authentically support equity-aligned research is tremendously important, but such change is difficult, as I have learned through trials ended in error.

Regarding funders, justifying the need for research is the foundation of any fundable proposal. Increasingly, funders of social scientific research on health ask for a conceptual model to motivate a project. Inequity and oppression drive poor health, so these should be built into proposals for applied or policy-relevant research on health. Some funders or grant reviewers will appreciate a conceptual model that explicitly includes structures of racism, oppression, or inequality as determinants of ill health. But not all. Funders may be troubled by how to measure these forces when they appear as variables in a conceptual plan, they may wonder what constitutes an appropriate baseline in comparative designs, or they may simply be uncomfortable with the reminder that research is inextricably connected to power and politics.

Grant writers can consider several ways to anticipate potential funder concerns without sacrificing their ability to conduct equity-aligned research. Comparative designs can help assuage concerns about measurement. Sociologists have avoided simplistic “white-black” comparative designs for decades, and embracing these disciplinary best practices goes a long way to avoiding concerns about baseline comparisons. Similarly, we understand not only that power and politics shape research but also how it does so. Cite examples and describe mechanisms — ideally using non-technical language — to ensure that the reviewer’s naïveté about the “objectivity” of science does not scuttle a proposal.

Finally, applied sociologists can lean into our discipline’s methodological pluralism when seeking grant funds. Health funders may be more familiar with intervention or experimental research designs; observational research that uses standardized data from surveys, health services, or health outcomes databases may also be squarely in their comfort zone. But we know how to combine quantitative and qualitative data to creatively measure inequity: how to concatenate quantitative data from archival, administrative, survey, and biomedical sources; how to construct narratives from interviews, focus groups, and case studies; and how to use observational and historical-archival data to establish context. Grant writers who motivate their project with a solid conceptual model and then take the time to explain why “nontraditional” data sources are appropriate — as well as the rigorous processes used to collect and analyze those data — can push the funding envelope with potential benefits for researchers and society.



Daniel Dohan

# CHAIR OF TEACHING COMMITTEE

## Tasleem J. Padamsee



Since the death of George Floyd and the start of the COVID-19 pandemic in 2020, intense political attention has been focused on the concept of racism as a public health crisis. I propose that this can be an intensely fruitful topic for the sociological classroom. Racism and racial inequality are core concepts within our discipline, to which most students are first exposed in their introductory sociology courses. Students at various levels often benefit from in-depth exposure to applied examples of sociological concepts, and public health outcomes provide compelling examples of how historical, structural, and everyday racism have long-ranging impacts. The idea of racism as a public health crisis pushes students to delve deeper than an individual-level understanding of inequality by focusing instead on the systems and structures that generate unequal experiences and outcomes.

Structural racism shapes the conditions in which people live, work, grow, and interact and determines people's access to everything from quality food and safe housing to education and political power. As such, racism profoundly influences a wide range of social determinants of health, functioning as a stubborn barrier to health equity. There is copious empirical evidence of racism's impacts on morbidity and mortality for students to explore. And racism has specific and well-documented links to other structural issues we teach about, such as redlining and job markets.

Over the past five years, hundreds of resolutions across most U.S. states have declared racism a public health issue, espoused by various public entities, including state legislatures, governors, mayors, city and town councils, public health departments, and school boards. These calls to public action invite our students to deepen their understanding of racial inequality, the many forms and effects of racism, policy processes, and the roles of political actors in social change.

Class readings and assignments on racism as a public health crisis could probe the considerable academic literature on the topic, involve students in reading and analyzing public declarations and resolutions at the federal, state, or local level, or invite students to link the political activity around racism as a public health crisis to their broader understandings of racism, health inequality, political advocacy, and social policy.

The following readings may provide useful starting points:

- Anti-Racism in Public Health Act of 2023, introduced by Congresswomen Ayanna Presley (D-MA) and Barbara Lee (D-CA), Senator Elizabeth Warren (D-MA): <https://pressley.house.gov/wp-content/uploads/2023/04/Anti-Racism-in-Public-Health-Act-118-Bill-Text.pdf>
- Senate Resolution Declaring Racism a Public Health Crisis, 2023, introduced by Senators Alex Padilla (D-CA), Sherrod Brown (D-OH), Cory Booker (D-NJ): [https://www.brown.senate.gov/imo/media/doc/declaring\\_racism\\_a\\_public\\_health\\_crisis.pdf](https://www.brown.senate.gov/imo/media/doc/declaring_racism_a_public_health_crisis.pdf)
- Analysis by the American Public Health Association, of the contents and recommendations of hundreds of public declarations (2021) – also contains direct links to dozens of declarations: [https://www.apha.org/-/media/Files/PDF/topics/racism/Racism\\_Declarations\\_Analysis.ashx](https://www.apha.org/-/media/Files/PDF/topics/racism/Racism_Declarations_Analysis.ashx)
- Peer-reviewed analysis of 125 public declarations (2021): <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8385329/>

- American Public Health Association video overview of the problem, from redlining forward: [https://www.youtube.com/watch?v=yFQn2JQxr\\_8](https://www.youtube.com/watch?v=yFQn2JQxr_8)
- Washington Post article (2020) – accessible overview of the issue: <https://www.washingtonpost.com/nation/2020/09/15/racism-public-health-crisis/>
- American Medical Association’s brief statement of the issue and their policy response: <https://www.ama-assn.org/delivering-care/health-equity/ama-racism-threat-public-health>
- American Sociological Association’s resource (2023): “Race and Racism in the United States: A Sociological Guide for the Public”: <https://www.asanet.org/wp-content/uploads/2023/01/race-and-racism-in-us-soc-guide-asg-2023.pdf>
- CDC overview of Racism and Health: <https://www.cdc.gov/minorityhealth/racism-disparities/index.html>
- Review of existing evidence and needed research on racism and health, by David R. Williams, Jourdyn A. Lawrence, and Brigitte A. Davis (2019): <https://www.annualreviews.org/doi/abs/10.1146/annurev-publhealth-040218-043750>
- Classic article on racial residential segregation as a fundamental cause of racial disparities in health, by David R. Williams and Chiquita Collins (2001): <https://pubmed.ncbi.nlm.nih.gov/12042604/>
- Contemporary, evolving collection of research on racism as a public health crisis (BMC Public Health, 2023): <https://www.biomedcentral.com/collections/RPHC>. Includes their conceptual overview of limitations and needs in the existing literature: <https://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-023-16359-3>
- Video overview of how racism as a public health crisis affects mainstream/white society, as well as minoritized groups: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8385329/>
- Peer reviewed article covering the risks of declaring racism a public health crisis: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8265203/>

The following example questions could be posed to students at starting points for processing these readings on their own or during in-class discussion:

- What constitutes a “public health crisis”?
- Why is racism considered to be a public health crisis?
- How do we define structural racism?
- What are the health impacts of structural racism?
- Which social groups experience the impacts of structural racism?
- What are the mechanisms through which these health impacts occur?
- What features do public declarations of racism as a public health crisis have in common?
- What social function does a public declaration or government resolution serve?
- What types of solutions are called for by these public declarations?
- What kinds of social change would these solutions create?
- What would be necessary to retain these changes over the long term?
- What are the potential downsides of declaring racism a public health crisis?

Next quarter, the topic of this column will be: “Tips for New Teachers of Introduction to Medical Sociology.” If you have taught an introductory course on medical sociology or health and illness, perhaps you have pointers that would be helpful to graduate students or faculty new to teaching these popular classes! If you are starting to teach these courses or anticipate doing so in the future, you may have questions you’d like to see answered! If so, please send them to me – in any format you prefer – at [padamsee.1@osu.edu](mailto:padamsee.1@osu.edu). I will integrate your thoughts with my own in the column (and will only name you as the author of the ideas if you want me to). Thank you for helping to advance this conversation!

## Accepting Rejection

JOSEPH D. WOLFE

I thought it'd be fun to start my time as the Career and Employment Chair by discussing something I truly hate—rejection. Unfortunately, for most of us, handling rejection in one form or another is a big part of our job. Whether on the job market, trying to publish, competing for promotion, or writing grants, you will receive more than a few rejections. And let's be honest. It stings. I've had a few rejections that knocked the wind out of me and my productivity. Although I've (slowly) improved my response to rejection over the years, I wanted to see how other career sociologists deal with it. For this newsletter, I interviewed my colleague and good friend, Dr. Cindy Cain, about some tough rejections she's experienced in academia and strategies she uses to move forward professionally and emotionally.

**Wolfe:** I have two questions for you that we can discuss however you'd like. First, how do you professionally and emotionally "move on" after a difficult rejection?

**Cain:** For me, rejection happened at basically every stage. Even applying to graduate school, I was rejected a couple of places [Wolfe nods head vigorously, suggesting that he was also rejected by (more than) a couple of grad schools]. When I started submitting journal articles, I did have some rejections, but I actually thought they would be rejected. Working with your advisors is critical. They reminded me that it's progress to just submit, get some feedback, and see where it goes. Assume it'll be rejected, and if it doesn't, that's great! But, as you know, usually, your first few articles get rejected. (Wolfe again nods their head vigorously). I had a professor in grad school who dropped this big box of papers on a table and said, "These are all my papers that never got published," and she passed them around for us to look at. That was really helpful for realizing that rejection is part of the process for everyone. It's not a roadblock, per se, but sometimes rejection can feel like one, but you have to move on and keep trying things. I worked on a research project when I was in grad school that was about scientific breakthrough articles, and it was authors reflecting on the biggest impact that they've had. And many, many, many of them talked about how the ideas that went on to be so influential were rejected multiple times before they finally got published. Part of me also is like, "Oh, I'm just so innovative. I'm too ahead of my time!" Jokes aside, keeping a healthy amount of confidence about the research you're doing is important.

**Wolfe:** I like that line of thinking. Rejection is often a part of learning how to effectively communicate something novel.

**Cain:** Yep, [we are rejected] not because we're not smart. It's often because we're not communicating well. And it's not something that you can get better at immediately. You have to keep working at it and figuring out where the holes are. And remind yourself that [with peer review] you only hear from a tiny, non-random sample of people. I try to take what I can that's helpful, but I also sometimes just have to accept that the reviewers weren't into my paper, and that's okay. That's their business, not mine. Unfortunately, they were chosen to be reviewers, but on the whole, they don't say anything about what I truly have to offer. I did get one R&R that, if it had been accepted, would have been a total life changer. It was rejected after revising and resubmitting, and I think that was the first time that I took it really hard. My mom was visiting, and I read my email while she was in the middle of telling me a story. I couldn't continue with the plans we had. That was a really tough rejection, but I think it helped me establish some professional boundaries.





**Wolfe:** That leads me to my second question: Do you have any strategies for accepting/learning from rejection that you'd be willing to share?

**Cain:** I try to **be aware of the rhythm of the day**. For me, any bad news is going to feel catastrophic after 2 p.m. I have a post-lunch crash that makes me sensitive. But anything that happens first thing in the morning, I'm okay. I can handle it. I try to structure my life in a way where I'm a little bit gentler on myself in the afternoons. I'm not going to say I won't read a decision [in the afternoons]. I can't control when rejections come in or anything like that, but I'll try to push off dealing with it until I'm in a better mental state. When I'm ready, I look at the email, figure out what the decision is, close it, and don't think about it for a couple more days. A couple of days later, I read the reviews; then, I gave it a couple more days. It's a whole week-long process before I'm able to sit down and think deeply about what has happened. Yeah, it's exposure therapy or something.

**"I try to be aware of the rhythm of the day."**

**"Is this something I can build on?"**

**Wolfe:** Do you use rejections when you're preparing a project for submission elsewhere?

**Cain:** I always try to take something away from reviewer comments, and if nothing else, I go through, and I identify what they didn't hate and ask myself, **is this something that I can build on?**

**Wolfe:** At this point in my career, I feel like I have so many things I can turn my attention to. I have classes to teach, I have my kids, you know, there's so many things that are easy for me to shift my attention away from a tough rejection. But for people, I mean, there are definitely times, especially pre-tenure, that was not at all the case for me.

**Cain:** I like creative activities, arts and crafts, and things like that. When I need to take that time away, and I don't have classes and other things that are immediately distracting me, I will just take off the rest of the day. I'll go to my sewing room and make things. I'll watch a TV series from the nineties or something that has a very comforting, nostalgic feel to it. Things that are rejuvenating for me so that I'm able to approach it the next day.

**Wolfe:** This was great! Thank you so much for your time today.

**Cain:** Thank you for writing about this topic. It's an important topic but a difficult one to talk about candidly.

Dr. Cindy Cain is an Associate Professor of Sociology at the University of Alabama at Birmingham. Her forthcoming book from Rutgers University Press, *Called to Care? Health Care Work, Burnout, and the Search for Meaningful Work* draws from interviews with nearly 100 care workers. Be on the lookout for it in 2025.

# CHAIR OF MEMBERSHIP COMMITTEE

We continue our membership drive to help sponsor students interested in becoming section members! Please share this info widely with your networks, departments, students, and colleagues. Sign up here to participate (as a sponsor or interested student): <https://tinyurl.com/MedSocMemberDrive>

The cost of sponsoring a student is \$5.

Information on how this works:

- For students requesting sponsorship: Once you complete the above survey, we will match you with someone who has volunteered to sponsor your section membership. Please note that you must have a current ASA membership. Only ASA members who do not already have a membership in the med soc section are eligible to receive a sponsorship.
- For Sponsors: Once you complete the above survey, we will email you once a match has been made. You will then need to log into the ASA portal and click "Purchase a gift section membership" under Contribute/Give. Select the Medical Sociology Section and search for your recipient by first and last name. Immediately after you make your payment, the recipient will receive an email that includes your name along with the notification of the Section gift. Gifts are not tax-deductible. Thank you for your help in supporting students!

If you have any questions or concerns, please do not hesitate to email me ([sshuster@msu.edu](mailto:sshuster@msu.edu)).



**Stef Shuster**

# CHAIR OF PUBLICATIONS COMMITTEE

The Freidson Award is given in alternate years to a book or journal article published in the preceding two years that has had a major impact on the field of medical sociology. The 2024 award will be given to a book published in either 2022 or 2023 (according to copyright). The book may deal with any topic in medical sociology, broadly defined. Self-nominations are encouraged. The nominator and at least one author must be current section members. Textbooks and edited volumes are not eligible.

When making your nomination, please indicate briefly (i.e., no more than 2-3 paragraphs) the reason for the nomination. Send your nomination letter by email to Jason Houle (Jason.Houle@Dartmouth.edu) with the subject line: 2024 Freidson Award Nomination, and request committee members' physical mailing addresses by March 1, 2024. Arrange for the publisher to send copies of the books directly to the committee chair and all members (5 copies total) by April 1, 2024.



Jason Houle

# ASA JOB POSTINGS

**Job ID: 19705**

**Assistant Professor, Anthropology**

**Stony Brook University**

## **Summary**

Stony Brook University invites applications for a tenure-track position in the Department of Anthropology at the level of Assistant Professor, beginning in Fall 2024. We seek candidates specializing in medical and/or development anthropology.

We welcome research focusing on societies undergoing reorganization due to globalization, economic development, political transformation, and/or climate change. Potential research themes might include but are not limited to changing patterns of disease transmission in emerging high-density populations; chronic illnesses, infectious diseases, and species crossover events associated with human settlement expansion, habitat loss, or food insecurity; or emerging disease and illness threats due to climate change. Candidates might also probe the relations between health or development and inequalities in wealth, gender, race, and ethnicity. Candidates should have a strong applied research component, generating insights that can spawn meaningful policy changes. The successful candidate may contribute to broader university initiatives such as the <https://www.stonybrook.edu/globalstudies/> and [https://www.stonybrook.edu/commcms/cas/about/shared\\_vision/global-processes-connections-and-flows/health-and-disparities.php](https://www.stonybrook.edu/commcms/cas/about/shared_vision/global-processes-connections-and-flows/health-and-disparities.php).

## **Required qualifications:**

A PhD (or foreign equivalent) in Anthropology or related fields by the position start date, with a focus on Medical and or Development themes. The successful candidate should be ready to teach Introduction to Cultural Anthropology, Medical Anthropology, and/or Development Anthropology, and more advanced courses.

## **Preferred qualifications:**

Demonstrated ability to obtain external research funding, evidence of research productivity, evidence of teaching effectiveness, and commitment to diversity, equity, and inclusion.

## **Application Instructions**

To apply, visit <https://apptrkr.com/4718822>.

Applicants should apply via Interfolio. Application documents include a cover letter, research statement, teaching statement, DEI statement, curriculum vitae, up to three examples of publications, and names and email addresses for three reference letter writers. For full consideration, applications should be submitted before November 15, 2023. Applicants should inform their reference writers that if requested by the committee, letters should be submitted before December 15, 2023. Questions about the search should be directed to the Search Committee at . Stony Brook University is an Equal Opportunity/Affirmative Action Employer.



**Job ID: 19693**

## **Assistant Teaching Professor in Ethnic Studies and Global Health**

**University of California–San Diego**

### **Summary**

The Ethnic Studies Department and the Global Health Program invite applications for a tenure-track Assistant Teaching Professor position (also termed Lecturer with Potential Security of Employment, LPSOE), with an anticipated start date of July 1, 2024.

The Assistant Teaching Professor or LPSOE series parallels that of the research-focused series but with emphasis upon excellence in teaching and other instruction-related activities. Individuals in the position are expected to provide outstanding teaching, as well as to engage in professional activity and service related to the pedagogical mission of the program and university. This appointment confers membership in the Academic Senate, and, contingent upon promotion, tenure-paralleling security of employment.

Department of Ethnic Studies: <https://ethnicstudies.ucsd.edu/>

Global Health Program: <https://globalhealthprogram.ucsd.edu/>

We seek candidates who will be able to contribute to the BS in Ethnic Studies: Critical Health and Medical Sciences (CHAMS) and to the full range of Global Health degree programs including Minor, BA, BS, and MA.

Preferred candidates will have strong demonstrated accomplishments in areas contributing to diversity, equity and inclusion, and a desire to play a leadership role in advancing UC San Diego's commitment to achieving excellence and diversity. We especially welcome candidates whose professional experience and community engagement have facilitated their understanding of and ability to better serve students from traditionally underrepresented communities in higher education.

Faculty are expected to have an inclusive approach to mentoring and advising that incorporates working with underrepresented genders and underrepresented undergraduate and graduate students. This position will include an appointment in the Department of Ethnic Studies and in the Global Health Program.

Applications received by 11/19/2023 will be given full consideration. However, the position will remain open until filled.

Salary is commensurate with experience and based on the University of California pay scales.

For questions about this job announcement, email Gennie Miranda at [gbmiranda@ucsd.edu](mailto:gbmiranda@ucsd.edu)

**Job ID: 19425**

## **Teaching Track Lecturer**

**Johns Hopkins University**

### **Summary**

The Medicine, Science, and the Humanities Program (MSH) at Johns Hopkins University seeks applicants for a Teaching and Research Track (TRT) Faculty at the rank of lecturer in medical anthropology, anthropology of science and technology, STS, or other related or allied fields. The initial appointment will be for three years, starting January 2024. The position is renewable and eligible for promotion following Johns Hopkins University procedures and regulations outlined [here](#).

The lecturer will have teaching and administrative responsibilities in the MSH Program: teaching two undergraduate courses per semester, including MSH-required courses, advising undergraduate students, and participating in different program events alongside other faculty.

Emerging scholars from traditionally marginalized backgrounds in STEM-adjacent humanities fields are especially encouraged to apply.

The application deadline is November 15, 2023. You can find more details and apply here:

<https://apply.interfolio.com/128273>.

**Job ID: 19567**

**Assistant/Associate Professor in Advanced Statistics and Criminology and  
Assistant/Associate Professor in Medical Sociology**

**Howard University**

### **Summary**

The Department of Sociology and Criminology in the College of Arts and Sciences invites applications for two tenure-track positions at the rank of Assistant or Associate Professor. We seek applicants with expertise in (1) advanced statistics and criminology and (2) medical sociology whose research and teaching interests fall within our department-wide focuses **Race, Inequality, and the Black Experience**, and who share our commitment to providing students with powerful tools for critically analyzing, transforming, and overcoming conditions of oppression, exploitation, and injustice, and preparing them for careers and lives in service to their communities and struggles for a better world.

We seek outstanding applicants with a PhD in Sociology or Criminology whose research focuses on Black communities in US and the African diaspora. Successful candidates are expected to develop extramurally funded research programs in their areas of expertise, actively participate in the Department's teaching and curriculum development at the undergraduate and graduate levels, and mentor undergraduate and graduate students. Evidence of interest and success in mentoring underrepresented students is highly desired.

Within this over-arching focus, the candidate should have expertise in criminology and an ability to teach advance statistics in both our undergraduate program in criminology and in our graduate program in sociology. The position carries an annual 2/3 course load, with the opportunity for a reduced load with external funding.

Complete applications must include a cover letter of interest, CV, writing sample, research and teaching statement, and three (3) letters of recommendation. Applications received by December 1, 2023, will receive full consideration.

The position will remain open until filled. Salary will be competitive and commensurate with education and experience. You may contact the Chair of the search committee at [sociology.criminology@howard.edu](mailto:sociology.criminology@howard.edu) for questions. The desired starting date is August 16, 2024.

**Job ID: 19541**

## **Assistant Professor of Sociology of Health and Wellness**

**Virginia Polytechnic Institute and State University**

### **Summary**

The Department of Sociology at Virginia Tech, in the College of Liberal Arts and Human Sciences invites applications for a tenure track position at the Assistant Professor level to begin August 10, 2024. We are seeking candidates who specialize in **Sociology of Health and Wellness**. We are particularly interested in research that emphasizes the study of social inequalities, health disparities, food/environmental justice, healthcare technology, mental health, reproductive health and sexualities, advancement of evidence based practices to reduce inequities, social media/digital spaces, and/or social movements. Proven grant potential is preferred.

Teaching will include courses at the graduate and undergraduate level and providing mentorship and research opportunities to MS and PhD graduate students. We are especially interested in community engaged teaching and research. The successful candidate will have experience in providing an equity-minded and inclusive educational environment that supports the learning of a diverse student body and that is consistent with the Virginia Tech Principles of Community. Specific examples of experiences, activities, and plans will help us identify candidates who can strengthen the University's commitment to inclusive excellence.

Applicants should have a Ph.D. in Sociology in hand by August 2024 with a record of excellence in scholarship and teaching commensurate with the level of appointment. Applicants must demonstrate a willingness and ability to contribute to the mentoring of undergraduate and graduate students, and to the Department's collegial and collaborative intellectual community. We welcome a colleague whose research, teaching, and outreach or engagement advances InclusiveVT priorities related to equity, diversity, and inclusion. The Department of Sociology is recognized for excellence in interdisciplinary research, and we encourage scholars with interest in working with interdisciplinary teams. We are seeking a candidate who can build relationships with numerous health research groups across the university, such as Community Health, Racial Equity in Food Systems, Environmental Health, Healthcare Technologies, and Public Policy.

The department offers a Bachelors, Masters, and PhD in Sociology. Graduate students can concentrate in Women's and Gender Studies or Africana Studies. A graduate certificate in Women's and Gender Studies and African Studies are also offered. Foundational to all scholarship and teaching is a focus on *power and inequalities* across age, gender, race, social class, and geographical location. We specialize in:

- Crime, Law, & Deviance
- Culture, Knowledge & Identity
- Data, Technology, & Digital Sociology
- Environment, Organizations, & Social Movements
- Health, Socialization, & Social Welfare

Applications must be submitted online on or before October 30, 2023 at <http://listings.jobs.vt.edu> (posting #527113). The application package should include a cover letter, curriculum vitae, and a list of three references with email addresses. Questions should be directed to Dr. Stacy Vogt Yuan ([avy@vt.edu](mailto:avy@vt.edu)), Search Committee Chair.

# Student Section

ASA currently hosts 53 different sections with wide-ranging interests. From Medical Sociology to the Sociology of Law, there is something for everyone. Rarely does scholarship fall squarely into a single section; instead, we often pull ideas, theories, and methods from each other. Because of this, many members often join several sections based on their research interests. However, these sections are largely isolated from each other, and at the annual conference, many only attend events for the sections, in which they belong.

Despite this, sociology is an incredibly diverse discipline, exemplified by the many subtopics within our field of medical sociology field. Confining ourselves into one box can be limiting, especially for newer scholars. Through the following issues of the 2023-2024 newsletter, we aim to highlight several examples of scholars who bridge and interact with other sections and our medical sociology section. We plan to cover the following topics: the social construction of illness, sexuality, sexual minority health, and mental health from traumatic events. Some sections we hope to highlight will include Crime, Law, Deviance, Social Psychology, Sexualities, and more. If you have recommendations of scholars who work across various sections in ASA that you would like us to showcase, please email Sam at [sn880@sph.rutgers.edu](mailto:sn880@sph.rutgers.edu).



## Samuel Nemeth

Samuel Nemeth (He/Him/His) is an MPH student at Rutgers University in Piscataway, NJ. He recently earned his BA in Sociology from Purdue University. Sam's research examines how life course processes influence health outcomes in older adults. Some current projects include helping pilot a mHealth app seeking to reduce symptoms of anxiety and depression in older adults with serious illnesses and their caregivers, working to understand better mental health services in nephrological care, and using the HRS to understand older adults' health better. When Sam is not doing sociology, he enjoys rowing with a club at Princeton and reading! Sam is excited to join and contribute to the medical sociology newsletter as a Student Editor!

## Katie Sweeney

Katie Sweeney is a medical sociology doctoral student at the University of Alabama at Birmingham. She earned her MA in Sociology from Middle Tennessee State University in 2020 and is expected to graduate with her PhD in 2025. She currently works as a teaching assistant for the UAB Sociology Department and a research assistant for the UAB Heersink School of Medicine's Office of Wellness. Katie's primary research interest is emotional labor and its effects on mental health. For her dissertation, Katie will conduct a mixed-methods study looking at emergency communications dispatchers who historically engage in emotional labor and their mental and physical health outcomes. She plans to use her degree in the applied social-statistical setting.



## Sylvia McMillon

Sylvia McMillon is a University of Central Florida Department of Sociology graduate student. She holds a BS in Criminal Justice from the same institution. Her research interests include crime and deviance and the profound effects of structural racism on mental and reproductive health within BIPOC communities. Sylvia also explores how trauma-informed yoga and mindfulness impact symptoms of anxiety, stress, and PTSD in victims of interpersonal violence. Beyond academia, Sylvia is actively involved in community advocacy and volunteerism and enjoys yoga, travel, and spending time with her family. Sylvia is delighted to embark on her new role as a Student Editor for the medical sociology newsletter; she eagerly looks forward to contributing her unique insights and perspectives!

# Notes from the Newsletter Editor



**PJ Pettis**

Newsletter Editor

Happy Fall! I am grateful to the columnists and contributors, including Susan Short, Daniel Dohan, Tasleem J. Padamsee, Joseph D. Wolfe, Cindy Cain, Stef Shuster, Jason Houle, Samuel Nemeth, Katie Sweeney, and Sylvia McMillion, for sharing their wisdom with the Medical Sociology community. I am also extremely grateful for Danielle Duran, the student Newsletter Assistant Editor and Designer, who diligently works with me to create fantastic content for our community. November is Native American Heritage Month; I want to recognize and celebrate the work and valuable contributions made by Indigenous/First Nations scholars who have advanced the sub-field of medical sociology and the broader discipline of sociology.

The Newsletter relies on contributions from the community. If there is important information that you would like to have featured in the Winter 2023 newsletter, please email me at [pettisph@msu.edu](mailto:pettisph@msu.edu).

I am wishing everyone a lovely and productive remainder of the Fall semester!

Best Wishes,

**PJ Pettis**  
**[pettisph@msu.edu](mailto:pettisph@msu.edu)**



**Danielle Duran**

Student Newsletter Assistant Editor  
and Designer



# Winter Newsletter

Volume 60, Issue 2



## Note from the Chair

As we settle into the new year, we start anew. I am always grateful for the celebration and the fresh start. So much possibility and hope...

For our section, the new year brings the season for section award nominations. Please nominate papers, books, and your favorite medical sociologists for section awards. Nominations are due in March and April, and self-nominations are highly encouraged. The call for awards is included in this newsletter on pages 11-12.

And on the topic of awards, I am pleased to announce the recipient of the 2024 Leo G. Reeder Award is Pamela Braboy Jackson of Indiana University. We will celebrate Dr. Jackson at the 2024 ASA Meeting, where she will present the Reeder Address.

In other news, in the upcoming election, we will be selecting the inaugural members for our standing Diversity, Equity, and Inclusion Committee. The Committee will officially start in August after ASA.

And this spring, we launch Mentor-of-the-Month, a monthly community gathering about mentoring and more. Many thanks to Karen Spencer and J'Mauri Jackson for organizing. Please join when you can!

In case you were wondering, you still have time to polish that paper and submit it for ASA. Submissions are due by February 26th. The Section offers a fantastic set of 5 open-paper sessions dedicated to Medical Sociology topics:

- **Big Money, Erratic Policy, Incomplete Insurance: Pitfalls and Possibilities for Achieving Universal Healthcare in the U.S.**, organized by Tasleem Juana Padamsee, The Ohio State University;
- **Politics and Health**, organized by Megan M. Reynolds, University of Utah;
- **Resisting Discipline: DIY Medicine, Rogue Doctors, and Collective Empowerment** organized by Michelle Hannah Smirnova, University of Missouri-Kansas City;
- **Structural Inequalities and Health Justice**, organized by Evelyn Joy Patterson, Georgetown University, and
- **After Dobbs: Changed Meanings, Politics, and Practices in Reproductive Health** organized by LaTonya Trotter, University of Washington.

## Inside The Issue

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In addition to these sessions, we will we are planning a robust set of **Medical Sociology Roundtables**, organized by Nik M. Lampe, University of South Florida; Ethan Raker, University of British Columbia; and Emily Vasquez, University of Illinois–Chicago. Finally, we will all plan to gather for our **Business Meeting** and the 2024 **Reeder Award Address and Awards Ceremony**. Many thanks to our ASA session organizers!

We are also grateful to Dr. Fizza Raza, who keeps us updated on workshops, jobs, and more through our listserv, sending out announcements on the 1st and 15th of each month. Please email her directly at her new email address: fraza@gsu.edu, to post on the listserv.

Finally, read on for articles on health politics, teaching medical sociology, organizing research collaborations, and more. Our committees have been busy.

I wish you well this year. I look forward to seeing many of you online or in person in the months to come. And here's to all of the possibility and hope of the new year translating into a few good things for each of you, your communities, and our world.

Warmly,  
Susan



Susan Short

## Keeping an Eye on Healthcare Politics

Daniel Dohan

My Zoom meeting had just ended when I got a message from my son, a high school senior. “I need to make three arguments for and against universal healthcare,” he texted. “Minimum three sources for all arguments.” Finally, I thought, a homework assignment in my wheelhouse. “I can help with this,” I said, backing up the bold claim with a link to the [Kaiser Family Foundation](#). I hit send and then started poking the KFF webpage I’d just sent.

The top story reported on a KFF/LA Times survey in which more than half of surveyed Hispanic immigrants reported some form of workplace mistreatment. A column by KFF President Drew Altman highlighted [recent CMS data](#) that predicted the recent slowdown in healthcare costs was coming to an end. Other headlines noted [record Affordable Care Act signups](#), the [salience of abortion](#) for voters in New Hampshire’s first-in-the-nation presidential primary, and an explanation of [Florida’s plan to save money by importing prescription drugs from Canada](#). A profile of gymnastics gold medalist [Mary Lou Retton](#) sucked me in. In a recent television interview, she talked about spending an expensive month in the hospital fighting pneumonia while uninsured. The KFF profile took a mildly chiding tone, devoting most of its space to the affordability programs Retton could have taken advantage of.

Joseph ended up with sources from the [Commonwealth Fund](#) and [Heritage Foundation](#), but I found myself returning to the stories on KFF and pondering their health policy implications. The hoops Florida went through for its drug import waiver; the hoops Retton failed to go through for insurance coverage; the long reverberations of Dobbs; our long-standing ambivalence over migration; our endlessly-ignored resolve to rein in costs. As we begin the long slog of a presidential election year in the United States in earnest, healthcare policy continues to drive our politics. The question is how it does so.

It would be nice if our politics reflected the realities of health policy research. The social benefits of universal healthcare are crystal clear, and Joseph’s classmates will be dazzled by the Commonwealth data he has mustered to back that up. But what dazzles high schoolers can seem politically ingenuous in more experienced hands. For example, it is widely recognized by public health professionals that pandemic politics made COVID particularly deadly in the US. Doesn’t this recognition imply responses that go beyond more [science-based education and advocacy](#)?

I find myself re-reading Link and Phelan’s statement of the dynamic pathways that [fundamentally link](#) social status to health. What are the pathways in today’s news? The headlines suggest a spectrum of fundamentality. Immigrant workers are mistreated in the workplace because our market-based economy places them in positions of structural vulnerability. Research on the healthcare workforce has demonstrated their potential to improve conditions for [workers](#) and the patients [they care for](#).



# CHAIR OF HEALTH POLICY AND RESEARCH COMMITTEE

Moving along the spectrum, efforts to reduce healthcare costs have become remarkably unceasing and unsuccessful. Reducing costs is a good talking point, but politicians have learned that proposing impactful reductions in Medicare motivates a response from enraged insurers, providers, and beneficiaries at the polls. The politics of coverage seem also to have attained a fair degree of political stability. Coverage dramatically improved with the Affordable Care Act and, temporarily, in response to COVID-19. Many hoped that the COVID expansions might prove permanent, but the bureaucratic end of the pandemic has returned coverage politics to the politically stable status quo, with the same handful of red states intent on remaining on the sidelines of Medicaid expansion.

Joseph and I read through the depressing statistics about how the US falls short of comparable wealthy nations in healthcare costs, mortality and chronic illness, and health inequities. Sadly, I expect Joseph and his classmates will live with a healthcare system with our all-too-familiar fundamental warts and flaws. But maybe Florida's importation waiver will prove the butterfly wing-flap that results in more affordable healthcare. Maybe Dobbs will continue to drive voters to the polls and result in legislation ensuring reproductive healthcare access. Maybe access to healthcare generally. The gov assignment is done, but I've kept KFF in my bookmarks and will keep a hopeful eye on the news there in the coming months.



**Daniel Dohan**  
daniel.dohan@ucsf.edu



## Tips for New Teachers of “Introduction to Medical Sociology”

Tasleem J. Padamsee

Introduction to Medical Sociology and Sociology of Health and Illness are popular introductory courses offered to undergraduates at a wide range of colleges and universities. Doctoral students in medical sociology frequently have their first independent teaching experiences with these courses, and most medical sociology faculty members are asked to teach them at some point. In this column, I share three points for consideration by scholars teaching these introductory courses for the first time – based on my own teaching experiences and those of several contributing colleagues.

First, introductory courses in medical sociology are generally survey courses that cover many aspects of our subfield. As such, they offer a fruitful context to apply core sociological concepts and thereby help students deepen their facility with those ideas. Among the relevant key ideas are:

- The sociological imagination. Health and wellness are experienced on the most personal of levels. Still, they are also fundamentally structured by social patterns – from the unequal distribution of economic and educational resources to social expectations about who provides what kinds of care to the structures of medical training and socialization.
- The social construction of health and illness. Medicalization – and related concepts – are well-researched, applied instances of the social construction of societal realities. In addition to the wide range of accessible readings, specific histories of medicalization offer opportunities to teach through video content. Students can explore different social constructions of childbirth, for instance, by comparing videos about home births or water births (e.g., <https://www.yogatheta.com/birth-videos-resources>) with more mainstream content about “what to expect during labor” (e.g., <https://www.webmd.com/baby/video/eddlleman-what-expect-during-labor>)
- The study of social institutions and their impacts on life experiences and chances. Relevant institutions range from local sites of healthcare delivery to the broad organization of a nation’s healthcare financing.
- Social psychology and interpersonal interaction are particularly relevant to studying patient-provider interactions and their influence on healthcare outcomes, a perennially popular topic with undergraduate students.
- Power and social inequality are readily illustrated through the study of maternal mortality, the regional distribution of healthcare resources, individual access to healthcare, and differential experiences of healthcare by race, class, gender, sexuality, and ability.

Second, our undergraduate students frequently enter these courses, strongly believing that ‘the United States has the best healthcare in the world.’ This orientation offers us opportunities to teach key sociological skills. In-class or at-home activities can involve thinking through what a healthcare system should do and how we might determine whether a healthcare system is “good” or “best.” As they learn various aspects of medical sociology, they can also explore “who benefits?” from particular social arrangements related to health, illness, and medical care. Students can also try to use real-world data to address issues they care about. For instance, The Commonwealth Fund makes a wealth of data publicly available, comparing health system performance on a range of indicators across U.S. states (<https://www.commonwealthfund.org/datacenter>) and comparing health system features and outcomes across nations (<https://www.commonwealthfund.org/international-health-policy-center/system-features> and <https://www.commonwealthfund.org/international-health-policy-center/countries>). Students could also dive into data relevant to specific health conditions (e.g., the CDC COVID Data Tracker at <https://covid.cdc.gov/covid-data-tracker/#datatracker-home>) or their home state or city (e.g.: the “2023 Health Value Dashboard” created by the Health Policy Institute of Ohio: <https://www.healthpolicyohio.org/our-work/publications/2023-health-value-dashboard>).

Finally, introductory courses in medical sociology enroll a wide range of students. In particular, classes frequently include substantial proportions of pre-health professions students and sociology majors. These two groups can come with substantially different orientations toward the subject. Pre-health students may assume that the healthcare arrangements of our society work well and may be personally attached to becoming part of these structures, while sociology majors may be intensely critical of current social arrangements and interested in transforming them. Students with these contrasting perspectives can learn from one another through readings, discussions, and exercises that facilitate serious engagement with sociological evidence about the patterns and effects relevant to health and illness in our society.

I invite you to share your reflections about these ideas and additional suggestions for new introductory medical sociology course teachers. Or, if you’re a new teacher of these classes, you may have questions you’d like to see addressed! Please email your thoughts to [padamsee.1@osu.edu](mailto:padamsee.1@osu.edu) to keep the conversation going! Next quarter’s column will focus on The Value of Teaching Health Policy – feel free to contact me to contribute ideas on that topic as well!

## Navigating Collaboration

JOSEPH D. WOLFE

While collaboration is not as difficult as rejection (see my interview with Cindy Cain last month about “Accepting Rejection” if you haven’t already), it comes with unique obstacles. Even still, collaboration can be a powerful tool. Lots of sociologists, myself included, do their best thinking while having discussions with collaborators. In this article, I discuss the benefits and challenges of collaboration and strategies for finding productive collaborations.



## Making Connections

**Reach out.** Most of my successful collaborations developed through friendly chats with colleagues around the office or over coffee. As a faculty member, building relationships with colleagues was central to my recent publications. I’m spoiled at UAB, though. We’re all medical sociologists, so it was relatively easy for me to find people with similar research interests. As a graduate student, however, collaboration took a lot more work on my end. I attended departmental seminars and engaged in class discussions, which helped me find like-minded people in my cohort. My opportunities to collaborate with faculty developed after I put my best work into class papers and assignments and then reached out to discuss research ideas and the potential for collaboration. So, I actively reached out to potential collaborators, but I also established myself and my research interests/goals.

**Look for complementary skills (and personalities).** Shawn Bauldry, one of my recurring collaborators (and friends), brought up this excellent point in a recent discussion. Working with people with complementary skills always improves the final product, and if certain team members can take responsibility for entire sections of a paper, the process goes much faster than working solo. Related, many health-related questions extend beyond the boundaries of sociology, requiring insights from other academic disciplines. Collaborations with experts in psychology, biology, economics, etc., are becoming increasingly necessary to shed light on social forces linked to population health. (A little word of warning here. I’ve worked on papers where each author took a different section of the paper without much integration. Not surprisingly, the front end, methods, and discussion sections read as different authors wrote them. Be sure to reread and streamline everything regarding research focus and writing style before submitting.) In addition to complementary skills, I’d add that having complementary personalities is equally, maybe more, important for finding collaborations that work well. On paper, someone can look like the perfect missing piece to a project, but if you can’t find common ground in your research goals or work styles, collaboration can become difficult. I recommend contacting the professor or colleague with whom you feel most comfortable sharing your still-forming ideas and/or analyses. Your creativity as a scholar might not get much out of the super-impressive researcher in your area. That’s ok. Work with the people who engage and inspire your research!

# Perks of Collaboration

**Built-in peer review.** In my experience, this is the most powerful aspect of collaboration. Having a built-in peer review means collaborators can give each other detailed feedback throughout the process. It can be tough to hear sometimes, but taking others' feedback seriously has always been a necessary step in getting my research published. In most of my recent work, I've had great collaborators willing to provide detailed feedback about the writing/analysis and even take over writing big parts of the manuscripts. This brings me to the next perk of collaboration: productivity.

**Productivity.** My collaborations increase my productivity. Tasks can be divided, and collaborators help with their areas of expertise. The real motivation for me, however, is pure peer pressure. Maybe peer pressure isn't the perfect phrase, but when I know someone is waiting for a draft or expecting an analysis, I get more work done. I do better work, too. My writing is clearer, the code is cleaner, and I'm generally more aware that I will be sharing my work with collaborators.

## Challenges to Consider

**Over-extending.** Over-extending yourself is a rite of passage for every academic [and a compulsion for some (I'm looking at you, Wolfe)]. I always start papers thinking I'll be done in a few months... a year, max. I should know better by now, but I'm still guilty of biting off more than I can chew. Even with the best organizational system and stellar willpower, sometimes you have to tell collaborators (or potential collaborators) that you can't take on any new projects.

**Authorship.** Although I've never gone through arguments over authorship, I've heard horror stories. Deciding on authorship and appropriately crediting each collaborator can be a delicate matter. Establishing transparent communication channels regarding authorship expectations at the beginning of the collaboration is crucial. Clearly defining roles and contributions helps avoid misunderstandings later in the research process. Also, if it seems like one collaborator is doing more or less than the others, (gently) talk about changing the order of authorship. In sum, establishing and maintaining open and transparent communication channels, especially about authorship, is the best way to avoid conflict and frustration among collaborators.

**Workflow.** A clear workflow is essential for good research. Can you quickly return to your previous stopping point after taking a break from work? Have you ever mixed up the analysis files that contain the Stata/R/SAS code you wrote versus what your collaborators recently updated? These are both related to workflow. Although it can take some time to decide how to organize your project-related files, you'll ultimately save time (and mental energy) by nailing down a shared system of organizing files among collaborators. I highly recommend looking at *The Workflow of Data Analysis Using Stata* by J. Scott Long. Although Long focuses on Stata, many of his principles of workflow work regardless of your preferred statistical program.

# Conclusion

Before wrapping up, I should note that everything above is guided by my experiences as an academic sociologist. With that said, I think several of the points I reviewed are potentially useful to any professional who collaborates with others. To recap my tips for navigating collaboration, (1) actively reach out to scholars with complementary skills and personalities, (2) use collaboration to refine your research, and finally, (3) be wary of over-extending yourself, making assumptions about authorship, and ignoring workflow.

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## CHAIR OF MEMBERSHIP COMMITTEE

We continue our membership drive and have had several faculty members generously offer to sponsor students. Bringing new members into our section is vital to help build a lively community, have diverse perspectives on section-related matters, and retain our ASA conference session allotments.

But – we need students interested in becoming members of the section to help make this work! Please share this info widely with your networks, departments, students, colleagues, etc., and sign up here to participate (as a sponsor or interested student):  
<https://tinyurl.com/MedSocMemberDrive>

- For students requesting sponsorship: Once you complete the survey, we will match you with someone who has volunteered to sponsor your section membership.
- For sponsors: Once you complete the above survey, we will email you the information on how to sponsor a student. The cost of sponsoring a student is \$5. Thank you for your help in supporting students!

If you have any questions or concerns, please do not hesitate to email me ([sshuster@msu.edu](mailto:sshuster@msu.edu)).  
Warm Regards,



**Stef Shuster**  
[sshuster@msu.edu](mailto:sshuster@msu.edu)



## **Eliot Freidson Outstanding Publication Award**

The Freidson Award is given in alternate years to a book or journal article published in the preceding two years that has had a major impact on the field of medical sociology. The 2024 award will be given to a book published in 2022 or 2023 (according to copyright). The book may deal with any topic in medical sociology, broadly defined. Self-nominations are encouraged. The nominator and at least one author must be current section members. Textbooks and edited volumes are not eligible. When making your nomination, please indicate briefly (i.e., at most 2-3 paragraphs) the reason for the nomination. Send your nomination letter to Jason Houle (Jason.Houle@Dartmouth.edu) with the subject line: 2024 Freidson Award Nomination, and request committee members' physical mailing addresses by March 1, 2024. Arrange for the publisher to send copies of the books directly to the committee chair and all members (5 copies total) by April 1, 2024.

## **Donald W. Light Award for Applied Medical Sociology**

The Donald W. Light Award for the Applied or Public Practice of Medical Sociology will give one award to a book and one award to a journal article that deploys the concepts and methods of medical sociology to an applied issue or problem of significance. The Light Award recognizes sociologists whose professional work or advocacy contributes to politically or ethically important challenges in health, health care, or health care policy at the national or international level. For the article award, the candidate should submit a letter of nomination and a copy of the article to the Light Article Award Committee Chair Daniel Dohan (Daniel.Dohan.edu) with the subject line: 2024 Donald W. Light Award. For the book award, the candidate should submit a letter of nomination to the Light Book Award Committee Chair Cindy Colen (colen.3@osu.edu); the Committee Chair will provide the committee's addresses for which to send copies of the book. Deadline for receipt of all submission materials is April 1, 2024. To be eligible, the book or article must have a publication date in the preceding two years (i.e., 2022 or 2023, according to copyright for books and date published with a volume number for articles). The nominator and at least one author must be current section members. Self-nominations are invited.



Jason Houle

# REEDER AWARD WINNER

**CONGRATULATIONS, PAMELA BRABOY JACKSON,  
2024 LEO G. REEDER AWARD WINNER!**



Dr. Pamela Braboy Jackson of Indiana University has been selected to receive the 2024 Leo G. Reeder Award. The Reeder Award is the Medical Sociology Section's career award. It recognizes scholarly contributions, especially a body of work displaying an extended trajectory of productivity that has contributed 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 will give the Reeder Address at the 2024 ASA Meeting.

## SECTION AWARD NOMINATIONS

### Leo G. Reeder Award

The Medical Sociology Section invites nominations for the 2025 Leo G. Reeder Award to be awarded at the annual meeting of the Medical Sociology Section in San Francisco. This award is given annually for Distinguished Contribution to Medical Sociology. This award recognizes scholarly contributions, especially a body of work displaying an extended trajectory of productivity that has contributed to theory and research in medical sociology. The Reeder Award also acknowledges teaching, mentoring, and training as well as service to the medical sociology community broadly defined. Please submit a letter of nomination and the nominee's curriculum vitae to Karen Lutfey Spencer ([karen.spencer@ucdenver.edu](mailto:karen.spencer@ucdenver.edu)) with the subject line: 2025 Reeder Award Nomination. Nominations are due by April 1, 2024. The nominee and at least one nominator must be current section members. Nominations will be retained for 2 years; after 2 years of consideration nominators will be notified that they can either withdraw or update their nomination. Note: If a person nominated for the Reeder Award is currently a member of the Medical Sociology Section Council, the nomination will be deferred until the person is no longer on the Council

### Simmons Award

Nominations are being accepted for the 2024 Roberta G. Simmons Outstanding Dissertation in Medical Sociology Award. The award is given each year by the Medical Sociology section. The awardee will receive a \$750 travel grant to attend the ASA meetings. Self-nominations are encouraged. Eligible candidates must have defended their doctoral dissertations within two academic years prior to the annual meeting at which the award is made. To be considered for the 2024 award, the candidate should submit an article-length paper (sole-authored), not to exceed 35 double-spaced pages (11- or 12-point font), inclusive of references. This paper may have been previously published, or may be in press or under review. A letter of recommendation from a faculty mentor familiar with the candidate's work is also required. Electronic submission of the paper and recommendation letter is required. Please send all materials to Megan M. Reynolds ([u0982612@utah.edu](mailto:u0982612@utah.edu)) with the subject line: 2024 Simmons Award Nomination. Deadline for receipt of all submission materials is April 1, 2024. The nominator and nominee must be current section members.



## Howard B. Kaplan Memorial Award in Medical Sociology

This award is established to support graduate students doing research in one of the substantive areas that defined the distinguished academic career of Dr. Howard B. Kaplan, namely mental health, self-concept and health, or deviance, by providing funds up to the amount of \$500 to contribute to expenses associated with attending the annual meeting of the American Sociological Association (ASA). Self-nominations are encouraged. To be considered for the 2024 award, the candidate should submit a CV and faculty letter of nomination to Kammi Schmeer (Schmeer.1@osu.edu) with the subject line: 2024 Kaplan Award Nomination. Deadline for receipt of all submission materials is April 1, 2024. The nominee must be a student member of the ASA, a student member of the Section, and currently enrolled as a graduate student at the time the award nomination is submitted.

## Louise Johnson Scholar Travel Grant

The Medical Sociology Section will select a student to be the 2024 Louise Johnson Scholar. The nominee must be a student member of the ASA, a student member of the Section, and currently enrolled as a graduate student at the time the award nomination is submitted. The Louise Johnson Scholar fund was established in memory of Louise Johnson, a pioneering medical sociologist whose mentorship and scholarship we are pleased to honor. The fund was made possible by Sam Bloom of Mount Sinai School of Medicine, a former colleague of Louise Johnson. The Scholar will receive travel funds up to \$500 to the annual ASA meetings. Selection will be based on academic merit and the quality of an accepted ASA paper related to medical sociology; papers with faculty co-authors are ineligible. To apply, please send: 1) a copy of your acceptance notification to present at the 2024 ASA meetings, 2) a copy of your paper, 3) your CV, and 4) a brief (i.e., no more than 2 page) letter of recommendation from a professor who can write about your academic merit. Submissions should be sent via email to Kammi Schmeer (Schmeer.1@osu.edu) with the subject line: 2024 Louise Johnson Scholar Nomination. Applications are due by April 1, 2024. The nominator and nominee must be current section members.

# PUBLICATIONS BY SECTION MEMBERS

## **Toward Transnational Feminist Methodologies in Global Health: Critical Ethnographies of HIV and Abortion**

**Suh, S. & Vijayakumar, G. (2023)**

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### **Abstract:**

Unlike prevailing research methodologies in the interdisciplinary field of global health, feminist methodologies allow researchers to unsettle the premises and assumptions of the field. This paper describes how we mobilize transnational feminist ethnography in our research on HIV in India and postabortion care in Senegal. Transnational feminist perspectives enable us to re-embed HIV prevention and post-abortion care in the politics of gender and sexuality and in postcolonial histories of health governance. They consider the role of gender and sexuality not just in terms of gendered health inequalities, but also in terms of how global health problems are defined, managed, measured, and contested. We outline how our projects put this lens into practice by pushing the methodological boundaries of time, scale, and scope and through a historicized, multisited, and multiscalar approach that triangulates multiple sources of data. Feminist ethnography requires that we turn the critical gaze upon ourselves, reflecting on multiple and shifting personal and professional positionalities during and after fieldwork and our ethical commitments to our interlocutors. While acknowledging the significant personal, institutional, and professional challenges of using feminist methodologies, especially given the dominant modes of research in global health, we urge greater consideration, among both advanced and early scholars, of the possibilities they offer for studying global health problems.

## **Strategic (Non)Disclosure: Activation and Avoidance of Social Ties among Women Seeking Abortion**

**Kathleen Broussard. (2024)**

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### **Abstract:**

The increased politicization of sexual and reproductive health has created barriers to medically necessary care. In absence of formal health care, social ties become critical sources of information and resources, yet the disclosure of stigmatized health needs carries significant risk. How do people navigate the risks and benefits of disclosure when seeking care for stigmatized needs? Drawing on original survey data (N = 153) and in-depth interviews (N = 55) with women who attempted a self-managed abortion, I first describe the distinct roles of weak and strong ties in women's health-seeking experiences. I then demonstrate how both partial disclosure and nondisclosure are critical tools for obtaining information, resources, and emotional support during periods of health-seeking. Findings advance understanding of disclosure as a continuum that can be strategically wielded by people with stigmatized needs to confront and evade stigma and surveillance from their networks, the state, and the formal health care system.

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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](mailto:maestas.d@northeastern.edu)

# Student Section

Two medical sociologists, Dr. Barker, and Dr. Cockerham, 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.

## Kristin Barker, Ph.D

Dr. Barker is a Professor at the University of New Mexico in the Department of Sociology and Criminology. Professor Barker's research focuses on the sociology of medical knowledge. Before joining the University of New Mexico, Dr. Barker spent 10 years at Oregon State, and prior to that was at Linfield College for 10 years.



## William Cockerham, Ph.D

Dr. Cockerham specializes in medical sociology and sociological theory. After completing his Ph.D. at the University of California at Berkeley, Dr. Cockerham joined the University of Wyoming. Dr. Cockerham developed his expertise in Medical Sociology, publishing the book "Medical Sociology," which will be in its 16th Edition at the end of 2024. Later, Dr. Cockerham joined the University of Illinois at Urbana-Champaign and went on to help establish the Ph.D. program in Medical Sociology at the University of Alabama at Birmingham. After retirement, Dr. Cockerham held a position at the College of William & Mary and is now a Research Professor in the Department of Sociology at Maryland, College Park.

# What is your understanding of the social construction of illness and medicalization?

**KB:** In a nutshell, I think you know the paper that Peter Conrad and I wrote a long time ago that continues to be cited. I think it is cited not because we said anything profound but because we said things simply and clearly. Social construction is a conceptual framework that emphasizes the cultural and historical aspects of phenomena, widely thought to be exclusively natural, whether that's illness or disease, and also whether that's gender, sex, and race, which we now all understand are not given by nature. Or, what many people think of as being given by nature are, in fact, cultural productions.

**WC:** Social construction is based on the perception that reality is socially constructed by people interacting with one another and producing knowledge (including medical knowledge) that is subject to change. What an illness is and what a diagnosis signifies influences how people should act. But there are physical and biological realities independent of human actions. So, there are two realities, one physical/biological and another social. There is a clear dichotomy.

Medicalization is an interesting concept in that it clearly exists, and it's one of the most cited concepts in medical sociology today, along with fundamental cause and life course theories. What it does explain is the increase in medical control over social behavior. It makes medical definitions the definition of normality. It makes differences between people turn into some form of pathology. It can promote consumerism regarding buying certain prescription drugs and having certain kinds of therapies for physical problems that were not formerly considered something to be treated by medicine.

## Are there any challenges or barriers regarding the social construction and medicalization research?

**KB:** Well, I think the big challenge is always the, you know, what isn't socially constructed. Everything is socially constructed, and if everything is socially constructed, then what's the point of saying that something is socially constructed? I think that's a really good critique. That's why I feel most comfortable in a pretty narrow lane that is looking at how medical ideas unfold, and I can document those. I can show that they often exist independent of their quote-unquote validity, that they are motivated by a set of interests, or, more importantly, that we can bracket their validity. The validity of ideas is not what the sociology of knowledge is about. It's not about if these ideas are right. Is long COVID-19 real? The point of studying something like long COVID isn't to say it's a real disease. The point of studying something like COVID is to say, who gets to decide what the hell a real disease is? What types of evidence counts? And what are the consequences of these things? And that's where we can really make a powerful interjection into the debates. I think that that's always the challenge of social constructionist research.

We can make narrow and careful statements about how certain ideas become dominant and how they persevere (or fall), who is behind those ideas, and what some of their consequences are. Bracketing is the phenomenological tool of social constructionism. We don't study reality per se. We study reality as constructed.

**WC:** I think one of the problems with it is it tends to be subjective, and consequently, it's challenging to prove qualitatively. It lends itself to participant observation, interviews, focus groups, and qualitative methods in general. It can provide excellent insight into how people think and see the world themselves, but it depends upon interpretation by those doing the research. It can't be proven as well as it should say hardcore physical and biological scientists in other fields because it's too subjective. I actually like theory, particularly in terms of mental disorders. It's just that it bumps up against the biological, sometimes in a contest over determining what is really real.

# How would you suggest sociologists study the social construction of illness or medicalization through an intersectional lens?

**KB:** Well, I think it's natural. That's the worst possible word to use, given that "natural" is itself a social construction, but I think it's really harmonious, and it doesn't mean that it's always been done. But because, the intersectional claims are about how experiences are shaped by power and inequality that are not inherent but the reflections of social, political, and economic conditions. The very essence of intersectional research is about the social construction of inequalities. And so, to me, that as a paradigm is very well suited to engage with, inform, and push social constructionist thought forward. Now and for the future, the union between intersectionality and the social construction of illness and disease is a super rich and important inquiry.

**WC:** Well, intersectionality theory is interesting because it considers everything in your background. It considers all your attributes, race, sex, gender, class, etc. together. And we do bring all those things to social interaction. But it's difficult to separate them, particularly quantitatively. Intersectionality is a growing theory. A lot of people are starting to use it. It's a critical theory and has a very useful place in medical sociology. It can blend social constructionism into it relatively easily. It provides insight into the myriad of background variables that explain how people think and feel in constructing reality. The problems, I think, are quantitative, namely, how to measure all the variables accurately that act simultaneously and determine which ones are the most significant.

## If you could give one piece of advice for graduate students studying the social construction of illness or medicalization, what would that be?

**KB:** We need to be clear thinkers. We need to be clear about what we mean when we say the social construction of illness and disease. I'm not a relativist. I believe in the material world. But from a social constructionist perspective, it's important to bracket the material world conceptually. From a social constructionist perspective, something can be real and socially constructed. Our focus is less on being arbiters of what is "real" and instead on the consequences of what is thought to be real and how people experience their realities.

**WC:** Overall, I would recommend (1) that they learn to think theoretically, thereby giving them deeper insight into the patterns they observe in the data they analyze; it will also help them construct their own hypotheses and make them better able to judge the theory or theories relevant to their research question. And (2) if I were starting again, I would spend some time learning about gene-environment interaction since I predict that the influence of the social environment on gene expression is going to be a hot topic in medical sociology in the near future and only a tiny number of medical sociologists are working in this area.

## Student Editors



Samuel Nemeth



Sylvia McMillon



Katie Sweeney



# Obituary: Adele Clark

## **Adele E. Clarke Dies at 78**

### **Leader in Sociology and Women's Health**

by Monica J. Casper

Dr. Adele E. Clarke, an internationally known sociologist and women's health scholar, died on January 19, 2024 in San Francisco. She was 78.

Throughout her long, refreshingly nonlinear career, Clarke made substantial contributions to sociology, the history of medicine, qualitative methodologies, science and technology studies (STS), women's health, and reproductive studies. She had a significant impact on, and built bridges connecting, all of these areas and was recognized for her creative interdisciplinarity.



With colleagues at the University of California, San Francisco (UCSF), where she was a faculty member for nearly four decades, Clarke innovated the sociology of women's health, offering the first curriculum in the United States focused on social, cultural, and historical dimensions of women's health. The Department of Social and Behavioral Sciences, where she received her Ph.D. in 1985, is housed in UCSF's School of Nursing, offering especially rich collaborations in and across women's health research. Clarke trained numerous graduate students in sociology, nursing, and other fields who continue to research women's health. She published many important works in this area, including *Women's Health: Differences and Complexities* (with Sheryl Ruzek and Virginia Olesen) and *Revisioning Women, Health, and Healing: Feminist, Cultural, and Technoscience Perspectives* (with Virginia Olesen).

Amy Agigian, Executive Director of Our Bodies Ourselves Today and associate professor of sociology at Suffolk University, remarked, "Adele Clarke was a tremendous figure in the field of women's health. She was a brilliant, truly original scholar as well as an unwavering activist for the cause. In a relationship that spanned decades, Adele contributed to many editions of *Our Bodies, Ourselves*. Her immense intellectual rigor, creativity, and generosity were legendary. She will be greatly missed." And Judy Norsigian, a co-founder of *Our Bodies Ourselves*, described her as "a scholar activist in the best sense and a wonderful colleague. She was adept at amplifying women's health concerns both in and out of the academy. Her legacy will be felt for many years to come." A fund in Clarke's name has been established at Our Bodies Ourselves Today in recognition of her support for and contributions to the organization.

Yet Adele Clarke was first and foremost a sociologist. Steven Epstein, John C. Shaffer Professor in the Humanities and chair of sociology at Northwestern University, said, “If biomedicine—a consistent object of her expansive attention—has been reshaped ‘from the inside out,’ then we might say her own work transformed sociology from the inside out. It was precisely Clarke’s rock-solid grounding in interactionist sociology—combined with her capacious interest in other perspectives, her commitment to conceptual development, and her willingness to take intellectual risks—that allowed her to explode and reimagine traditional sociological approaches, both theoretical and methodological. By this path she has left us multiple important bodies of scholarship—on the reproductive sciences; on the changing character and aspirations of modern medicine—and, more broadly, an invigorated sociological framework for studying social, organizational, and political change.”

Clarke’s 1985 doctoral thesis on controversy and the reproductive sciences won the Roberta G. Simmons Outstanding Dissertation Award from the Medical Sociology Section of the American Sociological Association and launched a productive scholarly focus on reproduction and reproductive politics. Her 1998 book, *Disciplining Reproduction: Modernity, American Life Sciences, and the ‘Problem of Sex’*, won the Eileen Basker Distinguished Book Award from the Society for Medical Anthropology and the Ludwik Fleck Distinguished Book Award from the Society for Social Studies of Science. Clarke also wrote about sterilization abuse, abortion, cervical cancer, reproductive technologies, kinship, and more. M. Murphy, professor of history at the University of Toronto, hails Clarke’s work as “foundational to the creation of feminist reproductive studies as a field. Her brilliant fierce scholarship had deep activist commitments: in her opus *Disciplining Reproduction* to her work on pap smears, RU486, clitoral anatomy, and contributions to *Our Bodies, Ourselves*, she modeled how to do rigorous, innovative, political scholarship. Her imprint as a thinker and mentor runs throughout the field, and I feel such profound gratitude for what she gave us.”

Clarke was also a brilliant qualitative methodologist. Trained in Chicago School sociology, grounded theory, and social worlds/arenas analysis, she developed the method of situational analysis. Using maps to connect discourse and agency, action and structure, images and texts, histories and the present, this approach fosters understanding of the situation in its constituent elements as the unit of analysis. Her 2005 book, *Situational Analysis: Grounded Theory after the Postmodern Turn*, was awarded the Charles Horton Cooley Distinguished Book Award from the Society for the Study of Symbolic Interaction. Additional works on situational analysis included collaborations with former students and foreign translations. Reiner Keller, chair of sociology at the University of Augsburg, said, “Clarke’s *Situational Analysis* was pathbreaking in its opening up of classical grounded theory and its integration with discourse studies, STS, and poststructuralist epistemologies. It strongly addresses the complexities and challenges of today’s multi-layered reality and encourages researchers’ curiosity and reflexivity in the process of doing interpretive research. It has successfully traveled beyond the US, inspiring sound research and scholarship all over the globe. Adele’s impact will be felt for many years to come.”

Clarke was a key figure in science and technology studies, an interdisciplinary field investigating social, cultural, and historical dimensions of scientific and biomedical knowledge and practice. She co-edited *The Right Tools for the Job: At Work in Twentieth Century Life Sciences* with Joan Fujumira and *Biomedicalization: Technoscience and Transformations of Health and Illness in the U.S.* with UCSF alumni Laura Mamo, Jennifer Fosket, Jennifer Fishman, and Janet Shim. She brought science and technology studies into the doctoral sociology curriculum at UCSF, attracting students to the department, and also engaged in significant field-building work through conferences, journals, workshops, special issues, and more, including international collaborations. Chia-Ling Wu, professor of sociology at National Taiwan University, credits Clarke for her “unwavering support for the East Asian STS and feminist community,” especially noting her editorial involvement in the *East Asian Science, Technology and Society* journal.

In 2012, Clarke received the distinguished J.D. Bernal Prize for Outstanding Contributions from the Society for Social Studies of Science. Of her abundant contributions to STS, biology and science studies scholar Donna Haraway commented, “Adele’s work in STS was extraordinary. From her study of non-human primate models in early to mid twentieth-century reproductive sciences to her collaboration to reopen feminist questions about reproductive freedom and justice in relation to human numbers and population, she modeled inquiry that matters to lives. I drew on her publications in my own work, taught her methodological approaches in Situational Analysis, and we co-mentored each other’s graduate students. She made us all better; she knew how to make kin. Her sense of humor, wide-ranging research and publishing, and extraordinary ability to nurture diverse communities shaped science studies for generations to come.”

Adele Clarke was a beloved and generous mentor to generations of sociologists, nurses, and others, many of whom went on to distinguished academic careers of their own. She was recognized as an especially savvy networker who ensured that her students were connected to other scholars and opportunities. She was tough and kind in equal measure, consistently encouraging both excellent scholarship and a healthy work-life balance, one replete with the arts, conversation, champagne, and delicious food. (In the wake of her death, some former students have been sharing her favorite recipes.) In 2002, she was honored by the Society for the Study of Symbolic Interaction with the Feminist Mentor Award and was recognized as Faculty Mentor of the Year at UCSF. In 2015, the Medical Sociology Section of the American Sociological Association presented her with the Leo G. Reeder Award for distinguished service to the field. Additional honors included a Woman of Distinction award from the UCSF Center for Gender Equality, the Helen Nahm Career of Excellence Award from the UCSF School of Nursing, and the UCSF 150th Anniversary Alumni Excellence Award.



Alondra Nelson, the Harold F. Linder Professor of Social Science at the Institute for Advanced Study, remembers Clarke as “an exceptional researcher and incomparable mentor. To be enlightened by Adele was to be grounded in the wisdom of ‘situational analysis’—her crucial intellectual contribution—and to be reminded that scholarly depth and rigor didn’t require sacrificing attention to contingency, complexity, and multiplicity, but rather confronting them. To be mentored by Adele was to enter a universe of nonjudgmental support, intellectual generosity, and infectious laughter. It was to be on the receiving end of Adele’s ‘care packages’: news clips, articles, and essays intended to stoke the flame of \*your\* intellectual passions, while letting you know that you were never far from her thoughts. It was to have your ideas and scholarly curiosity taken seriously and treated tenderly. It was to be enthusiastically invited into a diverse, supportive group of peers and collaborators. Adele was an intellectual powerhouse who built intellectual community. Her presence will be deeply missed, but her legacy goes on and on.”

Adele Elizabeth Clarke was born on April 1, 1945, in Brooklyn New York, to Agatha Adele Howry and Norman Clarke. She received a bachelor’s degree from Barnard College in 1966 and a master’s degree from NYU in 1970, both in sociology. A lifelong lover of dance, she studied with Deborah Hay and danced in some of Yvonne Rainer’s performances. Clarke moved to California in 1970, teaching at College of the Redwoods and Sonoma State University, where she coordinated the women’s studies program. She earned her doctorate in sociology in 1985 from the University of California, San Francisco. From 1987 to 1989, she held a postdoctoral fellowship at Stanford University. She was a faculty member in the Department of Social and Behavioral Sciences in the School of Nursing at UCSF from 1985 until her retirement in 2013, holding a variety of roles including director of the doctoral program and department chair. Until very recently—and despite retirement—she was quite active in publishing, mentoring students and colleagues, and giving workshops on situational analysis.

Clarke is survived by her husband, Allan Regenstreif, a psychoanalyst. Adele and Allan, who married in 1978, lived together as partners for 53 years. They met soon after each of them left New York separately for rural Northern California as, in Allan’s words, “hippie dropouts.” Between their first and second dates, Adele joined a women’s group and gender/feminism began to play a major role in their communication. Allan wanted to join the group, as he had participated in group therapy in New York. Adele instead encouraged Allan to start a men’s group, which he did, along with a feminist men’s journal and Men Overcoming Violence. Clarke and Regenstreif supported each other in returning to school for graduate degrees and professional licenses, through international job searches, and through the deaths of their parents. They often argued and had a rule to apologize and make up while preserving their differences, using disagreements as a way to move their positions and fall more deeply in love.

An automobile accident in 1995 caused Adele to have serious injuries and back pain, and later she became disabled. In the last year of her life, she was in severe pain. In her final moments, Adele and Allan were together, holding hands and talking until Adele fell asleep. She died an hour later.

Clarke is survived also by her cousins Linn Jeffries Howry (Somerville, MA), Jeffrey Clarke Howry (Lexington, MA), Alexander Habib Howry (Pinkerton, Ohio), and Cynthia Dean Howry Bruce (Norfolk, VA), and by the many students who adored her and who carry forward her legacy.

# Notes from the Newsletter Editor



**PJ Pettis**  
Newsletter Editor

Happy New Year! Thank you to all the contributors of the Medical Sociology Winter Newsletter. We build and maintain a vibrant community due to your wonderful contributions. A special gratitude goes to the fantastic columnists Susan Short, Daniel Dohan, Tasleem J. Padamsee, Joseph D. Wolfe, Stef Shuster, and Jason Houle. I would also like to thank the student columnists Samuel Nemeth, Sylvia McMillon, and Katie Sweeney, as well as Kristen Barker and William Cockerham for sharing their expertise via their interview with the student section of the newsletter. I would like to express my utmost gratitude to Danie Duran, the Assistant Newsletter Editor and Designer for helping me to engage a thriving medical sociology community.

The Newsletter relies on contributions from the community. If there is important information that you would like to have featured in the Spring 2024 newsletter, please email me at [pettisph@msu.edu](mailto:pettisph@msu.edu).

I wish everyone the most wonderful, successful, and healthy New Year!

**PJ Pettis**



**Danie Duran**  
Assistant Newsletter Editor and Designer

# 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 Gaydosh, 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**



# Summer Newsletter

Volume 60, Issue 4



## Note from the Chair

Greetings Med Soc Community!

August is around the corner and I am looking forward to the 2024 ASA Meeting in Montreal. The meeting will be held August 9th to the 13th, and Medical Sociology sessions and events are scheduled for Monday and Tuesday, August 12th and 13th. We have an exciting line-up of sessions – a program of five paper sessions and one roundtable session. Many thanks to our session organizers and participants. Also, congratulations to our section award winners – we look forward to honoring you in person at ASA.

### Medical Sociology Sessions:

#### **Monday, August 12th**

- Politics and Health
  - 10:00-11:30 AM
- Resisting Discipline: DIY Medicine, Rogue Doctors, and Collective Empowerment
  - 2:00-3:30 PM

#### **Tuesday, August 13th**

- After Dobbs: Changed Meanings, Politics, and Practices in Reproductive Health
  - 8:00-9:30 AM
- Medical Sociology Roundtables Session
  - 10:00-11:30 AM
- Big Money, Erratic Policy, Incomplete Insurance: Pitfalls and Possibilities for Achieving Universal Healthcare in the U.S.
  - 12:00-1:30 PM
- Structural Inequalities and Health Justice
  - 2:00-3:30 PM

Our Business Meeting will be held on Monday, August 12th, from 4:00 to 4:30 PM, followed by our Awards Ceremony and Reeder Address from 4:30 to 5:30 PM. The Reeder Address will be given by Pam Jackson of Indiana University and is titled “They 'Not Like Us': Confronting Race/Ethnicity in Mental Health Research.” I hope to see you there.

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We have organized a reception in Old Montreal following the Reeder Address. It will be held on Monday, August 12th, from 6:30 to 8:00 PM at Auberge – Saint-Gabriel , located at 426 Rue Saint-Gabriel, a short walk from the convention center. We look forward to a selection of canapés, including some vegan and gluten-free options, as well as beer, wine, sodas, and mocktails. We are excited to try an off-site reception this year and look forward to your feedback. The reception will be held jointly with the Section on Mental Health. Please stop by if you can!

### **Section Memberships**

Before heading to ASA, please consider inviting a colleague to join our section! We are offering free memberships, and thanks to Membership Chair stef shuster, signing up is easier than ever. Please see the sign up details in the Membership Section of the newsletter.

### **Special Shout-Out**

Also, as the year comes to a close, I want to recognize the expert work of our colleagues PJ Pettis (Newsletter Editor), Danie Duran (Assistant Newsletter Editor/Designer), and Fizza Raza (Listserv Manager). PJ and Danie produce an exceptional quarterly newsletter that is always fresh and content-rich. Fizza generously organizes our bimonthly announcements. We are a virtual community 360 days a year. PJ, Danie, and Fizza, thank you for keeping us connected and informed!

### **Transitions**

Finally, congratulations to our newly elected Section leaders (see below). They will begin their terms after the annual meeting in August. Best wishes to Chair-elect Karen Spencer, who will take over as Chair. Thank you for the opportunity to serve the Section this year and for all your support and assistance. I look forward to seeing many of you in Montreal soon. In the meantime, if there are ways I can support you or our section before then, please let me know.

Warm regards,  
Susan Short

Chair, Medical Sociology Section  
Professor, Department of Sociology  
Robert E. Turner Distinguished Professor of Population Studies  
Brown University



**Susan Short**

Chair, Medical Sociology

# SECTION ELECTION RESULTS

## ***Chair-Elect, three-year term***

Lijun Song, Vanderbilt University

## ***Secretary/Treasurer-Elect, three-year term***

Kevin M. Moseby, University of Akron

## ***Council Member, two-year term***

Emily Vasquez, University of Illinois Chicago

## ***Membership Committee Chair, two-year term***

Jonathan Shaffer, University of Vermont

## ***Health Policy and Research Committee Chair, two-year term***

Cathy van de Ruit, Ursinus College

## ***Diversity, Equity, and Inclusion Chair, two-year term***

San Juanita García, University of California, Santa Barbara

## ***Student Representative, two-year term***

KJ Davidson-Turner, University of Texas at Austin

## ***Nominations Committee Chair-Elect, two-year term***

Alexandra Vinson, University of Michigan

## ***Nominations Committee, one-year term***

Alex Brewer, University of Southern California

Kelly Underman, Drexel University

## ***Student Representative for Nominations Committee, one-year term***

Caroline V. Brooks, Indiana University Bloomington

## Health Policy at the ASA Annual Meeting

Daniel Dohan

The annual meeting of our Association is approaching quickly. The Medical Sociology Section will feature excellent panels and papers at the core health policy and research topics, including COVID and inequality, Dobbs and reproductive rights, and trans medicine and gender. Health policy remains a critical issue, and there is more to discuss than can fit into our allotted space. Searching health policy terms in the online ASA program revealed about 200 papers and sessions. There is much to discover in Montreal. This posts highlights some papers that might fly under the health policy radar.

The Medical Sociology Section roundtables convene on Tuesday morning, August 13. Check out Jenny Karla Leigh presenting “Examining Experiences of Non-Police Responses to Mental Health Crisis” at Table 5. Table 7 includes “How the Journal of the American Medical Association Has Contributed to Systematized Medical Racism” by Han Koehle and a team, and “Policies and Processes Reproducing Racial Disparities in Length of Stay in Neonatal Intensive Care Units” by Stephanie Marie Teixeira-Poit. Finally, at Table 1, Sofia Hiltner presents “The Medicalization of Loneliness: How Academics, Nonprofits, Government, and Healthcare Constructed the Loneliness Epidemic.”

The National Institutes of Health (NIH) is a crucial source of funding for health and policy research in sociology and plays a major role in shaping biomedicine’s place in society. On Sunday morning at 10:00 AM, a panel of NIH program officials will discuss “Social and Behavioral Science Training, Career Development, and Research Funding Opportunities.” Attend to learn about the NIH’s priorities, how they organize research, how these compare to those in the social sciences, and how to navigate the Institute’s priorities and bureaucracy.

Policy as practice links two papers that also appear in thematic or special sessions. “Sociological Interventions in the AI Revolution: A Healthcare Case and a Call for Broader Exploration” will be presented by Marie Skoczygas on Sunday at 10:00 AM as part of the Annual Meeting’s Building Communities of Hope, Justice, and Joy theme. A Notes from the Field panel includes “Re-imagining Equitable Knowledge Creation in Health Care Settings: The Use of Community Scientists” by Rashon Lane, on Sunday at 2:00 PM.

Two interesting papers that bridge health policy and disability issues caught my eye: On Monday at 2:00 PM, Lauren Elizabeth Bixby will present “State Policy Drivers of Disability-Based Unemployment Inequalities,” and Esperanza Teresa will present “Disguise, Dispute, or Disrupt: Negotiating Disability at Work” on Tuesday at 10:00 AM.

Additionally, two papers explore health and health professions beyond medicine and doctors: “Cultivating, Managing, and Leveraging Authority: How Allied Health Professionals Negotiate Authority to Provide Patient Care” by Emily Ekl on Monday at 8:00 AM, and “How Providing Orthodontics Became Good Parenting” by Maxine Leeds Craig on Saturday at 4:00 PM.

Finally, these papers, which span disparate sessions and panels, touch on naming and categorizing from global and historical perspectives: “Plague & Persecution in San Francisco and Honolulu Chinatown” by Chassidy Wen Marquardt (Saturday at 10:00 AM); “What’s In a Name? Contrasting the Politics of Post-COVID Symptoms Across Three Countries” by Larry Au (Sunday at 8:00 AM); and “‘Slow Conversations’ as Epistemic Reparation in Global Health: Confronting Cynical Reason to Achieve Solidarity” by Gabriela Arguedas-Ramirez (Monday at 4:00 PM). Additionally, there is a Special Session on “Non-binary Gender: State Categories and Lived Experiences” on Monday at 2:00 PM, which will engage practitioners who use gender categorization in surveys or censuses with qualitative researchers studying nonbinary life.

The two years of my term as Chair of the Health Policy and Research Committee have been tumultuous. As I took on this role, the country was slowly emerging from COVID lockdowns. Over the past two years, we have witnessed troubling rollbacks and attacks on reproductive and individual rights. As I step down, the nation is consumed by a high-stakes federal election. These disruptions have made headlines from 2022 to 2024, but these years have also seen continuity in areas of health policy importance: some growth and expansion in health insurance coverage and the continued modest appreciation for the sociological imagination within the biomedical research community. There will be many opportunities for learning about health policy and research in Montreal, and if recent trends continue, even more in Chicago in 2025.



**Daniel Dohan**  
[daniel.dohan@ucsf.edu](mailto:daniel.dohan@ucsf.edu)

## Adding International Data and Global Content to US Medical Sociology Courses

Medical sociology has been a thriving subdiscipline in the United States for decades, with many of our courses focusing on topics, research, and critiques specific to this national context. However, incorporating international content into our courses can provide significant educational benefits. It broadens students' understanding of social issues in and around medicine by including global dynamics and variations, and it deepens their ability to understand and critique US-specific patterns and arrangements. Beyond the wealth of medical sociology research from or focused on other nations, exposure to primary data and practical debates from international contexts can further stimulate student learning.

Here are a few internationally focused resources you might consider incorporating into your classroom:

### **Commonwealth Fund**

The Commonwealth Fund's online International Health Policy Center offers:

- Narrative "Country Profiles" provide medium-depth, accessible descriptions of the organization and financing of healthcare, the role of government, coverage details, and more for the healthcare systems of 20 nations. <https://www.commonwealthfund.org/international-health-policy-center/countries>
- Comparative discussions of key components of international health systems, including organization and governance, quality, cost containment, the use of electronic health records, and more.. <https://www.commonwealthfund.org/international-health-policy-center/system-features>
- Health and System Statistics" pages, which allow students to compare and reflect on health and healthcare around the world. These pages focus on the availability of acute care beds, length of hospital stays, wait times for specialist appointments, prevalence of obesity and immunization rates, the supply of practicing physicians, and many other topics. <https://www.commonwealthfund.org/international-health-policy-center/system-stats>

### **People's Health Movement**

The People's Health Movement is a global network of grassroots health activists, civil society organizations, and academic institutions, particularly from low- and middle-income countries.

- Their "Global Health Watch" reports include chapters on a range of issues related to health and medicine, health improvement, and health politics, all from global and comparative perspectives. Report #6 (2023), for instance, features chapters on gendered inequities in the COVID-19 pandemic in the Global South; the covert privatization of healthcare during COVID-19; the impact of digital technologies on health, labor markets, and food systems; the role of the WHO in health politics; and much more. <https://phmovement.org/global-health-watch>
- Their WHO Tracker closely follows the work of the World Health Organization by cataloging its activities in detail, such as providing public access to agendas, minutes, and reports from every WHO committee. They also offer context and commentary on WHO activities. Combining WHO's accounts with the People's Health Movement's critical perspective helps advance the global health conversation from multiple angles. <https://who-track.phmovement.org/>

## World Health Organization

WHO's World Health Statistics Reports are released annually, providing opportunities to examine up-to-date data on health issues in a global context and to compare priorities and progress over time.

<https://www.who.int/data/gho/publications/world-health-statistics>

The following sections from WHO may be particularly useful for teaching:

- **Key Issues and Trends in Global Health**, which describes how significant global health issues are influenced by demographic changes, climate change, and other societal transformations. The 2024 report, for instance, features:
  - A section on “Disability-Related Health Inequities,” which discusses the origins of disability; the scope of global disability and inequality related to disability; the health-system, structural, social, and disease risk factor contributors to disparities that negatively impact persons with disabilities; and includes boxed text on the effects of intimate partner violence and the role of data in understanding disability-related health.
  - A section on the “Health of Refugees and Migrants,” which reviews the scope of internal and international migration around the globe; the mechanisms by which migration affects health; health inequalities affecting refugees and migrants across more than 30 countries; and data-generation needs related to migrant health.
  - Comprehensive reference lists at the end of each major section.
- **Progress Towards WHO Triple Billion Targets**, which aim to see 1 billion more people benefiting from universal health coverage, 1 billion better protected from health emergencies, and 1 billion enjoying better health and well-being. These sections of the 2024 report discuss the rationale behind these goals and global progress towards achieving them. They also cover the societal determinants of that progress, including a wide range of factors such as improved sanitation services, clean air and fuel, traffic and nutrition-related regulations, and health workforce density.

I hope you enjoy exploring these resources in your teaching! To suggest topics for upcoming columns on teaching medical sociology, please email me at [padamsee.1@osu.edu](mailto:padamsee.1@osu.edu).



Tasleem J. Padamsee



## Demystifying “Fit”

Today is the first installment of several conversations about “fit” that I had with colleagues at the University of Alabama at Birmingham (UAB). I started thinking about “fit” during my first interview with Cindy Cain. As we spoke about rejection, she brought up the importance of fit and inspired the idea of discussing fit in different academic contexts.

My first conversation is with David F. Warner, a professor of sociology at UAB specializing in medical sociology. He’s published in our section’s flagship journal, *Journal of Health and Social Behavior*, as well as ASA’s flagship, *American Sociological Review*. In addition to being a prolific scholar, he’s currently a co-editor-in-chief of *Population Research and Policy Review* and an associate editor of *Journal of Social and Personal Relationships*. Given his stellar record, I thought David was the perfect person to chat with about journal fit.



Joseph D. Wolfe

**Wolfe:** How should we define “fit” when it comes to submitting to a journal?

**Warner:** My perspective on fit has changed over time. I am one of the co-editors-in-chief of *Population Research and Policy Review*. I’m also an associate editor for *Journal of Social and Personal Relationships*. Those journals receive very different types of manuscripts. The thing you have to remember is that when you’re publishing a paper—and this is something that Glenn Firebaugh talks about in his book *Seven Rules for Social Research*—you are in a conversation that takes place through written words over time. You’re in a conversation with other scholars engaging in similar work, so to be in that conversation, publishing where they are publishing is a good place to start. You have to fit your ideas into that conversation with the experts. I ask myself, “How am I entering into an existing conversation with the topic of the journal?” It’s basically a small group interaction between the author, the editor, and the anonymous reviewers. So, I want to figure out the norms of the journal and its audience. Who am I trying to have a conversation with? I have to fit my work within those norms and conventions. Even if you’re arguing in your research that the norms and conventions are incorrect, and that there’s a different way to look at it, you’re still in a conversation with other scholars in the area.

**Wolfe:** How much should we think about “fit” when writing a manuscript? Is there a point where “fit” becomes more important?

**Warner:** The thing that I have consistently followed in my career is the advice that I got very early in graduate school, which was to always write a paper with an outlet or two in mind. The best way to start thinking about that is to say, as you’re developing the paper, think, “Where are the pieces that I’m citing published?” In other words, what are the types of outlets that I’m reading as I’m developing this idea, and use that to guide where I want to submit a manuscript.

**Wolfe:** How do you take a good “fit” and turn it into a great “fit” for a journal?

**Warner:** Once I settle on the outlet, I always revise the draft before the first submission—keeping in mind the aims and scope of the journal I'm submitting to and who my audience is. Regardless of which journal you select, if you're not taking the time to, for example, format your thoughts in a way that will resonate with people in the area, then you're very likely to get rejected. Almost every journal has author guidelines, and there can be very different standards. As an editor, I'll say it's very obvious when we receive a paper that has been previously submitted elsewhere that doesn't adhere to the norms and conventions of the journal. Sometimes that leads to a desk reject because it doesn't fit the standards of the journal. You want to make sure that the reviewers are evaluating your ideas and not getting hung up on formatting issues. I know that might seem unfair to authors, but given the number of submissions journals receive and the difficulty in securing reviewers, editors have to make decisions about which papers have potential and could be well-received (and I didn't really understand this before becoming an editor myself).

Another related point: medical sociology is a relatively small field. If you have a manuscript that a journal declines to publish and you receive some reviews, take that feedback seriously. If you submit that paper to another journal without addressing the issues in those reviews, there's a good chance that one of those same scholars will also review your new submission. It's not a good look when they see that you didn't incorporate any of their feedback. That's not going to work in your favor as an author, so be sure to revise rejected papers with reviewer feedback as best you can.

**Wolfe:** Now that you've been behind the scenes at journals, what advice would you give yourself about “fit” when you were in graduate school? Is it different from the advice you'd give your early career self?

**Warner:** The advice I have for someone starting out is to take safe risks. Don't blindly send things out to journals where it would be a stretch for that type of work to get published. You don't have time for that. This is why it's really important to tailor and do these things to make sure that you are fitting the aims and scope of the outlet and that you are adhering to the author guidelines, but also the conventions you see looking at recently published papers. You want to give your research the best chance of being published. On a related point, there's a tendency today for people to think that because manuscript submission systems are all online now, the cover letter isn't needed anymore. As an editor, I always look at a cover letter to see if the authors have made a case for why they're submitting to this journal. If they can highlight how their work fits into the conversation, that's often the first point of entry for folks (and helps me identify reviewers). So, early in your career it's especially important to think about how exactly your work fits into the conversation and connecting those dots in a cover letter.

# CHAIR OF MEMBERSHIP COMMITTEE

Happy Summer! I hope everyone is well and looking forward to ASA in Montreal in a few weeks.

The section continues to be engaged in a membership drive through the end of August, and our hope is to recruit 50 new members!

- If you know any students or postdocs who are members of ASA and may be interested in becoming a member of the med soc section for one year for free, please send them this link to sign up: [<https://tinyurl.com/MedSocMemberDrive>](<https://tinyurl.com/MedSocMemberDrive>).
- If you are a faculty member and want to sponsor student memberships for the section (\$5 each), you can use the same link to indicate your interest. We will be in touch once we can match faculty sponsors with interested students. Thank you!

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).

On a final note, I am grateful for the opportunity to have served as membership chair over the last two years and have learned so much about the amazing work of our members. I also want to extend a warm welcome to the incoming membership chair, Jon Shaffer, who will undoubtedly do a phenomenal job!

Take good care,

stef shuster



**stef shuster**

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

# CHAIR OF PUBLICATIONS COMMITTEE

## 2024 Section Award Winners



### **Leo G. Reeder Award**

Pamela Braboy Jackson

### **Eliot Freidson Outstanding Publication Award**

Alex Barnard

Barnard, Alex. 2023. *Conservatorship: Inside California's System of Coercion and Care for Mental Illness*. New York: Columbia University Press.

### **Honorable Mention**

Jenny Trinitapoli

Trinitapoli, Jenny. 2023. *An Epidemic of Uncertainty: Navigating HIV and Young Adulthood in Malawi*. Chicago: University of Chicago Press.

### **Donald W. Light Award for Applied Medical Sociology (Book)**

Lori Freedman

Freedman, L., 2023. *Bishops and Bodies: Reproductive Care in American Catholic Hospitals*. Rutgers University Press.

### **Honorable Mention**

Victor Roy

Roy, V., 2023. *Capitalizing a Cure: How Finance Controls the Price and Value of Medicines*. University of California Press.

### **Donald W. Light Award for Applied Medical Sociology (Article)**

#### *Co-Winners*

Alexandra Brewer

Brewer, Alexandra. 2023. "Painful Feelings: Opioids as Tools for Avoiding Emotional Labor in Hospital Work." *Journal of Health and Social Behavior* 64(3):386–400.

Mira Vale and Denise White Perkins

Vale, Mira D., and Denise White Perkins. 2022. "Discuss and Remember: Clinician Strategies for Integrating Social Determinants of Health in Patient Records and Care." *Social Science & Medicine* 315:115548.

### **Howard B. Kaplan Memorial Award in Medical Sociology**

Caroline Brooks

# 2024 SECTION AWARD WINNERS

## **Roberta G. Simmons Outstanding Dissertation in Medical Sociology Award**

Philip Pettis

Contextualizing Heterosexism: An Intersectional Approach to Sexual Minority Health Inequalities

## **Honorable Mention**

Nick Smith

Smith, N.C., 2024. Residential segregation and Black-White differences in physical and mental health: Evidence of a health paradox? *Social Science & Medicine*, 340, p.116417.

## **Louise Johnson Scholar Travel Grant**

Elizabeth Anderson

Anderson, Elizabeth. Proximity to Maternity: How Definitions of “Deservingness” Influence Women’s Access to Sexual and Reproductive Healthcare.



Jason Houle

**Psychedelic Outlaws: The Movement Revolutionizing Modern Medicine. New York: Hachette Books.**

**Kempner, Joanna (2024)**

**Abstract:**

PSYCHEDELIC OUTLAWS tells the story of the courage, ingenuity, and tenacity of a group of ordinary people with cluster headache—one of the most excruciating diseases in the world—and the extraordinary lengths they went to find a treatment. In the late 1990s, these patients, ignored by traditional medicine, turned to the internet for answers, discovered that psychedelic mushrooms could stop their pain, and developed highly effective dosing protocols in record time. But when they funded a study at Harvard in 2004, nobody thought to tell them that the principal investigator, an early pioneer in psychedelic medicine, had a troubled legal history that would soon ignite a scandal and threaten to derail their efforts.

Kempner's investigation took her across three continents, multiple belief systems, and 150 years of medical history. Along the way, she explores a regulatory system so repressive that the sick are forced to find their own homegrown remedies, and corporate America and university professors stand to profit from their transgressions.

**Gendered Anti-Blackness, Maternal Health & Chattel Slavery: OB/Gyn Knowledge as a Determinant of Death of Black Women.**

**McCarthy, Danielle. (2024).**

**Abstract:**

This archival investigation of the Southern Medical and Surgical Journal (SMSJ) focuses on the construction of the American Ob/Gyn profession's medical knowledge system alongside chattel slavery, between 1834 and 1860. I find that language, methods of clinical management of bodies and decision-making processes illustrate the pathways that obstetrical knowledge served as a determinant of death for Black women under chattel slavery. These are byproducts of the condition of possibility, my theoretical framework. The condition, or use of gendered anti-Black logic/practice, specifically the social death and biological indispensability of Black women in the context of chattel slavery, shapes the subjective nature of medical knowledge into a determinant of maternal death for Black women. Using the condition of possibility as a theoretical framework, I will lay the groundwork to reframe the Ob/Gyn knowledge system as a current and ever-present threat to Black women and girls' health. This study's sociological contribution lies in examining medical knowledge construction as a series of social interactions, informed by gendered and racial ideologies, that determine health outcomes for Black women.



# PUBLICATIONS BY COMMITTEE MEMBERS

## **Pre-Exposure Prophylaxis (PrEP) Among People Who Use Drugs: A Qualitative Scoping Review of Implementation Determinants and Change Methods.**

**Merle, James L., Zapata, Juan P., Queiroz, Artur, Zamantakis, Alithia., Sanuade, Olutobi, Mustanski, Brian., & Smith, Justin. D. (2024).**

### **Abstract:**

Implementation of pre-exposure prophylaxis (PrEP) to prevent HIV transmission is suboptimal in the United States, particularly among people who use drugs (PWUD). PrEP research among PWUD is scarce, and the factors that impact implementation are largely unknown. Therefore, we conducted a scoping review of implementation determinants (i.e., barriers and facilitators), as well as the change methods (implementation strategies and adjunctive interventions) that have been evaluated to increase PrEP implementation and use among PWUD. We identified 32 peer-reviewed articles assessing determinants and five that evaluated change methods. Determinants were coded using the updated Consolidated Framework for Implementation Research (CFIR), which is an established framework to understand the multilevel barriers and facilitators associated with implementation. Findings indicate that most research was conducted among PrEP recipients (i.e., patients), focusing on awareness and willingness to use PrEP, with less focus on factors impacting clinicians and service delivery systems. Moreover, very few change methods have been evaluated to improve clinician adoption and adherence to CDC guidelines for PrEP provision and/or recipient uptake and adherence to PrEP. Future research is needed that focuses on factors impacting implementation from a clinician standpoint as well as innovative change methods to increase PrEP awareness, reach, adoption, and sustained adherence to guidelines. Implementation Science offers a wealth of knowledge to speed up the effort to end the HIV epidemic in the United States.

## **Improving Delivery and Use of HIV Pre-Exposure Prophylaxis in the US: A Systematic Review of Implementation Strategies and Adjunctive Interventions.**

**Merle, James L., Benbow, Nanette, Li, Dennis, Zapata, Juan P., Queiroz, Zamantakis, Alithia, McKay, Virginia, Keiser, Brennan, Villamar, Juan A., Mustanski and Smith, Justin D. (2024).**

### **Abstract:**

Implementation of pre-exposure prophylaxis (PrEP) to prevent HIV transmission is suboptimal in the United States. To date, the literature has focused on identifying determinants of PrEP use, with a lesser focus on developing and testing change methods to improve PrEP implementation. Moreover, the change methods available for improving the uptake and sustained use of PrEP have not been systematically categorized. To summarize the state of the literature, we conducted a systematic review of the implementation strategies used to improve PrEP implementation among delivery systems and providers, as well as the adjunctive interventions used to improve the uptake and persistent adherence to PrEP among patients. Between November 2020 and January 2021, we searched Ovid MEDLINE, PsycINFO, and Web of Science for peer reviewed articles. We identified 44 change methods (18 implementation strategies and 26 adjunctive interventions) across a variety of clinical and community-based service settings. We coded implementation strategies and adjunctive interventions in accordance with established taxonomies and reporting guidelines. Most studies focused on improving patient adherence to PrEP and most conducted pilot trials. Just over one-third of included studies demonstrated a positive effect on outcomes. In order to end the human immunodeficiency virus (HIV) epidemic in the U.S., future, large scale HIV prevention research is needed that develops and evaluates implementation strategies and adjunctive interventions for target populations disproportionately affected by HIV.

# **A Systematic Review of Implementation Research on Determinants and Strategies of Effective HIV Interventions for Men Who Have Sex with Men in the United States.**

**Mustanski, Brian, Queiroz, Artur, Merle, James L., Zamantakis, Alithia, Zapata, Juan Pablo, Li, Dennis H., Benbow, Nanette, Pyra, Maria, and Smith, Justin D. (2024).**

## **Abstract:**

Men who have sex with men (MSM) are disproportionately affected by HIV, accounting for two-thirds of HIV cases in the United States despite representing 5% of the adult population. Delivery and use of existing and highly effective HIV prevention and treatment strategies remain suboptimal among MSM. To summarize the state of the science, we systematically review implementation determinants and strategies of HIV-related health interventions using implementation science frameworks. Research on implementation barriers has focused predominantly on characteristics of individual recipients (e.g., ethnicity, age, drug use) and less so on deliverers (e.g., nurses, physicians), with little focus on system-level factors. Similarly, most strategies target recipients to influence their uptake and adherence, rather than improving and supporting implementation systems. HIV implementation research is burgeoning; future research is needed to broaden the examination of barriers at the provider and system levels, as well as expand knowledge on how to match strategies to barriers-particularly to address stigma. Collaboration and coordination among federal, state, and local public health agencies; community-based organizations; health care providers; and scientists are important for successful implementation of HIV-related health innovations.

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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  
[duran.dani@northeastern.edu](mailto:duran.dani@northeastern.edu)

# Student Section

Two medical sociologists, Dr. Philippon, and Chris Walker, MSW, were interviewed for the newsletter series on sociological work that crosses more than one ASA section.

Questions and responses have been paraphrased to accommodate space limitations.

## Cassandra Philippon, Ph.D

Cassandra Philippon, Ph.D., is a criminologist and professor of sociology at the University of Central Florida. She earned her Doctorate in Criminology and Criminal Justice from the University of Maryland – College Park in 2023. Her research is focused on the experiences of people with criminal legal system experience.

Dr. Philippon's dissertation examined life inside a women's prison via virtual qualitative interviews with women incarcerated inside Arizona's only women's prison. She has published work investigating continuity of health care concerns for people living with HIV/HCV who have been in and out of carceral facilities and which evaluates the impact of experiential learning opportunities afforded to students through the Inside-Out Prison Exchange Program.



## Chris Walker, MSW

Chris Walker, MSW, is a 2nd year Doctoral Student pursuing a PhD in Sociology with a concentration in Crime and Deviance at the University of Central Florida. His research interests include race, cannabis legalization, and cannabis culture. Chris has earned a Bachelor of Science in Family, Youth, and Community Sciences from the University of Florida and a Master of Social Work degree with a concentration in Mental Health from the University of Michigan in Ann Arbor. In the future, he looks forward to conducting research and policy efforts that will influence cannabis legislation and increase representation for racial minorities within the cannabis industry.



## How has your background or lived experience impacted your research interests in crime, deviance, and their effects on mental health?

**CP:** I became interested in criminology because of a couple of different experiences. When I was in high school, my dad had gotten into some trouble. So, I had some experience there with collateral source consequences of criminal justice sanctions. Shortly thereafter, I went to college and intended to enter psychology. I wanted to be a therapist, and after taking a couple of classes in that area, I realized I was not cut for that kind of work. I had a great mentor in undergrad and I ended up through him working at a halfway house for women who were involved with the county drug court. There, I saw the overlap between mental health needs, substance-using behaviors, and involvement with crime. It continues to show up in the kind of research I do today and what keeps intriguing me in research. Another component is that my younger sister is now a therapist in prison.

**CW:** My personal experience as a black man in America has played a significant factor in my decision to pursue this particular field at this intersection. Even though I try not to break any rules or laws and to not deviate from the social norms that might bring attention to myself, I still live with a hyper-awareness and fear of being racially profiled by law enforcement which could result in a wide range of outcomes.. This is very akin to W.E.B. DuBois's double consciousness, in which I navigate a predominately white society as a Black person.

## What has been your experience with studying the intersections of crime, deviance, and mental health?

**CP:** My most recent research work involved interviewing women in prison. I was trying to understand more about how life functions in those prisons. Mental health was not an area I specifically asked about in those interviews because of the vulnerability of that population and IRB concerns. Still, it came up repeatedly in the interviews. Women talking about their own experiences, and about the experiences of living in a space where so many people deal with mental health concerns, sometimes very serious mental health concerns. The arenas are constantly interacting with one another.

**CW:** While pursuing my Master of Social Work degree, I focused much of my academic time studying mental health. I had a work-study position in which I did a program evaluation for a local jail. We were focused on improving their education and enrichment programs. I saw how mental health resources are scarce, especially for individuals in the criminal justice system, because society says they aren't deserving of the treatment.

# What do you find most compelling about studying the intersection of crime, deviance, and mental health?

**CP:** I think there's a fair amount of public consciousness about how big of an issue mental health is in the criminal justice and legal system. It is ill-equipped to handle such sensitive matters. A researcher in this field must make a case for why this research is important, especially for me, where I talk mostly about jails and prisons. But I also think it's a social issue that is easy for many people to put out of their minds. Particularly when we're talking about lack of access to adequate mental health care in our jails and prisons. It's easy to dismiss because it's out of sight. Researchers and practitioners are fighting an uphill battle to determine how we address this long-standing and deep-reaching problem.

**CW:** I view this from an optimistic perspective. The research conducted, and the findings that come from that research can be used to unveil the ways that crime and deviance can impact one's mental health. Our research can impact policy change, which would impact the way in which the criminal justice system handles mental health as a whole.

# For those interested in this topic, is there any literature, studies, books websites or any other resources that you would recommend that they look into?

**CP:** In Jail Care, by Carolyn Sufrin, M.D., Ph.D., discusses the care pregnant women receive in and out of jail. That book played a role in structuring and organizing my dissertation. Another is Marking Time in the Golden State Women's Imprisonment in California, by Candace Kruttschnitt and Rosemary Gartner.

**CW:** I would be remiss if I didn't mention Kimberly Crenshaw, who coined the term intersectionality. One of her works that I would recommend is On Intersectionality: Essential Writings. The second is a document released by the Thurgood Marshall Civil Rights Center at Howard University. It's titled, A Growing Dilemma, How Police Brutality Effects Mental Health Communities. Lastly, I would recommend Michelle Alexander's book The New Jim Crow, which discusses mass incarceration and race in America.

## Student Editors



Samuel Nemeth



Sylvia McMillon



Katie Sweeney

## Call for Student Editors

If you are interested in serving as a student editor for the 2024-2025 Medical Sociology Newsletter, please send your CV to [duran.dani@northeastern.edu](mailto:duran.dani@northeastern.edu)



# Notes from the Newsletter Editor



**PJ Pettis**  
Newsletter Editor



**Danie Duran**  
Assistant Newsletter Editor and Designer

## Happy Summer!

I hope everyone is looking forward to the ASA Annual Conference in the vibrant city of Montreal! We have an exciting conference ahead, filled with captivating research presentations.

Over the past year, it has been an absolute pleasure collaborating with Susan Short (Chair), Daniel Dohan (Chair of the Health Policy & Research Committee), Tasleem J. Padamsee (Chair of the Teaching Committee), Joseph D. Wolfe (Chair of the Careers and Employment Committee), stef shuster (Chair of the Membership Committee), Jason Houle (Chair of Publications), Fizza Raza (Listserv Manager), Danie Duran (Assistant Newsletter Editor/Designer), and our student editors Sylvia McMillon, Katie Sweeney, and Samuel Nemeth.

Thank you for your wonderful contributions to helping our community thrive via our quarterly Newsletter. I am delighted to work with and create new content with our new Section Leaders—Lijun Song, Jonathan Shaffer, and Cathy van de Ruit. The Newsletter relies on contributions from members of the community. If there is important information you would like featured during the 2024-2025 cycle, please email me at [petitsph@msu.edu](mailto:petitsph@msu.edu).

In gratitude,

Here's to a lovely time at ASA!

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