

**2025 Section Annual Report: Part 1 for  
MEDICAL SOCIOLOGY**

**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 2024 to August 2025 and a fiscal year from January 2025 to December 2025. This report is shared publicly.

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**Section Governance**

**Provide details of your Section's governance activity during the period between September 2024 and August 2025.**

The Section was led by the following team this year:

**2025 MEDICAL SOCIOLOGY SECTION COUNCIL LIST**

**SECTION OFFICERS:**

Karen Lutfey Spencer  
Chair (Chair Elect 2023-24, Chair 2024-25,  
Past Chair 2025-26)  
Department of Health & Behavioral  
Sciences  
University of Colorado, Denver  
[karen.spencer@ucdenver.edu](mailto:karen.spencer@ucdenver.edu)

Lijun Song  
Chair-Elect (Chair Elect 2024-25, Chair  
2025-26, Past Chair 2026-27)  
Vanderbilt University  
[lijun.song@vanderbilt.edu](mailto:lijun.song@vanderbilt.edu)

Susan Short  
Past 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)

Kevin M Moseby  
Secretary/Treasurer (Secretary-Treasurer Elect  
2024-25, Secretary-Treasurer 2025-27)  
University of Akron  
[kmoseby@uakron.edu](mailto:kmoseby@uakron.edu)

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

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

Emily Vasquez  
Council Member-at-Large (2024-26)  
Wesleyan University  
[evasquez@wesleyan.edu](mailto:evasquez@wesleyan.edu)

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

KJ Davidson-Turner  
Student Representative Member-at-Large  
(2024-26)  
University of Texas at Austin  
[kjdavidsonturner@utexas.edu](mailto:kjdavidsonturner@utexas.edu)

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

Christy Erving  
Nominations Committee Chair (2024-25)  
Department of Sociology  
University of Texas  
[christy.erving@austin.utexas.edu](mailto:christy.erving@austin.utexas.edu)

Kelly Underman  
Nominations Committee (2024-25)  
Drexel University  
[kdu24@drexel.edu](mailto:kdu24@drexel.edu)

Alex Brewer  
Nominations Committee (2024-25)  
University of Southern California  
[breweral@usc.edu](mailto:breweral@usc.edu)

Alexandra Vinson  
Nominations Committee Chair-Elect (2024-25)  
University of Michigan  
[ahvinson@umich.edu](mailto:ahvinson@umich.edu)

Caroline V. Brooks  
Nominations Committee, Student Member  
(2024-25)  
Indiana University Bloomington  
[cvbrooks@iu.edu](mailto:cvbrooks@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)

Cathy van de Ruit  
Health Policy & Research Committee Chair  
(2024-26)  
Ursinus College  
[cvanderuit@ursinus.edu](mailto:cvanderuit@ursinus.edu)

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

Jonathan Shaffer  
Membership Committee Chair (2024-26)  
University of Vermont  
[Jonathan.Shaffer@uvm.edu](mailto:Jonathan.Shaffer@uvm.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)

San Juanita García  
DEI Committee Chair (2024-26)  
University of California, Santa Barbara  
[juanita\\_garcia@ucsb.edu](mailto:juanita_garcia@ucsb.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.**

Below is an agenda for the business meeting. Unfortunately, the Secretary-Treasurer (both current and the incoming one) were not able to attend the business meeting, the Chair-Elect took photos, and I asked another colleague to help me hand out award plaques. Thus, we unfortunately forgot to take minutes. However, no decisions or votes were made in this meeting. There were approximately 100 people in attendance. I have attached the full slide deck for this agenda to show what we covered.

## ASA'S MEDICAL SOCIOLOGY COUNCIL MEETING AGENDA August 9, 2025 at 4-5:30pm CT

1. Welcome
2. Council Transitions & Nominations Call
3. Report from Secretary/Treasurer
4. Membership Drive
5. Mentor of the Month
6. Social Media
7. US-UK Medical Sociology
8. Reception & workshops reminder
9. Introduction of incoming Chair Lijun Song
10. Thank you & closing thoughts
11. Section Awards
12. Reeder Presentation from Brea Perry
13. Adjournment

## 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 10, 2025 at 7am CT

### Attachments:

Council Roster

Minutes from Spring 2025 meeting

Items to vote on:

- Newsletter Editor succession plan
- New Social Media position (4-year, appointed)
- Reeder eligibility proposal from Lijun

1. Welcome and introductions – Karen Spencer
2. Review of the 2025 meeting agenda – Karen Spencer
3. Approve Minutes from Spring 2025 meeting—Karen Spencer
4. Schedule of section activities at ASA—Karen Spencer
  - a. See list at end of document
  - b. Live “Tweeting” on BlueSky account [@asamedsoc.bsky.social](https://bsky.app/profile/asamedsoc.bsky.social)
5. Report from Chair – Karen Spencer
6. Committee Reports
  - a. Membership –Jonathan Shaffer
  - b. Nominations Committee – Christy Erving
  - c. Teaching Committee – Tasleem Padamsee
  - d. Health Policy and Research Committee – Cathy van de Ruit
  - e. Career and Employment – JD Wolfe
  - f. Publications Committee & Freidson Outstanding Publication Award– Jason Houle
  - g. DEI Committee—Juanita García
  - h. Student representatives report –J’Mauri Jackson & KJ Davidson-Turner
    - Vote on Social Media position proposal
  - i. Leo G. Reeder Award (process not outcome)—Lijun Song
    - Vote on Reeder proposal
  - j. Roberts Simmons award—Emily Vasquez
  - k. Howard B. Kaplan Memorial Award—Megan Reynolds
  - l. Louise Johnson Scholar—Megan Reynolds
  - m. Donald W. Light Award for Applied or Public Practice of Medical Sociology—Susan Short and Cathy van de Ruit
  - n. Newsletter Editor’s Report – PJ Pettis
    - Vote on Newsletter editor proposal
  - o. Webmaster’s Report – Jason D’Amours
  - p. JHSB report: Debby Carr
7. Other business
8. Please update your job descriptions on the section drive & communicate with incoming people.
9. Final reports welcome at any point (due to me by 10/31, please)
10. Thank you and Adjournment

ASA'S MEDICAL SOCIOLOGY COUNCIL MEETING MINUTES  
August 10, 2025 at 7am CT (by Jason Houle)

1. Review of Agenda and Minutes Approval (no minutes were kept from previous meeting)
2. Discussion of section activities-there has been activity on BlueSky, which we hope to continue.
3. Committee Report Summaries
  - a. Membership (Jonathan Shaffer): 823 members last year, now up to 891 members, which is good news. We were a bit late on the membership drive this year but should be able to capitalize on the excitement of ASA to do a drive in the Fall. Engaging the students will also be important, because they are the pipeline to future membership. Emailing recently lapsed members was also successful, pulling in about 20 members.
  - b. Nominations (Christy Erving) : Folks were quite open to run for office, which made the job easier. We had more volunteers than slots for nominations, which is a good sign of the viability of the section.
  - c. Teaching (Tasleem Padamsee): Main activities were teaching column and newsletter. Merging with mental health was successful and gave students other people to work with. There's a question of whether there will be a need to survey the students to see what they're interested in, because this year we were relying on topics from last year, and new students may have different interests. We should coordinate with the new folks from Mental Health and meet with students to select themes.
  - d. Health Policy and Research (Cathy van de Ruit): Ongoing workshop on sexual and reproductive health is the big task right now. It's been a good year.
  - e. Career and Employment (JD Wolfe) - JD not present
  - f. Freidson (Houle) – see annual report. Approved the appointment of the new newsletter editor (Logan Fica-Trevino)
4. Vote on the new social media proposal: create a social media position, just as we do with the newsletter editor. The Chair proposed a 4 year position for a social media editor/manager. We reviewed the main tasks for this position, to ensure that we adhered to the rules of the ASA. If Council approves, we will put out a call for people interested in position. The plan is to pilot the position and see if we like it or if it is helpful. Debbie Carr asked if this person could work with SMH and JHSB editors to amplify publications of membership, and everyone agreed this would be a good idea. Council agreed that this would be worth trying out.
5. Reeder Award Proposal: Propose changing the eligibility requirements so that nominees will be eligible for 5 years (currently at 2 years). This is a problem given the burden for nominators, and for most senior folks there's little need to update packets. The council reviewed the proposed changes to the Reeder Award eligibility and approved the proposal.
6. Roberts Simmons Award (Emily Vasquez): 11 nominations for the Simmons (dissertation) award. However, the Simmons committee had some concerns and recommendations. In the call, we request a paper or a chapter, but not the full dissertation, and we do not see an abstract of the dissertation. The committee felt that a published paper might not reflect the breadth of a dissertation. The committee was open to receiving the full dissertation, and reading a chapter/abstract to get a better sense of the full dissertation. There was also concern about the letters of recommendation—some departments and advisors are quite savvy about letters, which could create inequities in the process. The committee suggests we eliminate the

recommendation letter and have the review based on the merit of the dissertation itself. Finally, some students are submitting an article from their dissertation that has gone through peer review, which creates further inequities. If nominees were to submit a full dissertation, the committee would need more time to review the materials, so we may want to change the deadlines. Karen suggested that we circulate a draft of proposed changes for comments for review and vote by the council.

7. Light Award: there were 9 applicants. Eliminating the nomination letter may help get more nominees, as would additional announcements/reminders.
8. No other business.

ASA'S MEDICAL SOCIOLOGY COUNCIL MEETING AGENDA  
April 24, 2024 at 12pm ET

Attachments:

Council Roster

Minutes from Fall 2024 meeting

11. Welcome and introductions – Karen Spencer
12. Review of the meeting agenda – Karen
13. Approve Minutes from Fall meeting--Karen
14. Chair report--Karen
15. Committee Reports
  - a. Membership –Jonathan Shaffer
  - b. Nominations Committee – Christy Erving
  - c. Teaching Committee – Tasleem Padamsee
  - d. Health Policy and Research Committee – Cathy van de Ruit
  - e. Career and Employment – Joseph Wolfe
  - f. Publications Committee– Jason Houle
  - g. DEI Committee—Juanita García
  - h. Student representatives report –J’Mauri Jackson & KJ Davidson-Turner
  - i. Newsletter Editor’s Report – PJ Pettis
  - j. Webmaster’s Report – Jason D’Amours
  - k. JHSB report: Debby Carr
16. Award check-ins (Process, not result. Please send Karen final results by 5/30):
  - a. Reeder—Lijun Song
  - b. Freidson—Jason Houle
  - c. Simmons—Emily Vasquez
  - d. Kaplan—Megan Reynolds
  - e. Light (Book)—Susan Short
  - f. Light (article)—Cathy van de Ruit
17. Other business
  - a. Update on ASA proposed workshops (2)
    - Editor roundtable—Karen
    - Maternal Health & the Election—Cathy van de Ruit
  - b. SHI collaboration—Alexandra/Megan/Karen
  - c. Social Media—J’Mauri/KJ/Karen
  - d. Mentor of the Month
18. Other
19. Thank you and Adjournment

## ASA'S MEDICAL SOCIOLOGY COUNCIL MEETING MINUTES

April 24, 2025 at 12pm EST (Zoom) (by Kelly MacArthur)

**Present:** Karen Spencer, Kelly MacArthur, Jason Houle, JD Wolfe, Jon Shaffer, Catherine van de Ruit, Lijun Song, Tasleem Padamsee, Alexandra Vinson, J'Mauri Jackson, Kj Davidson-Turner, Christy Erving, Caroline Brooks, Deborah Carr, Megan Reynolds, Kelly Underman

### **Spencer, Chair Report:**

- Adding email exchange about SSHARE to Fall 2024 minutes, Minutes approved
- Please update job descriptions for incoming officers
- Working on joint reception with body section, offsite
- Friendly reminder that newsletter contributions are due soon

### **Shaffer, Membership**

- 860 members
- Student gift memberships seem to have been successful
- Spring/summer new membership drive

### **Padamsee, Teaching**

- Column for newsletter
- Mentor of the Month

### **Jackson, Student**

- Workshop last month with SSM editors, great turnout

### **Erving, Nominations**

- Reviewed nominations process
- Got a diverse pool

### **van de Ruit, Health Policy**

- Newsletter, Light award, workshop on policy

### **Wolfe, Career & Employment**

- Blog on "fit"

### **Houle, Publications**

- Freidson award
- Need to recruit newsletter editor?

### **No DEI report**

### **Jackson & Davidson-Turner, student reps**

- Working on social media account on Bluesky

### **Carr, JHSB**

- Extended editorship for one more year
- Looking forward to impact factor, good last year
- Reeder award winners submit papers late. What can we do to change address publication process?

### **Reynolds, Houle, & Song: nominations**

- Will have Johnson & Kaplan award winners by Mid-May
- Wasn't able to advertise Johnson award so didn't have any applications at first
- Simmons winner & honorable mention will be in by May 20<sup>th</sup>

- Reeder award: eligibility been changing over time. With current policy, we have 2 nominations. Proposal to have 2 additional nominations. Revisit eligibility policy?

**Spencer, Chair**

Thanks to everyone. 1:00 EST

ASA'S MEDICAL SOCIOLOGY COUNCIL MEETING AGENDA  
November 12, 2024 at 3 pm EST

Attachments:

Meeting Agenda

Council Roster

Award Calls

SSHARE Network proposal

Welcome and introductions – Karen Spencer

Review of the meeting agenda – Karen Spencer

Updates to Awards nominations process for Freidson & Light—Karen Spencer

Committee Reports

- a. Membership –Jonathan Shaffer
- b. Nominations Committee – Christy Erving
- c. Teaching Committee – Tasleem Padamsee
- d. Health Policy and Research Committee – Cathy van de Ruit
- e. Career and Employment – Joseph Wolfe
- f. Publications Committee– Jason Houle
- g. DEI Committee—Juanita García
- h. Student representatives report –J'Mauri Jackson & KJ Davidson-Turner
- i. Newsletter Editor's Report – PJ Pettis
- j. Webmaster's Report – Jason D'Amours
- k. JHSB report: Debby Carr

Other business

- l. ASA proposed workshops (2)
  - Editor roundtable—Karen
  - Maternal Health & the Election—Cathy van de Ruit
- m. SHI reception sponsorship
- n. US-UK med soc conference possibility
- o. Social Media
- p. SSHARE proposal

Thank you and Adjournment

ASA'S MEDICAL SOCIOLOGY COUNCIL MEETING MINUTES  
November 12, 2024 at 2pm CST (Zoom) (by Kelly MacArthur)

Present: Karen Spencer, Kelly MacArthur, San Juanita Garcia, Christy Erving, PJ Pettis, Fizza Raza, Megan Reynolds, Jason Houle, Joseph D. Wolfe, Tasleem Padamsee, Catherine van de Ruit, Lijun Song, Susan Short, Alexandra Vinson, J'Mauri, Alex Brewer, Kj Davidson Turner

**Spencer: Welcome & Introductions**

**Committee Reports:**

Erving: Nominations: emails were sent out yesterday, on track for January ASA deadline, working on final report

Padamsee: Teaching: continued working on newsletter, Mentor of the Month moving along, happening in December, thanks to J'Mauri for all their work

Wolfe: Career & employment: working on blog, demystifying "fit," Meredith emailing Karen

Houle: Publications: implemented changes to process to get rid of nominations letter and streamline Google Form process. Also awarding an article, last year was just a book

Garcia: New DEI chair, nice to see implementation of new bylaws

Jackson/Student Reps: working on Mentor of the Month, discussing social media involvement, trying to get into our old Twitter account

MacArthur: Secretary/Treasurer: updating end of year numbers for final report

Pettis: Newsletter: going well

**The Share Report: Padamsee**

Used to have Sociologists AIDs Network, became difficult to navigate. Became SHARE. Subsection of med sociology. Some overlap with global health interest group. May be administratively hard to do. But needs could be met through things like an ad hoc committee. Deadline for bylaw revisions is Friday, but also hate to see it pushed another year. Several issues regarding finances, membership fees, & administrative support were discussed. We need to investigate/answer some questions and then reconvene.

**Proposed Workshops: van de Ruit**

On reproductive rights and health care? Something that also recruits more members? Editor (how to publish) panel?

**Sociology of Health & Illness: Spencer**

SHI pitch in \$2,000 for: want to increase visibility & quality of submissions, maybe editors speak at reception, brand SHI at reception, meet the editors part of med soc program, exploring opportunities for special issue of US/UK collaborations & in person meeting space about it. Some reservations were raised, but the council generally supported moving forward with sponsorship.

## **Awards**

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

### **ASA Medical Sociology 2025 award winners**

#### **Leo G. Reeder Award for Distinguished Contribution to Medical Sociology**

Brea Perry, Indiana University Bloomington

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

##### 2025 Freidson Award Winner:

Chiarello, Elizabeth. 2023. "Trojan Horse Technologies: Smuggling Criminal-Legal Logics into Healthcare Practice." *American Sociological Review* 88:1131-1160.

##### Honorable Mention:

Gonsalves, Tara, 2024. "Elaborating Embodied Boundaries: Medical Expertise and (Trans)Gender Classification." *American Journal of Sociology* 129:1311-1358.

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

Dr. Sara Snitselaar, Boston University

Dissertation: "Closing the 'Endlessly Revolving Door?' Functional Medicine and Professional Jurisdiction."

#### **Louise Johnson Scholar Award (Travel Grant)**

Mallory Bell, Purdue University

ASA paper title: "Neighborhood affluence and cognitive decline: Moderation by race and ethnicity?"

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

Bing Han, Purdue University

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

##### 2 Co-Winners

Elizabeth Chiarello, Washington University St. Louis

*Policing Patients: Treatment and Surveillance on the Frontlines of the Opioid Crisis*

Catherine Tan, Vassar College

*Spaces on the Spectrum: How Autism Movements Resist Experts and Create Knowledge*

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

##### Award Winner:

Jenkins, Tania M. "Physicians as shock absorbers: The system of structural factors driving burnout and dissatisfaction in medicine." *Social Science & Medicine* 337 (2023): 116311.

##### Honorable Mention:

Zhou, Xiaogao. "Care in transition: Global norms, transnational adaptation, and family-centered gender-affirming care in China." *Social Science & Medicine* 344 (2024): 116658.

## **2025 Finances**

**Provide a narrative on how the 2025 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. We were able to fundraise through the Sociology of Health and Illness Foundation in the United Kingdom and are hoping to continue that collaboration this year. The Section remains in excellent financial health.

## **The Previous Year**

**Describe Section activities during the period between September 2024 and August 2025.**

**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.**

Section communications were posted to the listserv by the Section Chair, Karen Spencer, 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 2024-2025 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.

This year we also made headway on our social media presence. The Section previously had a Twitter account which had almost 1,000 followers but had gone unused in recent years. After going back through several years of previous section chairs, we were unable to find the login information, but we have opened a new account with BlueSky (@asamedsoc.bsky.social). With approval from Council, we also solicited volunteers to lead our social media efforts in collaboration with our student council members. We feel this is a more cohesive communications team moving forward (newsletter editor, listserv manager, social media manager, and student members, also in collaboration with the Journal of Health and Social Behavior's social media team).

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

We continued to build on several advancements from last year:

1. This was our first year with our new DEI Committee Chair in place (Juanita García, UC Santa Barbara). She was active with several sub-committees throughout the year.
2. We continued to improve access to section awards by implementing a decision from last year to removed the required nomination letters for the article and book awards (Freidson, Light Book Award, and Light Article Award). We also integrated Google Forms to collect nomination information.
3. The Council voted to make a similar change to the Simmons dissertation award for the coming year, with nominees submitting a full dissertation instead of just a paper. We hope this will make the award more accessible and equitable.
4. We have continued to send out interest forms which allow section members to indicate their interest in volunteering for various activities or committees, such as organizing sessions or helping with Social Media or Mentor of the Month, or to be nominated. This has been generative.
5. We continue to invest in our Mentor of the Month series, a virtual panel organized by and for students in collaboration with faculty from the Medical Sociology and Mental Health sections. We have had multiple sessions with over 100 people calling in. We believe this creates accessibility and networking for people who cannot attend the summer conference.
6. We continue to focus on diversity in nominations, especially given collaboration between our Nominations Chair (Alexandra Vinson) and our DEI Chair (Juanita García), drawing from our list of volunteers from the section.
7. We have continued to expand our newsletter efforts to be more inclusive both in terms of content and creating student opportunities to help create and manage the newsletters. We seek to elevate the voices of scholars who work is underrepresented and those who comes 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).**

We convened the following 6 sessions and 2 workshops at the annual meeting. In addition to regular paper presentations, we also submitted two proposals which were approved and convened in Chicago—one on reproductive health research and another on how to publish in medical sociology journals. We also co-sponsored a session with the Disabilities section. Together these met all the goals listed above for the section.

1-Exciting new medical sociology that everyone should know about (organized by Alex Brewer, University of Southern California)

We invite papers that speak to, broadly defined, exciting new sociology that everyone should know about! This may include novel substantive questions, methodological innovations, cutting edge theoretical developments, creative dissemination strategies, or other important developments that should be shared within our field. We especially welcome contributions from junior scholars, underrepresented scholars, and research about underrepresented populations.

- “A population-based study of suicide among gays and lesbians in the US” (Byungkyu Lee, New York University; Junsol Kim, University of Chicago; Bernice Pescosolido, Indiana University)
- “How do medical robotics spread? The professional adventurousness of medicine’s coastal elites” (Zheng Fu, University of Arizona; Daniel Menchik, University of Arizona)
- “Organizing risks: Risk work and organizational dynamics in China’s COVID-19 vaccination campaign” (Yan Long, University of California, Berkeley; Wei Luo, Peking University)
- “Regulating biomedical innovation: The values and politics of the US FDA medical device review” (Melanie Jeske, Baylor College of Medicine; Kelly A. Joyce, University of North Carolina, Greensboro)

2-Racialized Health Injustice (organized by Tyson Brown, Duke University)

Racialization is a critical concept for understanding racial differences in health. In this session we invite papers that explore how sociology can expand our knowledge of racial health disparities when we approach racialization as a process as opposed to strictly a demographic characteristic of individuals.

- “Evaluating structural and individual-level influences on black and white older adults’ end-of-life treatment preferences” (Lucie Kalousova, Vanderbilt University; Clifford Ross, Vanderbilt University; Zhe Zhang, Vanderbilt University; Deborah Carr, Boston University)
- “Racial segregation and food insecurity: Examining disparities in black-white food insecurity across US cities and counties” (Noah Gibson and Norbert Wilson, Buke University)
- “Saving Maternal Health: The racialized labor and burnout of birthworkers of color in the US” (Hyeyoung Oh Nelson, Ashlyn Lange, Maleeha Kiran Shah, and Mercy Kibet, University of Colorado Denver)
- The geography of women’s health in the US, by race/ethnicity” (Jolen Tan, Beza Taddess, and Sanyu A. Mojola, Princeton University)

- “The longitudinal association between gendered racism and disease activity among black women living with lupus” (Christy Erving et al)

### 3-Health disparities & the medicalization of population health. (organized by Danielle Raudenbush, University of California, San Diego)

It has been almost 50 years since McKinlay and McKinlay (1977) first wrote about the questionable contribution of medical measure to the decline of mortality in the US, and yet we continue to ask similar questions about the perils of medicalization for population health and health equity (Lantz 2023; Kindig 2020). For this panel we invite papers that consider the interface of population health, medicalization, and medical sociology. How can medical sociology be at the cutting edge of health disparities research?

- “Diagnosing social ills: Theorizing social determinants of health as a diagnostic category” (Iliya Gutin, Syracuse University)
- (Mis)alignment of perceived and medically-defined infertility: Sociodemographic variation and impacts on treatment-seeking” (Kate Tierney, Western Michigan University; Arthur Greil, Alfred University; Ann V. Bell, University of Delaware)
- “The medicalization of loneliness: Addressing social illness through healthcare” (Sofia Hiltner, University of Michigan, Ann Arbor)
- “The professional medicalization of homelessness: Doctoring as poverty governance” (Irene Del Mastro Naccarato, UCLA)

### 4-Is there a Doctor in the House? Updating the Medical Sociology Agenda around Doctoring. (organized by Tania Jenkins, UNC-Chapel Hill)

Studies of doctoring have a long tradition in medical sociology, from medical education, to doctor-patient interaction, to changes in healthcare. Some claim doctors are disappearing while others say they will never, even while we acknowledge their changed role and the rise of engaged patients. How can medical sociology be at the cutting edge of laying out an agenda for the next 20 years of research on doctoring?

- “Caught between: How pain specialists navigate regulation, reimbursement, and risk in the US and France” (Jane Pryma, Boston University)
- “Confronting and metabolizing stress as inside and newcomer premedical students” (Lauren D. Olsen, Temple University and Caitlin Tickman, Temple and Rice Universities)
- “Medical education as a sociological desert: A hidden curriculum case study” (Frederic William Hafferty, Mayo Clinic)
- “The future of doctoring is patient advocacy” (Stefan Timmermans, UCLA)

### 5- Section on Medical Sociology Roundtables. (organized by Jane VanHeuvelen and Matt Grace)

### 6-Co-sponsored session with Disabilities section on health disparities (organized by Kenzie Latham-Mintus, Indiana University-Indianapolis):

#### People with Disabilities as a Population with Health Disparities (Co-Sponsored with Medical Sociology)

The National Institutes of Health (NIH) recently designated people with disabilities as a population with health disparities. This designation is a result of disability advocacy efforts and a step toward recognizing disabled individuals as a minority group with unique health and

healthcare concerns. The purpose of this co-sponsored session is to highlight innovative, sociological work that examines health disparities among disabled persons.

- “Disparities in health, healthcare, and social determinants of health at the intersection of disability and race/ethnicity” (Laurin Elizabeth Bixby, Brandeis University)
- “Fundamental cause and consequence: Race, gender and spinal cord injury by gunshot in urban America” (Susan W. Hinze, Anne Bryden, Brian Gran, Kim D. Anderson, Case Western Reserve University)
- “Is self-reported health a valid predictor of mortality outcomes for US adults with intellectual disability?” (Nastassia Vaitiakhovich, Syracuse University)
- “Predictors of wellbeing for women with disabilities” (Tatiana Karabchuk and Osman Antwi-Boateng, United Arab Emirates University)
- “Assessing health and wellbeing in US nursing homes in relation to barriers to care” (Brittin Wagner, PointClickCare; Michelle Lee Maroto, University of Alberta; David Nicholas Pettinicchio, University of Toronto)

#### **40205 - Sexual and Reproductive Health: Tips and Tricks Navigating a Complex Research and Policy Terrain**

**Mon, August 11, 8:00 to 9:30am, East Tower, Hyatt Regency Chicago, Floor: Concourse Level/Bronze, Michigan 1C**

##### **Description**

Health disparities directed toward women, gay and transgender people are widening both in the United States and internationally. Medical sociology offers a critical conceptual and methodological toolkit to apprehend reasons for entrenched health inequity and solutions to address health divides. In a political climate that is reifying racism, homophobia, and sexism we propose a research workshop that gathers sociologists actively involved in sexual and reproductive health research to discuss shared challenges and strategies to overcome barriers in their work. Learning goals seek to engage scholars at different career stages, using diverse research methods including content analysis, qualitative and quantitative design and content, and work in both domestic and international contexts. Additionally, the workshop will serve as a platform for networking and mentoring for scholars at early career stages, particularly among minoritized groups.

##### **Learning objectives**

- Detail the challenges and opportunities encountered in qualitative and quantitative research both in the United States and abroad;
- Discuss changes in federal and private funding sources, and consider successful troubleshooting strategies to overcome funding barriers;
- Discuss current challenges in accessing publicly available data sources;
- Discuss threats and strategies to counter efforts to muzzle academic freedom and repression of information dissemination.

## **40804 - How to Publish in Medical Sociology Journals**

**Mon, August 11, 2:00 to 3:30pm, East Tower, Hyatt Regency Chicago, Floor: Concourse Level/Bronze, Michigan 1B**

**Session Submission Type:** Workshop

### **Description**

In this workshop, we will convene an international panel of editors representing high profile peer-reviewed journals covering medical sociology and sociology of mental health. These include Journal of Health and Social Behavior, Society and Mental Health, Social Science and Medicine (both the medical sociology and qualitative research desks), and Sociology of Health and Illness. The learning goals for the session center on providing mentoring to scholars, especially those who are in earlier career stages, in minoritized groups, or working with methods that might make publishing more challenging. Several of these panel participants convened a similar virtual panel in September 2024 that was geared specifically to graduate students in the Medical Sociology Section's Mentor of the Month group and had very high turnout. We expect this in-person workshop will draw even more people due to the expanded journal representation and focus beyond graduate students.

The learning objectives include:

- How to choose a journal (and the value of a query in advance)
- Characteristics of a successful/publishable manuscript
- Tips for making effective revisions
- The review process and how to write good reviews
- How students can get involved in reviewing
- How reviewers are chosen
- Why manuscripts are rejected
- Words of encouragement for aspiring authors

**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.**

1-A major project for the section this year was to reinvigorate our collaborations with our UK colleagues. For many years prior to the pandemic, the Sociology of Health and Illness Foundation was a sponsor of our reception, and one of the editors of their journal, *Sociology of Health and Illness*, would typically attend the meeting in person. An off-shoot of this relationship was a series of small residential conferences coined the “US-UK Med Soc meetings,” which have been happening off and on for over twenty years (at least once supported by a FAD grant from ASA).

We were able to fundraise with them (below), they sent their *SHI* editor Gareth Thomas (who spoke at our reception and also participated in our editor roundtable workshop on “How to Publish in Medical Sociology Journals.”) We have also convened an international steering committee, led by Gareth, to discuss organizing a next US-UK Med Soc conference. *SHI* is also considering a special issue focused on US-UK collaborations. We are thrilled to have these networks opened up again.

2- Below is a report of the activities of *Journal of Health and Social Behavior*, which continues to be a critical part of our Section collaborations.

3- We continued with our Mentor of the Month series this year. We combined forces with the Mental Health section so that there is one faculty council member from each section helping lead the student effort (the Teaching Chair from our section and the Past-Chair from Mental Health). Last year they convened several sessions, including a How to Publish in Social Science and Medicine panel with Co-Editors Janet Shim and Karen Spencer, along with Elsevier leadership Matt Smaldon (attended by over 100 people). Sessions were announced and described in the newsletters and over the section’s listserv.

To: ASA Sections, Cara Racin  
From: Karen Spencer  
Chair, Medical Sociology Section  
Cc: Lijun Song, Chair-Elect  
Susan Short, Past-Chair  
Kelly MacArthur, Secretary-Treasurer  
Date: December 11, 2024  
Re: Fundraising for Medical Sociology Section

I am writing on behalf of the Medical Sociology Section to seek approval for a fundraising campaign. In past years (pre-pandemic), the Section had a long-standing relationship with the Sociology of Health and Illness Foundation in the UK, which also has a journal by the same name. In the past, the *SHI* journal’s publisher, Wiley, provided sponsorship of about \$1800 in support of our reception. In turn, this allowed the Section to subsidize other events, such a dinner for the year’s award winners, luncheon for graduate students to meet our Reeder Award winner,

and plaques. When we lost these funds—and perhaps more importantly our connections with our medical sociology colleagues in the UK—we gave up on these events and have struggled to cover even plaques for awards.

**A description of who will be solicited for funds (individual members, organizations, departments, alumni and/or corporate partners, etc.):**

In spring 2024, I made personal outreach to long-time colleagues in the UK to see if there was interest in reconnecting on this front. There has been a great deal of enthusiasm for ASA sponsorship and also revisiting the possibility of organizing another of what we have called “US-UK Medical Sociology conferences,” an international series of small residential conferences that began in the early 2000s.

In discussion with the Sociology of Health and Illness Foundation (this time the foundation, and not the publisher Wiley), they have agreed to sponsor our reception for \$2000. We also agreed to the following, pending ASA approval. All of these points have been discussed with the Section Council (at our Fall meeting) and the SHI board, and have full approval:

- Gareth Thomas (Editor-in-Chief of the *SHI* journal) will attend ASA in person in Chicago and speak at the reception (I will welcome everyone and introduce him)
- We will label the reception in the ASA program as SHI sponsored
- I am submitting an editor roundtable workshop and will list Gareth as representative of SHI (this is an application so will be pending acceptance)
- People were enthusiastic about the possibility of a special issue, so we can organize an in-person meeting for that
- People were enthusiastic about the possibility of creating a steering committee for another US-UK conference

**A detailed description of how the funds will be used, including the timeframe for using the collected funds:**

The funds will be used entirely toward the 2025 ASA reception. By allocating them for this one-time event, we will be able to invoice everything all at once. Using these funds to help cover a reception will allow us to free up other section budget to host a dinner for the awardees (7 people @ \$80/per diem for Chicago= \$560), resume setting aside some funds to support our US-UK collaboration (\$400), and resume giving plaques for the awards (\$500 + \$100 shipping=\$600). These are all activities that have happened in past years in the Medical Sociology section.

**A description of how funds will be collected (e.g. via check, online):**

SHI representative I’ve been working with has asked if it is possible for ASA to invoice the Foundation for the Sociology of Health and Illness for the \$2000 and they will be able to make payment by bank transfer.

**Whether a drawing or raffle-like activity will be involved. If yes, please provide details:**

Not applicable.

**Length of time of the fundraising campaign:**

Not applicable. This was an email conversation that happened from Spring through Fall of this year.

**The total amount expected to be raised:**  
\$2000.

**A description of what will happen to donated funds if they are not all spent for the donated purpose as described in #2:**

We do not expect that to be an issue since we typically budget \$4500 for receptions and this will only cover \$2000. It is highly unlikely that we will not be able to use all of their funds for this purpose. An alternative would be putting remaining funds toward the US-UK medical sociology collaboration (the SHI foundation has already expressed willingness to help support a steering committee and this would allow us to match). If that is not acceptable to them, we can return funds to the donor.

**A confirmation that you will notify donors of the potential for this alternative use of funds as described in #8.**

Confirmed.

<p><i>Journal of Health and Social Behavior</i> Deborah Carr, Editor</p>
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The *Journal of Health and Social Behavior* has long been recognized as the flagship journal of medical sociology in the U.S. Our 2024 impact factor is 6.3 (five-year impact of 7.2), a substantial increase over 2023 and 2022 (5.0) and more than double the IF from 2019 (2.4).

In 2024, *JHSB* published 35 articles and four open-access policy briefs across four issues. These articles included qualitative and quantitative studies of the US and other countries. The subject matter spanned the breadth of medical sociology and intersected with other disciplines such as public health and health policy, and also other subdisciplines within sociology including gender and sexuality, criminology, demography, race and ethnic relations, immigration, and more. The journal content also reflects timely topics including LGBTQ health, the political context of reproductive health care, incarceration, race and socioeconomic health disparities, immigrant health, work-family influences on health, health care delivery, health policy, and more. For each issue's policy brief, the editor-in-chief selected one paper with clear implications for policy or health care practice and invited the author(s) to craft a one-page jargon-free summary tailored to policymakers, media outlets, and the general public. These briefs appear prominently in each issue of *JHSB* and on the journal's home page.

### **Journal Operations**

Editor-in-chief Deborah Carr (Boston University) was appointed for the three-year term 2023-25, and agreed to stay on for one additional year (through 2026), per the request of the ASA Publications Committee. In 2024, *JHSB* received 494 new manuscripts, a 17 percent increase over 2023 (423), and a 21 percent increase over 2022 (409).

The journal continues to be highly selective. After initial review by the editorial team—

either by the editor-in-chief alone or in consultation with a deputy editor—63.8 percent were “desk rejected” without being sent out for peer review. The average time between submission and desk-rejection was 6.3 days (or 0.9 weeks). This rapid response is similar to 2023 (.6 weeks), and a considerable improvement over 2022 (1.1 weeks) and 2021 (1.8 weeks). Of the 179 (36.2%) papers sent out for peer review in 2024, 24 percent received a revise and resubmit decision. Overall, the average time between initial submission and first review decision was 9.7 weeks, slightly longer than 8.9 weeks in 2023 and shorter than 10.3 weeks in 2022 and the 12.7-week turnaround in 2021. This slight delay in review time largely reflects awaiting responses to reviewer invitations, and the ever-rising number of invitations required to secure two to three reviews. The editor regularly makes decisions with two concordant reviews in hand, especially when the third reviewer is tardy, in order to expedite the review process.

For papers that were eventually accepted, production time (i.e., the time between a paper being accepted and appearing *in print* in an issue) was 10 months. This increase over 2023 (7.4 months) and 2022 (6.67 months) represents a growing backlog that is healthy but not excessive, which enables us to select articles carefully to create thematically organized subsections of each issue. *JHSB*'s production time is superior to many other journals. The average time from acceptance to online publication (Online First) was 3.5 months. The summer 2024 cybersecurity incident at SAGE also delayed some dimensions of production at *JHSB* and all SAGE journals.

### **Deputy Editors, Editorial Board, Peer Reviewers, and Journal Staff**

*JHSB*'s operation depends on more than just the efforts of the editor. It requires contributions from an extensive team of individuals who keep the publication process moving along efficiently.

The team of Boston-based Deputy Editors has worked hard to assist with desk reject decisions, identify potential reviewers, make decision recommendations, and draft decision letters. The Deputy Editors span multiple areas of methodological and substantive expertise that represent important “classic” and new areas in medical sociology. The Deputy Editors are Wen Fan (Boston College, work and health, quantitative cross-national studies with an emphasis on China); Neha Gondal (Boston University; network approaches, big data, and social inequalities); Joseph Harris (Boston University, global health, health care systems, and qualitative methods); Tiffany Joseph (Northeastern University, U.S. health policy, immigrant health, and qualitative methods); Andrew Stokes (Boston University School of Public Health, population health, COVID and advanced quantitative methods); and Sara Moorman (Boston College, social relations, early-life influences, and cognitive health).

Editorial board members are selected on the basis of the quality and promptness of reviews they submit to the journal, and areas of expertise. We have taken care to increase the number of EB members who bring expertise consistent with those topical areas in which we have seen an increase in the number of submissions (including LGBTQ health, networks, immigrant health and race disparities). To further create opportunities and promote diversity in our editorial board, the Editors also issue an open call for nominations. This process is intended to reduce network-based selection bias and allows the team to recruit from a wider pool of scholars. In practice, however, the vast majority of self-nominations are from R1 universities. Overall, the 2024 editorial board composition remains diverse in terms of gender (71 percent women) and race-ethnicity (36 percent racial-ethnic minorities). The complete list of editorial board members is listed on the *JHSB* website (<https://journals.sagepub.com/editorial-board/HSB>).

*JHSB* values its many supportive and attentive peer reviewers. The Editor extends her sincerest gratitude to the outgoing, continuing, and new editorial board members and the many ad hoc peer reviewers who have generously contributed their time and expertise to *JHSB*.

### **Plans for New Editor**

Deborah Carr's term as editor ends in 2026. The search for the next *JHSB* editor is in full swing. As of October 2025, we've had our informational webinar with interested applicants, and the applications are due later this year. Our Boston-based team agreed to extend our term by one year (2025 to 2026), and are eager to hand over the reins to whomever the next stellar editorial team will be!

Deborah Carr acknowledges her talented editorial office team: Managing Editor Ryan Trettevik; Copyeditor Michaela Curran; and Editorial Assistants Meghann Lucy and Elinore Avni. Ryan brings deep expertise and institutional knowledge of all aspects of the journal's operations and is an invaluable member of the team. Michaela Curran is our talented and thorough Copy Editor. BU sociology graduate student Meghann Lucy was our editorial assistant between the time the journal arrived at Boston University and the Summer of 2024, when she started a tenure-track faculty position. We have been delighted with the work of Elinore Avni, who stepped into the role of editorial assistant midway through 2024. She wears many hats and carries out all tasks expertly, including processing new submissions, responding to some author queries, working with Michaela in copy editing, and expanding *JHSB's* social media activity. For instance, she posts new and reposts older *JHSB* articles in commemoration of particular months, such as mental health-themed articles in May, which is Mental Health Awareness month.

The Editor also thanks Karen Edwards and Jamie Aughenbaugh at ASA for their invaluable assistance and our readers for their continued support. SAGE also provided important technical support, in launching our Fall 2024 "[special collections](#)" of curated articles on timely topics that were germane to the 2024 national elections. Our hope was that students would read the collection of articles on opioids, reproductive health, immigration, and policing to make evidenced-based choices when voting.

# Medical Sociology Business Meeting

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Saturday, August 9,  
4:00-5:30

# Agenda

1. Welcome
2. Council Transitions & Nominations Call
3. Report from Secretary/Treasurer
4. Membership Drive
5. Mentor of the Month
6. Social Media
7. US-UK Medical Sociology
8. Reception & workshops reminder
9. Introduction of incoming Chair Lijun Song
10. Thank you & closing thoughts
11. Section Awards
12. Reeder Presentation from Brea Perry
13. Adjournment

# Thank you 2024-2025 Council!

**Chair:** Karen Spencer  
**Past-Chair:** Susan Short  
**Chair-Elect:** Lijun Song

**Secretary-Treasurer:** Kelly MacArthur, Kevin Moseby (E)

**Council at Large:** Megan M. Reynolds, Emily Vasquez, J'Mauri Jackson (S), KJ Davidson-Turner (S)

**Nominations Committee:** Christy Erving (Chair), Alexandra Vinson (E), Kelly Underman, Alex Brewer, Caroline Brooks (S)

**Publications Committee:** Jason Houle

**Health Policy and Research Committee:** Cathy van de Ruit

**Teaching Committee:** Tasleem Padamsee

**Career and Employment:** Joseph Wolfe

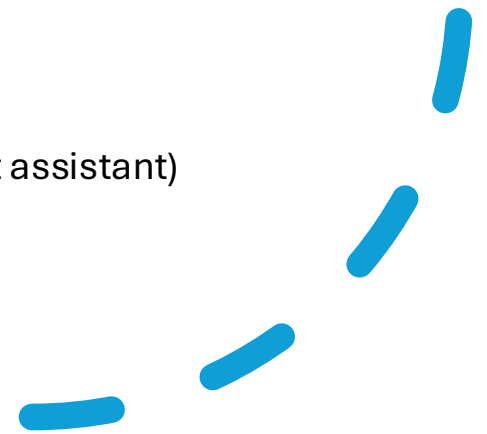
**Membership:** Jonathan Shaffer

**DEI:** San Juanita Garcia—our 1<sup>st</sup> year with the DEI Chair

**Newsletter Editor:** Philip Pettis and Danielle Duran (student assistant)

**Webmaster:** Jason D'Amours

**JHSB Editor:** Deborah Carr





# Incoming Council Members 2025-26

**Chair-Elect:** Amélie Quesnel-Vallée, McGill University

**Council Member:** Patricia Louie, University of Washington

**Teaching Committee Chair:** Catherine Tan, Vassar College

**Publications Committee Chair:** Melanie Jeske, Baylor College of Medicine

**Career and Employment Committee Chair:** Amy Johnson, Lehigh University

**Nominations Committee Chair-Elect:** Courtney Boen, Brown University

**Nominations Committee:** Meredith Van Natta, University of California, Merced; Sarah Brothers, Pennsylvania State University; Anna Church, Ohio State University (S)

**Student Representative:** Christie L. Caruana, University of Alabama at Birmingham

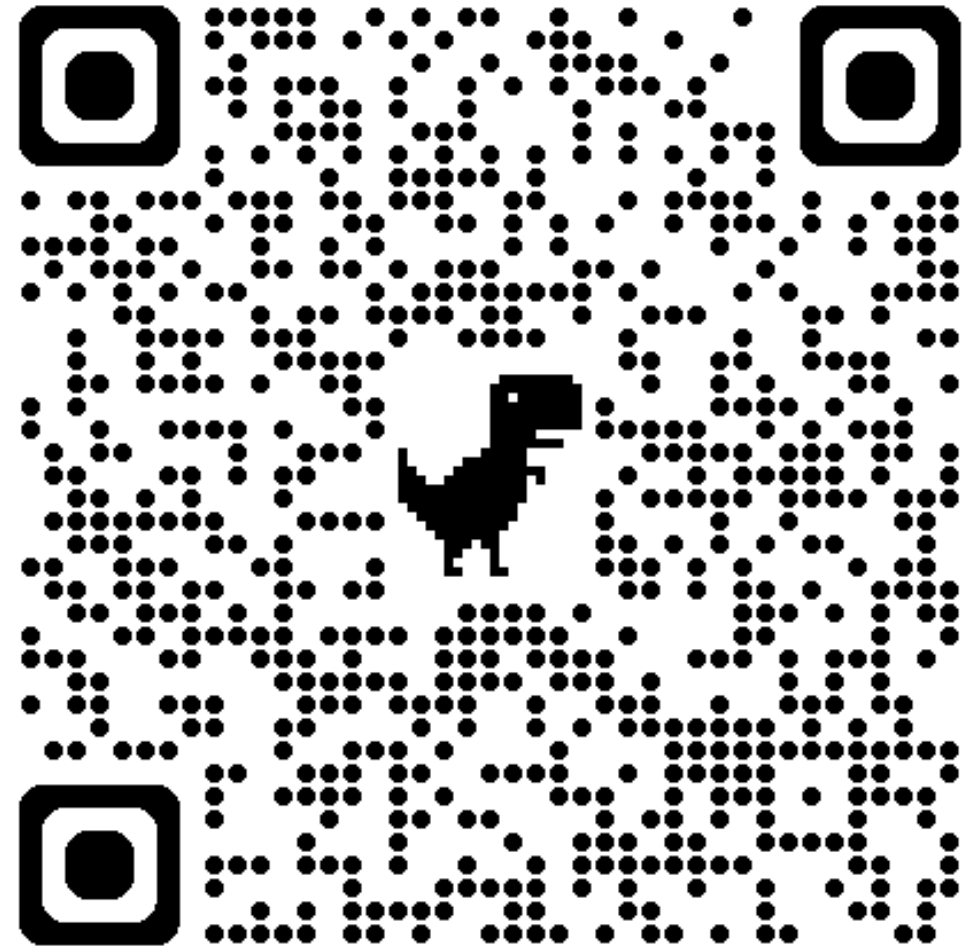


# Call for Nominations!

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Fill out this form and/or be in touch with  
Alexandra Vinson

[ahvinson@umich.edu](mailto:ahvinson@umich.edu)



# Report from Secretary-Treasurer

<b>Estimated Remaining Balance at end of December 2024</b>	<b>\$29,698</b>	
Total 2024 Estimated Income	+\$ 7595	Section allocation, membership dues & SHI
Total 2025 Budgeted Expenditures	- \$ 7410	Reception, student awards & plaques
Total	= \$ 29,883	

# Membership drive

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- Link here to membership gift drive drive sign up form
- Also available in newsletter
- Thanks Jonathan Shaffer  
(Jonathan.Shaffer@uvm.edu)



# Mentor of the Month

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- We have formalized the faculty advising on this to create sustainability:
  - From Med Soc, Teaching Committee Chair (Catherine Tan)
  - From Mental Health, Past-Chair (TBD)
  - Student council members from Med Soc (KJ Davidson-Turner, Christie Caruana)  
**but also a steering committee which welcomes volunteers**
- Feel free to write in with topic suggestions
- Watch for updates and new sessions in the coming year

# Social Media

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- We have a new BlueSky account!  
**@asamedsoc.bsky.social**
- **Live coverage of ASA!**
- Please follow, share & restack to help spread the word that we're here
- Also available in newsletter
- Thank you J'Mauri Jackson and Danie Duran



# US-UK Medical Sociology

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- SHI foundation is sponsoring our reception
- Gareth Thomas, co-editor of SHI, is here with us!
- Where to hear from Gareth:
  - Our reception at 6:30 @ Hawksmoor Chicago
  - On Monday's "How to Publish in Medical Sociology Journals" workshop panel, 2pm
  - Ambush him as needed around the conference
- Steering committee for next US-UK Medical Sociology conference is underway
  - contact Gareth ([thomasg23@cardiff.ac.uk](mailto:thomasg23@cardiff.ac.uk)) or me ([karen.spencer@ucdenver.edu](mailto:karen.spencer@ucdenver.edu)) if you'd like to be involved



Michael Bury

Emeritus  
Professor of  
Sociology

Royal Holloway  
University of  
London





# Reception at 6:30

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- Joint with Sociology of Mental Health and Section on Sociology of Body and Embodiment
- Sponsored by Sociology of Health and Illness Foundation
- Off-site: 500 N LaSalle Drive (.8 mi from hotel)
- Anyone who would like to arrange to share a ride or walk over together should meet up in the Hyatt lobby at 6pm, departing 6:15 at the latest.
- Look for Kate Mason!



# Special workshop #1

## “Sexual and Reproductive Health: Tips and Tricks Navigating a Complex Research and Policy Terrain”

- Mon, August 11, 8:00 to 9:30am
- **East Tower, Hyatt Regency Chicago, Floor: Concourse Level/Bronze, Michigan 1C.**
  - Organized and proposed by our Health Policy Chair Cathy van de Ruit (with Juanita Garcia and Megan Reynolds)

# Special workshop #2

## “How to Publish in Medical Sociology Journals”


- Mon, August 11, 2:00 to 3:30pm
- **East Tower, Hyatt Regency Chicago, Floor: Concourse Level/Bronze, Michigan 1B.**
  - Organized and proposed by myself with Cathy van de Ruit, Juanita Garcia and Megan Reynolds
  - Moderated by Jason Houle, our Publications Chair
  - *JHSB*, *SHI*, and *SSM* editors will be on the panel

# Chair-Elect Lijun Song

Vanderbilt University

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Thank you &  
Closing thoughts

# Medical Sociology Newsletter

Volume 61

Issue 1

## Note from the Chair

Dear Colleagues,

I am honored to serve as Chair of the Medical Sociology Section, which has been incredibly generous to me since I first joined as a student back in 1995—30 years this summer! My sincere thanks to Susan Short (Past Chair), Cindy Colen (former Past Chair), and Kelly MacArthur (Secretary-Treasurer), who have led us so effectively over the past year. Although I was unable to attend this summer's meeting in Montreal, it is evident even from a distance that it was a tremendous success. Susan assembled a fantastic slate of sessions and organized a lively reception co-sponsored by our friends in the Mental Health Section. She also took charge of our business meeting and oversaw the distribution of all the awards selected with such care by our Council members. The section has truly been in great hands this past year.

I would also like to extend my gratitude to our session and roundtable organizers for the Montreal meeting, including Tasleem Padamsee, Megan Reynolds, Michelle Hannah Smirnova, Evelyn Joy Patterson, LaTonya Trotter, Nik M. Lampe, Ethan Raker, and Emily Vasquez. We celebrated our section award winners and enjoyed Pam Jackson's Reeder Address, "They 'Not Like Us': Confronting Race/Ethnicity in Mental Health Research." If you missed the address, please keep an eye out for its publication in the Journal of Health and Social Behavior.

This year, Susan Short continues as Past Chair, Kelly MacArthur remains as Secretary-Treasurer, and we are joined by Chair-Elect Lijun Song. Continuing Council members include Megan Reynolds, J'Mauri Jackson, Jason Houle, Joseph Wolfe, Tasleem Padamsee, PJ Pettis, Danielle Duran, Debby Carr, and Jason D'Amours. We warmly welcome our new Council members: Kevin Moseby, Emily Vasquez, Jonathan Shaffer, Cathy van de Ruit, San Juanita García, KJ Davidson-Turner, Christy Erving, Alexandra Vinson, Alex Brewer, Kelly Underman, and Caroline Brooks. The work of the Council is fundamental to the section, and we thank all of you for your contributions, dedication, and vision.

- 1 [Note from the Chair](#)
- 2 [ASA 2025 Sessions](#)
- 3 [Chair of Health Policy](#)
- 4 [Chair of Teaching](#)
- 5 [Chair of Careers](#)
- 6 [Chair of Memberships](#)
- 7 [Chair of Publications](#)
- 8 [Member Publications](#)
- 9 [Student Section](#)
- 10 [Volunteers Needed](#)
- 11 [Call for Reeder Award](#)
- 12 [Letter from the Editor](#)

▲ [Click for Section](#)

# Note from the Chair

Finally, I would like to express my appreciation to our outgoing section members, who worked diligently all year to recruit members, guide section policies and activities, select award winners, and maintain the vitality of the Medical Sociology Section. Thank you to Cindy Colen, Kammi Schmeer, Felicia Omilanla-Casanova, Lauren Gaydosh, Amy Zhou, Elizabeth M. Anderson, Dan Dohan, and Stef Shuster for leaving the section in a better place than you found it. Looking ahead to the coming year, I want to highlight some exciting developments:

## Nominations

To encourage nominations and simplify the process, the Council decided last year to omit the requirement for a nomination letter for the Light and Kaplan awards. You will find these simplified instructions in this year's award calls. We urge you to nominate yourselves and your colleagues for our important awards!

## Mentor of the Month

I am pleased to report that the Mentor of the Month program will continue this year, co-sponsored with the Mental Health Section. Our first session in September focused on the publishing process and featured Debby Carr (editor of the Journal of Health and Social Behavior), Alex Bierman, Scott Schieman (co-editors of Society and Mental Health), and yours truly (co-editor of Social Science & Medicine). With over 100 participants, it was a significant success. We look forward to hosting more sessions and welcoming everyone. Stay tuned for announcements about upcoming topics. Tasleem Padamsee (representing the Medical Section) and Eric Wright (representing the Mental Health Section) are serving as faculty advisors and are in the process of building a student steering committee. If you are interested in joining this effort as a student or mentor, please fill out this form.

[Mentor of the Month Form](#)



## US-UK Medical Sociology Conference:

I have heard interest from section members and our international colleagues regarding the possibility of holding another US-UK Medical Sociology conference. Many of you may not be familiar with these meetings, as our last one took place in 2015, but they are small residential conferences organized around working sessions rather than individual paper presentations. These have been held in Boston, Edinburgh, Iceland, and other exciting locations. They foster long-standing relationships and are particularly beneficial for students due to their small scale. If you are interested in being part of a steering committee or helping to move this initiative forward, please let me know, and I will facilitate connections.

## 2025 Meeting in Chicago:

We have an exciting slate of sessions planned for our 2025 meeting in Chicago, including panels on “Exciting New Medical Sociology that Everyone Should Know About” (organized by Alex Brewer), “Racialized Health Injustice” (organized by Tyson Brown), “Health Disparities and the Medicalization of Population Health” (organized by Danielle Raudenbush), and “Is There a Doctor in the House? Updating the Medical Sociology Agenda around Doctoring” (organized by Tania Jenkins). We are also pleased to co-sponsor a session with the Disability in Society Section, “People with Disabilities as a Population with Health Disparities” (organized by Kenzie Mintus). Thank you to everyone who graciously and enthusiastically responded to my calls for organizing sessions.

# Note from the Chair

As your representatives, we welcome your input. If you have ideas or feedback for the Section, please do not hesitate to email me at [karen.spencer@ucdenver.edu](mailto:karen.spencer@ucdenver.edu). For newsletter items, please reach out to PJ Pettis at [pettisph@msu.edu](mailto:pettisph@msu.edu), and for listserv announcements, contact Fizza Raza at [fraza@gsu.edu](mailto:fraza@gsu.edu), who sends announcements out on the 1st and 15th of each month.

Wishing you all a smooth, healthy, and productive fall semester,

Karen

Karen Lutfey Spencer  
Chair, Medical Sociology Section  
Professor, Department of Health and Behavioral Sciences  
University of Colorado Denver

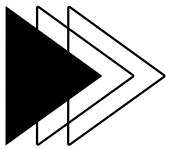


**Karen Lutfey-Spencer**

# ASA CHICAGO 2025

We are excited to announce an engaging lineup of topics for the 120th Annual Meeting of the American Sociological Association in Chicago, scheduled for August 8-12, 2025. Paper submissions will open on Monday, November 4, 2024, with a deadline of Wednesday, February 26, 2025, at 11:59 PM Eastern. We extend our gratitude to our organizers for assembling these sessions and to all members who will be submitting their work!

## SESSION TOPICS



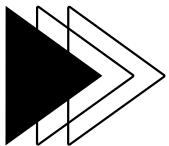
### **Exciting New Medical Sociology That Everyone Should Know About**

Organizer: Alex Brewer, USC

We invite papers that broadly address exciting new developments in sociology that should be shared within our field. This may include novel substantive questions, methodological innovations, cutting-edge theoretical developments, or creative dissemination strategies. We especially welcome contributions from junior scholars, underrepresented scholars, and research focused on underrepresented populations.

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### **Racialized Health Injustice**



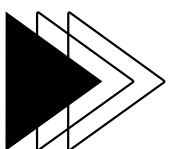
Organizer: Tyson Brown, Duke University

Racialization is a critical concept for understanding health disparities. This session invites papers that explore how sociology can enhance our understanding of racial health disparities by approaching racialization as a process, rather than merely a demographic characteristic.

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### **Health Disparities and the Medicalization of Population Health**

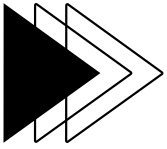
Organizer: Danielle Raudenbush, UC San Diego



It has been nearly 50 years since McKinlay and McKinlay (1977) questioned the contribution of medical measures to the decline of mortality in the U.S., yet we continue to grapple with similar issues regarding the implications of medicalization for population health and health equity (Lantz 2023; Kindig 2020). This panel invites papers that examine the intersection of population health, medicalization, and medical sociology, addressing how our field can remain at the forefront of health disparities research.

# ASA CHICAGO 2025

## SESSION TOPICS

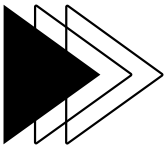


### **Is There a Doctor in the House? Updating the Medical Sociology Agenda Around Doctoring**

Organizer: Tania Jenkins, UNC Chapel Hill

The study of doctoring has a long-standing tradition in medical sociology, encompassing medical education, doctor-patient interactions, and changes in healthcare. Some argue that doctors are becoming obsolete, while others contend they will always play a vital role, albeit in a transformed capacity alongside engaged patients. This session seeks to outline a research agenda for the next 20 years in medical sociology focused on doctoring.

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### **Roundtables**

Co-Organizers:

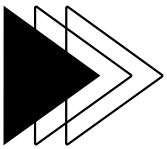
Jane VanHeuvelen (University of Minnesota)

Matt Grace (Hamilton College)

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We are also pleased to announce a co-sponsored session with the Disability in Society section.

### **People with Disabilities as a Population with Health Disparities (Co-Sponsored with Medical Sociology)**



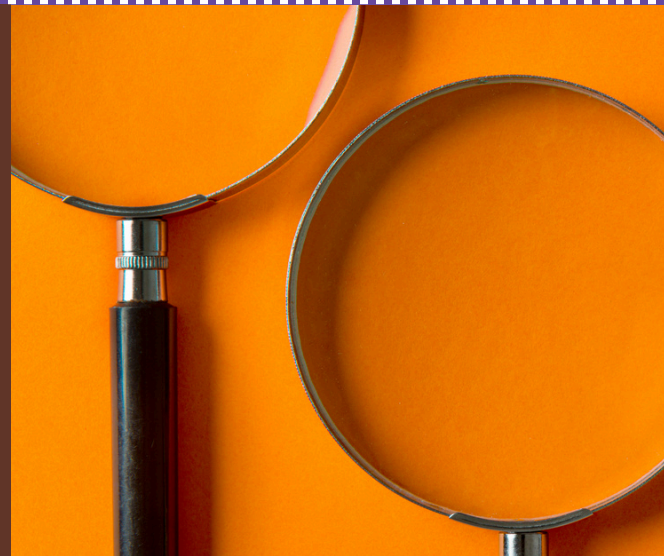
Organizer: Kenzie Mintus (Indiana University Indianapolis)

The National Institutes of Health (NIH) has recently recognized people with disabilities as a population with health disparities. This acknowledgment is a result of advocacy efforts and represents a significant step toward recognizing disabled individuals as a minority group with unique health and healthcare concerns. The purpose of this co-sponsored session is to highlight innovative sociological work examining health disparities among disabled persons.

**We look forward to your contributions and to an inspiring meeting in Chicago!**

# Chair of Health Policy and Research

Over the course of his term as Chair of Health Policy and Research, Daniel Dohan has provided invaluable insights into the consequences of the *Dobbs v. Jackson Health Organization 2022* decision on reproductive health justice. On the eve of a U.S. election, this update focuses on maternal health policy and the potential implications for patients, depending on the election outcome.



In 2022, the United States maternal mortality rate was 22.3 deaths per 100,000 live births, a decrease from the 32.9 recorded in 2021. Despite this reduction, the U.S. maternal mortality rate remains excessively high compared to other high-income countries. Health disparities persist: Black pregnant and postpartum patients experienced 49.5 deaths per 100,000 live births, far exceeding the rates for White, Hispanic, and Asian patients. African American pregnant and postpartum individuals face higher rates of underlying chronic conditions and comorbidities, which contribute to high-risk pregnancies. They also encounter significant barriers to accessing high-quality care, and, when care is accessible, structural racism and bias continue to influence their treatment.

Geographic disparities further exacerbate the situation, with the highest maternal mortality rates occurring in Southeastern states, which are characterized by "care deserts." While some of this disparity can be attributed to the rural-urban divide in the Southeast, it overlaps with states that have enacted some of the most restrictive abortion bans following the *Dobbs v Jackson 2022* decision and the implementation of Targeted Regulation of Abortion Providers (TRAP) laws. In states with restrictive abortion policies, hospitals have been closing obstetric units due to funding shortages, and obstetricians are leaving the field due to fear of punitive legal consequences. As a result, more patients are seeking care at community health centers, but these facilities are often ill-equipped to handle complex pregnancies. For many, traveling across state lines to terminate a high-risk pregnancy is prohibitively expensive, forcing patients to continue life-threatening pregnancies.

# Chair of Health Policy and Research

The need for comprehensive postpartum care is critical, yet underdeveloped. Short hospital stays hinder the timely detection of conditions like preeclampsia, and mental health care—especially for depression and addiction—seldom integrates into postnatal services. Additionally, clinician follow-up on intimate partner violence, a significant factor contributing to maternal mortality, is inconsistently provided.

This brief overview of the biopsychosocial factors contributing to maternal mortality underscores the necessity for comprehensive perinatal care. The Affordable Care Act (ACA) Medicaid expansion includes coverage for both prenatal and postpartum care. For background on the health politics of Medicaid expansion, see Daniel Dohan’s excellent discussion here. The Biden Administration’s introduction of the American Rescue Plan Act of 2021 expanded postpartum Medicaid reimbursements to 12 months after birth, and, as of February 2024, 44 states and Washington, D.C., have implemented postpartum Medicaid extensions.

Many states are now experimenting with Medicaid payment structures to include services outside traditional biomedicine, such as doula programs, lactation support, and home visits. Traditionally, Medicaid reimbursed perinatal care—covering prenatal visits, labor and delivery, and postpartum care—through bundled reimbursement. Nontraditional services, however, were excluded. Some states have begun offering separate reimbursements for these nontraditional services. A recent case study of Colorado’s extended Medicaid program found that low-income patients needing perinatal mental health services benefitted from sustained coverage for prescription medications addressing depressive disorders.

However, more work is needed to improve maternal health outcomes, particularly through sustainable financing for community health centers in areas with low perinatal care coverage. Essential workers who fall outside Medicaid reimbursement structures also need to be integrated into transparent funding streams. The United States remains the only high-income country that does not guarantee paid parental leave.

The outcome of the upcoming election will have significant implications for maternal health policy. If Vice President Kamala Harris were to be elected, we could see the continuation and expansion of Medicaid programs introduced by the Biden Administration, along with new interventions to advance reproductive health equity and justice. In contrast, a second term for former President Donald Trump would likely result in the rollback of Medicaid expansion.

# Chair of Health Policy and Research

Shortly after the Dobbs decision, President Biden introduced emergency abortion care under the Emergency Medical Treatment and Labor Act (EMTALA). A second Trump administration might reinterpret this act and restrict access to emergency abortion care in some states. However, some maternal health initiatives introduced by the Trump administration, such as Maternal Mortality Research Committees using vital records to understand the underlying causes of maternal mortality, may persist. Programs aimed at improving birth outcomes through reducing low-risk cesarean births and hypertension control could also remain in place.

These emergent policy dynamics will require careful sociological scholarship. Maternal Mortality Research Committees are producing publicly available data by incorporating vital records alongside medical and social service records. Ongoing discursive analysis of political rhetoric and cultural norms embedded in pronatalist and reproductive rights policies will be essential. Further research on organizational and institutional responses to policy reforms will illuminate their effects on patient care. Finally, the acceptance of nontraditional perinatal care models in Medicaid reimbursement will provide rich opportunities for analysis of the processes of medicalization/demmedicalization, as well as professionalization/deprofessionalization within the sector.



**Cathy Van de Ruit**

# Chair of Teaching

Tasleem Padamsee



## Teaching Sociology to Premedical Students: Challenges and Opportunities

Undergraduate courses such as "Introduction to Sociology," "Sociology of Health and Illness," and "Introduction to Medical Sociology" have long attracted premedical students who are either curious about the field or seeking to fulfill a social science distribution requirement. Since 2015, however, many campuses have observed a notable increase in premed students enrolling in these classes, largely due to the inclusion of sociological theories and concepts in the Medical College Admission Test (MCAT). Our premed students present an opportunity to cultivate sociological imagination among future health professionals, but they also pose unique challenges. Thanks to the PhD student who proposed this topic at ASA 2024 and others who expressed their support, this month's column reflects on the challenges and opportunities of educating premed students in sociology courses.

Research on premedical students reveals a range of characteristics and pressures that may not align well with the content and learning objectives of sociology courses. Premeds are often high achievers, accustomed to rigorous study and academic success, yet they frequently approach sociology classes with a utilitarian mindset—viewing the course primarily as preparation for a specific component of the MCAT or a means to fulfill a distribution requirement. This perspective can hinder their ability to engage with the challenges of a new discipline, particularly the absence of clear-cut answers in sociology and the emphasis on critical thinking and argumentative writing. Additionally, the premed curriculum's focus on the physical sciences fosters individualistic learning and competition, which can lead to resistance to the collaborative and group-oriented learning strategies that sociology courses typically promote. This competitive grading environment encourages a fixed mindset, which often leads students to shy away from areas of difficulty, countering the sociological pedagogy that encourages self-examination and rethinking of assumptions.

# Teaching Sociology to Premedical Students: Challenges and Opportunities

Many sociology instructors have encountered the challenges associated with teaching students who are under significant grade pressure. Admission to medical school necessitates a high GPA throughout a demanding curriculum, rendering premeds both anxious and insistent regarding grades. A common and often frustrating aspect of this pressure is the "grade grubbing" behavior displayed by some students—such as when a premed student expresses disbelief over a poor sociology grade, asserting that a non-core science class should not adversely affect their GPA and insisting on a grade change because, as they say, "I am premed." Although such cases may be infrequent, the time and patience required to address them can linger in our minds and affect our professional experience.

These challenges, however, do not define our relationships with all premedical students. Many embrace the intellectual engagement and new challenges offered by sociological learning, and some experience significant growth over the course of a semester. The same idealism that motivates students to pursue careers in medicine often draws them toward the transformative potential of sociological critique. Premeds have reported that sociology helps them understand the diverse experiences individuals have with healthcare, encourages them to appreciate complexity, and fosters openness to critical perspectives (see <https://www.asanet.org/wp-content/uploads/savvy/journals/TS/Apr16TSFeature.pdf>). The growth-oriented mindset that enables students to adopt an open view of society and reconsider their beliefs can be cultivated effectively within the sociological classroom. [For accessible examples of how to start, see <https://soeonline.american.edu/blog/growth-mindset-in-the-classroom/>.]

The attrition rate among premed students is high (see <https://pmc.ncbi.nlm.nih.gov/articles/PMC7769285/>). This attrition occurs for various reasons, including challenges in competitive courses like calculus and chemistry, as well as limited exposure to potential career paths, leading some students to change their plans. Sociology courses often provide premeds with exposure to new ideas and perspectives, which can guide them toward alternative health professions, human services, public health, or scientific research.

For those who remain committed to their medical aspirations, sociology courses frequently serve as a venue for developing empathy, inclusivity, and an appreciation for the diversity of human experiences (see <https://augusta.elsevierpure.com/en/publications/preparing-for-medical-school-how-sociology-helps-premedical-stude>). By nurturing their sociological imaginations, introducing them to concepts of social inequality relevant to health and healthcare, and equipping them with the theories and methods for understanding social inequality and its potential solutions, sociology courses help cultivate doctors who not only address the specific health needs of individual patients but also promise to be more effective care providers for diverse populations.



## The Institutional Fit



Joseph D. Wolfe



Cindy Cain

In today's blog, I continue our examination of "fit" with Dr. Cindy Cain, an outstanding medical sociologist and colleague at the University of Alabama at Birmingham. Cindy and I discuss fit in terms of the various public and private institutions where medical sociologists find employment. Her fascinating research spans multiple disciplines related to caregiving, allowing her to collaborate with a diverse group of scholars over the past decade. She is an excellent source of information and experience regarding the application of sociology across different institutions.

**JDW**

**"Fit" is an ambiguous term frequently used in academia. How would you define it, or how do you typically use it?**

**CC**

It was certainly ambiguous for me, especially during grad school. I remember feeling frustrated because everyone kept talking about "fit," but I didn't understand what it meant. Then I completed a two-year postdoc in a school of public health, where they also discussed "fit," but it carried a different meaning. What helped me better understand "fit" was stepping outside of sociology for a while. Being a sociologist in the school of public health provided me with a different perspective on my research and how it aligned with both sociology and public health. For me, "fit" is fundamentally about understanding how your interests align with those of others who share the same concerns, even if they approach them differently. It's about recognizing what your contributions add to the conversation, and that was challenging for me until I gained some distance and had more conversations with a variety of people. This experience made me a better sociologist, but it also complicated my ability to convince others that I was the right fit for their job.

**JDW**

That resonates with me. It's challenging to conform to an established mold, particularly when your approach or the questions you pose differ from what is typically expected in your discipline. Did you feel as though you had to constantly defend your methods?

**CC**

Absolutely. It can be uncomfortable because you must adopt other people's perspectives. At times, it feels as though you are defending your entire approach.

**JDW**

Right, and you end up doing a lot of framing and reframing for different audiences. It can be difficult to articulate why your approach matters. It reminds me of teaching undergraduates who are unfamiliar with sociology, where you constantly have to demonstrate that what you're teaching is grounded in research rather than opinion.

**CC**

Exactly! You're trying to show them, "No, this really does connect with what you're thinking." It requires a lot of practice in persuasion and in viewing your work through others' eyes.

**JDW**

As we approach job market season, a major question for graduate students is how to consider fit when applying for positions. What advice would you offer them?

**CC**

It can be liberating to acknowledge, "Maybe I just wasn't the best fit," but it can also be frustrating because it feels out of your control. However, there are actionable steps you can take. Tailoring cover letters for specific positions is critical. Dissect the job advertisement, engage with people at the institution, and understand the dynamics beyond the ad. Make a strong case for how your work aligns with their needs. You don't want to apply to 80 jobs and give less time and energy to five good fits because you're trying to do it all. Conduct research on the department and university, especially if you receive interviews. If grant funding is a priority for them, ensure you understand how your research aligns with grant opportunities. If teaching is important, highlight how your work fits within their teaching framework.

**JDW**

That's solid advice. I also remember being caught off guard by the emphasis on grants when I was in grad school. I wasn't prepared for it at all.

**CC**

Yes, many sociology PhD programs don't teach those skills. If you're applying to a school that prioritizes grants, you need to ask the right questions, such as, "What resources are available to help me prepare a grant?" Engaging in those conversations demonstrates your potential for success there.

**JDW**

It's a lot to manage. I'm curious—when applying for positions, did you ever mention personal factors, such as a desire to live in a specific location or having family nearby?

**CC**

I didn't, and I think it's a delicate matter. You don't want them to think you're only interested in the position because of the location. I generally exclude that information from my application materials unless I can connect it to my research. For example, if the area I study has a significant population in the job's location, I might mention that. But it has to be relevant to the work.

**JDW**

That makes sense. It can feel too informal to bring up personal preferences.

**CC**

Exactly. You don't want them to perceive that as your main motivation for applying. Focus on the research and institutional fit rather than personal needs.



**JDW**

Now that you're a tenured professor, what advice would you give your younger self about fit, back when you were in grad school?

**CC**

I spent too much time worrying about how I fit within sociology, such as which ASA sections I belonged to, rather than focusing on what really mattered—who I was engaging with and what those conversations entailed. I concentrated too heavily on the "navel-gazing" aspects of fit and not enough on communicating the value of my work. I still don't fit neatly into many areas, and that's acceptable now. Instead of stressing over whether I'm accepted in a specific subfield, I focus on what makes my research relevant to sociologists as well as applied audiences and policymakers. It's about finding the right conversation, not necessarily the right club.

**JDW**

That's great advice, especially for those who don't fit neatly into one box. Any final thoughts?

**CC**

I believe fit is a largely underexplored topic in professional settings, and it could benefit from sociological analysis. It remains implicit, challenging to learn, and poorly understood. I'm excited that you're delving into it.

# Memberships

Dear Medical Sociology Section Members,

I am looking forward to serving as the Membership Committee Chair for this fantastic section! My hope is that we can continue the excellent work accomplished by the previous Membership Committee Chair, Stef Shuster, and others to expand, deepen, and broaden the scope of our membership and the scholarship it enables. I have one update to share in this newsletter, along with one request for each of you.

First, the update: I am pleased to report that our summer membership drive was a great success, resulting in the recruitment of sixty (60) new student members! Thank you to all the faculty sponsors, and a warm welcome to our new members. We are thrilled to have you with us!

Next, my request: Please consider one graduate student you are mentoring, a new faculty member in your department, or someone you know who works in or adjacent to medical sociology or the sociology of health and illness, and invite them to join our section. I believe that our section will continue to grow through word of mouth and personal connections within our institutions and existing social networks. Membership is largely driven by ASA annual meeting registrations and section selections during membership renewal, so now is the ideal time to ensure that everyone who should know about this section is informed!

Lastly, I would love to build a small team to work on membership recruitment drives and events in the future. If you are interested in brainstorming with me, please email me at [jonathan.shaffer@uvm.edu](mailto:jonathan.shaffer@uvm.edu). This would involve a minimal time commitment (just a handful of meetings) and could be a great opportunity to become more involved in the section and connect with colleagues.

Thank you all, and I hope you enjoy the rest of the fall semester!

All the best,

Jon Shaffer



**Jon Shaffer**



# Chair of Publications

## 2025 Eliot Freidson Outstanding Publication Award

The Freidson Award is presented in alternate years to a book or journal article published in the previous two years that has significantly impacted the field of medical sociology. For the 2025 award, we will recognize a journal article published in 2023 or 2024. The article may address any topic within the broad definition of medical sociology. Self-nominations are encouraged, and both the nominator and at least one author must be current section members.

This year, we have streamlined the nomination process by no longer requiring nomination letters. Instead, nominators can complete a nomination form using this link: <https://forms.gle/nUEQNVVmQvQV8p946>). Alternatively, nominations can be submitted via email to Jason Houle at [Jason.Houle@Dartmouth.edu](mailto:Jason.Houle@Dartmouth.edu), including the name of the nominee/nominator, the full citation of the article, and a PDF of the article.

Nominations are due by March 1, 2025. Thank you for your participation!



Jason Houle



## Food Insecurity Among University Students and the Barriers to Utilizing Food Assistance Programs During and After Hurricane Ian and Nicole

Carvis Durr and Yingru Li (2024)

### Abstract:

This study aims to 1) examine food insecurity (FI) among students during and after Hurricane Ian and Nicole in a public university in Florida; 2) understand the association between students' utilization of food assistance programs (FAPs) and FI, and 3) illustrate perceived barriers stopping students from using FAPs. Our survey of the convenience sample (n = 261) showed that 30.7% experienced FI, with much higher rates observed among socially vulnerable groups. Limited utilization of FAPs resulted in minimal impact on students' FI. The significant barriers to FAPs include ethical concerns about taking from those in need, lack of information, and eligibility.

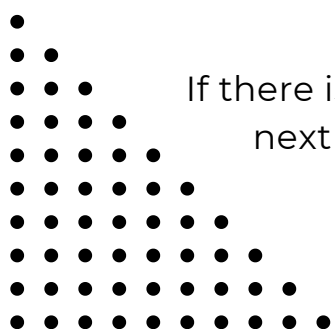
### Call for Chapters

The Handbook on the Sociology of Artificial Intelligence from Emerald Publishers seeks submissions that offer an in-depth overview of the major trends in the field, addressing both the societal causes and effects of artificial intelligence. It aims to systematically explore AI's sociological dimensions, to feature a theory-driven review of recent research, presenting approaches to investigating artificial intelligence as it transforms society, culture, and human relations. This peer-reviewed Handbook invites manuscripts that bridge disciplinary divides, foster interdisciplinary collaboration essential for addressing the societal challenges posed by AI. Topics may include evolution of AI, theoretical and philosophical foundations to practical applications, ethics of data collection, teaching a sociology of AI, debunking AI myths, governance for equitable AI, social justice, and social inequalities. Read the full call for papers [here](#). Submit abstract (300 words and bio) by October 10, 2024, to Tamanna Shah. Deadline for submission of full papers (8000 words) is October 15, 2025.

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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

## 24-25 THEME

In his seminal work, *The Sociological Imagination*, C.W. Mills wrote, “The sociological imagination enables us to grasp history and biography and the relations between the two within society.”

Mills’s call to the discipline serves as a reminder of the need to address the sociohistorical and intersectional aspects of our society, thereby completing our intellectual journey. With this sentiment in mind—embracing a more intimate, biographical, and intersectional approach—we, as student editors, present the 2024-2025 newsletter theme: *A Conversation through the Years: Fostering Dialogue between Emerging and Seasoned Scholars in Medical Sociology*.

In the upcoming issues, we aim to highlight scholars new to the section alongside those with a longer tenure, seeking to intersect their experiences to provide insight into the evolution of Medical Sociology and the scholarly innovations that lie ahead.

As we connect with fellow scholars in future newsletters, we strive to feature interviews that explore the following areas and their respective significance within the field of Medical Sociology: Race/Ethnicity, Gender/Sexuality, Health and Technology, and Community/Neighborhood contexts.

If you have recommendations on scholars who work within these areas of study, please email Grace Nakajima at [grace.nakajima@colorado.edu](mailto:grace.nakajima@colorado.edu)

# INTRODUCTIONS



Jian Meng (he/him/his) is a first-year PhD student in Sociology at the University of New Mexico. He earned his master's degree in sociology from Minzu University of China. His research interest is to use archival, interview, and ethnographic methods to explore topics such as doctors and their professional practices, epidemics, social order, expert knowledge production, and how state politics affects individual perceptions and understandings of illness.



Ruhao (Irene) Pang (she/her/hers) is a first-year MSPH student at the Johns Hopkins University Bloomberg School of Public Health. She graduated from UC Berkeley this May with a dual B.A. in Sociology and Media Studies. Her research interests include public health policy and communication, especially vaccine policy and digital surveillance from the government. She is interested in employing mixed methods to analyze public health systems and management.

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Shruti Krishnan (she/they) is a first year PhD student in Sociology at Northwestern University. She holds an MA in the Social Sciences from the University of Chicago and a BA in Sociology and Anthropology from St. Xavier's College, Mumbai. They are interested in the medicalization of sexuality and the development of clinical standards in the mental health sciences. Her work is interdisciplinary and engages with medical sociology, STS, and queer-feminist philosophy.

# INTRODUCTIONS



**Teresa Rivera (she/her/ella) is a third year PhD student at Michigan State University. She holds a BA in Sociology from Texas A&M University, an MSW from Ferris State University, and currently is dual majoring in Chicano/Latino Studies and Sociology. Originally from South Texas, Rivera leverages her experiences growing up in a border town to research the stories and lived experiences of the Latinx community. Her work focuses on Latinx individuals in the United States and their intersectional experiences in disparate domains, ranging from health, stress, immigration, and education. An overarching aim of her research is to bring attention to the voices of the Latinx community to further understand how they individually and collectively navigate structures and systems of violence.**

**Grace Nakajima (she/her) is a 5th year Sociology PhD student at the University of Colorado Boulder. She graduated with a BA in Sociology and History from the University of Texas at Austin in 2020. Her research interests are race/ethnicity and health inequalities with a focus on clinical trial participation in the United States. Grace looks forward to working alongside other student editors for this year's Medical Sociology newsletter!**



# SECTION VOLUNTEER LINK

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The Medical Sociology Section is in need of volunteers for various roles, committees, and councils. Please use the link below to let us know if you are interested in volunteering.

[Volunteer Sign-Up](#)

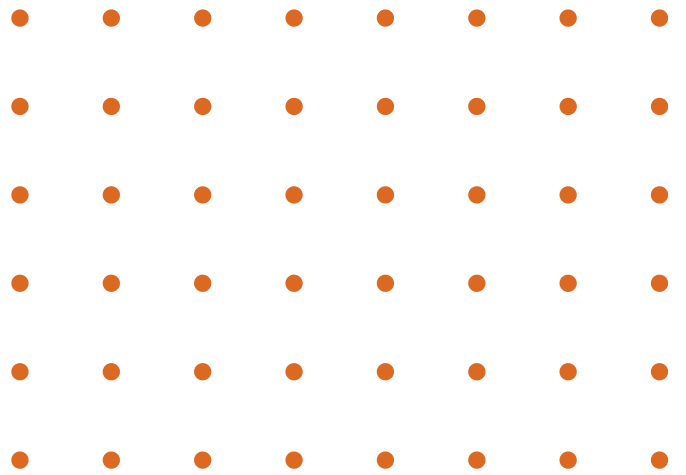


## CALL FOR REEDER AWARD NOMINATIONS

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The Medical Sociology Section invites nominations for the 2026 Leo G. Reeder Award to be awarded at the annual meeting of the Medical Sociology Section in New York. 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 letters of nomination and the nominee's curriculum vitae to Dr. Lijun Song (lijun.song@vanderbilt.edu) with the subject line: 2026 Reeder Award Nomination. Nominations are due by April 1, 2025. 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 materials. 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

# Notes from the Newsletter Editor



Dear Medical Sociology Committee:

As we embrace the colors and coolness of fall, I'm excited to work with our new and returning committee members. Their dedication and fresh ideas continue to enhance our Medical Sociology Newsletter and to allow us to maintain a vibrant community.

A special thank you to our columnists—Karen Spencer, Cathy Van De Ruit, Talseem Padamsee, Joseph D. Wolfe, San Juanita García, Jonathan Shaffer, Jason Houle, Jian Meng, Ruhao Pang, Shruti Krishnan, Teresa Rivera, and Grace Nakajima whose contributions will undoubtedly continue to spark engaging discussions in our community.

I also want to express my gratitude to my assistant, Dani Duran, for her invaluable assistance. As we celebrate the beauty of autumn and recognize Native American Heritage Month, let's take a moment to reflect on the diverse histories, cultures, and experiences that inform our work.

Wishing you all a fulfilling season ahead!

-PJ Pettis



**PJ Pettis**  
Editor



**Danie Duran**  
Assistant Newsletter Editor and Designer

# Medical Sociology Newsletter

## Note from the Chair

Happy New Year! I hope this message finds you in good health and that you had a restorative holiday season. As we embark on a new year and semester following another Presidential election cycle, I wish you all a strong start. This year brings many exciting developments for our section, which I invite you to explore below.

## Section Awards

We are now accepting nominations for section awards. Please consider nominating outstanding papers, books, and medical sociologists. Nominations are due in March and April, and self-nominations are highly encouraged. Details about the award categories and nomination process can be found on page 25 of this newsletter

To reduce barriers, the Council has voted to remove the requirement for nomination letters for the Freidson and Light awards. Instead, nominees will complete a simple form. Additionally, nominations for the Reeder Award will now be retained for two years, so please take a moment to recognize deserving individuals.

## ASA Submissions

It's also time to submit papers for the ASA Annual Meeting, with a deadline of February 26. This year, we are excited to offer a range of opportunities, including five open-paper sessions on topics relevant to Medical Sociology. We are also proud to co-sponsor a session with the ASA Disability in Society section. Information on the ASA meeting sessions can be found on page 3.

[Note from the Chair](#)

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[LGBTQIA+  
Resource Guide](#)

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# Note from the Chair

## ASA Reception and Collaborations

We are thrilled to announce exciting collaborations for this year's ASA reception in Chicago. Alongside the Mental Health section, we will also co-sponsor the reception with the Body and Embodiment section. Moreover, we have reconnected with our colleagues from the Sociology of Health and Illness Foundation in the UK. Gareth Thomas, one of the SHI Editors, will represent them at the meeting. This partnership promises new opportunities for our membership, and we will share updates as the conference approaches.

## Workshops and Future Initiatives

We are in the process of proposing two workshops for the ASA meeting in Chicago and exploring opportunities for a new US-UK Medical Sociology meeting. Stay tuned for further details in our Spring newsletter.

## Gratitude and Announcements

I would like to extend my gratitude to the Council and all members who contribute to the vibrancy of our section. A special thank you to Dr. Fizza Raza, who keeps us informed about workshops, job opportunities, and other announcements via the listserv on the 1st and 15th of each month. If you would like to post an announcement, please email her directly at fraza@gsu.edu.

## Additional Content

This newsletter also features articles on health politics, teaching Medical Sociology, organizing research collaborations, Mentor of the Month activities, and more. We hope these cross-sectional collaborations energize and inspire our members. If you have suggestions or would like to get involved, please do not hesitate to reach out.

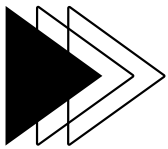


**Karen Lutfey-Spencer**

# ASA CHICAGO 2025

We are excited to announce an engaging lineup of topics for the 120th Annual Meeting of the American Sociological Association in Chicago, scheduled for August 8-12, 2025. Paper submissions will open on Monday, November 4, 2024, with a deadline of Wednesday, February 26, 2025, at 11:59 PM Eastern. We extend our gratitude to our organizers for assembling these sessions and to all members who will be submitting their work!

## SESSION TOPICS



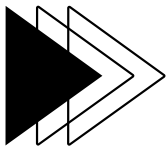
### **Exciting New Medical Sociology That Everyone Should Know About**

Organizer: Alex Brewer, USC

We invite papers that broadly address exciting new developments in sociology that should be shared within our field. This may include novel substantive questions, methodological innovations, cutting-edge theoretical developments, or creative dissemination strategies. We especially welcome contributions from junior scholars, underrepresented scholars, and research focused on underrepresented populations.

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### **Racialized Health Injustice**

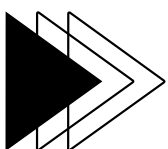


Organizer: Tyson Brown, Duke University

Racialization is a critical concept for understanding health disparities. This session invites papers that explore how sociology can enhance our understanding of racial health disparities by approaching racialization as a process, rather than merely a demographic characteristic.

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### **Health Disparities and the Medicalization of Population Health**

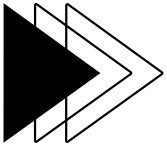


Organizer: Danielle Raudenbush, UC San Diego

It has been nearly 50 years since McKinlay and McKinlay (1977) questioned the contribution of medical measures to the decline of mortality in the U.S., yet we continue to grapple with similar issues regarding the implications of medicalization for population health and health equity (Lantz 2023; Kindig 2020). This panel invites papers that examine the intersection of population health, medicalization, and medical sociology, addressing how our field can remain at the forefront of health disparities research.

# ASA CHICAGO 2025

## SESSION TOPICS

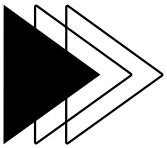


### **Is There a Doctor in the House? Updating the Medical Sociology Agenda Around Doctoring**

Organizer: Tania Jenkins, UNC Chapel Hill

The study of doctoring has a long-standing tradition in medical sociology, encompassing medical education, doctor-patient interactions, and changes in healthcare. Some argue that doctors are becoming obsolete, while others contend they will always play a vital role, albeit in a transformed capacity alongside engaged patients. This session seeks to outline a research agenda for the next 20 years in medical sociology focused on doctoring.

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### **Roundtables**

Co-Organizers:

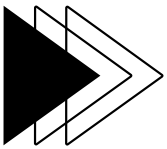
Jane VanHeuvelen (University of Minnesota)

Matt Grace (Hamilton College)

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We are also pleased to announce a co-sponsored session with the Disability in Society section.

### **People with Disabilities as a Population with Health Disparities (Co-Sponsored with Medical Sociology)**



Organizer: Kenzie Mintus (Indiana University Indianapolis)

The National Institutes of Health (NIH) has recently recognized people with disabilities as a population with health disparities. This acknowledgment is a result of advocacy efforts and represents a significant step toward recognizing disabled individuals as a minority group with unique health and healthcare concerns. The purpose of this co-sponsored session is to highlight innovative sociological work examining health disparities among disabled persons.

**We look forward to your contributions and to an inspiring meeting in Chicago!**

## Pharmacological Innovation in HIV/AIDS Treatment



The introduction of injectable long-acting antiretroviral therapy (LA-ART) and preexposure prophylaxis (LA-PrEP) marks a significant transformation in global HIV/AIDS care. These innovations offer the potential to improve health outcomes for people living with HIV (PWH) and further limit HIV transmission.

Rapid technological innovation in antiretroviral therapy (ART) has transformed HIV/AIDS from an incurable terminal disease to a manageable chronic condition. These advancements have saved millions of lives and provided effective prevention measures by reducing patients' viral loads to undetectable levels. Preexposure prophylaxis (PrEP), another breakthrough, protects HIV-negative individuals by preventing the virus from replicating in the body. However, both ART and PrEP require strict adherence to daily medication regimens and routine medical testing, which can be burdensome for marginalized populations. Factors such as limited healthcare access, unstable livelihoods, stigma, and erratic drug availability further exacerbate challenges to adherence and increase the risk of drug resistance.

LA-ART and LA-PrEP, as injectables, offer a promising alternative by requiring only monthly or bimonthly maintenance. Stage III clinical trials have demonstrated their effectiveness in achieving viral suppression, and recent implementation studies confirm their efficacy in real-world settings. Currently, LA-ART is being rolled out in the Global North (Australia, Europe, and the United States), while implementation studies are underway in sub-Saharan Africa and Southeast Asia. This pharmacological innovation presents exciting opportunities for sociologists to explore its impact on patient care and health systems.

# Chair of Health Policy and Research

Emerging social science research incorporated into implementation studies is beginning to shed light on patient experiences with these new drug regimens. Clinical evaluations of LA-ART highlight improvements in medication adherence and virologic suppression. However, acceptability varies across patient populations. Similarly, clinical studies of LA-PrEP reveal high acceptability rates in the U.S. and Europe, but pharmacological advancements alone do not eliminate societal stigma, barriers to treatment access for marginalized groups, or challenges in clinician-patient relationships. Sociological tools and frameworks, particularly those focusing on social determinants of health and the patient illness experience, remain essential for understanding the implications of these technologies.

The political economy of the inequitable global allocation of long-acting HIV medications will also be a critical area of focus. Health systems in the Global South must recalibrate their HIV treatment programs to incorporate cold storage facilities and retrain frontline healthcare workers. Affordability and accessibility of these drugs represent pressing global health policy issues, as does the financial sustainability of the global supply chain. Social science research on international pharmaceutical trade deals, advocacy by health movements, and reforms to country-specific HIV guidelines will be essential complements to these biomedical advances.

The United Nations has set ambitious goals to end the HIV pandemic by 2030. Long-acting injectables hold promise for overcoming barriers to medication adherence and reducing HIV transmission globally. Additionally, a tuberculosis vaccine is on the horizon, offering a potential solution to a concurrent disease that surged during the HIV pandemic.

However, sociologists continue to emphasize the importance of viewing biomedical innovations with a critical lens, highlighting the social, political, psychological, and economic forces driving the spread of HIV and tuberculosis. These perspectives remain central to understanding the dynamics of global HIV clinical care today.



**Cathy Van de Ruit**



### Research as Teaching (Part 1): Involving Undergraduates in Medical Sociology Research

Extensive evidence from both the published literature on teaching and learning and our own professional environments highlights the significant benefits undergraduates gain from serving as research assistants. Under the guidance of a faculty researcher or within a research team, students develop valuable skills, including data management, statistical analysis, table and figure design, interpersonal communication, and scientific collaboration. Research experiences not only deepen students' understanding of the scientific process but may also help them assess their interest in pursuing research careers.

For faculty members, involving undergraduates in research can accelerate certain types of studies and increase efficiency. However, without a well-structured framework, undergraduate research assistantships can result in inefficiencies, adding extra work without yielding substantial research benefits.

This column provides practical advice for medical sociologists interested in initiating or improving undergraduate research mentorships. Drawing from the insights of faculty colleagues and my experience supervising dozens of undergraduate research assistants across three institutions, I share organizational strategies to set the stage for success and detail tasks through which students can enhance their research skills while contributing meaningfully to faculty projects. In Part 2 of this column (to appear in the next newsletter), I will discuss effective methods for training, onboarding, and supervising undergraduate research assistants. The following section outlines the process I use for my studies.

## Organizational Strategies for Success

### Implement a rigorous hiring process tailored to your research needs.

- Advertising research opportunities in departmental newsletters.
- Requiring applicants to submit a résumé, an unofficial transcript, and a one-paragraph statement of interest.
- Interviewing candidates to assess their commitment, skill level, and understanding of research expectations.
- Assigning a one-hour “audition task” related to the project.
- Establishing a two-week trial period during which either party may withdraw from the arrangement.



These steps ensure that only students who are committed to and capable of investing meaningfully in the research experience join my team.

### Foster accountability and commitment to the research team.

Strategies include paying research assistants an hourly wage, requiring registration for independent study credits, and mandating a minimum time commitment (e.g., two semesters or a set number of hours per week). These measures establish clear expectations about the effort, focus, and performance required.

### Assign tasks that align with students' skill levels.

Begin with simpler tasks, accompanied by targeted training and regular check-ins. Over time, as students build technical proficiency and develop their capacity for critical inquiry, assign more complex responsibilities.

## **What Can Undergraduate Research Assistants Do (with Appropriate Training and Supervision)?**

### **Literature Reviews**

**While undergraduates may lack the expertise to conduct independent literature reviews, they can contribute to specific components, such as:**

- **Designing and executing search strategies for online databases and library catalogs.**
- **Skimming titles and abstracts to create lists of relevant readings.**
- **Extracting data into structured spreadsheets.**
- **Writing annotated bibliographies or longer article summaries.**
- **Drafting integrative paragraphs that synthesize related readings.**

### **Recruitment**

**Students can assist with participant recruitment by designing flyers or social media ads, contacting individuals or organizations, conducting scripted conversations with potential participants, attending community events, consenting participants, scheduling study activities, and tracking recruitment processes.**

### **Data Collection, Tracking, and Cleaning**

**Tasks include programming and administering surveys, conducting interviews, constructing datasets, performing data entry, checking data for completeness, cleaning spreadsheets, and sending thank-you notes.**

# Research as Teaching (Part 1): Involving Undergraduates in Medical Sociology Research

## What Can Undergraduate Research Assistants Do (with Appropriate Training and Supervision)? (continued)

### Data Analysis

- **Quantitative Projects:** Students with basic research or statistics training can display data distributions, write code for descriptive analyses, and brainstorm testable hypotheses.
- **Qualitative Projects:** Tasks may include contributing to codebook construction, coding data using software, or conducting more advanced analyses for independent projects.

### Writing and Presenting

While not all undergraduate research assistants will produce scholarly outputs, some may excel in creating tables, graphs, or figures, drafting text for academic manuscripts, or preparing conference posters.

### Reflection

At the end of their assistantship, students can benefit from reflecting on their contributions through written reports or presentations, fostering a deeper appreciation of their work's impact on the larger project.

### Conclusion

I hope these strategies inspire ideas for effectively involving undergraduate assistants in your research. To share feedback or contribute suggestions for Part 2 of this column, please email me at [padamsee.1@osu.edu](mailto:padamsee.1@osu.edu)

### Suggested Readings

- Landrum, R. Eric, and Lisa R. Nelsen. 2002. "The Undergraduate Research Assistantship: An Analysis of the Benefits." *Teaching of Psychology* 29(1): 15-19.
- Lei, Simon A., and Ning-Kuang Chuang. 2009. "Undergraduate Research Assistantship: A Comparison of Benefits and Costs from Faculty and Students' Perspectives." *Education* 130(2): 232-240.
- Whiteside, Ursula, et al. 2007. "Initial Suggestions for Supervising and Mentoring Undergraduate Research Assistants at Large Research Universities." *International Journal of Teaching and Learning in Higher Education* 19(3): 325-330.



## The Institutional Fit



Joseph D. Wolfe



Mieke Beth Thomeer

Finding the right collaborators is both an essential and often challenging task for academics. In a recent conversation with Dr. Mieke Beth Thomeer, Associate Professor of Sociology at the University of Alabama at Birmingham, we explored this topic. A leading medical sociologist with a research focus on family dynamics, health, and aging, Dr. Thomeer has an extensive publication record that underscores her expertise in collaboration and mentorship. Our discussion highlighted her experiences with academic relationships and the nuanced concept of “fit.”

## Defining “Fit” in Collaboration

**JDW**

“Fit” is an ambiguous term frequently used in academia. How would you define it, or how do you typically use it?

**MBT**

Fit is a complex concept. It can sometimes be misused to exclude people, as in, “They’re not a good fit,” which often reflects bias. But in a positive sense, fit is about compatibility. The collaborators I’ve worked best with have brought complementary perspectives and skills. They challenge me, build on my ideas, and push my research in new directions. Importantly, fit doesn’t mean working with people who are just like you—it’s about finding collaborators who bring something different, like new methods, literature, or ideas.

**JDW**

I love the idea of finding someone who complements your work. For me, there's also an emotional component. Feeling safe sharing ideas with someone is crucial. I've collaborated with people where I felt intimidated or couldn't communicate well, and it made the process difficult.

**MBT**

Absolutely. Emotional safety is key. You need to trust your collaborators enough to accept their critiques. Feedback from a trusted collaborator feels constructive, even when it's challenging. It's also about being able to offer criticism. In strong collaborations, I feel comfortable rewriting someone's work or making substantial edits, knowing it will improve the project without causing tension.

**JDW**

That resonates. With trusted collaborators, I accept their edits seamlessly, and it feels like their contributions naturally fit into the work.

**MBT**

That's a great point. Early in a collaboration, I like to see my drafts come back looking different because it shows the other person is engaged and adding their voice. This is especially important for graduate students. When working with senior collaborators, students should make the project their own by bringing their voice to the writing. Most mentors value that, and it's a sign of a strong collaboration.

## Finding the Right Advisors and Collaborators

**JDW**

How should graduate students think about fit when looking for advisors or collaborators?

**MBT**

Start by observing how faculty interact with students. Who provides thoughtful feedback on papers? Who responds to emails promptly and helpfully? Don't limit yourself to faculty you've taken classes with—attend department events, talk to more advanced students, and set up meetings with potential advisors. When meeting a potential advisor, discuss expectations. Ask how often they meet with students, how available they are, and what kind of guidance they provide.

For instance, if you're independent and prefer minimal oversight, working with someone who expects weekly meetings might not be ideal. Conversely, if you need structure and accountability, a hands-off advisor might not be a good fit. Matching styles is critical.

**JDW**

I wish I had been more proactive about reaching out to faculty in graduate school. I tended to fall into relationships without much planning.

**MBT**

Many students do. It can be intimidating to approach faculty, but most appreciate students who take initiative. If you're unsure about asking someone to be your advisor, try collaborating on a paper or project first. Offer to help with an existing project or co-author something. This experience can help you decide if the relationship will work.

## Approaching Collaboration as an Early-Career Scholar

**JDW**

How did you approach collaboration as an early-career scholar?

**MBT**

I balanced working with a few close collaborators while seeking new opportunities. For example, I once approached someone after their conference presentation because I loved their study. They mentioned they had data they hadn't analyzed, so I offered to help. That collaboration led to multiple projects.

When people mention they have extra data or are looking for ideas, they often mean it. If you're interested, follow up, propose ideas, and take initiative. Even if you're nervous, those moments can lead to great collaborations.

## Navigating Challenges in Collaboration

**JDW**

Not all collaborations go smoothly. What advice would you give for handling difficult situations?

**MBT**

It's important to know when to step back. If a project isn't working, it's okay to respectfully withdraw or finish the current work and move on. You don't have to continue collaborating with someone just because you started.

It's also crucial to establish clear expectations early. Discuss authorship order, roles, and contributions upfront. Many journals now have strict authorship criteria, which can help guide these conversations.

## Balancing Mentorship and Student Ownership

**JDW**

How do you balance mentoring students while letting them take ownership of their projects?

I encourage students to bring their voice to the work and feel ownership over the project. Transparency is key. I tell research assistants upfront if their work won't lead to authorship and explain what they'd need to do to earn credit. This ensures fairness and clarity.

**MBT**

Mentorship styles vary, so graduate school is a unique opportunity to learn from different approaches. Observe how peers, faculty, and postdocs mentor and collaborate, and use those insights to develop your own style.

### Final Advice

**JDW**

If you could sum up your advice, what would you say?

**MBT**

Be open-minded, direct, and resilient. Rejection is part of academia, but it's also an opportunity for growth. Take initiative, reach out to potential collaborators, and don't hesitate to step outside your immediate area of expertise. The more diverse your experiences and networks, the stronger your career will be.

# Memberships

Dear Medical Sociology Section Members,

I hope this new calendar year and semester are off to a smooth and successful start for you. As we move into an important period for recruiting new members to the Medical Sociology section, I encourage you to invite graduate students, colleagues, and others submitting work to this summer's ASA meeting to include the Medical Sociology section in their registration.

In addition, I am assembling a small team to focus on membership and recruitment initiatives, including future events and drives. If you are interested in joining me to brainstorm ideas, please send me an email at [jonathan.shaffer@uvm.edu](mailto:jonathan.shaffer@uvm.edu). This opportunity requires only a minimal time commitment (just a handful of meetings) and is a great way to become more involved in the section and connect with members across our community.

Thank you for your continued support, and I wish you all a productive and enjoyable Spring semester!

All the best,  
Jon Shaffer



**Jon Shaffer**



# Chair of Publications

## 2025 Eliot Freidson Outstanding Publication Award

The Eliot Freidson Award is presented biennially to recognize a book or journal article published in the previous two years that has made a significant impact on the field of medical sociology. For the 2025 award, we are seeking nominations for journal articles published in 2023 or 2024. Articles may address any topic within the broad scope of medical sociology. Self-nominations are encouraged, and both the nominator and at least one author must be current members of the Medical Sociology section.

To simplify the nomination process, we no longer require nomination letters. Nominators can submit their nominations using the form link below. Alternatively, nominations can be emailed to Jason Houle at Jason.Houle@Dartmouth.edu, including:

- The name of the nominee and nominator
- The full citation of the article
- A PDF of the article

The deadline for nominations is **March 1, 2025**.

Thank you for contributing to this important recognition of excellence in medical sociology!



[Link to Nomination Form](#)



**Jason Houle**

# Member Publications

## **“From Isolation to Social (and Psychedelic) Integration: A Sociology of Collective Effervescence and Therapeutic Community in Psychedelic-Assisted Therapy.” *Sociology of Health & Illness*.**

Rose, Jarrett Robert. 2025.

### **Abstract:**

There is a disparity between contemporary scientific investigations into psychedelic phenomena and their 20th-century counterparts, notably the lack of examination of psychedelic experiences within group settings. Whereas early research studies from the 1950s to the 1970s explored communal settings in psychedelic-assisted therapy (PAT), today's resurgence of scholarship in the field primarily considers individualised, often clinical, settings. Consequently, there is an absence of empirical research and theoretical innovation on collective psychedelic contexts, for example, how social connectedness occurs relationally and what its impacts are. This paper addresses this gap by revisiting and applying Emile Durkheim's theory of “collective effervescence.” By analysing interview data from participants of a group-based weeklong PAT retreat and supplementing it with ethnographic data, this study highlights the usefulness of incorporating sociological theory to examine and explain the social dynamics and therapeutic outcomes of collective psychedelic experiences. In doing so, this research study contributes to bridging the divide between psychedelic science, psychedelic studies and the social sciences by offering sociological insight into the transformative yet hitherto neglected potential of group-based psychedelic events for therapeutic benefits.

## **“Social Capital and Cultural Health Capital in Primary Care: The Case of Group Medical Visits.” *Sociology of Health & Illness* 47(1): e13868.**

Ariana Thompson-Lastad, Jessica M. Harrison, and Janet K. Shim. (2025).

### **Abstract:**

This article focuses on an empirical setting that upends the clinician–patient dyadic norm: group medical visits (GMVs), in which multiple patients gather in the same space for medical care, health education and peer support. Our grounded theory analysis draws on participant observation and interviews (N = 53) with patients and staff of GMVs at four safety-net healthcare organisations in the United States. We delineate (1) how group medical visits provide health-focused social networks that facilitate the mobilisation of social capital, (2) how the organisationally embedded relationships that comprise group visits are made possible through extended time that is part of the GMV field and (3) how clinicians have opportunities rarely found in other settings to learn from patients, using knowledge accrued from GMV networks to advance their own skills, thereby converting social capital into provider cultural health capital. GMVs provide a rich empirical site for understanding the ways in which organisational arrangements can shape opportunities for patients and clinicians to cultivate and mobilise social capital and cultural health capital, and in doing so, materially shift experiences of receiving and providing healthcare.

# Member Publications

**"Biographical Disruption, Redefinition, and Recovery: Experiences of Women with Depression and Diabetes" *Health: An Interdisciplinary Journal for the Social Study of Health, Illness and Medicine*, 28(6): 918–936. Potter, Deborah A. 2024.**

## **Abstract:**

The rich conceptual literature on illness experiences has been based largely on singular diseases/conditions. However, over the last few decades, more complex disease patterns and increased longevity have complicated our understanding of how people experience illness. This study builds upon existing theoretical constructs (e.g. biographical disruption) to more robustly capture the illness experiences of those living with multi-morbid conditions. In-depth interviews, examining the post-diagnostic experiences of women living simultaneously with common somatic (diabetes) and psychiatric (clinical depression) conditions, revealed participants' evolving socially embedded illness identity, as they engaged in (re-)constructing new biographies. Socially contextualized situations shaped and were shaped by their illness identity as they managed social relationships, medication use, and choice of providers. Although diagnosed for years, many continued to have lives in upheaval. While most experienced crumbling self-images and described disrupted biographies, others experienced different trajectories with corresponding illness identities. A new typology emerged, extending Bury's concept of disrupted biographies to encompass redefined, and recovered, biographies, within and across the comorbid conditions.

**Crisis negotiation techniques in interactional context: Managing a suicide threat in an emergency service call. *Qualitative Health Communication*, 3(2), 91–107.**

Garcia, Angela Cora. (2024).

## **Abstract:**

Previous research reveals that standard crisis negotiation techniques are useful in assisting suicidal persons, but how routine interactional procedures impact their implementation has not yet been sufficiently examined. This paper investigates how routine interactional procedures impact the effectiveness of crisis negotiation techniques in an emergency services call involving a suicide announcement. A publicly released emergency service call was transcribed and analyzed using the qualitative technique of conversation analysis. The call taker used crisis negotiation techniques such as maximizing autonomy, displaying active listening, and distracting the caller to keep them on the phone. These techniques were implemented successfully through routine interactional procedures such as topic shifts, requests, and listener responses. Interrupting or overlapping the caller's speech or replacing requests with demands were less effective. Instruction in the routine procedures of interaction may be as important as instruction in standard crisis negotiation techniques when training call takers to handle suicide announcement calls. Qualitative analysis of suicide announcement calls can be an effective means of learning how crisis negotiation techniques are used in practice and how emergency call takers can help prevent suicide by keeping callers on the phone and persuading them to abandon their suicidal plans.



## "Memory, Trauma, and Self: Remember and Recovering from Sexual Abuse in Psychedelic-Assisted Therapy." *Journal of Psychedelic Studies*.

Rose, Jarrett Robert. 2024.

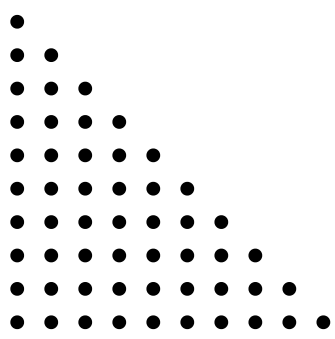
### Abstract:

This article examines the therapeutic potential of psilocybin in addressing Post-Traumatic Stress Disorder as the result of sexual abuse. PTSD is a prevalent form of mental distress resistant to most conventional treatment methods. Through an in-depth analysis of the narratives of two individuals with longstanding, treatment-resistant mental health conditions, who participated in a weeklong group-based psychedelic retreat involving psilocybin, the study unveils the intricate interplay between psychedelic-assisted therapy, memory, and narrative in the healing process. The research findings suggest that beyond the commonly acknowledged therapeutic effects of psychedelic drugs, psilocybin can facilitate the retrieval of repressed or forgotten traumatic memories, allowing for conscious awareness, recognition, and reconciliation. A noteworthy aspect of the healing progression observed is the re-narration of one's identity and biographical circumstances following the recovery of unresolved traumatic memories. This study underscores the importance of memory and self-narrative in the therapeutic landscape of psychedelic-assisted therapy for trauma. The article concludes by advocating for continued exploration in future research regarding the complex dynamics of memory and self-narrative in the healing journey within psychedelic science and trauma studies.

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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

## “A Conversation through the Years: Fostering Dialogue between Emerging and Seasoned Scholars in Medical Sociology”

For this issue of the newsletter series, we interviewed two medical sociologists—one a senior academic and the other a junior academic—to learn about their experiences navigating medical sociology through an intersectional and diverse lens. To accommodate space limitations, questions and responses have been paraphrased.

Dr. Fernando Riosmena is a Professor in the Department of Sociology and Demography at The University of Texas at San Antonio. His research focuses on migration theories, immigrant health, Latino health, aging, and the social determinants of health. Dr. Riosmena earned his Ph.D. from the University of Pennsylvania and began his teaching career at The University of Colorado Boulder before transitioning to his current position at UTSA. He has published extensively on migrant health, particularly concerning migration between Mexico and the United States and its effects on health.



Dr. Kim-Phuong Truong-Vu is an Assistant Professor in the Department of Sociology and Criminology at the University of Miami. She earned her Ph.D. from the University of Colorado Boulder in 2022 and now focuses on race/ethnicity, gender, and age to understand disparities in HPV vaccination.

# Dr. Fernando Riosmena

## **Who or what inspired you to enter this field, and how have they shaped your career?**

My initial field of study during my Ph.D. was migration, migration dynamics, and migrant health, which led me to delve deeper into medical sociology. At the time, I was reading about different mortality trends—Sam Preston's work was significant, as well as research on aging and the distinction between biological and chronological aging. This fascination planted the seeds for my later work on aging and the life course. Gradually, I began engaging with works by scholars like Bob Hummer, Mark Hayward, and Ken Ferraro on early life conditions, aging, and the life course. Stefan Timmermans' writings on the nature and meaning of death also influenced my thinking on health disparities and relationality.

## **How has medical sociology evolved since you first entered the field?**

The field appears more integrated now than 20–25 years ago when medical sociologists often focused on qualitative, in-depth work related to the healthcare system. In immigrant health, for instance, there's more interdisciplinary work exploring how health gets "under the skin." David Williams' foundational work on how racism impacts health paved the way for broader discussions that now include sexism. In the past, racism was often seen as a residual factor in disparities. Today, we measure and interpret it more directly, and interpretations are more ambitious. This shift is not only due to improved data but also a growing willingness to confront and call out systemic racism.

## **If you were beginning your career today, what aspects of the field would excite you most?**

It's an interesting thought experiment! If I were starting today, I'd focus on puzzles in migrant health using an integrated, mixed-methods approach. One enduring question involves understanding immigrant selection in terms of health and the mechanisms behind disparities—social integration, community dynamics, stressors, and support systems. Exploring how these factors influence health outcomes, such as hypertension prevalence, through nuanced and authoritative measurement would be incredibly exciting.

## **What do you hope your work contributes to the discipline's legacy?**

Even if my name is not remembered, I hope my research raises the bar for thoughtfulness and quality, fosters collaboration, and advances the field in meaningful ways. I strive to leave the world a little better through my work, contributing to collective progress while enjoying the process.

# Dr. Kim-Phuong Truong-Vu

## What drew you to medical sociology?

My parents' experiences as refugees navigating the U.S. healthcare system, along with my work at a domestic violence shelter for Asian and Asian American families, were foundational in shaping my interest in medical sociology and health disparities. In graduate school, I was frustrated by the lack of data on Asian Americans, which perpetuates the "forever foreigner" stereotype. Without adequate data, it's impossible to address the unique health needs and disparities of this population.

## Which scholars and sociologists have most inspired your path so far?

Scholars like Celine Shimizu, Kum Vahgnani, Denise Segura, France Winddance Twine, Kathleen Tierney, Stefanie Mollborn, Jason Boardman, Rick Rogers, and Fernando Riosmena have greatly influenced me. I've also learned from junior colleagues, such as Juhee Wu, who inspire me to center marginalized voices and mentor with care.

## Which scholars and sociologists have most inspired your path so far?

A significant problem is the exclusion of Asian Americans in research or their treatment as a monolith. My work highlights their unique health trajectories shaped by migration experiences, such as time spent in refugee camps and life in the U.S. These experiences inform health beliefs and decision-making, challenging stereotypes like the "model minority" myth. My goal is to emphasize their agency and lived experiences.

## Which scholars and sociologists have most inspired your path so far?

As a first-generation student, finding a supportive community has been invaluable. Imposter syndrome is common in academia, but having mentors and peers who create a welcoming environment helps. Improving reading and writing skills is essential, as is building a network to share resources and work collaboratively. Sociology has the power to drive meaningful change, and I always remind my students that individuals shape society as much as society shapes individuals.

# Student Editors



Shruti Krishnan (she/they)



Jian Meng (he/him/his)



Ruhao (Irene) Pang  
(she/her/hers)



Teresa Rivera (she/her/ella)



Grace Nakajima (she/her)

# ASA MINORITY FELLOWSHIP

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The ASA Minority Fellowship Program (MFP) aims to develop a diverse and highly trained workforce available to assume disciplinary leadership roles and conduct research relevant to today's society. Since its inception, the MFP has supported more than 500 predoctoral sociology graduate students. Each annual fellowship provides a \$20,000 stipend (August 1-July 31). ASA works with departments to help cover the cost of tuition for the academic year. Fellows gain access to virtual programming throughout the year, designated professional development opportunities at the ASA Annual Meeting, travel support for scientific conferences, and membership in a distinguished network of sociologists.

The deadline to apply is January 30,2025

[Link to Information](#)

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## SECTION VOLUNTEER LINK

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The Medical Sociology Section is in need of volunteers for various roles, committees, and councils. Please use the link below to let us know if you are interested in volunteering.

[Volunteer Sign-Up](#)



# AWARD NOMINATIONS

## LEO G. REEDER AWARD



The Medical Sociology Section invites nominations for the 2026 Leo G. Reeder Award, which will be presented at the annual meeting in New York. This award honors distinguished contributions to medical sociology, recognizing a body of scholarly work that demonstrates an extended trajectory of productivity and has advanced theory and research in the field. The Reeder Award also acknowledges excellence in teaching, mentoring, training, and service to the medical sociology community.

To nominate a candidate, please submit a letter of nomination and the nominee’s curriculum vitae to **Dr. Lijun Song at [lijun.song@vanderbilt.edu](mailto:lijun.song@vanderbilt.edu)** with the subject line: *2026 Reeder Award Nomination*. **Nominations are due by April 1, 2025.**

The nominee and at least one nominator must be current section members. Nominations are retained for two years. After this period, nominators will be notified and may choose to update or withdraw the nomination materials. *Note: If a nominee is currently a member of the Medical Sociology Section Council, their nomination will be deferred until they are no longer serving on the Council.*

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## SIMMONS AWARD



The Roberta G. Simmons Outstanding Dissertation in Medical Sociology Award recognizes exceptional doctoral dissertations in medical sociology. The award includes a \$750 travel grant to attend the ASA Annual Meeting.

Eligible candidates must have defended their dissertations within the two academic years prior to the award year. For the 2025 award, candidates should submit:

- A sole-authored, article-length paper (maximum 35 double-spaced pages, 11- or 12-point font, inclusive of references). The paper may be published, in press, or under review.
- A letter of recommendation from a faculty mentor familiar with the candidate’s work.
- 

Please send all materials to **Dr. Emily Vasquez at [evasquez@wesleyan.edu](mailto:evasquez@wesleyan.edu)** with the subject line: *2025 Simmons Award Nomination*. **The submission deadline is April 1, 2025.** Both the nominee and nominator must be current section members.



# AWARD NOMINATIONS



## HOWARD B. KAPLAN MEMORIAL AWARD IN MEDICAL SOCIOLOGY



The Howard B. Kaplan Memorial Award supports graduate students conducting research in mental health, self-concept and health, or deviance. The award provides up to \$500 to help cover expenses related to attending the ASA Annual Meeting.

Eligible candidates must be current graduate students and members of the ASA and the Medical Sociology Section. To apply, submit:

- A curriculum vitae
- A faculty nomination letter

Send all materials to **Dr. Megan Reynolds** at [megan.reynolds@soc.utah.edu](mailto:megan.reynolds@soc.utah.edu) with the subject line: *2025 Kaplan Award Nomination*. **Applications are due by April 1, 2025.**

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## DONALD W. LIGHT AWARD FOR APPLIED MEDICAL SOCIOLOGY



The Donald W. Light Award recognizes outstanding contributions to the applied or public practice of medical sociology. The award is given to one book and one journal article that apply sociological concepts and methods to significant issues in health, healthcare, or health policy at the national or international level.

For the 2025 award, submissions must have a publication date in 2023 or 2024. Self-nominations are welcome, and the nominator and at least one author must be current section members.

Article Award:

- Complete the **Nomination Form**.
  - Email a copy of the article to Dr. Cathy van de Ruit at [cvanderuit@ursinus.edu](mailto:cvanderuit@ursinus.edu) with the subject line: 2025 Donald W. Light Award.
-

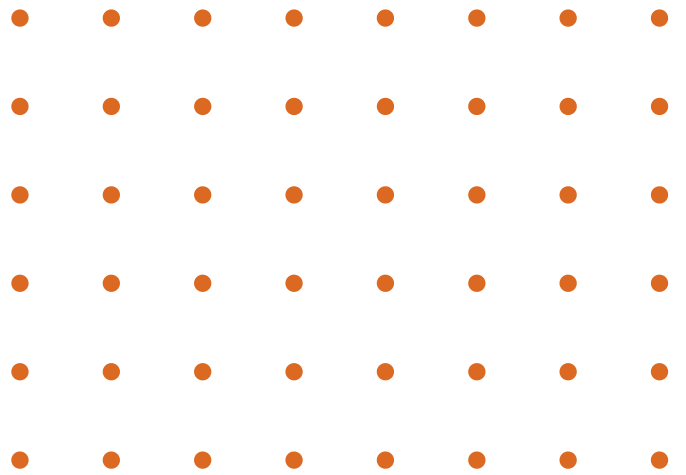
# LGBTQIA+ RESOURCE GUIDE

Last spring, ASA published a resource guide on transgender and gender diverse (TGD) youth that was co-authored as co-chairs by the ASA's Committee on the Status of LGBT People in Sociology. This report, *Public Policy and the Well-Being of Transgender and Gender Diverse Youth in the U.S.: A Sociological Guide for the Public*, summarized social science research relevant to the ongoing debates about public policies impacting TGD youth.

The goal was to make the relevant research accessible to non-academic audiences, including parents, educators, and policymakers. A sociological lens was applied to synthesize a body of research that cuts across many disciplines. Our hope was that such a report might dispel some of the misinformation and disinformation spreading about the needs and experiences of TGD youth.

**RESOURCE GUIDE LINK**

# Notes from the Newsletter Editor



Happy New Year!

As we begin 2025, I'm pleased to share the Winter edition of our Medical Sociology Section newsletter. This issue highlights valuable insights from our committee chairs and columnists, offering practical updates and strategies to support our work in medical sociology.

I want to acknowledge the efforts of our contributors, whose thoughtful pieces bring depth to this publication. Thank you to Karen Lutfey-Spencer, Tasleem J. Padamsee, Joseph Wolfe, Cathy Van De Ruit, San Juanita Garcia, Jonathan Shaffer, and Jason Houle for their valuable contributions.

I hope you find the content insightful and valuable as we move forward into the year. As always, your input and ideas for future editions are welcome. Wishing everyone the most lovely year ahead!

Best regards,

-PJ Pettis



**PJ Pettis**  
Editor



**Danie Duran**  
Assistant Editor and Designer



# Medical Sociology Newsletter

## Note from the Chair

Greetings, Medical Sociology community!

I recognize that this has been an incredibly challenging time for higher education—especially for those of us in the field of health research. I’ve spoken with many people who have lost grants, are facing uncertainty about their futures, and are deeply concerned for their students and communities. I share your concerns and applaud the many ways I see people coming together to support important agendas. I hope this section can serve as a source of community for you.

As the academic year winds down, the section is gaining momentum with other activities. Read on for updates.

## Awards

Thank you for submitting nominations for our seven awards. We had robust submissions for all of them—a timely reminder of how much exciting work is happening in medical sociology. Our award committees are busy selecting winners, who will be notified in the coming months and celebrated at ASA.

## Elections

ASA elections are underway. Due to a change in the vendor, you may have noticed that the ASA-wide ballot was sent out separately from the Section-specific ballot. The ASA-wide ballot will close on Monday, June 2, at 5:00 p.m. Eastern. The second wave, with Medical Sociology section positions, is still TBD—but please keep an eye out. Many thanks to our outstanding nominations committee, chaired by Christy Erving, and including Alexandra Vinson, Kelly Underman, Caroline Brooks, Alex Brewer, and Juanita García.

[Note from the Chair](#)

[ASA 2025](#)

[Chair of Health Policy](#)

[Chair of Teaching](#)

[Chair of Careers](#)

[Chair of Memberships](#)

[Publications](#)

[Reeder Award Winner](#)

[Student Section](#)

[Webinar](#)

[Volunteer Link](#)

[Call for Book  
Proposals](#)

[Call for Students](#)

[Letter from the Editor](#)

▲ [Click to jump to section](#)

## Reeder Award Winner: Brea Perry

We are delighted to introduce Reeder Award winner Brea Perry in this issue of the newsletter, with a tribute written by Chair-Elect Lijun Song. For those of you who are new to the section, you may be interested to know that the Reeder Awardee is selected a year in advance by a 16-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. Perry! We look forward to celebrating with you and hearing your remarks at the business meeting/award session on Saturday, August 9.

## ASA Meeting in Chicago

Our organizers have done an impressive job reviewing submissions and planning sessions. Thank you to Alexandra Brewer, Danielle Raudenbush, Tyson Brown, and Tania Jenkins for your dedication. We have four paper sessions, one co-sponsored session with the Disability in Society section, and 21 roundtables (with special thanks to Jane VanHeuvelen and Matt Grace for managing such a high volume of papers!). We've just finalized contracts for an off-site reception, which we'll co-host with our colleagues from the Sociology of Mental Health and Sociology of Body and Embodiment sections. We're also thrilled to welcome Gareth Thomas from Cardiff University, who will represent Sociology of Health and Illness and participate in our editor roundtable workshop. We look forward to reinvigorating conversations with each other and with our UK colleagues.

## US–UK Medical Sociology

Speaking of our UK colleagues, we are planning initial meetings to explore opportunities for collaboration. Our first meeting will take place in mid-May. This could lead to another US–UK Med Soc conference—if we have the person-power to make it happen. If you are interested in joining a steering committee, please email me directly at [karen.spencer@ucdenver.edu](mailto:karen.spencer@ucdenver.edu).

# Note from the Chair

## Social Media

You may have noticed that our social media presence has slowed recently, in part due to changes with Twitter. However, I'm happy to report that the section now has a Bluesky account, where we hope to begin posting updates soon. Our student council members, J'Mauri Jackson and KJ Davidson, have exciting ideas for reviving and extending some of the Mentor of the Month learning goals via social media. Please follow the Medical Sociology Section account (@asamedsoc.bsky.social) and the JHSB account (@jofhbs.bsky.social) for more. (QR codes are provided below for your convenience.)

As always, I am grateful to the Council and to everyone who works hard to keep this section vibrant. Congratulations to PJ Pettis and Danielle Duran for another excellent newsletter. Special thanks to Dr. Fizza Raza, who keeps us updated on workshops, job postings, and more via our listserv, sending announcements on the 1st and 15th of each month. Please email her directly at [fraza@gsu.edu](mailto:fraza@gsu.edu) to post to the listserv.

As always, if you have ideas or are interested in getting involved, please don't hesitate to reach out.



**ASA Medical Sociology Section  
BlueSky Account**



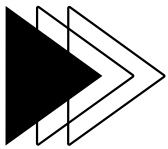
**Journal of Health and Social Behavior  
BlueSky Account**



**Karen Lutfey-Spencer**

We are excited to announce an engaging lineup of topics for the 120th Annual Meeting of the American Sociological Association in Chicago, scheduled for August 8-12, 2025. Paper submissions will open on Monday, November 4, 2024, with a deadline of Wednesday, February 26, 2025, at 11:59 PM Eastern. We extend our gratitude to our organizers for assembling these sessions and to all members who will be submitting their work!

## SESSION TOPICS



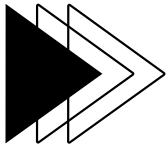
### **Exciting New Medical Sociology That Everyone Should Know About**

Organizer: Alex Brewer, USC

We invite papers that broadly address exciting new developments in sociology that should be shared within our field. This may include novel substantive questions, methodological innovations, cutting-edge theoretical developments, or creative dissemination strategies. We especially welcome contributions from junior scholars, underrepresented scholars, and research focused on underrepresented populations.

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### **Racialized Health Injustice**

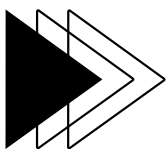


Organizer: Tyson Brown, Duke University

Racialization is a critical concept for understanding health disparities. This session invites papers that explore how sociology can enhance our understanding of racial health disparities by approaching racialization as a process, rather than merely a demographic characteristic.

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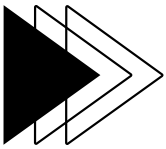
### **Health Disparities and the Medicalization of Population Health**



Organizer: Danielle Raudenbush, UC San Diego

It has been nearly 50 years since McKinlay and McKinlay (1977) questioned the contribution of medical measures to the decline of mortality in the U.S., yet we continue to grapple with similar issues regarding the implications of medicalization for population health and health equity (Lantz 2023; Kindig 2020). This panel invites papers that examine the intersection of population health, medicalization, and medical sociology, addressing how our field can remain at the forefront of health disparities research.

## SESSION TOPICS

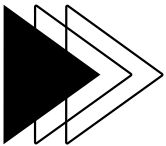


### **Is There a Doctor in the House? Updating the Medical Sociology Agenda Around Doctoring**

Organizer: Tania Jenkins, UNC Chapel Hill

The study of doctoring has a long-standing tradition in medical sociology, encompassing medical education, doctor-patient interactions, and changes in healthcare. Some argue that doctors are becoming obsolete, while others contend they will always play a vital role, albeit in a transformed capacity alongside engaged patients. This session seeks to outline a research agenda for the next 20 years in medical sociology focused on doctoring.

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### **Roundtables**

Co-Organizers:

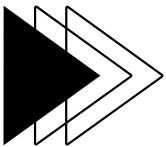
Jane VanHeuvelen (University of Minnesota)

Matt Grace (Hamilton College)

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We are also pleased to announce a co-sponsored session with the Disability in Society section.

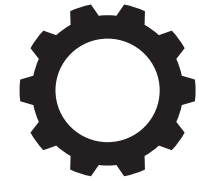
### **People with Disabilities as a Population with Health Disparities (Co-Sponsored with Medical Sociology)**



Organizer: Kenzie Mintus (Indiana University Indianapolis)

The National Institutes of Health (NIH) has recently recognized people with disabilities as a population with health disparities. This acknowledgment is a result of advocacy efforts and represents a significant step toward recognizing disabled individuals as a minority group with unique health and healthcare concerns. The purpose of this co-sponsored session is to highlight innovative sociological work examining health disparities among disabled persons.

## WORKSHOPS



### **Sexual and Reproductive Health: Tips and Tricks for Navigating a Complex Research and Policy Terrain**

Monday, August 11, 8:00–9:30 a.m.

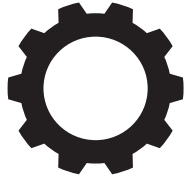
Health disparities affecting women, gay, and transgender people are widening both in the United States and internationally. Medical sociology offers a critical conceptual and methodological toolkit for understanding the roots of entrenched health inequities and for developing solutions to address these divides. In a political climate that is reifying racism, homophobia, and sexism, this workshop will gather sociologists actively engaged in sexual and reproductive health research to discuss shared challenges and strategies to overcome barriers in their work.

The session aims to engage scholars at various career stages using diverse research methods—including content analysis, qualitative and quantitative designs, and work conducted in both domestic and international contexts. Additionally, the workshop will serve as a platform for networking and mentoring, particularly for early-career scholars and members of minoritized groups.

#### **Learning objectives:**

- Identify challenges and opportunities in qualitative and quantitative research in both U.S. and international contexts
  - Discuss changes in federal and private funding sources, and explore strategies for overcoming funding barriers
  - Address challenges in accessing publicly available data sources
  - Consider threats to academic freedom and discuss strategies for resisting information suppression
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## WORKSHOPS



### How to Publish in Medical Sociology Journals

Monday, August 11, 2:00–3:30 p.m.

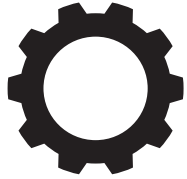
This workshop brings together an international panel of editors representing prominent peer-reviewed journals in medical sociology and sociology of mental health. Journals represented will include the Journal of Health and Social Behavior, Social Science & Medicine (both the medical sociology and qualitative research desks), and Sociology of Health and Illness.

The session's learning goals center on mentoring scholars—especially those in early career stages, from minoritized groups, or working with less conventional methods—on how to navigate the publishing process. Several of the editors participated in a virtual panel in September 2024, geared toward graduate students in the Medical Sociology Section's Mentor of the Month program, which had very high turnout. We expect even broader participation at this in-person event, given the expanded journal representation and wider audience.

#### Learning objectives:

- How to choose a journal (and the value of submitting a query)
  - Key characteristics of a successful/publishable manuscript
  - Tips for making effective revisions
  - Understanding the peer review process and how to write strong reviews
  - How students can become involved in reviewing
  - How reviewers are selected
  - Common reasons manuscripts are rejected
  - Words of encouragement for aspiring authors
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## WORKSHOPS



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# ASA Meeting Guide Program

ASA is introducing something exciting at the 2025 ASA Annual Meeting in Chicago to help first-time attendees feel more connected—the ASA Annual Meeting Guide Program! A small group of first-time attendees will be paired with an experienced meeting guide to help them confidently navigate the meeting and get the most out of the experience. Guides will arrange a brief 20-to-30-minute meet-up with their group, which will take place at the start of the Annual Meeting.

## Interested in Being a Guide?

Complete the form at the link below by May 29, 2025. If selected to be a guide, you must register for the Annual Meeting by June 30, 2025, to participate in the program. Meeting guides are only expected to be available in relation to the Annual Meeting.

### Guidelines

- The initial meet-up (20 to 30 minutes) will be in a public place, onsite at the meeting.
- Although not required, we encourage guides to exchange cell phone numbers with their first-time attendee group to aid in meeting at the Annual Meeting. Unless both parties agree to continued use of cell phone as a means of communicating, all participants are asked not to use cell phone numbers after the Annual Meeting.
- Guides will only meet with members of their first-time attendee group in a public place onsite at the Annual Meeting.

### Suggestions for Initial Meet-up

- Friday before the opening plenary.
  - You could then go to the plenary and welcome reception with your group.
- Immediately after the First-time Attendee Welcome Session, which takes place on Saturday at 8:00 am.
  - Note: Please do not arrange your meet-up at a time that conflicts with this important Welcome Session for first-time attendees.
- Exhibit Hall:
  - There are tables in the Exhibit Hall where you can meet with your group. The Exhibit Hall will be in the Hyatt Regency Chicago and has the following hours:
    - Saturday, August 9, 12:00 – 4:00 p.m.
    - Sunday, August 10, 9:00 a.m. – 4:00 p.m.
    - Monday, August 11, 9:00 a.m. – 12:00 p.m.
    - Tuesday, August 12, 9:00 a.m. – 12:00 p.m.

[Guide Sign-Up](#)

## First-Time Attendees

Apply to be matched with a guide by [completing this form](#) by June 9, 2025. Applicants must register for the Annual Meeting by June 30, 2025, to participate in the program. Priority will be given to first-time attendees of the 2025 Annual Meeting who are also ASA members and in order of application so apply early! You can also review the ASA webinar, [Making the Most of the ASA Annual Meeting](#) that was recorded a few years ago, and review the [Annual Meeting 101](#) tip sheet.

## ASA Meeting Guide Program

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[Guide Sign-Up](#)

## The Impact of Recent Policy Initiatives



U.S. health care, scientific contributions, and the global humanitarian mission are at the center of the Trump administration’s revisionist agenda for American society and geopolitics. In the first quarter of this year, over 20,000 jobs at the Department of Health and Human Services (HHS) were eliminated, US\$3 trillion worth of federal grants and loans were frozen, and the United States Agency for International Development (USAID) was shuttered. A Republican House plan proposes a major restructuring of HHS, including funding cuts amounting to US\$715 billion over the next decade to Medicare, Medicaid, and the Affordable Care Act (Sanger-Katz and Edmonson 2025). The plan also includes stipulations that Medicaid users complete an 80-hour-per-month work requirement and provide paperwork verifying residency and income eligibility. These cuts and stipulations are estimated to jeopardize insurance coverage for 8–10 million Medicaid users.

Two broad policy directions have emerged. The first is the **Make America Healthy Again (MAHA)** campaign, led by Robert F. Kennedy as Secretary of HHS, which aims to reduce childhood chronic diseases driven by environmental and safety risks. The second seeks to improve health sector efficiency and eliminate waste through a newly created **Department of Government Efficiency (DOGE)**. Yet these two policy arms are working at cross-purposes. The DOGE campaign, “Defend the Spend,” has halted guaranteed funding disbursements for additional review, leading to payment backlogs that impact the National Institutes of Health, the Administration for Children and Families, and other parts of HHS (Washington Post 2025). Widespread staff layoffs have crippled vital health services to the point where they can barely maintain existing operations. For example, the CDC’s childhood lead prevention office—staffed by 25 people who processed three million blood tests annually through community partnerships—was inadvertently eliminated in the recent round of layoffs (Glied and Frank 2025).

# Chair of Health Policy and Research

Bilateral aid for global health has been slashed. The U.S. withdrew from the World Health Organization, USAID was closed, and a 90-day funding freeze on the President's Emergency Plan for AIDS Relief (PEPFAR) has placed millions of lives at risk (Singh et al. 2025). USAID will be absorbed into the State Department; 83% of its funding streams have been cut, and the Trump administration aims to reduce the workforce to just 15 positions (Omer 2025). The consequences of gutting humanitarian assistance are already apparent. After a recent earthquake in Myanmar, the U.S. offered only US\$9 million and a small ground team—relief staff who were later fired. In contrast, following an equivalent disaster in Syria and Turkey in 2023, the U.S. sent US\$153 million in aid and deployed scores of relief workers. As for the elimination of PEPFAR funding for HIV/AIDS treatment and prevention, demographic models predict that by 2030, an additional 1 million children will become infected with HIV, 500,000 more will die of AIDS, and 2.8 million more will be orphaned (Cluver et al. 2025).

Clinical research has also seen severe disruption. The NIH has terminated swaths of ongoing and new research programs, and—together with the CDC—faces funding cuts totaling US\$84 billion. Long-standing ties between research universities and the federal government have been severed, or scientific funding is being wielded as a tool to constrain university independence and academic freedom. Scientific journals are now under federal scrutiny based on claims of bias, threatening independent editorial oversight (The Lancet 2025a).

Taken together, these interventions place human lives—both domestically and abroad—at risk. They undermine health systems, exacerbate disparities, undercut scientific progress, increase vulnerability to biological threats, and turn health and science into tools of state-sponsored propaganda. We now see this in the promotion of discredited theories about the causes of autism and eugenics-based proposals for managing individuals diagnosed along the autism spectrum (The Lancet 2025b).

Broad-based resistance has emerged. Leaders of the American Public Health Association, Treatment Action Group, and Doctors for America have called for Kennedy's resignation. Scientific and medical journals are devoting significant space to scrutinizing the Trump administration's actions across all fronts of health care and research.

# Chair of Health Policy and Research

Civil, professional, and state agencies have filed lawsuits to stall the rollout of various executive orders (New York Times 2025). Notable cases with preliminary rulings include:

- USAID severance: The Supreme Court agreed with a district judge ordering restoration of USAID funding.
- Research university funding: A district judge blocked orders slashing indirect costs to NIH-funded research centers. The administration has so far ignored these rulings, using legal loopholes to keep funds frozen.
- DOGE compliance: The American Public Health Association, along with other advocacy groups, has sued to halt DOGE operations until it complies with Federal Advisory Committee Act transparency requirements. A district court has issued a 14-day halt to the HHS reorganization based on DOGE recommendations; the administration has appealed.
- Public health clawbacks: A U.S. federal judge temporarily blocked the administration's seizure of over US\$1.1 billion in already dispersed funds for state and local public health programs, following a lawsuit filed by 23 states and Washington, D.C. (Furlow 2025).
- CDC data removal: A federal court issued a temporary restraint preventing the CDC from deleting public health data related to environmental justice, HIV/AIDS treatment, fertility clinics, and clinical trial diversity recruitment, finding the agency in violation of the Administrative Procedure Act.

Polling by the Kaiser Family Foundation (2025) shows widespread public discontent with these policies. Majorities oppose funding and staffing cuts at HHS (61%), believe DOGE has overreached (54%), and describe its actions as reckless (59%). Predictably, partisan divides shape public opinion: those critical of the administration identify as Democrats, Independents, or moderate Republicans.

Medical sociologists have a vital role to play in documenting the social consequences of these sweeping domestic and global policy interventions—and in using their expertise to promote just, evidence-based policy. Global health sociologists have taken the lead in drafting an [open letter](#) condemning the closure of USAID. Outreach to social scientists is ongoing, and members of the Medical Sociology Section are encouraged to sign and share the letter widely. Joseph Harris (2025) discusses these issues in his Global Health Politics podcast, with a recent episode focused on the global health consequences of dismantling USAID.



**Cathy Van de Ruit**



## Research as Teaching (Part 2): Involving Undergraduates in Medical Sociology Research

In Part 1 of this column, I shared best practices and suggestions about why you might involve undergraduate assistants in your research, what kinds of contributions these students can make to faculty projects, and how to organize the experience for student and faculty success. In this second part, I offer tried-and-true methods for training, onboarding, and supervising a team of undergraduate research assistants.

### Training and Onboarding

Once you've selected one or more students to join your project, careful planning around how to integrate them into your research team can help ensure a smooth start.

Most colleges and universities require student researchers to complete many of the same certifications as faculty and staff—particularly if they will be involved in collecting original data. In medical sociology, this often includes one or more certifications related to human subjects protections, usually completed through online or in-person training. Conflict-of-interest disclosures or certifications related to the care and use of animals may also be relevant. Depending on your study timeline, it may be helpful to ask students to complete these requirements before or at the start of their official role. You may also need to add them to your IRB-approved team before they can interact with research participants or access study data.

To contribute successfully, new research assistants may need early access to critical resources. Will they need permission to view study documents, shared drives, or project files? Should they be added to a communication platform like Teams, Slack, or Google Workspace? Do they need to connect with graduate students or more experienced undergraduate team members? Setting up these systems in advance allows you to make the most of the first few weeks, when new students are especially receptive to learning procedures and expectations.

# Research as Teaching (Part 2): Involving Undergraduates in Medical Sociology Research

## Supervising a Research Team

### Group meetings:

- Teams with student members often benefit from a regular meeting schedule. Weekly meetings may fit well into everyone's calendars, but some groups may meet more or less frequently. These sessions provide a consistent space for ongoing training, process check-ins, answering questions, brainstorming solutions, and celebrating progress. For students with less research experience, group meetings can also be a rich learning opportunity—allowing them to observe and learn from more advanced team members.

### One-on-one meetings:

- In larger teams, occasional one-on-one meetings with each student can be very valuable. These conversations allow faculty to tailor the research experience to individual student needs, while also helping students feel more personally connected to the study. When a student encounters challenges—whether with the research or more broadly—these meetings can provide important opportunities for faculty support.

### Communication methods and norms:

- Clear norms around communication can make the difference between a smooth and a frustrating research experience. In my own teams, we've found the following practices helpful:
- (a) all team members are expected to check both their student/work email and our project communication platform (in our case, a Teams channel) at least once every business day, and to respond to messages within 48 business hours;
- (b) if a question or task cannot be addressed within 48 hours, students should reply with an acknowledgment and a timeline;
- (c) students are expected to bring a list of questions to each team meeting, and to email or post in Teams between meetings if any issue arises that might impede their work.

### Project tracking methods:

- Because many undergraduates are new to independent work, it's important to establish systems for tracking tasks, expectations, and progress. Group meetings can support accountability, especially if part of the agenda is devoted to checking in on each person's progress.
  - Our teams also use additional tools to scaffold student success, including:
    - Encouraging students to keep personal meeting notes in a notebook (physical or digital);
    - Requiring weekly tracking of hours and activities in a standardized spreadsheet;
    - Maintaining shared project-level notes accessible to all team members, so everyone is aware of the study's status and their role in it.

## Supervising a Research Team

### **Hierarchical team management:**

- Research teams come in many forms—from a faculty member working with one student, to complex groups involving faculty, staff, graduate students, and undergraduates. In larger teams, introducing a light hierarchy can help distribute the workload, allow mid-level team members to learn through mentoring, and expose less experienced students to the structure of graduate programs or research careers. If you implement a hierarchical structure, be sure to maintain regular, direct contact with each team member. This helps ensure you can monitor contributions, offer guidance, and address any issues early.

### **Team culture:**

- Perhaps the most important element of leading a student research team is cultivating a positive and inclusive team culture. In my experience, this means having regular (at least once per semester) conversations about your team's shared vision, encouraging all members—including undergraduates—to contribute to brainstorming and problem-solving, and providing occasional opportunities for informal connection, such as icebreakers or team gatherings.

I hope this column offers something useful as you consider bringing undergraduates into your research—or strengthening your existing undergraduate research team. To share your thoughts or suggest new teaching-related topics for the newsletter, please email me at [padamsee.1@osu.edu](mailto:padamsee.1@osu.edu).



## Finding a Fit for Grants



**Joseph D. Wolfe**



**Gabe Miller**

Hi everyone and welcome back to my series of interviews on “Fit.” We often hear about fit when applying for jobs, searching for collaborators, selecting journals, and securing funding. Fit, however, remains an ambiguous concept that we rarely take the time to explicitly define. So, I decided to interview several of my colleagues in the medical sociology program here at the University of Alabama at Birmingham (UAB). In this interview about fit, I spoke with Dr. Gabe Miller. In addition to his cutting-edge research on structural inequalities in the U.S., Dr. Miller has done a fantastic job bringing a sociological perspective into large, multidisciplinary grants. We discussed the importance of finding a good fit when it comes to grants and how to improve your chances of securing funding. (n.b., Gabe and I had this conversation before the recent wave of grant terminations.)

**JDW**

How would you define “fit” when it comes to grants?

**GM**

Fit in grant work operates on two levels: team fit and funder fit. For team fit, I often find myself as the only sociologist on an interdisciplinary team. My role is to contribute a sociological framework to the project, but I also need to recognize what I don’t contribute. Fit, in this sense, means understanding what I uniquely bring to the table and how my expertise complements the rest of the team. For funder fit, it’s about aligning our expertise with what the grant call is actually asking for. A mistake I see often is people chasing funding rather than ensuring their team is well-positioned to do the work. Some scholars jump on the latest funding trend, even if it’s outside their wheelhouse. That’s not good science.

**JDW** So, you think researchers should stick with what they already do rather than adapt to new trends?

**GM** I think scholars should be strategic. If you have the expertise to take on a new topic, great. But if you're scrambling to learn a new area just because a funding opportunity is available, you're setting yourself up for trouble. I've seen colleagues land grants on hot topics only to find themselves kind of miserable because it's not their real passion. Don't forget that a grant is a long-term commitment. If it doesn't align with what you care about or what your team does well, it's going to be a tough grind.

**JDW** What advice do you have for graduate students trying to find the right funding opportunities?

**GM** The first step is understanding what your team actually does well. Fit isn't just about you—it's about whether your team has the expertise to fulfill the grant's requirements. Another key piece is recognizing that funders use the same words in different ways. For example, "health equity" means something different to the Robert Wood Johnson Foundation than it does to the NIH. If you don't take the time to understand those distinctions, you're setting yourself up for rejection.

**JDW** That's such an important point. I've heard people say, "Just get a group together and apply for whatever looks good," but that seems risky.

**GM** Exactly. You can't just assemble a team and force it into a funding call. You have to ask, "What does our team actually know how to do?" If the answer doesn't align with the grant call, you don't have fit.

**JDW** Expertise is another tricky concept. What do funders actually look for?

**GM**

Expertise is multi-layered. It's not just about having publications in an area—though that certainly helps. I think about expertise in three ways. First, methodological expertise: Do you and your team have the training and experience to use the methods required for the project? Training alone isn't enough; hands-on experience matters. Second, disciplinary expertise: Are you applying the right theoretical framework? If a grant focuses on structural factors, but your background is in individual interventions, you might not be the right fit. Finally, topical expertise: Do you have experience with the specific population or health outcome that the grant is targeting? Funders also vary in how much they value lived experience.

**JDW** So, knowing how a funder defines expertise is part of finding the right fit?

**GM**

Absolutely. If you don't understand how a funder conceptualizes expertise, you might position yourself incorrectly.

**JDW** A big difference between grants and journal publishing is the role of program officers. How important is it to talk to funders before submitting?

**GM**

It's essential. I've had multiple experiences where two different program officers from the same agency gave completely opposite advice. For example, we were applying for an NIH R01 grant. One PO told us our proposed population was a perfect fit. Another PO at a different NIH institute said we weren't a priority population unless we framed the study differently. If we hadn't had those conversations, we could have spent months writing a grant that was doomed from the start. This isn't about schmoozing—it's about due diligence. You can't assume that reading the grant call is enough. Talking to the PO ensures you're positioning your application in a way that aligns with their expectations.

**JDW**

Is there anything that you wish you had done differently to prepare for grant writing as a graduate student?

**GM**

I wish I had been more proactive about asking faculty if I could see their funded grant applications. I worked on grant-funded projects, but I never saw the actual proposals. Funding begets funding. If you don't have a track record yet, the best way to learn is by looking at successful grants from people who do. Seeing how a proposal is structured, what details are included, and how arguments are framed is invaluable.

**JDW**

That makes so much sense. When I started publishing, I learned by analyzing published papers in my field. It sounds like grant writing works the same way—you need to see the finished product to understand how it all comes together.

**GM**

Exactly. Grant writing has a formula. If you don't know what that formula looks like, you're at a disadvantage.

**JDW**

If you could go back in time and give yourself a piece of advice about fit, what would it be?

**GM**

Be bold about asking for examples and mentorship. Early in my career, I didn't want to impose on faculty, but I know now that many of them would have been happy to share past grants or offer guidance. Also, recognize that getting a grant isn't just about having a good idea—it's about presenting that idea in a way that aligns with the funder's priorities and expectations. Fit isn't just about whether your project is good; it's about whether it looks like what the funder wants to see.

# Memberships

Dear Medical Sociology Section Members,

I hope the end of the semester is wrapping up as smoothly as possible for you all—and that you're finding ways to build solidarity and hold onto hope as our political predicament continues down a dark path. It's in times like these that I'm especially grateful to be in community with concerned, thoughtful scholars working to bring empirical, theoretical, and often moral clarity to a topsy-turvy world.

That's also why I'm hopeful we can continue our upward trajectory in Medical Sociology section membership during this critical summer period—both leading up to and following the ASA annual meeting. Please encourage graduate students, colleagues, and others submitting work to this summer's ASA meeting to add the Medical Sociology section to their registration!

In addition, I'm putting together a small team to help with future membership and recruitment drives and events. If you're interested in brainstorming with me, please send an email to [jonathan.shaffer@uvm.edu](mailto:jonathan.shaffer@uvm.edu). This would be a minimal time commitment (just a handful of meetings) and could be a great way to get more involved in the section and connect with members across our community.

Please reach out if you're interested in helping grow our membership, building this team, and strengthening a crucial organ of critical scholarship within ASA.

Thank you all—and I hope you have a wonderful end of the semester and a great start to the summer!

All the best,

Jon Shaffer  
Assistant Professor of Sociology  
University of Vermont



**Jon Shaffer**

# Student Section

For this issue of the newsletter series on the theme “*A Conversation through the Years: Fostering Dialogue between Emerging and Seasoned Scholars in Medical Sociology*,” we interviewed two medical sociologists—one senior academic and one junior academic—to learn about their experiences navigating medical sociology within the areas of science, technology, and knowledge production. Questions and responses have been paraphrased to accommodate space limitations.

Dr. Larry Au is an Assistant Professor in the Department of Sociology at The City College of New York, CUNY. His research examines the dynamics of inclusion and exclusion in the production of biomedical knowledge and asks how clinicians and scientists can better serve patients and the public. Part of this work investigates the globalization of precision medicine—or the use of genomics and other forms of big data to improve diagnosis and treatment—focusing primarily on its rise in China. Dr. Au earned his Ph.D. from Columbia University and has published in *Sociological Forum*, *Social Science & Medicine*, *SSM – Qualitative Research in Health, Science, Technology & Human Values*, and *Public Understanding of Science*. He currently serves on various elected councils and boards.



Dr. Gil Eyal works broadly across sociology of science, medicine, professions, intellectuals, and knowledge—especially at their intersection with political and legal institutions. He calls this the sociology of expertise: a framework that avoids predefined boundaries about who or what counts as “expertise.” His research explores both professional and lay knowledge, including how ordinary people act as “lay experts,” assembling new forms of expertise.

Eyal will soon co-direct a Mellon Seminar on Trust and Mistrust of Science and Experts, bringing together scholars, scientists, and the public to analyze and respond to the current crisis. He also studies the relationship between basic science and medical practice, especially under the influence of precision medicine. As co-director of Columbia’s Precision Medicine & Society program, he facilitates interdisciplinary research on the social, legal, and ethical implications of precision medicine.

# Dr. Larry Au

## **What drew you to medical sociology, and what scholars inspire your research?**

When I entered graduate school, I was initially interested in immigration and migration. Along the way, I started working with scholars in science and technology studies (STS), attending weekly STS workshops and reading faculty and senior grad student working papers. Becoming part of that community drew me into STS, and by the end of my first year, I became interested in the modernization of traditional Chinese medicine. That later led to my study of precision medicine in China. I'm also now interested in the sociology of professions and expertise—especially literature on professional jurisdictions and boundary struggles, which has been pivotal. I originally focused more on the science side, then turned to illness and patient experience, including public understanding of science in China. During the pandemic, I studied long COVID and patient activism around contested illnesses. The works of Kristen K. Barker on fibromyalgia and Joanna Kempner on migraines and gendered illness have been revelatory and deeply influenced my thinking.

## **Do you have any advice for early-career scholars interested in comparative research, especially given the challenges of funding and logistics?**

You're right—American sociology often centers the U.S. But in medical sociology, scholars working in global health do fantastic international work. That said, it's challenging—especially when you have no prior contacts in a country like China or senior mentors with fieldwork experience there. Another difficulty is finding peer reviewers for publications, since few sociologists focus on health and science in China. My advice: collaborate. Work with other grad students, faculty, or international scholars you meet at conferences like ASA. Multisite qualitative research is difficult to do alone. For my comparative work in Brazil, I relied on fantastic collaborators who are experts in their regions. Also, think beyond sociology. Apply interdisciplinary approaches by working with psychologists, philosophers, biostatisticians, and neurologists. These colleagues often have deeper connections to clinical practice and can help articulate that context clearly.

# Dr. Larry Au

## **How do interdisciplinary spaces shape your research?**

My quantitative skills are limited—I'm primarily a qualitative sociologist. But even biostatisticians are interested in the contextual and situational aspects of data. They're open to qualitative insights. As a qualitative researcher, your goal is to create rich, "thick" descriptions of interactions, beliefs, and institutional dynamics. When done well, that work resonates broadly—even with those in policy and quantitative fields. I also attend a wide range of professional meetings: 4S (Society for Social Studies of Science), and the Society for the Advancement of Socio-Economics, which recently formed a health research network. These venues bring together political economists, management scholars, legal theorists, and more. At 4S, I've been on panels with musicologists and literature scholars—all talking about traditional medicine in China. While the common language can be hard to find, the exposure is often surprising and enriching.

## **Do you have any general advice for graduate students? What skills or perspectives do you think are most important?**

I don't know if I have much wisdom, but I'd say—take every opportunity. Go to ASA, attend med soc events, apply for mentoring sessions. You never know who'll become a future collaborator or hiring committee member. Many of my conference connections turned out to be crucial during my job search.

Also, sociology often emphasizes problems—disparities, inequalities—but doesn't always explore solutions. In my classes, I encourage students to think critically about solutions, assess their limits, and connect them to the social determinants of health.

# Dr. Gil Eyal

## What drew you to your research interests and the kind of work you do today?

If you look at my career, you'll see I wasn't always focused on these topics—but I've always been interested in them. I was drawn to medicine through readings like Zola's *Disabling Professions* and Foucault's *Madness and Civilization*. But I only started teaching a course on the sociology of expertise after tenure.

My question became: how do you bring this together with mainstream sociological approaches—like the sociology of professions, political sociology, or medical sociology? Expertise provided a bridge. When I started studying autism, it was clear that parents and patients were playing a major role. The concept of expertise helped create space for studying both credentialed professionals and laypeople. It became an umbrella under which you could study many aspects of medical sociology.

## Has any recent work in medical sociology especially excited or interested you?

Yes—I've been really interested in “surveillance medicine,” where medicine begins not from the subjective patient experience, but from a screen. This is a growing area. The work Stefan Timmermans and Mara Buchbinder have done—like *Saving Babies?* and their concept of “patients in waiting”—is excellent.

Precision medicine is reshaping our understanding of how medicine works. My student, Daniel Navon, now at UC San Diego, studies “gene-first” conditions—what Paul Rabinow in the 1990s called *biosocial communities*. These communities raise new questions and dilemmas. Also, the pharmaceutical industry's interest in rare disorders has grown. Victor Ray has written a great book on hepatitis and how drug development has focused on monetizing niche conditions. I also have a student working on rare diseases in China. The conversation has shifted—from recognition to the new realities of care, markets, and classification. And AI in medicine is another emerging frontier.

# Dr. Gil Eyal

## **The sociology of expertise is very interdisciplinary. Whose work has influenced you most?**

Anne Marie Mol's *The Body Multiple* is number one for me. It was a breath of fresh air—a completely different way of doing medical sociology. While Mol makes connections to other medical sociologists in the book's second half, her synthesis is original. It opens space to study the disease itself—not just the illness experience. You can bring in Science Studies approaches to explore how medical objects are created and how professionals and patients interact with them. Mol doesn't do all of that herself, but her work makes it possible. That was a discovery for me.

## **Do you have any general advice for graduate students?**

I've learned a few things over my career. First, if someone could be a mentor to you, be ready to learn from them. That might mean shifting your plans—not abandoning what matters to you, but being open to their guidance.

Second, don't worry too much about someone else getting to your idea first. Sociology is a broad field. Your perspective will find its place.

And finally—you're not just a medical sociologist. It's helpful to have that identity and community. But once you start studying medicine, you realize it intersects with everything—schools, private life, politics, algorithms, AI. Medicine's boundaries are porous. You're never just doing medical sociology.

# Student Editors



**Shruti Krishnan (she/they)**



**Jian Meng (he/him/his)**



**Ruhao (Irene) Pang  
(she/her/hers)**



**Teresa Rivera (she/her/ella)**



**Grace Nakajima (she/her)**

## **“Plant Sex: A Cultural Analysis of the Gendering of Plant Reproduction Processes.”**

*Signs: Journal of Women in Culture and Society*

shuster, stef m., Nicole Wonderlin, and Shahnaz Masani. 2025.

### **Abstract:**

Scholarship from feminist science, knowledge, and technology (FSTS) studies consistently demonstrates how the production of knowledge about biological processes depends upon gender stereotypes. For example, anthropologist Emily Martin’s now-classic work offered a cultural analysis of how biology textbooks foreground reproductive cycles in stereotypical ways—eggs depicted as passive and demure, and sperm depicted as active and competitive. Following a similar line of inquiry, we completed a content analysis of biology textbooks to examine how cultural ideas about gender shape the scientific community’s understanding of plant reproduction processes. We find that depictions of plant reproduction perpetuate erroneous representations that rely on gender stereotypes. “Male” plants are depicted as active, dominant saviors and “female” plants as passive, devious, or reluctant. We contribute to the scholarship on feminist science and technology studies and plant studies by demonstrating how the scientific community is so entrenched in gender norms and stereotypes that the stories that are often told about human reproduction have been extrapolated to make sense of, and depict, plant reproduction. Despite the accumulation of scientific knowledge about plants over centuries, sexing plant parts and processes continues to rely on mapping gender stereotypes onto plants and naturalizing differences between women and men.

## **“Painful Subjects, Desiring Relief: Experiencing and Governing Pain in a Medical Cannabis Program.”**

*Journal of Health and Social Behavior*

Steel, Ryan T. 2025.

### **Abstract:**

Cannabis can provide patients benefits for pain and symptom management, improve their functionality, and enhance their well-being. Yet restrictive medical cannabis programs can limit these potential benefits. This article draws on four years of research into Minnesota’s medical cannabis program—one of the most restrictive in the United States—including in-depth interviews with patients and a survey of health care professionals. Drawing on the new materialist concepts of Deleuze and Guattari, this article analyzes (a) the benefits patients in Minnesota’s medical cannabis program derive from cannabis, (b) how program restrictions mediate access to cannabis and its derived benefits, and (c) some key ways in which medical and criminal justice institutional authorities are reconfigured around medical cannabis. I show how the imperative to authoritatively govern “dangerous drugs” persists in consequential ways as the War on Drugs shifts toward a medicalized, criminalized, and commercial-legalized mixed regime.



**Health Care Civil Rights: How Discrimination Law Fails Patients. University of California Press.**

**Also available via Luminos Open Access Publishing**

Kirkland, Anna. 2025.

In this timely and incisive book, Anna Kirkland explores how civil rights law in health care is designed, implemented, and experienced. Drawing on 118 in-depth interviews and analysis of nearly 1,500 health insurance plans, Kirkland interrogates the gap between policy intent and practical outcomes. The book critically assesses protections for gender-diverse patients, offering a theoretical lens on the constitutive power of law in health care, interprofessional struggles, and political deployments of rights, especially by conservative movements.

**Medical Sociology, 16th edition. New York: Routledge.**

Cockerham, William C. 2025.

This comprehensive and widely used academic textbook introduces students to the field of medical sociology and serves as a reference for faculty. The 16th edition has been heavily revised with updated data, expanded discussions, and new content on emerging topics.

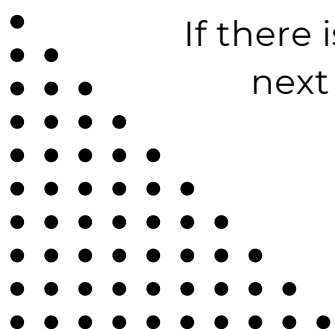
New to this edition:

- Updated analysis of the COVID-19 pandemic (Chapter 3)
- Examination of the widening life expectancy gap by class and education (Chapter 4)
- Expanded coverage of racism’s effects on physical and mental health (Chapter 6)
- Additions to health lifestyle theory and digital society (Chapter 8)
- New material on doctor–patient interaction, genomic data, and AI (Chapter 10)
- Updated discussion of the Affordable Care Act (Chapter 16)
- Comparative review of health-care delivery systems (Chapter 17)

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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)





# Reeder Award Winner



## Brea L. Perry

Written By Bernice A. Pescosolido

Distinguished Professor, Sociology, Indiana University

The Leo G. Reeder Award recognizes the lifetime achievements of sociologists who have significantly advanced the subfield of medical sociology through innovative research, mentoring, and service. This year's recipient is Brea L. Perry, the Grimshaw Professor of Sociology at Indiana University. She is also Vice Provost and Associate Vice President for Research, and Associate Director of the Irsay Institute. Despite these responsibilities, Brea has one of the most prolific, diverse, and well-supported research agendas in medical sociology—and likely in sociology overall.

Her research has broken through stalemates in the social determinants of health, social capital, stigma, and social networks. She has documented the critical role of social factors in mental illness (MI), substance use disorders (SUDs), and Alzheimer's disease. She has served our section as Chair and as editor of our *Advances in Medical Sociology* series (e.g., *Fifty Years after Deinstitutionalization: Mental Illness in Contemporary Communities*; and *Genetics, Health, & Society*). She has represented medical sociology on the General Social Survey Board of Overseers, NIH Study Sections, and ASA Committees (e.g., Nominations Committee).

Beyond research, Brea has been dedicated to building research infrastructure for sociology—within the discipline, across universities, and throughout higher education. She is also committed to supporting the careers of younger sociologists, from junior faculty to postdocs to graduate students. She currently holds weekly research “labs,” open to all students with similar interests, that include an intentional component of professional socialization. In addition, Brea has provided research assistance and service to community organizations including local high schools, children's law centers, and youth programs such as Big Brothers Big Sisters and Girls Inc.

Brea has an extraordinary record of publication (over 100 published papers), four edited volumes, a large and active grant portfolio, and a high level of citations to her research. She has received research and mentoring awards from IU, ASA, and the NIH. She was selected as an Emerging Leader in Health and Medicine by the National Academy of Medicine. But more important than numbers and awards, Brea has made substantial theoretical, methodological, and policy-relevant contributions to our understanding of severe MI, stigma, population mental health, social networks, SUDs, and the social determinants of health—especially the effects of race/ethnicity, sexual orientation, and gender on mental health.



# Reader Award Winner



## Brea L. Perry

Brea was—and continues to be—central to the National Stigma Studies beginning in 1996. In a recent paper (Perry et al., 2022, “Public stigma and personal networks: Confronting the limitations of unidimensional measures of social contact,” *JHSB*, 63(3): 428–445), Brea designed the ego-centric network module of respondents’ contact with people with MI. While contact represented a promising direction for reducing MI stigma, the loose translation of this finding into anti-stigma efforts ignored the issue of what kind of contact mattered. Perry and colleagues found that simply knowing someone with MI—or even knowing more people—was not associated with lower endorsement of public stigma. Rather, having more friends and family (but not peripheral ties) with MI, and knowing people in treatment, was associated with lower stigma endorsement, while exposure to individuals with MI who were perceived as dangerous had the opposite effect. A second paper revealed that connections to valued ties (e.g., friends, family) who rejected stigmatizing beliefs about MI improved recognition of MI and reduced endorsement of moral causation (Pullen E. et al., 2022, “Labeling, causal attributions, and social network ties to people with mental illness,” *Social Science & Medicine*, 293: 114646).

This research line followed early work on labeling theory and helped spur pioneering efforts on SUD stigma. On the former, Brea drew on social network theory to examine discrepant findings in existing research—being formally labeled with an MI presents a paradox, simultaneously initiating beneficial social processes within core networks and detrimental ones among peripheral ties. She documented that individuals with severe diagnoses and more visible symptoms have larger, more broadly functional, and more supportive networks, yet are more vulnerable to discrimination by acquaintances and strangers (Perry, 2011, “The labeling paradox: Stigma, the sick role, and social networks in mental illness,” *JHSB*, 52: 460–477). On the latter, she co-developed, fielded, and analyzed data from what remains the only nationally representative dataset (N ~7,000, 2021 Shatterproof) documenting stigma across different SUDs, comparing individuals actively using substances or in recovery, and examining whether onset was medical or recreational (Krendl & Perry, 2022, “Addiction onset and offset characteristics and public stigma toward people with common substance dependencies,” *Drug & Alcohol Dependence*, 237: 109503).

During the COVID-19 pandemic, Brea led a Russell Sage Foundation-funded effort to follow up a state-representative study of nearly 3,000 individuals (Person to Person Health Interview Study). Among the findings, older adults reported higher depression and greater loneliness following the pandemic’s onset; however, the perceived strength of their social relationships—not social engagement per se—moderated this relationship (Krendl & Perry, 2021). More broadly, cohesive and affectively strong personal networks promoted resilience to common mental health challenges, particularly for emerging adults whose roles and relationships were disrupted during a critical developmental stage (Perry et al., 2023, “Social networks, the COVID-19 pandemic, and emerging adults’ mental health,” *AJPH*, e1–e10).



# Reeder Award Winner



## Brea L. Perry

Finally, Brea is willing to tread where few sociologists dare. She is among a handful of sociologists taking on genetics and biology—not only reminding researchers of sociological factors, but demonstrating their central importance. Her stance is not timid:

*“This strong emphasis on the biological is reflected in methodological decisions and disregard for relevant social science theory and literatures. This pattern perpetuates an inappropriate prioritization by funding agencies of biomedical pathways that confer a small degree of risk and are often contingent on social experiences and environments. In contrast, my approach to biosociology is to use biological data in service of social theory.”*

— BLP’s departmental research statement

In her AJS article (recipient of multiple ASA section and NIH awards), she deployed a feminist approach to examine how gender moderates the interaction between biological processes and men’s and women’s responses to similar social environments (Perry, 2016, “Gendering genetics: Biological contingencies in the protective effects of social integration for men and women,” *AJS*, 121: 1655–96). Findings reveal that being currently married and reporting more positive social integration conferred greater protection from nicotine dependence for men with high genetic risk than for women with high genetic risk or men with low genetic risk. She expanded the concept of environment beyond the individual, incorporating upstream normative and cultural forces that moderate social and genetic influences on health.

Further, Brea has taken on the challenge of Alzheimer’s disease. Having a diverse and loosely connected social network was associated with attenuated adverse effects, likely through promoting cognitive reserve. Simply put, bridging social ties were more important in slowing cognitive decline than bonding ties (e.g., Perry et al., 2022, “Why the cognitive ‘fountain of youth’ may be upstream: Pathways to dementia risk and resilience through social connectedness,” *Alzheimer’s & Dementia*, 18(5): 934–941).

In summary, Brea Perry is an exceptional medical sociologist whose contributions are significant and bold. Her research spans classical topics in medical sociology to novel, cutting-edge issues where sociological perspectives are crucial. This commitment is reflected in her research, her efforts to create opportunities for others, and her work within the university and community to build infrastructure for all.

**Please join us in congratulating her on receiving the Reeder Award!**

## How Work Sustains Racial Inequality

June 16, 2025 12pm-1pm

Hosted by ASA President Adia Wingfield

Join us on June 17 for a timely webinar, [How Work Sustains Racial Inequality](#), led by ASA President Adia Wingfield, Professor of Sociology at Washington University in St. Louis. Despite more than 60 years since the passage of the Civil Rights Act and the proliferation of DEI initiatives, racial disparities continue to shape the American workplace.

In this seminar, Professor Wingfield introduces the concept of “gray areas” to examine the sociological dynamics that obstruct the advancement of Black workers. Drawing from narratives of Black professionals across a range of industries, the session will uncover how foundational work structures contribute to the persistence of racial inequality.



## Section Volunteer Link

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The Medical Sociology Section is in need of volunteers for various roles, committees, and councils. Please use the link below to let us know if you are interested in volunteering.

[Volunteer Sign-Up](#)

# CALL FOR STUDENTS

## Student Newsletter Positions

We are looking for students to join our team for the 2025-2026 newsletter.  
Position information below

### Newsletter Assistant

The Newsletter Assistant is a four-year term position from 2026-2030. This position assists the Editor with managing the student section and compiling newsletter content. To apply, please email your CV to [duran.dani@northeastern.edu](mailto:duran.dani@northeastern.edu).

### Student Editors

We are looking for student editors for our 2025-2026 newsletter! Student editors will pick a theme to cover over the course of the year and will conduct interviews with scholars to compile the student section column. To apply, please email your CV to [duran.dani@northeastern.edu](mailto:duran.dani@northeastern.edu).



# Call for Book Proposals: ASA Rose Series in Sociology

The ASA Rose Series in Sociology, a joint publication of the Russell Sage Foundation and the American Sociological Association, invites seasoned scholars to submit proposals for books that offer fresh perspectives on enduring controversies, challenge prevailing paradigms, and provide synthetic analyses of contemporary public issues. The series focuses on critical areas of research, including the future of work; race, ethnicity, and immigration; and social, political, and economic inequality. We also welcome interdisciplinary work that intersects with these themes. Rose Series books are designed to be accessible to both academic and general audiences, ensuring broad impact and relevance across multiple fields.

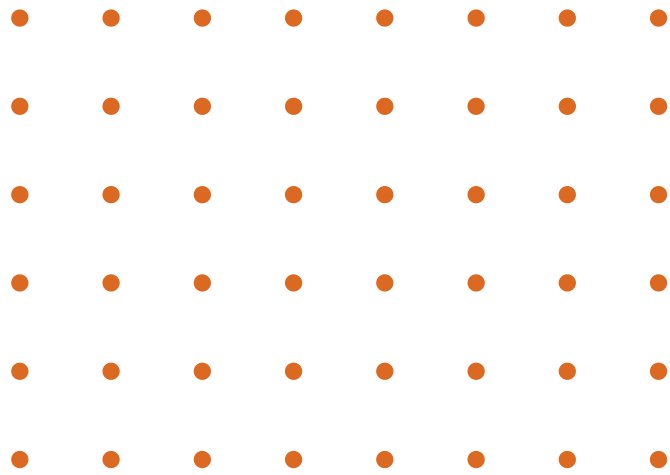
## Benefits of Publishing with the Rose Series:

- **Quick and Professional Review Process:** Russell Sage compensates expert reviewers to ensure timely and high-quality evaluations of proposals.
- **Seminar with Established Scholars:** Authors are invited to present drafts of their manuscripts to leading experts, strengthening the final product and generating excitement for the forthcoming book.
- **Extensive Marketing Support:** The Rose Editors, Russell Sage Foundation, and ASA collaborate on a comprehensive marketing effort to maximize the visibility and impact of Rose Series books.
- **Author Meets Critic Session at ASA Annual Meeting:** Each year, one new Rose Series book is selected for a special Author Meets Critic panel discussion at the ASA Annual Meeting.
- **Rose Book Speaker Series:** Hosted by the University at Albany Rose Editors, this lecture series offers authors a platform to present their work to diverse audiences and emphasize the policy relevance of their research.

Interested authors are encouraged to submit their proposals. Proposals are reviewed on a rolling basis. For more information, please contact us at [roseseries@albany.edu](mailto:roseseries@albany.edu) or reach out to a member of our editorial team:

- Joanna Dreby ([jdreby@albany.edu](mailto:jdreby@albany.edu))
- Aaron Major ([amajor@albany.edu](mailto:amajor@albany.edu))
- Katherine Trent ([ktrent@albany.edu](mailto:ktrent@albany.edu))
- Steve Messner ([smessner@albany.edu](mailto:smessner@albany.edu))

# Notes from the Newsletter Editor



Hi everyone,

I'm happy to share the Spring 2025 edition of our Medical Sociology Section newsletter. This issue includes updates from several of our committees, reflections on current events, and conversations about research, teaching, and careers in the field. Huge thanks to everyone who contributed—Karen Lutfey-Spencer, Tasleem J. Padamsee, Joseph Wolfe, Cathy Van De Ruit, Jonathan Shaffer, Jason Houle, Larry Au, Gil Eyal, our student editors Grace Nakajima, Ruhao Pang, Jian Meng, Shruti Krishnan, and our Assistant Newsletter Editor and Designer, Danielle Duran—for taking the time to share your work and thoughts with the section.

Wishing you all a good end to the semester—and a meaningful Asian American and Pacific Islander Heritage Month and Jewish American Heritage Month.

If you're interested in contributing to a future newsletter, feel free to reach out—we'd love to include your updates, reflections, or announcements.

PJ Pettis



**PJ Pettis**  
Editor



**Danielle Duran**  
Assistant Editor and Designer

# Medical Sociology Newsletter

## Note from the Chair

Greetings, Medical Sociology community!

Thank you all for an excellent year. Our 2025 ASA Meeting in Chicago, August 8–12, was a big success. We had a robust lineup of sessions: four paper sessions, many additional medical sociology topical sessions, roundtables, a paper session co-sponsored with the Disability in Society Section, and two workshops (one on sexual and reproductive health, and one on how to publish in medical sociology journals—which was standing room only). Many thanks to our session organizers and participants.

Also, congratulations to our section award winners. We gave out seven awards at this year’s award ceremony. The Reeder Address was given by Brea Perry of Indiana University and was entitled Wired for Connection: Neuroplasticity, Epigenetics, and the Social Network Foundations of Health. (I heard people talking about bridging and bonding social networks for the rest of my time in Chicago.) If you didn’t see it in person, Brea’s talk will be published in Journal of Health and Social Behavior in the coming year. Thank you also to everyone who came to our reception at Hawksmoor Chicago, including our colleagues in the Mental Health and Body and Embodiment Sections.

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!

Finally, congratulations to our newly elected Section leaders, who will begin their terms on September 1. Best wishes to Chair-elect Lijun Song, who will take over as Chair. Thank you for the opportunity to serve the Section this year and for all your support and assistance.

Warm regards,  
Karen Spencer  
Chair, Medical Sociology Section

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**Karen Lutfey-Spencer**

# Chair of Health Policy and Research

The 2025 annual American Sociological Association meeting in Chicago had more than 150 papers and 25 sessions relating to health and medicine. In a year when domestic and global health policy and funding mechanisms have been upended, the ASA meeting offered space to take stock of our current situation. In this post-meeting reflection, I spotlight key themes and takeaways from this year's meeting.

Sexual and reproductive health policy, legislation, and resource allocation for clinical practice and research have been the hardest hit by the current administration's rollback of research and primary and secondary care services. On Monday, August 11, at 8 a.m., a workshop titled "Sexual and Reproductive Health: Tips and Tricks Navigating a Complex Research and Policy Terrain" drew on the experiences and insights of sociologists working in both domestic and international capacities. A key point emerging from the panel is that the federal funding terrain is currently chaotic, but new grants are being approved, and some grants initially cancelled are being restored. In short, the federal government remains a viable funder of sexual and reproductive health research. NIH program officers are a terrific resource for helping scholars work within the constraints and instability of the current system.

Other panels addressing sexual and reproductive health included the Medical Sociology Roundtables session on Saturday, August 9. Table 3 was devoted to reproductive health, with papers spanning domestic and global research and policy. Discrete papers, including a presentation by Oh, Lange, and Khan, "Saving Maternal Health: The Racialized Labor and Burnout of Birthworkers of Color in the U.S." in the Racialized Health Injustice session on Sunday, August 10, and a paper by Jalali and Fidan, "Community-Engaged Sociology: Addressing Menstrual Poverty During Humanitarian Emergencies," in the Doing Public Sociology session, added further depth to program offerings. Wider afield, two sessions—"Reproduction in the U.S. Post-Roe" and "States, Laws, and Clinicians: Toward Reproductive Justice"—explicitly addressed changing legal frameworks in reproductive health.

The One Big Beautiful Bill Act (2025) cuts federal health spending by about \$1 trillion over a decade, in ways that will jeopardize the physical and financial health of tens of millions of Americans (KFF News, July 2, 2025). Policy-relevant research on health disparities was well represented in the Medical Sociology Roundtables, hosting two tables on racialized health disparities, including Racialized Experiences of Health Care (Table 10) and Sexual and Gender Minority Health (Table 11). On Sunday, August 10, a regular session titled "Health Disparities and the Medicalization of Population Health," together with "Racialized Health Justice," expanded study of the intended and unintended consequences of health reform.

# Chair of Health Policy and Research

FPseudoscience has gained unprecedented authority under the current administration (Florko, May 2025). Sociological work on the social determinants of health offers a timely counterpoint to unfounded claims used to justify current health policy reform. Kelin Li's paper, "Social Determinants of COVID-19 Vaccine Attitudes and Behaviors in the U.S.," presented at Table 2 of the Medical Sociology Roundtables, in conjunction with regular sessions including Social Determinants of Health and Social Dimensions of Infectious Disease (both on Monday, August 11), extended the contributions by social scientists in understanding the fundamental causes of ill health as well as factors promoting well-being.

Finally, several regular sessions were devoted to sociological innovation in the study of health systems, politics, and policy. These included Table 17, "The State, Legal System, and Healthcare Policy," in the Medical Sociology Roundtables session on August 9. On the same day, the session "Is There a Doctor in the House? Updating the Medical Sociology Agenda Around Doctoring" examined how and where medical sociologists can play meaningful roles in studying the medical profession. Further afield, on Monday, August 11, the regular session "Health Care and Care Delivery: Medical Organizations, Providers, and Patients" explored organizational and provider dynamics. All told, this work offered opportunities to reflect, engage, and reimagine healthcare for a just society.

## **References**

Florko, Nicholas. May 8, 2025. "The MAHA Takeover Is Complete." The Atlantic.

<https://www.theatlantic.com/health/archive/2025/05/casey-means-surgeon-general-maha/682747/>

Galewitz, Phil, Julie Appleby, Renuka Rayasam, and Bernard J. Wolfson. July 2, 2025. "Republican Megabill Will Mean Higher Health Costs for Many Americans." KFF Health News.

<https://kffhealthnews.org/news/article/one-big-beautiful-bill-medicaid-work-requirements-affordable-care-act-immigrants/>



**Cathy Van de Ruit**



## Manageable, Effective Mentoring at All Levels

For many faculty members, mentoring is a significant part of our teaching responsibilities – one we may cherish, or one that can seem intimidating or overwhelming. Ideally, we mentor in ways that help our mentees advance their own careers and lives, and that are satisfying and manageable for us. Many of us, however, start mentoring long before we have a confident idea about how to achieve these goals. In this column, I share some ideas to help readers think about their own roles as mentors, along with tips that may prove useful in specific situations.

### The Variety of Mentors

No student or academic needs only one type of mentoring, and no mentor should be expected to meet all the needs of a mentee alone. Ideally, we each have a suite of mentors – individuals with varied experiences and skills, whom we lean on to meet various needs. A PhD student, for example, will need mentors who know which courses will meet their educational needs, who are experienced in their areas of substantive research, who have published in the outlets most relevant to them, who know the methodologies they are using, who have taught the courses they are TAing, who know how to navigate their institution and department(s), who are familiar with the relevant job markets, who have dealt with similar personal challenges and been through graduate school in similar life stages, and so on.

For a mentee, relying on a single mentor to fill too many of these roles is risky, reducing the chances that a mentor will provide depthful input, feedback, and support in the areas for which they are best suited. As a mentor, then, it is essential to know what each mentee most needs out of the relationship, to focus our efforts in those areas, and to help our mentees find other mentors to meet their other needs. TIP: Encouraging and helping a mentee to find other mentors to fill some of their needs may be more helpful than trying to meet all their needs – setting them up with a robust community of mentors able to contribute to their success.

## The Variety of Mentees

As faculty members, we may find ourselves with mentees at many levels – from students just beginning an educational journey to colleagues looking to learn from our unique experiences or expertise.

### **Undergraduate student mentoring:**

- Mentoring relationships with undergraduates including serving as a formal academic advisor, a research or capstone mentor, an informal mentor selected by students who particularly appreciate our teaching style or personality, or a mentor assigned to serve the needs of first-generation students, students of color, students with less academic preparation for college, etc. Our interactions with students appropriately vary across these different types of relationships. TIP: Less experienced students may have a lot to learn, but just as they can only absorb so much at a time in class, they can only absorb so much at a time from a mentor. Focus feedback and suggestions on a couple of points per meeting or per semester, allowing students to learn whatever is most important in that moment and reserving other lessons for later.

### **Graduate student mentoring:**

- Graduate students are more clear in their interests and more focused on finding and pursuing their intended career paths. They can often be relied upon to know and ask for what they need, and the roles faculty members play in their careers tend to be more distinct (e.g.: advisor vs. research mentor vs. teaching mentor). TIP: Predictable expectations can help mentees get the most out of their relationships with faculty members. Consider setting up a regular meeting schedule with each mentee or with several mentees as a group. Regular written assignments also push progress forward; consider expecting each mentee to turn in some form of writing each week.

### **Faculty mentoring:**

- In some institutions, experienced faculty members are formally assigned to mentor newer colleagues or are expected to offer these services informally. Even when these relationships come with formal rules, they are most productive when organized around the specific needs of the individual mentee. TIP: Be prepared for questions about your experiences on the way to your current position, regular conversations about your mentee's goals and strategies, and joint problem-solving about how to line up your mentee's trajectory with what is needed for them to be successful.

## The Variety of Mentees

### **Peer mentoring:**

- In some institutions, experienced faculty members are formally assigned to mentor newer colleagues or are expected to offer these services informally. Even when these relationships come with formal rules, they are most productive when organized around the specific needs of the individual mentee. TIP: Be prepared for questions about your experiences on the way to your current position, regular conversations about your mentee's goals and strategies, and joint problem-solving about how to line up your mentee's trajectory with what is needed for them to be successful.

## Who's in charge?

Some mentoring relationships are guided mostly by the mentor, while others are driven primarily by the mentee. The balance of who steers mentoring interactions tends to shift with career stage: younger or less experienced mentees may rely on mentors to help determine a mentee's goals and articulate important areas for learning, as well as to provide guidance, education, and suggestions. More experienced mentees are more likely to know what they need, and to be able to articulate this directly to a mentor. TIP: The best mentoring relationships always have some degree of mutual leadership. Try asking younger mentees to think about what they most need from you that they do not get elsewhere, and encouraging more advanced ones to guide most of the agenda throughout the mentoring relationship.

## Giving and Protecting Your Time

Mentoring is both a required part of academic careers and an often rewarding one, but it can also be demanding on your time. Ensuring that mentoring is a manageable part of your professional life requires careful balancing of the time you have available, the number of mentees you have, and the depth of your relationship with each. TIP: Carefully consider where your mentees are in their career trajectories as you think about what they will require of you – dissertation advisees, for instance, require considerably more time than 1st year PhD students. If you find you have more mentees than you have time for, consider group meetings instead of individual ones (at least some of the time) with those in similar career stages.

## Resources

To learn more about mentoring, check out the rich collections of resources available online from (among others) the National Center for Faculty Development and Diversity, the University of Michigan's Center for Research on Learning and Teaching, and the Council of Graduate Schools.

As this is my final column as Teaching Committee Chair, I would like to thank the Medical Sociology section membership for giving me the opportunity to serve in this role, and the many Council members I have worked with over the past two years for your talent, dedication, and enthusiasm for meeting the needs of our section. It is my pleasure to hand the reins to Catherine Tan, and I look forward to remaining engaged with our vibrant section in other ways in the coming years!

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## Section Volunteer Link

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The Medical Sociology Section is in need of volunteers for various roles, committees, and councils. Please use the link below to let us know if you are interested in volunteering.

[Volunteer Sign-Up](#)



## Reflections on the Blog and a Final Note

**Joseph D. Wolfe**

As my term as Career and Employment Chair ends, I want to use this final post to reflect on the themes we've covered and to offer a note of encouragement to those preparing for academic careers in an incredibly challenging and shifting landscape. These past two years have brought new professional uncertainties, but they've also highlighted how many people across our field are asking thoughtful, honest questions about what it takes to build a meaningful career. This blog has been one small effort to name some of those challenges and share advice grounded in lived experience.

The blog covered a range of topics, including rejection, collaboration, mentorship, publishing, job applications, and grant writing. I chose these topics because they come up so often for graduate students and early-career scholars, often without clear guidance. These aren't abstract concerns. They determine whether people get hired or funded, and they're especially acute for those entering the field at a time of high expectations for publishing and productivity.

A common thread throughout the entries was the need to normalize rejection as a routine part of academic life. Whether it's a journal decision, a job rejection, or an unfunded grant proposal, the big issue is not whether it happens but how we respond to it. Conversations with colleagues highlight the value of building in recovery time, distinguishing useful critique from noise, and remembering that peer review is not an exact science. Rejection does not mean that you lack talent or potential; more often, it reflects mismatched priorities, arbitrary processes, or simply bad timing.

# Chair of Careers and Employment

Another recurring theme was the idea of “fit” in terms of publishing, the job market, collaboration, and funding. Fit is often presented as something intuitive or self-evident, but in practice, it requires some interpretive work. Publishing in the right journal means identifying where your ideas join an ongoing conversation. Applying for jobs means recognizing how your teaching, research, and values align with a department’s needs. Fit can also be politicized or exclusionary, which makes it all the more important to think carefully about how it’s being defined and by whom.

Mentorship and collaboration were also central topics. Strong mentoring relationships and collaborative teams often develop not just around shared interests, but around complementary work styles and mutual respect. Graduate students are often told to “find an advisor” and “build a network,” but they’re rarely encouraged to think critically about what kind of support they need, or how to assess whether a potential collaborator is a good match beyond their CV. We discussed how emotional safety, timely feedback, and clear expectations are often better indicators of a good fit than formal credentials or professional status.

The blog also addressed conferences and networking, especially for those who don’t find large professional meetings intuitive or energizing. Conferences can be overwhelming, but they remain a key space for exposure, connection, and collaboration. Rather than pushing one model of success, we focused on practical strategies such as identifying a few sessions worth attending, preparing a clear but flexible summary of your work, and finding ways to engage others through shared curiosity rather than pressure to perform. The goal was to make these spaces feel more open and accessible, especially for those newer to the field.

In later entries, we turned to grant writing and funding strategy. Securing funding definitely requires a good idea at the core. However, it also requires communicating your team’s strengths, aligning with a funder’s priorities, and demonstrating readiness to carry out the work. We talked about how funders define “expertise” differently, and how reading between the lines of a call for proposals can help you position your work more effectively. Rather than chasing funding trends or reshaping projects to match every opportunity, we emphasized identifying proposals that build on your existing knowledge and collaborative strengths.

# Chair of Careers and Employment

All of these themes we discussed point to a broader message: although there is no single roadmap for how to succeed in academia, there are many shared challenges and common sticking points we all encounter and struggle through. Being strategic about where you send your work, who you work with, and how you present yourself does matter. But success also depends on persistence, patience, and support at the institutional and interpersonal levels. The blog aimed to demystify some of the professional structures that shape careers in medical sociology and to offer guidance that makes those structures a little easier to navigate.

If you're a graduate student or on the job market now, it's important to acknowledge that you're doing this work at a time of heightened uncertainty (maybe the understatement of the year). Sociology programs are producing strong scholars, but the academic job market hasn't kept pace. At the same time, many sociologists working on health, inequality, race, gender, and care are facing public and institutional backlash in various forms. Despite that, or maybe because of it, the work remains essential. Medical sociology continues to offer tools and insights that speak directly to urgent questions about power, access, risk, and survival. Your research and your perspective matter.

So, here's my final note: keep doing the work, even when it's slow, even when the outcomes are uncertain. Don't let early rejections define your future. Don't mistake a lack of response for a lack of value. Surround yourself with people who recognize your contributions and help you write, think, and revise better. And remember that the field moves forward not just because of published papers or funded grants, but because of everyday acts of mentoring, listening, and showing up for one another.

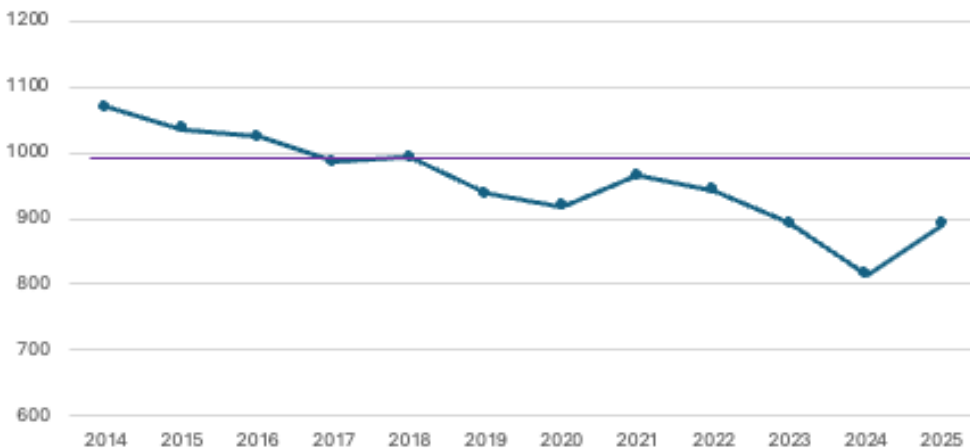
# Memberships

Dear Colleagues,

It was a real pleasure to get to connect with many of you at ASA in Chicago this year! Regarding membership for our section, I'm also happy to share the news of some modest membership growth in absolute terms and relative to other sections within ASA.

The ASA Medical Sociology section had 823 members last year (Summer, 2024). As of April 21, 2025, we had 860 members. TODAY we have 891 members. This steady but modest increase is significant because nearly all sections across ASA have seen dipping membership in the last couple of years (attributable to listserv challenges, declining membership in ASA, etc). Our comparative growth is due I think to the general high activity level of the section, the work of engaging students through the mentor of the month program, and through steady outreach to lapsed/expired members and for reaching out to current members encouraging them to invite their colleagues to join the section as well. We hope to keep these efforts going and expanding in the academic year ahead!

## Medical Sociology Membership Over Time:



If you would like to join me in supporting the growth of membership, expanding our accessibility to students and others, please be in touch! Email me at [Jonathan.shaffer@uvm.edu](mailto:Jonathan.shaffer@uvm.edu).

I hope to be in touch and am looking forward to another year of growth in membership and deep scholarship alongside all of you!

All the best,  
Jon Shaffer  
Assistant Professor, University of Vermont  
Med Soc Membership Committee Chair



**Jon Shaffer**

# Membership Drive

Please consider giving the gift of Medical Sociology to a sociologist you know. Through September 30, 2025, you can help our section grow by purchasing a gift of section membership to students and others in our field. Section membership keeps sociologists informed about medical sociology scholarship and news, supports medical sociologists, and provides opportunities for connecting with others in the subfield.

To purchase a gift membership online, sign into <https://www.asanet.org/> and navigate to the Gift Memberships icon on the left-side dashboard in the Member Portal.

- Click the Purchase a Gift Membership button.
- Select “Medical Sociology” and gift rate (student or nonstudent) from the dropdown menu, and then select the quantity of gifts from the next dropdown menu.
- Click Add to Cart.

After you complete the transaction, you will receive an email with the discount code and a set of instructions for you to give gift recipients. If you send a discount code to someone and they say they do not wish to redeem it, you can send the discount code to another person. The discount code is valid for the number of transactions (quantity) you purchase and can be redeemed entirely online.

[If you don't have anyone specific in mind to send the gift membership, please fill out this form and we will match you with a student who would like to receive a gift membership!](#)

[Link to Form](#)

# Welcome New Council Members!

We are thrilled to announce and welcome our newly elected council members!

## **Chair**

Lijun Song, Vanderbilt University

## **Chair-Elect (1-year term begins in 2025)**

Amélie Quesnel-Vallée, McGill University

## **Council Member (2-year term begins in 2025)**

Patricia Louie, University of Washington

## **Teaching Committee Chair (2-year term begins in 2025)**

Catherine Tan, Vassar College

## **Publications Committee Chair (2-year term begins in 2025)**

Melanie Jeske, Baylor College of Medicine

## **Career and Employment Committee Chair (2-year term begins in 2025)**

Amy Johnson, Lehigh University

## **Nominations Committee Chair-Elect (2-year term begins in 2025)**

Courtney Boen, Brown University

## **Nominations Committee (1-year term begins in 2025)**

Meredith Van Natta, University of California, Merced

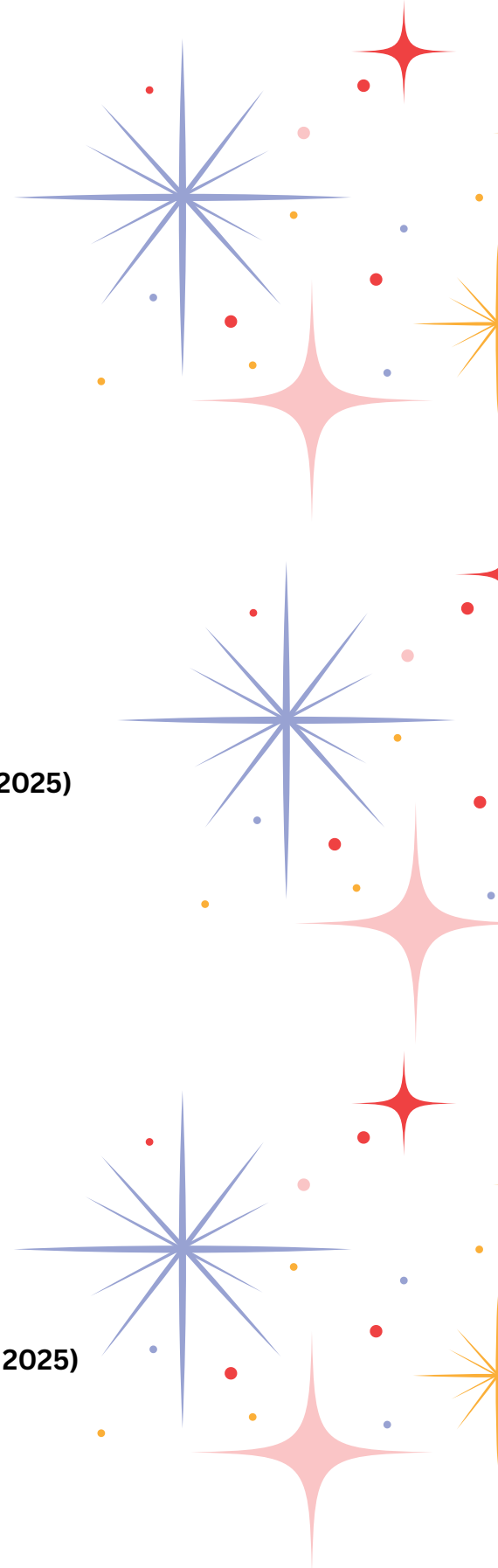
Sarah Brothers, Pennsylvania State University

## **Nominations Committee, Student Member (1-year term begins in 2025)**

Anna Church, Ohio State University

## **Student Representative (2-year term begins in 2025)**

Christie L. Caruana, University of Alabama at Birmingham





# Section Award Winners



## Congratulations to our 2025 Award Winners!

### Leo G. Reeder Award for Distinguished Contribution to Medical Sociology

Brea Perry, Indiana University Bloomington

Her research has broken through stalemates in the social determinants of health, social capital, stigma, and social networks. She has documented the critical role of social factors in mental illness (MI), substance use disorders (SUDs), and Alzheimer’s disease. She has served our section as Chair and as editor of our Advances in Medical Sociology series (e.g., Fifty Years after Deinstitutionalization: Mental Illness in Contemporary Communities; and Genetics, Health, & Society). She has represented medical sociology on the General Social Survey Board of Overseers, NIH Study Sections, and ASA Committees (e.g., Nominations Committee).



**Brea Perry**



### **Howard B. Kaplan Memorial Award in Medical Sociology** Bing Han, Purdue University

**Karen Spencer and Bing Han**



# Section Award Winners



## Eliot Freidson Outstanding Publication Award

Chiarello, Elizabeth. 2023. "Trojan Horse Technologies: Smuggling Criminal-Legal Logics into Healthcare Practice." *American Sociological Review* 88:1131-1160.

In the throes of an intractable overdose crisis, U.S. pharmacists have begun to engage in an unexpected practice—policing patients. Contemporary sociological theory does not explain why. Theories of professions and frontline work suggest professions closely guard jurisdictions and make decisions based on the logics of their own fields. Theories of criminal-legal expansion show that non-enforcement fields have become reoriented around crime over the past several decades, but past work largely focuses on macro-level consequences. This article uses the case of pharmacists and opioids to develop a micro-level theory of professional field reorientation around crime, the Trojan Horse Framework. Drawing on 118 longitudinal and cross-sectional interviews with pharmacists in six states, I reveal how the use of prescription drug monitoring programs (PDMPs)—surveillance technology designed for law enforcement but implemented in healthcare—in conjunction with a set of field conditions motivates pharmacists to police patients. PDMPs serve as Trojan horse technologies as their use shifts pharmacists’ routines, relationships with other professionals, and constructions of their professional roles. As a result, pharmacists route patients out of the healthcare system and leave them vulnerable to the criminal-legal system. The article concludes with policy recommendations and a discussion of future applications of the Trojan Horse Framework.



**Karen Spencer and Elizabeth Chiarello**



# Section Award Winners



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

Dr. Sara Snitselaar, Boston University

Dissertation: “Morality and Struggle in the Medical Profession: A Study of Functional Medicine.”

Functional medicine lies at the intersection of systems biology and clinical medicine. It has promised to address enduring problems with the United States healthcare system ranging from the marginalization of preventative care and public health to the unchecked growth of prices and costs. The field has positioned itself as a corrective to biomedical reductionism, claiming to be better equipped to account for the effects of social determinants on human health and to address the so-called “root causes” of disease. Despite these promises, functional medicine physicians typically work in private, cash-based practices where they charge high fees for their services. This dissertation examines the epistemological tensions, clinical ambiguities, and professional divisions that arise when functional medicine physicians engage in practices that compete with their medical training. It analyzes the strategies they use to establish credibility, to build successful practices outside of the payer system, and to challenge the status hierarchies that govern the broader field of healthcare. Overall, the dissertation shows how the field has been constructed through competing professional commitments and conflicting financial and moral imperatives that involve careful expansion, contestation, and maintenance of medical professional boundaries – and of medicine’s object of intervention



**Karen Spencer and Sara Snitselaar**



# Section Award Winners



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

### Award Winner:

Jenkins, Tania M. "Physicians as shock absorbers: The system of structural factors driving burnout and dissatisfaction in medicine." *Social Science & Medicine*. 337 (2023): 116311.

American physicians disproportionately suffer from burnout. Despite calls for systemic solutions, however, few studies have actually examined how 'the system' works-i.e. how structural factors intersect in real-time as a system to shape wellbeing. I borrow a systems theoretical approach, which explicitly recognizes the dynamic relationships and interdependencies between different actors and factors in healthcare, to examine how structural factors work together to shape physicians' wellbeing. Drawing on an eight-month ethnography in a pediatrics clinic, I show how respondents experienced pressures from multiple structural levels: societal (including broader social inequality and changing doctor-patient relationships); organizational (centralized decision-making, economic pressures, and unresponsive leadership); and professional (specialty cultures and unhealthy norms). I find that individual physicians effectively served as shock absorbers, routinely absorbing countless, interconnected structural demands ("shocks") and converting them into competent medical care, at significant cost to their mental health. In so doing, I intervene in sociological debates about the broader fate of the medical profession and conclude that if medicine remains resilient against threats to its dominance, it may well be at the expense of individual physicians' mental wellbeing.



**Donald Light and Tania Jenkins**

### **Eliot Freidson Outstanding Publication Award Honorable Mention:**

Gonsalves, Tara, 2024. "Elaborating Embodied Boundaries: Medical Expertise and (Trans)Gender Classification." *American Journal of Sociology* 129:1311-1358.

As coverage for gender-affirming surgery and hormone therapy has expanded over the past two decades, insurers are increasingly tasked with deciding which body modifications are necessary for accomplishing masculinity and femininity. Drawing from extensive records on coverage decisions and national health insurance plans, the author investigates how insurers marshal gender categories to make decisions about medically necessary care. While insurers might be expected to draw on medical expertise to make decisions about gender-affirming care, the author finds that they use standards and stereotypes of normative, "ideal" gender. In doing so, expansions in coverage lead to an elaboration of ideal embodied gender based on a white, thin-bodied aesthetic. Ironically, as transgender people succeed in expanding insurance coverage, normative embodied gender becomes more defined and less ambiguous. In showing how insurers and the medical experts they consult mobilize and reconstitute embodied gender, the author advances theories of classification, embodiment, and expertise.



**Tara Gonsalves, Xiaogao Zhou, and Donald Light**

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

Zhou, Xiaogao. "Care in transition: Global norms, transnational adaptation, and family-centered gender-affirming care in China." *Social Science & Medicine*. 344 (2024): 116658.

In recent years, trans medicine has increasingly shifted towards gender-affirming care, focusing on assisting transgender people in finding safe and effective ways to support their gender identity. Through standards of care, clinical guidelines, and classification systems, international experts have established global norms with profound downstream implications. However, how local providers respond to these new norms remains underexplored. Drawing on ethnographic work in clinical settings, conferences, and 30 in-depth interviews with healthcare providers, I argue that family-centered gender-affirming care has emerged in China as providers strive to balance global ideals of "good" trans medicine with the constraints of the local healthcare system. While international standards assist providers in adopting a less pathologizing and binary view of care, they provide limited practical guidance for navigating local social and institutional challenges. Faced with a lack of legal and institutional support, providers increasingly rely on family members' involvement to mitigate medical dispute risks. This reliance manifests in two forms: restrictive gatekeeping, where care is delayed or denied based on family members' attitudes and providers' assessment of transgender adults' ability to lead a "normal life," and affective gatekeeping, where providers use psychological support and gender diversity education to involve family members as caregivers. These findings enrich sociological studies in global health by illustrating how the interactions between global norms and local healthcare systems can both alleviate and reproduce barriers to care.



# Section Award Winners



## Donald W. Light Award for Applied Medical Sociology (Book) (2 Co-Winners)

Elizabeth Chiarello, Washington University St. Louis

*Policing Patients: Treatment and Surveillance on the Frontlines of the Opioid Crisis*

Doctors and pharmacists make critical decisions every day about whether to dispense opioids that alleviate pain but fuel addiction. Faced with a drug crisis that has already claimed more than a million lives, legislatures, courts, and policymakers have enlisted the help of technology in the hopes of curtailing prescriptions and preventing deaths. This book reveals how this “Trojan horse” technology embeds the logics of surveillance in the practice of medicine, forcing care providers to police their patients while undermining public trust and doing untold damage to those at risk.

Elizabeth Chiarello draws on hundreds of in-depth interviews with physicians, pharmacists, and enforcement agents across the United States to take readers to the frontlines of the opioid crisis, where medical providers must make difficult choices between treating and punishing the people in their care. States now employ prescription drug monitoring programs capable of tracking all controlled substances within a state and across state lines. Chiarello describes how the reliance on these databases blurs the line between medicine and criminal justice and pits pain sufferers against people with substance-use disorders in a zero-sum game. Shedding critical light on this brave new world of healthcare, *Policing Patients* urges medical providers to reaffirm their roles as healers and proposes invaluable policy solutions centered on treatment, prevention, and harm reduction.

Catherine Tan, Vassar College

*Spaces on the Spectrum: How Autism Movements Resist Experts and Create Knowledge*

Movements that take issue with conventional understandings of autism spectrum disorder, a developmental disability, have become increasingly visible. Drawing on more than three years of ethnographic fieldwork and interviews with participants, Catherine Tan investigates two autism-focused movements, shedding new light on how members contest expert authority. Examining their separate struggles to gain legitimacy and represent autistic people, she develops a new account of the importance of social movements as spaces for constructing knowledge that aims to challenge dominant frameworks.

*Spaces on the Spectrum* examines the autistic rights and alternative biomedical movements, which reimagine autism in different and conflicting ways: as a difference to be accepted or as a sickness to treat. Both, however, provide a window into how ideas that conflict with dominant beliefs develop, take hold, and persist. The autistic rights movement is composed primarily of autistic adults who contend that autism is a natural human variation, not a disorder, and advocate for social and cultural inclusion and policy changes. The alternative biomedical movement, in contrast, is dominated by parents and practitioners who believe in the disproven idea that vaccines trigger autism and seek to reverse it with scientifically unsupported treatments. Both movements position themselves in opposition to researchers, professionals, and parents outside their communities. *Spaces on the Spectrum* offers timely insights into the roles of shared identity and communal networks in movements that question scientific and medical authority.



# Section Award Winners



**Donald Light and Elizabeth Chiarello**

**Donald Light and Catherine Tan**

## Louise Johnson Scholar Award

Mallory Bell, Purdue University

ASA paper title: "Neighborhood affluence and cognitive decline: Moderation by race and ethnicity?"

Prior research indicates that neighborhood affluence is associated with better cognitive function in later life, yet we are relatively unaware if this benefit extends equally to White, Black, and Hispanic adults. In the current study, I use three-level growth curve models and data from the Health and Retirement Study (HRS) geocoded to data from the National Neighborhood Data Archive (NANDA) to examine the relationship between neighborhood affluence, race and ethnicity, and changes in cognitive function over a decade. Findings indicate that neighborhood affluence is associated with higher baseline levels of cognitive function, and this relationship was more pronounced for Black adults. Neighborhood affluence, as well as its interaction with race and ethnicity, was not related to change in cognitive function.



**Karen Spencer and Mallory Bell**

# Student Section

We would like to extend our gratitude to our wonderful student editors this year! Thank you for your hard work guiding our readers through the theme “A Conversation through the Years: Fostering Dialogue between Emerging and Seasoned Scholars in Medical Sociology”. We also would like to thank the faculty and students who graciously contributed time for the interviews. As we say farewell to our 2024-2025 student editors, we asked them to reflect on something they have learned from our interviewees and what their future plans are. If you are interested in serving as a 2025-2026 student editor, please see the call at the end of the student section for information on how to apply.

**What is something you learned from the interviewees from this year's student section that you found most meaningful?**

## Grace Nakajima

Something I learned from the interviewees was that most scholars' paths are not linear and many are studying in subject areas that are different from where they started and that has taken some of the pressure off of having completely solidified ideas and plans far into the future. Also, everyone's emphasis on building and maintaining connections is something that is valuable and is not something that I should be scared about and should put more effort into doing.



## Jian Meng

Through these interviews, I got a taste of the academic community. For the medical sociology community, different generations of sociologists have their own different issues. This inspired me to think further about what issues we are facing in our time and whether new theoretical paths can be explored.



# Student Section

## Teresa Rivera

Through my work on these interviews I learned that avenues for expanding into new fields of knowledge within Medical Sociology involve following your passions and incorporating interdisciplinary work. Faculty mentioned their interests in the section growing either from personal experiences with the healthcare system or expressed a desire to focus on specific research areas stemming from personal long-term interests.

Second, faculty also encouraged the use of interdisciplinary and integrated approaches to engage with innovative forms of knowledge production. Be it in the form of mixed methods, type of participants studied, research collaborators, or the inclusion of other disciplinary approaches.



## Shruti Krishnan

One insight in particular that stayed with me was Dr. Gil Eyal's advice to young scholars and graduate students: rather than guarding their ideas as if they might be stolen, they should remember that sociology is expansive enough for everyone to contribute meaningfully without sacrificing originality. In an increasingly competitive and corporatized world, this perspective is hopeful—a reminder that our voices matter. The conversations we've had with our interviewees over this past year have also helped reinforce for us the importance of community and interdisciplinarity in medical sociology.



# Student Section

**What will you be up to moving forward, now that you are wrapping up your time as student editor?**

## Grace Nakajima

I will be moving into the dissertation stage and continuing to TA for my department! It will be busy in different ways, but I am very much looking forward to putting what I have learned through the professors who spent their time with us and all the other scholars, mentors, and peers into my work.



## Jian Meng

Along with the end of my first year as a doctoral student, I will further my systematic study of medical sociology theories in preparation for the comprehensive examination. In terms of research topics, I will shift from the relationship between the state and the medical profession to a discussion of different epistemic modes and paradigms in the field of medical knowledge. I focus on the pre-1949 Chinese medical market and explore the process of interaction between different medical sects within the field of Traditional Chinese Medicine.



# Student Section

## Teresa Rivera

I will be starting my fourth year after completing my comprehensive examinations, wrapping up an amazing research project with my Advisor, and having attended the annual ASA conference. While this can all be hard and tiring, I am also starting this next year with a good amount of positive and encouraging momentum from these experiences. I look forward to submitting my dissertation proposal while simultaneously setting up a solid foundation for my data collection. Similar to some of the scholars interviewed, and perhaps emboldened by their own stories,

I look forward to taking on an interdisciplinary approach to health and health outcomes that bridges the knowledge production between scholars, health care providers, community educators, and the community I work with.



## Shruti Krishnan

I will be entering the second year in my PhD program, working on my project to understand the infrastructures of readiness assessments and informed consent based care models to access gender affirming medical care in Chicago. I spent this summer interviewing clinicians, behavioral healthcare providers, and care-seekers about their experiences navigating gender affirming care systems. It has been a challenging, yet rewarding experience. It has reminded me that there are many out there who are striving their best to serve their communities, and have stories that need to be honored. I believe that medical sociology can be a space for advocacy, and I hope to learn more about amplifying and supporting the voices of the communities I engage with.

# Student Section

**What will you be up to moving forward, now that you are wrapping up your time as student editor?**

## Grace Nakajima

I would encourage grad students to take every opportunity they can (within reason), even if it does not directly align with their research goals on paper. The skills and experiences gained from participating in new things (like becoming a student editor for this newsletter) are priceless, and you never know when those skills and connections will come up again.



## Teresa Rivera

Yes, the first comes from my own experience which is to take the time to engage in service with the discipline, especially if you are encouraged by your mentors! It may feel intimidating at first, but I came to learn it can be a great experience towards your own professional growth. After my time as a student editor I am much more excited to engage with other types of section work and will be looking for future opportunities. Lastly some of the words of interviewees have really stuck with me so I pass them along: (1) There is always space for insights, (2) Your ideas will find their way, (3) Have fun doing this work, and (4) Contribute to our collective functioning.



# Call for Student Columnists

We're recruiting four student columnists for the Medical Sociology Newsletter. Columnists contribute brief features, pitch story ideas, and collaborate with the editorial team for four distinct newsletters – Fall, Winter, Spring and Summer. This is a great experience for building a portfolio and connecting with other sociologists.

To apply: Send a 1–2 paragraph statement of interest and a short writing sample to [duran.dani@northeastern.edu](mailto:duran.dani@northeastern.edu) with subject “Student Newsletter Columnist Application” by September 15th.

## SOCIAL MEDIA

Stay up to date with the section on BlueSky! Use the QR codes below to follow the ASA Medical Sociology section and the Journal of Health and Social Behavior.

**Bluesky Med Soc Account: [@asamedsoc.bsky.social](https://bsky.app/profile/asamedsoc.bsky.social)**



**Bluesky JHSB Account: [@jofhbs.bsky.social](https://bsky.app/profile/jofhbs.bsky.social)**



**Almeling, Rene, Lisa Campo-Engelstein, and Brian T. Nguyen, co-editors. 2025. *Seminal: On Sperm, Health, and Politics*. New York: NYU Press.**

**Abstract:**

In *Seminal*, experts from across the social sciences, humanities, law, and medicine offer a kaleidoscopic view of the relationship between sperm, health, and the intersecting politics of gender, race, and reproduction. Always insightful and often provocative, the essays in this unprecedented collection cover a broad range of issues related to male reproductive and sexual health—including the latest technological developments for creating sperm; the specter of eugenics in contemporary medical markets; emerging approaches to male contraceptive methods, male infertility, and trans healthcare; controversies surrounding sperm donors and sperm banking; disparities in sexual health education for teens—all the while attending to the enormous variation in how individuals and societies understand, embody, and experience sperm. At a time when the most basic rights of reproductive autonomy are under severe threat, contributors to this volume argue this is precisely the moment to rethink and reimagine sperm from a variety of medical, political, and cultural perspectives. Ultimately, this volume aims to contribute to a more reproductively just society and broaden conversations around bodies, health and equity in the United States.

**Fisher, Jill A. 2025. “Pursuing a ‘Normal’ Life of Food: Families’ Experiences of Pediatric Food Allergy Clinical Trials.” *Social Science & Medicine* 378: 118085**

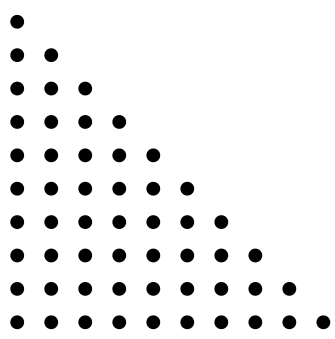
**Abstract:**

Although food allergies have been on the rise over the past twenty years, there are currently just two products approved by the United States Food and Drug Administration (US FDA) for this condition, and one treats peanut allergy only. For families seeking medical intervention for their children's food allergies, many turn to clinical trials, which have proliferated in the last decade. Indeed, the entry of the pharmaceutical industry and the availability of clinical trials are rapidly reshaping the food allergy landscape. As a result, many families now perceive clinical trials as a way to “do something” other than merely avoiding the foods to which their children are allergic. Based on ethnographic research, including 124 semi-structured interviews with families and other key stakeholders, this article describes parents' and children's experiences in these clinical trials. It describes how the families that pursue clinical trials for their children's food allergies are typically affluent, and the “normal” life they hope to achieve for their children reflects idealized and privileged notions of normalcy. Analyzing my findings through the lens of stratified biomedicalization, I argue that affluent parents willingly accept a form of biomedicalization of their children that involves exceptional, and sometimes traumatic, clinical trial experiences as they pursue the elusive normal life and future they envision for them.



**Leblanc, Merrily, Line, Emmett C., and Madina Agéonor. 2025. “Advancing Equity in Cervical Cancer Screening for Sexual and Gender Minoritized People Assigned Female at Birth (SGM AFAB) in the United States: Recommendations from Healthcare Equity Leaders”. *Reproductive Health*. 22 (135)**

Sexual and gender minoritized (SGM) people, including but not limited to lesbian, gay, bisexual, transgender and queer (LGBTQ+) people assigned female at birth (AFAB) experience a greater burden of cervical cancer relative to their heterosexual and cisgender counterparts; yet, they face pronounced barriers to regular cervical cancer screening. Although clinical guidelines play an integral role in the implementation of preventive measures, including screening for cervical cancer, existing United States (U.S.) cervical cancer screening guidelines do not take into account the specific experiences, needs, and contexts of SGM AFAB people. We conducted virtual key informant interviews with healthcare equity leaders (N=18) in medicine, public health research, and policy to learn more about the ways in which cervical cancer screening guidelines could better meet the needs of SGM AFAB people in the U.S. These healthcare equity leaders recommended (1) including the SGM AFAB community in the development of the guidelines (2), avoiding harmful assumptions about SGM people and cervical cancer risk in the guidelines and (3) implementing the guidelines in ways that reduce barriers and increase cultural responsiveness in cervical cancer screening among SGM AFAB people. These valuable insights from healthcare equity leaders provide actionable insights for improving SGM health equity in the development and implementation of U.S. cervical cancer screening guidelines.



# Member Publications

## **Maslen, Sarah. 2025. Learning to Hear: The Auditory Bases of Excellence in Practicing Medicine, Climbing Mountains, Making Music, and Communicating in Morse Code**

As we live our lives, hearing seems to be something that we simply have, not something that we do. Yet in a wide variety of occupations and activities, people must develop their hearing skills to achieve proficiency. How do people learn to hear?

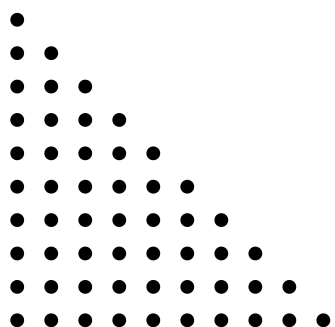
This innovative book investigates strategies and techniques for honing hearing in medicine, music, outdoor adventuring, and Morse code operation. Sarah Maslen uncovers tricks of the trade and forms of communal assistance for crafting these largely unconscious practices. She shows that hearing is far more complex than is often assumed and that it depends on competencies that extend beyond the ear. In so doing, Maslen explodes myths of genius and natural talent and the idea that certain skills are the province of particular kinds of people. Overcoming the distance between insiders and outsiders requires access to the collective support that cultivates seemingly natural sense abilities.

Learning to Hear examines vivid and varied cases, such as how doctors listen for a heart murmur, how musicians build the skills to play along with others, how adventurers sense dangers like melting ice or falling rocks while climbing, and how telegraph operators develop a feel for Morse code. A deeply original exploration of the cultivation of hearing, this book offers a new approach to embodied experience.

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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)



# Notes from the Newsletter Editor

As summer winds down, I want to take a moment to thank the incredible columnists and contributors who have made this issue—and the 2045-2025 academic year—so vibrant, thoughtful, and community-centered.

First, my heartfelt thanks to our section leaders who contributed columns in this and prior issues: **Karen Lutfey Spencer** (Chair), **Cathy Van De Ruit** (Chair of the Health Policy & Research Committee), **Tasleem J. Padamsee** (Chair of the Teaching Committee), **Joseph D. Wolfe** (Chair of the Careers & Employment Committee), and **Jonathan Shaffer** (Chair of the Membership Committee). Your insight, energy, and generosity in sharing your expertise not only inform our readers but also help sustain the strong sense of community that defines the Medical Sociology Section. I would also like to acknowledge **Jason Houle** (Chair of the Publications Committee), whose ongoing service continues to strengthen our scholarly connections.

I'm equally grateful to our student editors: **Grace Nakajima**, **Teresa Rivera**, **Shruti Krishnan**, **Jian Meng**, and **Ruhao Pang** for their thoughtful interviews and reflections in the Student Section. Your work this year exemplifies how emerging scholars contribute to our collective learning, foster important dialogue, and help shape the future of our field.

A special thank you goes to Danie Duran, our Assistant Newsletter Editor/Designer, for her constant creativity, organization, and support.

Finally, a note of appreciation to everyone who attended the 2025 ASA Annual Meeting in Chicago and participated in sessions, roundtables, workshops, and informal conversations. These gatherings remind us of the depth, breadth, and importance of the work happening across our community. Wishing you all a wonderful remainder of the summer. I look forward to another year of growth, scholarship, and connection with all of you.



**PJ Pettis**  
Editor



**Danielle Duran**  
Assistant Editor and Designer