SPECIAL ISSUE

Nancy Kidd, Executive Director, American Sociological Association

As we began planning the first issue of Footnotes to be produced entirely from home, it was self-evident that we should focus on the COVID-19 pandemic. I feel confident in saying that not a single member of ASA has been unaffected by this crisis, and some in profound and heartbreaking ways. We have been affected both personally and professionally, and our work as sociologists has also had an impact on response to the crisis. In this special issue, we have sought to illuminate the impact across these domains.

We start with the personal. In this issue you will find brief first-person narratives from sociologists around the world, such as Angela Hoekstra, an adjunct professor in Prague juggling the responsibilities of online teaching and parenting young children; Timothy Pippert, a faculty member on sabbatical in Minnesota worrying about the impact of the pandemic on his extended family; and Desi Rodriguez-Lonebear, a graduate student finishing her dissertation while contributing to the care of her hard-hit tribal community. These stories provide a window into the range of experiences sociologists are having during this period, and I found them moving.

The pandemic has created a host of challenges for our professional endeavors and here you will find articles that address the approaches some of our colleagues are using to respond. The difficulty of the sudden and disruptive move to virtual instruction is highlighted in several articles. Challenges to research productivity are also addressed. Many scholars are unable to engage in ethnographic fieldwork or access the archives on which they typically rely, for example. We also include pieces that focus on challenges specific to high school teachers of sociology, graduate students, and contingent faculty as well as challenges in particular settings within higher education, including community colleges, BA-granting departments, and PhD-granting departments.

Sociology also informs us about the crisis, and much of this issue is devoted to highlighting sociological insight on COVID-19 and its myriad dimensions. The intellectual backbone of ASA is its sections, and we turned to them to create a compilation of articles related to COVID-19 that are reflective of the breadth of our discipline. Each section was invited to make a submission, and we were pleased to receive 35 articles.

This issue of Footnotes represents a truly collective effort by the association’s members, and I thank all the authors for their hard work at a time when an added task is especially difficult. Thanks too to the section leaders for their enthusiasm for this endeavor and their willingness to help identify authors.

The pieces in this special issue are interesting and consequential now and will likely continue to be revelatory as we reflect on this moment over time. This special issue was planned, and the articles were submitted, before protests in response to systemic racism and police violence began. But the disproportionate impact of COVID-19 on people and communities of color lays bare the ways in which the protests are very much related to the pandemic. The special issue is publicly available, so individuals and policymakers can draw upon these pieces to guide their efforts to understand and manage this global crisis. Collectively, the articles here make a powerful statement about sociology as a discipline and all it has to contribute to addressing critical societal issues.

This issue of Footnotes is online only. In addition to this PDF, links to each article in this issue can be found online at www.asanet.org/news-events/footnotes/may-jun-2020.
ASA’s COVID-19 Resources for Sociologists Webpage

Since March, ASA has been developing and collecting resources to support sociologists in their work during this crisis. On ASA’s COVID-19 Resources for Sociologists page (www.asanet.org/COVID-19Resources), you can find a variety of resources which are being updated on a regular basis. Specifically:

ASA Advocacy. This section of the webpage has the various advocacy statements and letters ASA has circulated to support the efforts of students, faculty, and institutions of higher education during this period.

ASA Webinars. Here you can access recordings of webinars on supporting student mental health and best practices for online teaching, as well as recordings of recent forums for students, chairs, and directors of graduate studies.

Teaching and Advising. In this section, you will find resources to support your work with students. For example, TRAILS, ASA’s online peer-reviewed library of teaching resources in sociology, is temporarily open to all. You will also find links to ASA’s Sociological Insights videos, the Contexts blog, and The Society Pages, all of which are rich with teaching resources.

Resources for Students. In addition to some of the resources listed above, here you will find links to pieces that address how the pandemic has affected students and provide resources to support graduate and undergraduate students.

Research in ASA Journals. In collaboration with ASA journal editors and SAGE, we have identified existing articles in ASA journals that provide sociological insights on understanding, responding to, and coping with the pandemic. The articles are open to all. You will also find a call for papers on COVID-19 from the Journal of Health and Social Behavior.

COVID-19 Projects Initiated by Sociologists: Sociologists are responding to the pandemic and its consequences in creative ways. They are collecting data, creating interdisciplinary research collaborations, compiling resources, and supporting their communities. On this crowdsourced spreadsheet, you can find the range of projects that sociologists are undertaking.

Sociologists in the News. News outlets are turning to sociologists on a wide variety of topics related to COVID-19. In this section, you will find a crowdsourced list of pieces authored by sociologists as well as those by journalists citing sociologists.

Additional Research and Resources. Here you will find resources from leading organizations focused on social scientific approaches to COVID-19 such as the Social Science Research Council, Consortium of Social Science Associations, National Science Foundation (NSF), and the Societal Experts Action Network (SEAN), established by the National Academies with support from the NSF.

ASA Advocacy during the Pandemic

ASA’s advocacy efforts are guided by our mission to serve sociologists in their work, advance sociology as a science and profession, and promote the contributions and use of sociology to society. In response to COVID-19, ASA has led the following efforts:

Statement on Student Educational Progress during COVID-19

ASA released a formal statement, endorsed by more than 33 other scholarly associations, calling on institutions of higher education to consider appropriate temporary accommodations for students whose degree progress has been impacted by the COVID-19 pandemic. The statement contains recommendations that institutions modify timelines for student progress and completion, such as extending funding eligibility and time-to-degree requirements, and adjust expectations for learning and scholarship by, for example, offering pass-fail grading options and amending graduation requirements. “Tangible policy changes like these are important for students’ educational progress and well-being, and we encourage departments and institutions to offer these and other protective measures that are appropriate for their students and context.” Read the statement.

Statement on Faculty Review and Reappointment Processes during COVID-19

ASA released a formal statement, endorsed by more than 50 other scholarly associations, calling on institutions of higher education to consider appropriate temporary adjustments to their review and reappointment processes for tenure-track and contingent faculty during the COVID-19 crisis. The statement contains recommendations to limit the use of student evaluations of teaching during the current term and to adjust expectations for faculty scholarship through this period. Further, administrators are encouraged to communicate such changes to faculty expeditiously. “We ask that institutions support the extraordinary efforts of faculty by allowing them to focus on immediate needs without worrying that this will compromise how they are reviewed for tenure, promotion, and reappointment.” Read the statement.

Letter to Congressional Leadership on Relief Funding for Higher Education

ASA sent a letter to Congressional leadership asking for substantial additional funding for higher education in future COVID-19-related relief bills. The letter recognizes that, while the pandemic has affected all of us, its consequences are not uniform, with the most marginalized institutions and individuals hit hardest. We urge that resources allocated to higher education be distributed to the students and institutions who need them most. The letter was authored by ASA and co-signed by almost 40 other scholarly associations. Read the letter.
Remedies in a World Upside Down
Elizabeth Sugeiry Baez, State University of New York-Plattsburgh, writing from Brooklyn, NY

The COVID-19 pandemic has brought many transitions to my life, as it has for most people. I am a first-generation Dominican-American undergraduate womxn, majoring in sociology, minorning in gender and womxn studies and political science. For the second half of the spring semester, my classes moved online, which lessened the excitement of college for me. However, the biggest transition was returning to my mother’s one-bedroom apartment in Brooklyn and living with people I haven’t lived with in years. I had grown accustomed to having my own sacred spaces and freedom.

Being quarantined with a Dominican family is an experience in extremes. In some moments, it is joyful, full of flavorful island foods and music. In others, it’s filled with tension and irritability, as Dominican health remedies are administered seemingly every few hours and the news is always on. But, being home allows me to see the sacrifices my family is making to help us persevere as a country.

My mother works as a medical assistant at a clinic in Brooklyn, ensuring that others receive the aid they need. My grandfather wakes up every day at 3:00 a.m. to commute to a carnicería in Long Island, where he cuts and packages meat for supermarkets across the region. Immigrants are on the frontlines as supermarket employees, immigrant health care workers, and supermarket employees, as well as those working in the gig economy.

I attend my first WeBex meeting, a big one with higher-ups and people I don’t know. As I’m struggling to acclimate, someone asks “who is sharing their screen?” Five people chorus, “Carol Caronna!” I have no idea what they are talking about or how to fix it. I want to “Leave Meeting” but I can’t find the button. I haven’t felt this unsure of myself at work in years.

My mother says she’s going to the pharmacy to pick up a prescription. I tell her to get it delivered, not realizing I will spend the next two hours helping her set up the CVS app. Later I try to convince my dad not to take his car in for an alignment. I find myself yelling, “you’re 78 years old with preexisting conditions, do you think you’re going to get a ventilator?” No, but he doesn’t want the bad alignment to ruin his tires. I restrain myself from shouting: YOU’RE NOT EVEN USING THE CAR.

For hours at a stretch I sit at the computer in my pajamas, feeling isolated and alone. (Well, my husband is teleworking too.) I lose focus (because he talks to me every time he walks by), and debate if I should force myself to work or take a break. A stray thought starts to nag: you’ve been here before. I look around my home office—old posters on the walls, old bed in the corner—and realize with dread: the year is 1999 and I’m writing my dissertation. My husband brings me back to 2020 with a thud: “you really need to take a shower.”

My Work and Occupations course unit on Contemporary Issues coincides with remote teaching. The gig economy, the Great Recession, the unemployed and the underemployed—should I capitalize on the timeliness, or try to make it seem less poignant? Should I push the students to connect sociology and their lives, or is this material too raw? I want to reassure them that things will be okay. I’m not sure how.

How Am I Doing?
Carol Caronna, Towson University, writing from Columbia, MD

I go to the grocery store to stock up, not knowing when I’ll make it back. I notice what’s sold out—saltines, Campbell’s soup, Heinz ketchup. I think about what would happen if I lose my husband or my parents. I start to cry by the full shelf of store-brand ketchup. No one sees me because no one is there.

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Mentally Returning to Mississippi
Joseph C. Ewoodzie, Davidson College, writing from Bordeaux, France

I have been living in France since August 2019. Under current French quarantine regulations, we are allowed out of our apartment for one hour a day and can travel within a one-kilometer radius. When we go outside, we must fill out a form with our name, address, reason for going outside, and the time we left our homes. So far, we have been stopped once by police officers to check our forms. The boulangeries, grocery stores, and wine shops (thank God) are open. But, for the most part, everything else is shut down.

I am on deadline to finish a book about race, class, and food in Jackson, Mississippi, so I wake up each day and rush to my laptop to do whatever writing my brain can muster up. It has served as a good distraction some of the time. For a few hours a day, I mentally return to my days in the field in Jackson, when I walked the streets with people who were homeless, when I scrubbed pots and pans in a BBQ restaurant, or when I enjoyed cocktails with lawyers and journalists in nice restaurants. But these mental excursions are often short-lived. Inevitably, after about 45 minutes, my cursor and my mind drifts to reading updates about what is happening in the world. I usually give up after an hour or two of trying to stay focused. Even after I am no longer able to focus on writing, I think about the people I met, especially those who are most vulnerable during this time. Sometimes I call or text them. I shudder under the pressure of doing justice to their stories.

I have also been thinking ahead about how this pandemic might fundamentally change how I (we) do sociology, not just in the subjects we study but also in terms of the urgency with which we approach our work. A week before we received our quarantine orders, I received an NSF grant to study the motivations, processes, and consequences of Ghana/U.S. migrations. How will this pan-
demic change how I (we) think about migration and migrants? I am beginning to revise my research proposal. And, I hope that I (we) work more urgently towards solving social problems rather than simply and only filling holes in literature.

**Insights on the Pandemic from Abroad**

Angel Hoekstra, Anglo American University, writing from Prague

I am an adjunct faculty member teaching in the Czech Republic. I trained in a PhD program in Colorado, but chose a part-time career over a tenure-track position to focus on being a mom (my kids are three and six) and supporting my family. During this crisis I have been working each day to help my daughter complete her homework—in Czech. I am still reading to my son, preparing meals and writing lectures, but now I am answering more emails, cleaning up more toys and washing more dishes. We’re doing our best to weather this storm together as a family, but being stuck in a 900-square-foot apartment with four people is tough!

The personal and the professional have become intertwined during this crisis in ways we’ve never seen. As an expat teacher, I am facing new challenges. Many of my students flew back to the United States. A few are watching videos of our class after it happens and writing weekly reflection papers, but the majority in other time zones are still logging in and attending—even though this means a commitment to attending class in the middle of the night, for eight weeks.

The government surprised us all: shutting down schools and businesses and implementing legal requirements for face masks and social distancing, all in one day. Watching the community respond has been compelling. As a consequence of Communist rule until 1989, the Czechs have a history of “rule following.” People responded to the restrictions – not by arguing for their personal freedoms or complaining – but by wearing masks. Citizens came together quickly: sewing masks at home and creating videos in support of mask-wearing. Minority groups, the Vietnamese and Roma, have been praised by (white) Czechs for participating, yielding a powerful visual public statement of solidarity. In the Czech Republic, mask-wearing is not about passive submission, it’s about exercising your agency in support of communal need.

Perhaps it’s time to (re)affirm how important it is to balance our distinctly North American support of individual voices, needs, and freedoms with our collective need for safety, peace, and solidarity. Each of us faces unique challenges; no one expected to convert to an online teaching and learning format so quickly. As we adapt to new norms, may our actions, reflections, and online interactions help us to better understand the truly global nature of our community.

**Reflections from a Sabbatical During COVID-19**

Timothy Pippert, Augsburg University, writing from Inver Grove Heights, MN

In January, I started a sabbatical. My only objective was to write about the social impacts of the boom-bust cycle on residents of northwestern North Dakota. Quickly realizing that my project was too large for a one-semester research leave, I reacted by self-isolating before I knew that was a term. I would work at my computer for hours, only stopping to take daily walks with our new puppy. By the time public life in Minnesota began to shut down, I had already been out of the mainstream for two months.

For my family, impacts have been meaningful, although minor by comparison to many others. My youngest daughter had to return home from her second semester at Luther College. My oldest daughter will start her PhD in political science in the fall, but must now choose a graduate program through virtual visits. My partner, a political scientist and department chair at the University of St. Thomas, is trying to support her students and colleagues, teach online, and advise over 50 students virtually. My siblings and my wife’s face financial challenges as social distancing measures continue. My parents and in-laws, all approaching or in their 80s, seem more agitated being “safe at home” than my children. The fact that they live hundreds of miles away makes it nearly impossible to offer any real help in navigating this slow-moving disaster.

Like many, I am angered, but not surprised, that the financial toll of the pandemic is being paid disproportionately, and I am thinking about what we might do as sociologists. We can reach out to our students to let them know that we have time to listen to their concerns, and we can help those students who are struggling. For our colleagues who have been laid off or furloughed, we can offer to provide substantive letters of support to future employers. We can also provide guidance to the media, elected officials, and the general public to understand the importance of the sociological perspective. Among all these priorities, it is our duty as sociologists to work to change the public narrative to acknowledge that the social and economic inequalities that define our system make it predictable that the pandemic will leave some unscathed while others face devastation. Once the narrative is changed, it will be easier to work toward a system in which risks, as well as rewards, are shared more equally.

**Redefining Progress**

Desi Rodríguez-Lonebear, Dual PhD Candidate, University of Arizona and University of Waikato New Zealand; Incoming Assistant Professor, University of California-Los Angeles, Sociology & American Indian Studies, writing from Northern Cheyenne Indian Reservation

Graduate school is difficult in the best of times. Then COVID-19 happened. As a graduate student in my last year, a mother, and a relative deeply grounded in my tribal community, COVID-19 has upended life in every single sphere. Of course, I am not alone. Most graduate students precariously juggle research, teaching, finances, and self-care (whatever that is). There is no work-life balance, and there surely isn’t when one is also a caregiver. In mid-juggle, there’s always a ball crashing down. Right now, all the balls are on the floor. For some of us, little sticky hands are throwing them back. Still, graduate student life demands that we continue to make “progress.” So, what does such progress in a pandemic look like?

For me, progress is driving across the country to reunite with my three-year old because a short dissertation writing “break” turned into five agonizing weeks apart after safety became paramount. There is a methodical flow that
comes with road-tripping during a pandemic when everyone you encounter could be a deadly threat.

Progress is speaking truth to power. There’s a reason why the Navajo Nation has the third highest rate of COVID-19 cases in the country behind New York and New Jersey. Like with Black and Latinx people, the health disparities are a direct outcome of the systemic racism upon which this nation was built. Many are witnessing the cracks in the system for the first time. Many of us were born in the cracks.

Progress is helping my brothers navigate the impossible web of applying for unemployment benefits. The frustration from waiting on hold for hours is enough to drive anyone to give up, but we don’t because there are mouths to feed.

Progress is hustling contributions so my reservation community can buy PPE, stock up on food, and take care of our most vulnerable. Weeks after its passage, tribal communities still haven’t seen a penny from the CARES Act. COVID-19 exposes what we have always known as Indigenous Peoples: we are our only defense.

And yes, progress is trying to grind out this dissertation in the hours of darkness punctuated by anxiety and hope. Continuing to juggle business as usual feels impossible because it is. Our new business as usual is literally survival, and that depends on our shared humanity. We need to tell each other that it’s ok to leave the balls on the floor.

A new ASA Section on Sociology of Indigenous Peoples and Native Nations is currently in formation.

Are We Protected Enough?

Ryan Tretvik, Managing Editor for Production, Journal of Health and Social Behavior, writing from Bellingham, WA

I am a sociologist who has chosen to work part-time at home while my children are little. While the pandemic has not affected my work, my family experience has changed significantly during this period. One day blurs into the next as we try to stay sane, keep our kids healthy, and maintain connections with family and friends from a distance. My partner works as an anesthesiologist, and the emotional side of having a partner in healthcare has stood out the most to me in terms of how this pandemic has affected me.

My fears and stressors have centered on aspects of my partner’s job. These include: Does he have the right PPE to protect himself? Are the precautions we take when he gets home from a shift enough to protect me and the kids? It is scary to know that my partner will be one of the first people called should the peak in our county exceed the ICU staff’s current capacity. I find myself somewhat obsessively tracking different county and state models, desperately hoping we pass the peak before he gets that call (for public health reasons in addition to my selfish ones). Watching our healthcare workers, and country, fight this pandemic without proper PPE, testing capabilities, or a unified response is terrifying.

My partner’s job has also given me reasons to feel proud, thankful, and hopeful. I am proud that he has the skills and knowledge to care for COVID-19 patients who are on a ventilator and that he did not hesitate to volunteer to work in the ICU that should become necessary. I am thankful that our community is supporting our healthcare workers by making masks, leaving messages of thanks at the hospital entrance, and bringing them meals. I have seen how quickly many in the healthcare system have adapted to treating this new disease and it gives me hope. Whether it is my partner’s group testing new forms of PPE to create reusable options, or the restructuring of hospital layouts, schedules, and staff to prepare for COVID-19 patients, many are working hard to quickly innovate and improve the response to this virus.

The sociologist in me is also hopeful we will see innovations and improvements on a societal level, through an improved health care system or more equitable economic policies. I look forward to seeing the positive changes our collective sociological efforts will lead to during and after this pandemic.

Views of the Pandemic from Retirement

Theodore C. Wagenaar, Miami University (OH), writing from Sarasota, FL

My volunteer activities as a retired sociologist address the inequalities that I see around me. And now I worry that my hospice patients will die alone. I worry about how my Meals on Wheels clients will get their meals now that elderly volunteers have been asked to stay home. I worry that my lower-income Tax-Aide clients will now have to pay to get their taxes done. Socioeconomic and racial disparities in COVID-19 deaths and access to health care remind me of the stress in the social structures and social situations around us, which inevitably highlights inequalities locally, nationally, and globally. There is not much I can do remotely other than send money to the local food bank.

Social distance pervades my personal life as well. One would think an introvert such as I would welcome this, and it was great for me for a while. But, over time I find it disorienting. I value my social interactions with family and friends and miss attending cultural events. I value third spaces and miss my book clubs and my Sunday morning breakfast meeting of local skeptics.

Cultures adapt to disruption. Thus, it has been interesting for me to observe responses to this crisis. Social norms have changed—it is now acceptable to wear a mask into a bank. Social structures have changed—unemployment offices cannot keep up. Institutions have changed—churches are now holding services at drive-in movie theaters. Social relations have faltered—domestic violence is on the rise.

Social isolation is a particularly salient outcome of the pandemic. I miss seeing family, acquaintances in third spaces, and those I serve as a volunteer. I fear there will be a dramatic increase in those with mental health issues. Certainly, individuals will adapt. For example, I use Zoom now to join happy hours, my skeptics group, and book clubs.

I expect that social life will be different after the pandemic passes. People will be reluctant to shake hands. The proportion of classes taught online will increase. Young people will be profoundly affected by the experience throughout their lives. People’s faith in social stability and social institutions may falter. Inequalities will worsen. My own volunteer activities will be constrained.

Sociologists are uniquely capable of addressing social dislocation and isolation at multiple levels. I hope many rise to the occasion and help inform the necessary ameliorative social policies.
International Education and the COVID-19 Crisis

Esther D. Brimmer, Executive Director and CEO, NAFSA: Association of International Educators

Higher education has always benefited from great minds from many lands. From the ancient world to universities in Fez, Bologna, and Oxford, there have been international components to education before there were modern nations. One of the hallmarks of the modern world is the exchange of students and scholars. Currently more than five million students per year study outside their home countries, but there is great concern for the future as the worldwide COVID-19 crisis is having a dramatic impact on international education.

Founded in 1948, NAFSA: Association of International Educators, is the largest nonprofit association dedicated to international education and exchange. NAFSA is working with some of the most resilient and innovative professionals around the world to rebuild the field and plan for the future.

While it will be years before we know the full effect of the current crisis on the profession of international education, some elements are already evident. In this article, I will reflect upon some of the aspects of the profession significantly affected by the COVID-19 pandemic which include: education abroad, global learning, technology, access, and the broad impact of international students and scholars curtailing visits to the United States.

One of the most visible and immediate impacts of this pandemic is on the U.S.-based education abroad field. Concerned about their well-being as the novel coronavirus began to spread in early 2020, most U.S. colleges and universities recalled students rapidly. Travel restrictions imposed by many countries meant that administrators had to work quickly to help students return. Those with in-depth knowledge of international education, well-designed risk management plans and expert administrators to implement them, tended to have smoother responses to this unprecedented situation.

The ongoing crisis has also raised questions about the future for many in the education abroad field, such as whether to conduct their summer and fall programs. Considerably fewer students are expected to travel abroad this year, which will create financial hardship for some offices, institutions, and companies, many of which are funded by the fees paid by participants.

International education involves global learning in addition to travel. For the past two decades, many institutions have worked to internationalize their campuses, integrating an international, intercultural, or global dimension into the purpose, functions, and delivery of higher education. With fewer students able to travel, many institutions may look to international educators for ways to incorporate global learning into their curricula for virtual and in-person experiences.

Online teaching permeates education now, and international educators are exploring how technology will affect the field. Some institutions may promote virtual international experiences while actual international travel is less possible. In some cases, international partners can use technology to connect professors and students in different countries to pursue shared class programs.

But not all institutions have well-connected technology systems, and not all students have equal access. Another consequence of this pandemic is the amplification of inequalities. Campus closures represent eviction notices and pink slips for students dependent on university services and employment. While faculty are encouraged to create enhanced, synchronous learning outcomes, many American students do not have access to necessary technology and connections. International students who were studying in the United States and were sent home may also have difficulty accessing online classes offered in a distant time zone. Some international educators are also facing some of these challenges in their own lives.

Finally, international educators are concerned about the impact of the global pandemic on the flow of students and scholars around the world. The United States benefits greatly from international education. When the crisis broke, over one million international students were studying in the country, making intellectual and cultural contributions. In the 2018-2019 academic year, they contributed over $41 billion to the U.S. economy and supported 458,000 jobs.

Despite all of the potential negative impacts this global crisis can have on international education, international educators remain resilient. They recognize that international education is an integral part of the solution to advancing human well-being, peace, and the resolution of global problems. International education creates the habits of cooperation that underpin the scientific research that seeks the treatments and vaccines needed to fight disease. International educators also know that their work builds the empathy that will help us survive the onslaught of COVID-19 and build back our societies on better terms.

Finding Our Way Forward When the Only Paths Are Rocky: The Case of CSU-Channel Islands

Dennis Downey, Professor, California State University-Channel Islands

The Sociology and Anthropology Department at my institution has been doing what so many others have done over the past couple of months—finding a way to keep our classes moving forward through the abrupt and unexpected shift to virtual teaching, the weeks that have followed, and the months ahead.

From a chair’s perspective, the most important initial challenge was to make sure all faculty received the support that they needed to make the transition. Our university has provided a wide range of trainings and services, and a constant stream of communication, so a central task was to help colleagues identify and access the resources and information that they need. Our faculty have a variety of skills and teaching styles more or less conducive to virtual teaching. Our university (like many others) has promoted tech solutions and virtual delivery for years (and we had recently shifted our large introductory sociology course online), so many faculty had skills to help them transition. Those with significant virtual experience have taken the change in stride and provided leadership. We also have faculty who shine in a traditional seminar format in face-to-face interaction with students; they have struggled to maintain meaningful courses in the new environment. But we all supported each other, took advantage of campus resources, shared ideas and skills, and have continued to serve students.

Our students have also needed significant support to make the transition and to weather their own crises. Our students are overwhelmingly Latinx (75%) and low income (70%), which puts them in demographic categories hardest hit by the crisis. Many are “essential workers,” some working multiple jobs; others have lost jobs and are struggling to stay afloat. Our university has done an admirable job of finding ways to
Archival Research During COVID-19

Shai M. Dromi, Lecturer, Harvard University

My first visit to the International Committee of the Red Cross (ICRC) archive in Geneva, Switzerland was demoralizing. I had corresponded with an ICRC archivist and perused the catalog, but upon arriving I discovered that the boxes I had believed held the material needed for my dissertation thesis were gone. The archivist speculated those boxes may have been lost to fire or rats decades ago. But he also understood the questions I was pursuing, and provided boxes filed close to where the boxes I was looking for should have been. While my initial interest was in professional correspondences, the private documents I found in those other boxes—diaries, manuscript drafts, bible study notes—revealed the ethical framework behind the establishment of the Red Cross movement. Unexpectedly, this became the topic of my first book, Above the Fray: The Red Cross and the Making of the Humanitarian NGO Sector (2020). Even though many sources about the Red Cross are publicly available, my time in Geneva proved crucial for the project.

While some archives are curated with the specific intention of serving a scholarly community, most are organized to serve the needs of a living organization, and thus many researchers share my experience. The archives they visit first confound their research plans, but then reveal unexpected discoveries that would have remained hidden without an in-person visit. While the ideal is to have a fully funded year or more for archival research, many visits happen over the summer, and COVID-19 has stalled many archival research plans.

My summer plan was to use an ASA Fund for the Advancement of the Discipline (FAD) grant to visit university archives and research my current book project on Israel-Palestine student activism. While these plans were cancelled, three different university archivists responded enthusiastically to my emails and directed me to useful digitized files to explore. These resources are helpful, but I plan to visit the archives in-person once possible because digitized materials have limitations and can introduce their own biases. Institutional (or personal) priorities decide which documents get scanned, copyright restrictions determine their public availability, and organizational resources and geographical location often determine who has the capacity to digitize in the first place. Relying solely on publicly available digitized materials poses the risk of systematically ignoring already underrepresented voices (and this is a particular risk for those conducting research in the Global South). For many historical sociologists, digitized documents supplement, but do not replace, the in-person archive visit.

While COVID-19 has affected archival researchers in all career stages, particularly affected are early career researchers. Aliza Luft (Assistant Professor, UCLA), for example, is waiting to hear whether her June visit to the Vatican Secret Archive can be rescheduled. The Vatican has made new documents on the papacy of Pope Pius XII available, and Luft is among only 150 researchers allowed to examine them. None of these documents are digitized and, due to COVID-19, the archives themselves are now closed. It is not clear when another visit will be possible.

Graduate students are similarly working to make progress without access to their own research sites. At Yale’s graduate program, Chloe Sariejo is conducting a legal history on a sealed case that has never been made public. While her archive visit is cancelled, she was able to access documents on a comparative case through an online database. The costs of access are coming out of her pocket. In the same program, Anne Taylor found a colleague willing to share scanned collection of 18th century documents from the archive she had planned to visit. Cresa Pugh (Harvard) is currently analyzing a trove of photographed documents from her previous archive visits, but this analysis revealed that another visit to the archive is necessary, and

Finding Our Way

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assist our students—for example, by loaning out hundreds of laptops. But many still struggle with limited wireless bandwidth, unforeseen childcare responsibilities, or working in crowded family homes. Even in the best situations, the uncertainty and anxiety make it difficult for students to focus. In some of the most heartbreaking cases, struggles manifest in mental health issues—everything from crippling frustration to suicidal ideation. Our program has developed close relationships with campus units addressing those issues, such as Counselling and Psychological Services, and our Campus Access, Retention & Equity team. Those ongoing relationships have allowed faculty to facilitate critical connections more rapidly.

While we are all doing our best to maintain learning, this crisis has demanded that we adjust our collective expectations. For example, many courses with service-learning components, or those undertaking research with human subjects, have simply had to eliminate those elements. And pedagogical goals have been reduced unavoidably. The inevitable erosion of incremental skill-building is particularly disconcerting as we have worked to build a rigorous and scaffolded curriculum. (See Teaching Sociology 47(2) for a discussion of that process.) We know that we’ll have some ground to make up with our students in the fall, but we’ll simply have to cross that bridge when we get to it.

Even as we’re immersed in weathering the current crisis, we must push forward with planning for the future. The role of the chair as an information conduit has never been so important. I frequently find myself shuttling vital communications between faculty and administration and students about contingency plans for the coming semesters—questions about course modalities, faculty training programs, expanded services and accommodations, and many others. On a more routine level, we are now adjusting fall schedules as enrollments proceed (thankfully, adding sections to accommodate high student demand). I am also completing my final term as department chair and working with our next chair on a smooth transition. So, the cycle continues, even as the future remains uncertain. One thing is certain: If we have to continue in a virtual mode in the fall, we’ll be much better prepared to do so. We learn from crises. For better or worse, our university has had a lot of experience with crises in recent years—multiple evacuations and closings due to mass shootings close to campus, which affected students directly. It would be easy to say that constant crises have made us stronger. I imagine that is true in a way—but I also know that it has taken energy away from important collective efforts, and tasks go undone or have to be put off because we simply can’t get to them. Still, it has been a remarkable effort on the part of faculty and students just to keep the wheels on the proverbial cart as we have barreled down a very rocky path. And in contemporary higher education—especially at public, regional, comprehensive universities—the only paths forward are rocky ones.
Ethnography in the Time of COVID-19

Gary Alan Fine, James E. Johnson
Professor of Sociology, Northwestern University, and Corey M. Abramson,
Associate Professor of Sociology, University of Arizona

If there is one thing that can be said about ethnography, it is that social intimacy, and not social distancing, is crucial. While we are to remain a six-foot distance from each other, not meet in groups of more than 10 (or of two in Berlin), or to shelter at home, what are the possibilities for ethnographic research? What is its future in the world that follows?

One answer derives from the Sufi proverb, “this too shall pass.” This may be true. Perhaps as this essay is published, the moment will have passed into the realm of historical sociology. Perhaps not. What is certain is that we are living in unsettled times with broad implications for social life and for those who study it through intensive field work.

As two ethnographers who have engaged with the worlds of older Americans, we know that even in healthier moments, ethnographers can be a vector of danger for the vulnerable. As anthropology’s history of colonialism and sociology’s elitism remind us, without care, the work we do as social scientists can harm the groups we aim to understand. But when observing those who are medically vulnerable during a pandemic, anyone can be a threat in a direct and personal way.

At this moment, we must confront immediate limitations on research as universities place moratoriums on face-to-face social science research. This leaves those currently “in the field” with limited options such as telephonic or online interviews or other technologically mediated modes of interaction. Any return of in-place ethnography must deal with both the possibility of being a vector of disease and the psychological effects of seeing others in similar ways. Will this uncertainty undermine the willingness of subjects to invite us into their worlds? Further, how will this new reality shape the decisions of Institutional Review Boards (IRBs) whose preference is to be cautious in protecting both research subjects and those institutions for which they work?

At present many projects have been delayed or halted. We expect IRBs to become more guarded, both because of the looming threat of liability and uncertainty about the actual risk. This affects all human subjects research, but ethnography is unique with its focus on immersion. We may need to rely on alternative methods in the short term but must work to maintain the unique strengths of field observation.

These issues are not only salient for those studying communities, but also for understanding organizations. Ethnographers have benefited from the willingness of organizations to provide access. But what happens when these organizations are weary or are overwhelmed? Ethnographers have often needed to persuade and contribute to the organizations they study. Evolving circumstances may now require that we formalize our understandings with organizations and individuals to secure access and satisfy concerns about minimizing harm.

While physical distancing is necessary, we also must remember why this style of research has been central to sociological inquiry. Many who employ this method contend now, as we once did, that by looking close-up, in real time, we can understand key dynamics of social life in ways that more distant methods cannot. This unique characteristic has been crucial for developing and extending theory, generating concepts, and illuminating empirical patterns in numerous ethnographic traditions. In addition, avoiding people’s lives limits insights on policy issues that our informants might recognize and appreciate.

The granular details and compelling examples that field researchers have contributed have advanced our discipline in many ways, especially in learning from populations at risk. We require a “street-level” view of complex lives and challenging circumstances. We should not discard, but rather adapt and evolve, tried-and-true strategies for direct observation.

In the interim, the current crisis calls for reflection. Let us revisit the virtues and limits of conventional field work and its connection to complementary methods. Other potential complementary data sources while we are out of the field include check-in interviews with subjects, video data on public spaces, online observations, triangulation with surveys and archival data, and engagement with computational methods. Can big data and deep data contribute to each other? It is too early to suggest where such alternate and hybrid methodologies might lead, but creativity often bursts through on dark days.

In a related vein, we should work to address long-standing issues of transparency in ethnographic observation, representation, and replication. (As this paper was accepted for publication on April 15, 2020, some of the information within has evolved.)

The aftermath of COVID-19 may provide fruitful opportunities for revisits. The ethnographic site is always in process, a challenge for conventional replication. However, the contextualized nature of field research is a strength, and the occurrence of historical events can provide for valuable comparisons. Research sites are always changing as participants come and go, a reality more apparent in dealing with senior populations.

During the first author’s observation of a senior political organization over 30 months many of the core members disappeared and were replaced by other recruits, some of whom also left before the research was completed. By the end of the research, the first author had become a long-standing member of the group. The second author examined how older adults’ lives were shaped by the convergence of American inequality and everyday challenges related to health, illness, and death. Historical events, like the great recession, provided a window into seeing the differential impact of shifting policies on those in impoverished versus affluent neighborhoods. Revisiting sites after the ravages of COVID-19 has the potential for insights in arenas that are slower to change in the absence of stress.

Archival Research

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with teaching responsibilities it is not clear when this visit will be possible beyond this summer. In short, while researchers are finding ways to adjust in the short-term, COVID-19 is posing a serious challenge to their long-term research plans.

Archival researchers have numerous resources at their disposal for the time being. First, university librarians should be an initial point of contact. Given the COVID-19 closures, many providers are allowing free access to their content, including various useful resources for archival research. Second, online services like Google Books have made some resources publicly available—especially public domain ones. Third, many archivists welcome inquiries over email, and a brief phone call can yield digitized resources and other repositories that might have relevant material.

Fourth, past researchers in the same archive can offer advice and help with obtaining anything from general tips to scanned documents they no longer need. Universities can and should support historical sociologists by helping cover newly incurred expenses of accessing databases remotely and providing deferrals and flexibility with travel funding.
Professional Challenges Facing Sociologists

Britany Gatewood, PhD (2020) from Howard University, and Emily McDonald, PhD candidate, George Mason University

Personal experiences and anecdotal accounts from others have demonstrated to us that departments are frequently ill-equipped to provide adequate resources, support, and mentorship for graduate students. Current graduate students often feel that tenured professors are out of touch with increasing demands on graduate students. Publishing, classes, assistantships, internships, conference presentations, and association leadership roles are expected. The strain of managing these demands with low pay, multiple jobs, caregiving, and other difficult contextual factors is hard under normal circumstances. It is greatly exacerbated with the COVID-19 pandemic. Graduate students wear many hats during the school year: teaching and research assistants, adjunct professors, students, parents, caregivers, and employees. Within the current pandemic, it is clear that these roles can be irreconcilable, and the stress can be overwhelming. The transition to online learning, job security uncertainty, and family hardships have caused instability in the already hectic lives of graduate students. Campus closures have moved graduate courses online and reduced access to vital resources. Many are taking virtual classes for the first time, and group discussions, often central to graduate classes, are difficult to recreate via video. Campuses provide a plethora of resources not virtually accessible. Students may not have access to computers, reliable internet, software, or equipment. This physical barrier is likely to inhibit coursework and/or research progress. Mentorship and advising is difficult due to new constraints on professors’ time, including juggling the many needs of their undergraduate students. And, many universities have not given graduate students the options of pass/fail, late withdrawals, or tuition refunds. Graduate students are simultaneously adapting to virtual teaching. TAs do not get faculty benefits but are expected to share the same burdens. Professors often rely on TAs to help with the online transition, especially when they lack the requisite technical skills themselves. While student-adjuncts take on much of the same supportive labor as their tenure-track or tenured colleagues, they likely lack experience with teaching online and problem-solving with students.

Graduate students frequently piece together income. Assistantship wages, often at or below the poverty line, make living and supporting dependents nearly impossible. Part-time or even full-time work outside of the university has been potentially lost or drastically cut. Expected dissertation financial support moving forward is unknown. Multiple layers of loss and uncertainty leave students to make difficult decisions that could significantly impact their matriculation and livelihoods. Looking ahead to post-graduation, today’s emerging scholars will shape their careers amidst two recessions and significant precarity. The job market anxieties existent before the pandemic are now compounding. One need look no further than the *Chronicle of Higher Education*’s homepage, with stories about hiring freezes and canceled contracts, to prompt concern. For those pursuing careers outside of academia, there is much unknown about where the “bottom” of this crisis may be in the business and non-profit sectors and how far the inevitable ripple effects may reach.

While we navigate moving into virtual professional and interpersonal relationships, the reality of our domestic labor responsibilities and personal lives are made explicit. Graduate students who have family, childcare, personal health, and/or immigration-related burdens are feeling even greater weight under this pandemic. One’s social identities, particularly race and class, influence their likelihood of contracting COVID-19. Black and Brown students and those from working and underclass families are at a higher risk due to historic resource deprivation in healthcare, housing, and criminal justice sectors. First-generation students often carry burdens for whole communities. Grappling with their own mortality and the pandemic affecting their social networks is a constant worry. Students are also juggling their own self-care. Recent studies show graduate students have depression and anxiety rates six times higher than the general population. This is especially challenging in a time of crisis when productivity and motivation feel nearly impossible. Additionally, campus counseling centers are adjusting to virtual sessions and higher demand, which has led to a gap in services.

The current moment demands public sociology, of and for sociologists. Social identities, interpersonal relationships, and professional roles affect how students are personally experiencing the pandemic. Graduate students often feel alienated, wedged between roles as student and teacher, advisee and advisor, beginner and expert, and experience significant uncertainty and anxiety. Sociologists have studied structural inequalities for decades, yet often fail to critically examine the structures and practices of our own departments. We must use our sociological skills to foster honest dialogue and address pre-existing inadequacies in resources, support, and mentorship. Graduate students push the discipline forward through innovative research and pedagogy. Robust and informed support for diverse graduate students, especially in this time of crisis, is support for a more critically informed future sociology.

Ethnography

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In thinking of ethnography at a moment of change—of crisis—we should reflect on the limitations and the strictures of sociology as a discipline and of ethnography as a fragmented method. Our gatekeeping journals privilege novel theory and intellectual challenge. Too often, we face a push for concise “tweetable” punchlines and public dust-ups, which hamper both the utility of pluralism, the accumulation of insight, and the depth of long-form monographs. We ought also acknowledge, and learn from, the range of traditions under the ethnographic umbrella.

Perhaps our enforced pause in fieldwork may have hidden virtue amidst the broad devastation of COVID-19. Unsettled times can inspire new visions. Maybe researchers will have time to read and learn about different approaches and collaborate on shared challenges. But we wonder whether our professional structures will be able to evolve sufficiently to recognize in this moment the prevalence of pain, especially given that some academics are comparatively sheltered. For instance, we are grateful for the protection that tenure and endowments provide, but these privileged circumstances may blind us from hard thinking and renewed commitment to using social science in the service of the public good, which is what the current moment demands.

Our inability to provide aid and comfort and insight through ethnographic research on COVID-19 issues is frustrating for those who use participant observation as their chosen methodology. This is coupled with the dangers that our presence might bring. At some point we will return to the field. The question is whether we will be wiser and whether we will have worked to develop tools that permit us to listen as well as to protect those vulnerable. Or, will we only reproduce the status quo?
**Strategies for Managing Stress during a Storm**

Tanya Golash-Boza, Professor of Sociology and Chair of Public Health, University of California-Merced

As I am writing this, we are in the midst of a global pandemic. Everything has changed. I haven’t been to campus in weeks. My daughter in high school has had weeks without any word from her teachers. My daughters in college have come back home and have all of their instruction online. My home office has become my permanent office. Nevertheless, I have regained a sense of normalcy, which has been important for my mental health. Here I’ll share some of the practices that have helped me. These practices may or may not be feasible for you right now, but I encourage you to ask: is there anything you can implement into your life right now that would help you return to a state of normalcy? Is there anything you can stop doing?

During this pandemic, everyone’s new normal will look different. My new normal has been facilitated by my continued financial stability, the fact that I have a separate room in my house designated as my office, the relative independence of my daughters—who range in age from 16 to 19, and the fact that I have a partner who shares household responsibilities with me.

Despite these factors working in my favor, it took some work to get to where I am now. After spending a couple of weeks in a downward spiral of checking the news, following the local, national, and global COVID-19 trackers, reading all the backstories on the origin of the virus, watching *Contagion and Pandemic* and constantly checking Twitter and Facebook, I decided I could not go on like this. I needed to make some changes.

I made a list of things that have kept me healthy and sane in the past and vowed to try and do at least one of them every day for a week. At the same time, I was engaging in some practices that I knew were not good for me, so I also wrote down a list of things I needed to avoid in order to stay healthy and happy.

Here is my list of practices that, in the past, have helped me to preserve my mental and physical health:

- Sleep eight hours, walk 10,000 steps, go for a jog, do 30 minutes of yoga, have a meal with my family, go to happy hour with friends, talk with friends on the phone, read or listen to a novel, go on a nature hike, bake, meditate for 10 minutes.

- Here is a list of things I can avoid in order to preserve my mental health: checking social media in the morning, reading the news in the morning, checking email first thing in the morning, drinking alcohol, eating junk food, using the phone before bedtime.

- In the first week, I promised to try and do one positive thing and avoid one negative thing each day. I wrote them down on a wall calendar each day to keep track.

- Starting small was critical for me. For the first week, I got in 10,000 steps every day by going on two to three walks around my neighborhood park. I live in a small town and it is still possible to go on walks and stay more than six feet away from others. I also stopped checking the news and social media in the morning.

- I felt a lot better and thus decided I could do a bit more the second week. The second week, I added in yoga, getting eight hours of sleep, and avoiding email in the mornings. I’ve since added a daily 30-minute jog and turning off all devices an hour before bedtime, among other steps.

- These practices made me feel so much better. They also allowed me to refocus on my work, which in turn helped me to regain a sense of normalcy. Adding practices in one by one also made getting back on track feel more feasible.

- I also got back into writing in stages. At first, I only worked on things that were of immediate benefit to others. The first week, I worked on writing letters of recommendation and completing manuscript and tenure reviews. The second week, I returned my focus to co-authored manuscripts because I knew these were of benefit to others (as well as myself).

- I know there is a global pandemic going on right now. I also know that constantly worrying about it isn’t going to help. What are some small and big changes you can make to get through these difficult times?

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**Contingent Faculty Face Added Insecurity during the COVID-19 Pandemic**

Kimberly Hennessee, Assistant Teaching Professor, Ball State University

This spring semester began better for me than past semesters. As a contingent faculty member in my department for many years, I am familiar with spring semester’s looming fear: “Will my contract be renewed for next year?” The majority of contingent higher education faculty are on annually renewed contracts or paid on a per-course basis. We become accustomed to our job insecurity, or as accustomed as one can be when raising a family or paying off student loans (or both).

During the past year, my university implemented changes that now allow full-time contingent faculty to be titled and receive merit-based promotions. In the fall I applied for promotion and subsequently received word that my promotion had been approved by the provost and was moving on for final approval in May from the president and Board of Directors. I thought I could finally breathe easy knowing my job was safe for a few years.

Subsequently, we began hearing more about the seriousness of
Professional Challenges Facing Sociologists

Essential Skills for Researchers During COVID-19: Agility and a Quick Pivot

Samantha Jaroszewski, UX Researcher, Yahoo

I am a User Experience (UX) researcher leading projects for three product experiences at Yahoo—Yahoo Fantasy Sports, Yahoo Sports, and Yahoo Sportsbook. During this unique historical and social moment, I know that fans everywhere are sorely missing games and other sporting events. There are not many days in a typical year when there are no major sports to watch, and now we have months of such days. With a major source of entertainment removed, what are sports fans watching, reading, and discussing? How are they filling their time? It’s now part of my job to figure out the answers to those questions.

In my experience, the biggest difference between conducting research in an academic setting and an industry setting is the greater agility of research projects undertaken for corporate teams. Fast research cycles mean the length of an individual research project—from request to completion—can be as short as a week. Each study produces a nearly endless list of potential additional “fast follow” studies. An advantage of this quick and iterative model of research is the ability to pivot, re-assessing projects flexibly amid changing company priorities, shifting product roadmaps, or diverging design decisions. This kind of agility has been a great help to me in the last few months.

For me, a typical week of UX Research might involve a mix of remote and in-person data collection. I often use the publicly accessible website Usertesting.com for remote data collection. This allows me to study how users interact with prototypes, early designs, and production versions of our websites, even though the user and I aren’t in the same room. But the sudden and total retreat from personal contact due to COVID-19 has swiftly removed the option for in-person studies. To continue to deliver on my research goals, I have had to pivot completely to remote testing. This has been a challenge. Sitting beside our users, hearing their thoughts, watching their actions, and talking to them about their experiences, is both the most delightful and most impactful part of my research.

On the upside, this sudden shift has created an opportunity for newly generative research. As sports fans look for ways to distract themselves from the global crisis, in the absence of games, practices and even gyms, what are people doing differently? What behaviors and perceptions are they holding onto? Where does the internet fit into these experiences? To try to answer these questions I have been following discussions among our users elsewhere on the internet, including the Fantasy Basketball subreddit and across various Twitter accounts. I’ve also been using video conferencing, listening to people to better understand what is changing and how (and what is staying the same). We’re two months into this—an eternity in the world of rapid-delivery research—and I’ve still got more questions than answers. One thing I do know, however, is that agility and the ability to pivot rapidly is going to be essential for moving forward.

Insecurity

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COVID-19 and how it was quickly spreading. When the stay-at-home orders and university closures came, I did not even consider the impact on the pandemic on my job security. As an older person with asthma, I was pleased I could continue working in a safer environment. I did my best to get my classes organized for the online shift and helped my students acclimate to their educational changes. I faced the typical hard challenges of quickly moving courses to an online format that all teachers faced at the time. I reached out for online transition help from my department’s part-time contingent colleagues, because they only teach online courses. In many cases, contingent faculty were best prepared for the teaching transition.

As the COVID-19 pandemic continues, the world is realizing that there will be an economic impact on every sector of business, including colleges and universities of all sizes. Universities across the country are already announcing budget cuts, furloughs, and employee losses. The president of the university in which I work has already talked about the many measures our school will take to stay afloat, including elimination of raises and travel funding, a hiring freeze, and layoffs. So, once again, I recognize the true precariousness of my contingent position. Contingent faculty are often the first to be let go in times of economic hardship, regardless of the talent and dedication we offer. And I am in a more secure position than part-time contingent faculty, many of whom are more scared than ever about holding their jobs.

Until my promotion is approved, my contract will continue to be considered annually like those of many other contingent faculty across the nation. There is no extended process for letting us go comparable to that for removing tenured faculty. We simply don’t get renewed. Contingent and tenured/tenure-track faculty alike were asked to go through the hardships and extra work of moving our courses to an online format, finding new ways to dispense and assess learning objectives, and taking virtual training courses. I happily do all of this, so that my students get the best education possible during these uncertain times. However, it is important to recognize that contingent faculty with annual or per-course contracts, such as myself, have no guarantee of a teaching position for the next academic year.

My intention here is not to downplay the hardships of people in other industries who are unemployed and suffering financially. I cannot imagine the difficulty facing people who are losing their small businesses and health insurance or not getting an unemployment check in a timely manner. But here I want to highlight a particularly vulnerable population in higher education, contingent faculty. I understand that very difficult budgetary decisions are being made everywhere. I also know that contingent faculty, in jobs that we trained hard for, love dearly, and through which we contribute substantially to students’ learning, are more vulnerable than ever.
Professional Challenges Facing Sociologists

Graduate Education and Academic Labor for Graduate Students during the Pandemic

Prabhdeep Singh Kehal, PhD candidate, and Michael D. Kennedy, Professor of Sociology and International and Public Affairs, Brown University

“If people need help and I’m here, it’s my fight.” – Riri Williams, Ironheart, Issue 9

If faculty are intellectual capital for a doctoral-granting, research university, what are the graduate students? What do faculty communicate and recognize as valuable during graduate education? As Harvard doctoral candidate Nadirah Farah Foley (2020) recently argued, “Our labor sustains colleges’ educational missions. Now it’s time for universities to sustain us.” In what form does sustenance, and dare we say relief, come from these institutions?

During a pandemic, graduate students may have different needs relative to other arms of academic labor, but departments can center graduate students in their pandemic planning as well as articulate solidarity as a goal and not only a resource. We know decision-making during global crises requires systems of clear communication, collaboration, and reliable relationships. In the context of graduate education, faculty’s discretionary power and proximity to graduate students should not be taken for granted, as these are grounds for building responsive and flexible systems of information that sustain graduate students and faculty.

We offer a brief analysis of our department’s efforts as they develop alongside our students’ needs. Our institution is hardly typical of the colleges or universities most students navigate along lines, among others, of institutional wealth, size, demographics, or status. Though there are similarities among other PhD-granting institutions, we must respect and think-with the academic labor field’s heterogeneity. Our summary of lessons learned is, thus, meant to help others build appropriately flexible systems for each graduate education.

Affirm Your Agency and Contextualized Knowledge

We are changing through this pandemic, and not equally. Both faculty and graduate student teachers learned to teach online and cultivate remote classroom relations, while those from and conducting research abroad rethought plans. Though university communications were invaluable, their piecemeal, triaging introduced and increased uncertainty. For example, relief for graduate students, university staff, and non-tenure track faculty was unclear in initial communications, moving concern as to whether any support would be equitably distributed. As ameliorative policies emerged, graduate students continued organizing through Stand Up for Graduate Student Employees to “minimize economic insecurity, provide better healthcare, and protect graduate students and other vulnerable university employees”.

As institutional responses developed, our department’s emerging practice was to name what we do not know and exercise and experiment with our own agency. Communications can be challenging even in a familiar department like ours with 56 graduate students and 27 voting faculty alongside another seven faculty affiliates. But in this crisis, leadership marked what they did and did not know, solicited questions, and created ongoing virtual office hours and town halls. Brown University’s Patrick Heller, Janet Blume, Scott Frickel, Amanda Figgins, and Betsy Valley mobilized departmental resources for, and remained in touch with, graduate students, while prompting faculty to act proactively with their students. With this coordination, faculty have provided summer support for graduate students beyond university allocations by creatively matching contributions from faculty research funds.

This organic response was only possible, though, because faculty, staff, and graduate students had been building a communicative relationship grounded in trust and honesty over the past few years. Conceptualized as ongoing social practices that could grow or decay, the trust and honesty from prior negotiations in the department could now be used for information sharing. For example, our leadership regularly encouraged the Graduate School to clarify policies and develop additional plans for students while regularly communicating what was newly known and still unknown with both individual students and three graduate student representatives.

The Future Has Always Been Uncertain

Pandemic in higher education, just as in society, follows and lingers in the racial and colonial color line (Pirtle 2020; Yarbrough 2020). Sociologists must learn from the tools they develop now to inform the academic world they wish to build next. What if we took diversity in need as an invitation for inclusion in matters of academic evaluation rather than a challenge to be managed alongside others? Will we change what we recognize as valuable in academic labor, or cling to the same standards of valuation institutionalized over a century ago? With academic labor markets shrinking, how can sociologists mobilize resources to support graduate students not only during their education but after their PhD?

It is time to renegotiate the social and economic contract of academic labor to ensure that those institutions educating and training the majority of our students are being supported as such. This begins with a simple choice at the department: Will tenure-line faculty choose graduate students and staff as their allies, or their competition for resources? It has always been this way; the pandemic simply prevents us from mystifying ourselves into believing and acting otherwise. Our discipline depends on graduate students. Their present, and future, livelihoods and our disciplinary distinction are intertwined. Following Riri Williams’s lead, at the very least, solidarity and forward.
Sociological Reflections on the Distance Between Skin and Skin

David L. Levinson, Presidential Fellow, Connecticut State Colleges and Universities

When I saw the snaking line of people standing in the rain and cold outside Elmhurst Hospital I found myself thinking, “the huddled masses yearning to be tested for COVID-19.” Situated in Queens, in one of the most diverse zip codes in the nation, Elmhurst Hospital is part of New York City’s public hospital network and serves a population similar to that of LaGuardia Community College, whose student body originates from 150 nations and speaks 98 languages. As a child in the contiguous neighborhood of Jackson Heights, I was whisked through Elmhurst Hospital’s emergency room and received immediate treatment for a broken wrist. When my mother suffered a stroke, the ambulance brought her to Elmhurst Hospital where she spent the last month of her life and where I was a daily visitor. Elmhurst Hospital doesn’t differentiate between rich or poor. However, given the stratified system of medical care in the United States, it disproportionately treats those with no medical insurance, such as the undocumented workforce that serves the higher-income residents of New York City and environs.

Having recently returned from the Eastern Sociological Society (ESS) annual meeting, my sociological mojo was operating at full throttle as I witnessed the line outside the hospital and thought about my own experiences at Elmhurst. At ESS, I had the opportunity to participate in an “author meets critics” panel discussing Anne Rochelle’s Struggling in the Land of Plenty. This prognostic title, which in her book refers to the lives of homeless families living in the Bay area, foreshadowed our current pandemic quagmire. Another panel featured Jose Itzigsohn and Karida Brown’s The Sociology of W.E.B DuBois, which I was reading as the crisis was unfolding.

After 15 years, I recently retired as president of Norwalk Community College in Norwalk, Connecticut. My current work allows me to engage with the entire system of state colleges and universities, and from that vantage point the themes of inequity that were addressed in these conference sessions and that were playing out in the pandemic were all too real. As our entire college and university system shut down and literally overnight was transformed into a virtual learning enterprise, I feared the impact. Given the importance of physical placed-based learning for many of our first-generation college students, how would they fare in a totally online environment? How could they continue learning given a lack of laptops and broadband access? Would they be able to continue financially supporting themselves and family members as their employment dissipated? And how would they feed themselves, especially given that the campus food pantry was no longer accessible?

Although this transformation is still very much a work in progress, it has been gratifying to see how many have come together.

Although this transformation is still very much a work in progress, it has been gratifying to see how many have come together. At last year’s commencement at Norwalk Community College, I was thrilled to present Tracy K. Smith, chair of the Lewis Center for the Arts at Princeton University and the 22nd United States Poet Laureate, with an honorary degree. During the ceremony, she read her majestic poem “Harbor,” which was commissioned for the grand opening of the Statue of Liberty Museum on Ellis Island. The closing line of the poem brings to mind those laboring and being cared for at Elmhurst Hospital. “Let’s erase the distance between skin and skin,” and finally solve, in the prophetic words of W.E.B. Du Bois, “the problem of the color line.”
Almost overnight, K-12 schools across the country moved online. With little time to plan or any certainty about remote learning standards, timelines, or student expectations, students and teachers continue to adjust to this new content delivery system.

In some ways, the transition is similar to what college professors are experiencing. Both students and teachers need to learn how to adapt to new classroom routines and equip ourselves with new technological skills while also dealing with the upending of home and personal lives. We have students who are mourning losses—of the comradery of daily contacts with friends, classmates, and instructors; ceremonial milestones such as dances, graduation, and sports; and the predictability of daily routines. Similar to colleges professors, high school educators work to balance social-emotional learning with intellectual stimulation for students.

While most high school teachers consistently deal with students who have adverse childhood experiences, most have never worked with so many different students experiencing trauma at the same time. Students who once counted on the school day to provide stability, constant adult support and encouragement and, often, nutritional needs, suddenly have lost all of those things. Many of our students have lost the ability to focus on learning at specific, designated parts of their days. Some students still don’t have access to the Internet (some districts do give out hot spots that sometimes work but often do not). Many of our students are sharing a single device with parents and siblings who also have school and work needs. In addition, many of our students are helping parents to provide for their families. They are working extra hours at restaurants because parents have lost their jobs, caring for younger siblings while parents work from home, and have a myriad other responsibilities. Many school districts are partnering with nearby food banks to provide meals at schools or bus stops.

It is not surprising that many high school teachers, for the time being, have been asked to put content on the back burner and focus more on the socio-emotional and safety needs of students.

Holding students accountable for their learning is a challenge. Many states have mandated that work performed or missed may not harm course grades. So, if a student refuses to turn in any work over the many weeks of remote learning during a semester, his or her final grade cannot be any lower than what it would have been when E-learning began.

One of the productive elements of this transition is that it has been easy to demonstrate for students just how relevant sociology is for understanding the world around them.

One thing is for certain; there is a vibrant and supportive professional learning community for high school sociology teachers. The ASA has a listserv that brings together over 450 high school sociology teachers from across the country. We have shared strategies, assessments, and resources through the listserv. Teachers have assisted each other by sharing activities such as “Sociology Can Help Us Understand What’s Happening” and “Coronavirus and Sociologists in the News.” The ASA has allowed free access to TRAILS, a repository of peer-reviewed teaching resources, providing high school teachers with thousands more means to connect with students online. Finally, the ASA has a webpage for high school teachers, providing lessons from recent National Council for the Social Studies conferences and other relevant resources.

While we are all adjusting to delivering instruction online, we are learning that there are some aspects of the learning experience that cannot be replaced. Relationship-building through verbal and nonverbal daily interactions and the subtleties of body language and facial expressions are lost. While this transition may enable students to be more prepared for the technological requirements of college, we worry about the loss of the human factor in learning, such as adjusting to the range of learners in the room, negotiating personalities of classmates, and responding to social cues provided by teachers. It remains to be seen how this unprecedented time may shape public schools in the future, but if we are able to combine the best practices we used before the pandemic with the additional technological skills we are acquiring, the education system will survive and maybe be better for it.
Sociological Insight on COVID-19

Aging and the Life Course

Pervasive Ageism in the Response to the Pandemic

Toni Calasanti, Virginia Tech

Age has been used both to identify the impact of and shape the response to COVID-19. We have long heard that those who are 65+ are at greater risk; the CDC reports that people in this age group account for 8 of 10 deaths. As frightening as these numbers are, they do not translate into 8 of 10 elders dying, or even 8 of 10 of those infected. Indeed, case mortality rate data from Italy and China give a different view, ranging from 3-4% among those aged 60-69 to 20% for those over age 80. The concentration of elders who were infected and died in congregate settings meant for those in poor health (>1,300 so far in nursing homes in Massachusetts alone) inflates mortality figures. And we are discovering that persons who are younger and are healthy are dying; and deaths not attributed previously to the virus are now seen to be related, such as those from strokes.

Age relations, the systemic inequality between old and younger adults, increase the impact of what might at first seem to be aging per se. The unquestioning response to reports of high mortality rates and imputation of that fragility to age has had dire consequences. In Italy, where resources were stretched, physicians have denied treatment on the basis of old age. In some circles, deaths of old people were touted as sacrifice and tribute to younger generations. Some politicians, such as the Texas lieutenant governor, acknowledged the greater vulnerability of those 65+ but asserted that these elders would be willing to die to bolster the economy for their grandchildren.

Advocates for elders point to the fallacy of treating all those 65+ as a homogenous group. The cohort spans over four decades and includes 51 million people in the U.S. alone. Many are in excellent health; others are not. The likelihood of dying of the virus is much higher for the oldest group than it is for those 60-70. We would not generalize about the impact of their age on all those aged 5-50, or 20-65, but we think nothing of combining all those aged 65 and over.

We must also focus on the inequalities that construct old age as a less-valued status. We must ask: why use age as an indicator in the first place? Just as feminists have urged that we cease focusing on “sex” as biology distinguishable from culture, “because it is rarely specific enough to guide particular investigations, and because it is too easily confused with the more accurate composite phenomenon of sex/gender . . . .” (Springer, et al., 2012) so too is biological “age” confounded with the age relations that treat old age as a problem to be solved, as a threat to health and a cause of death.

The Texas politicians’ remarks were overt, as is the “joking” reference to COVID-19 as the “Boomer remover.” But the ageism that permeates the pandemic runs deeper. Research appearing in the New England Journal of Medicine showed that heart patients who had just turned 80 received different medical treatment, with those two weeks shy of that birthday being far more likely to receive bypass surgery than those who had just turned 80. In the present context of pandemic lockdown and overwhelmed hospitals, chronological age has become to many people a legitimate basis for denying those over age 65 personhood and adult status. Already seen to be “old” and thus tending toward the dodging, they are assumed not to be able to decide their treatment. Colleagues over 65 have reported that their children lecture them on how to behave during the pandemic, explicitly on the basis of their ages, as if they couldn’t figure it out and decide for themselves. Comments about “old” people (judged by their appearance) being out in public abound. Some states have eased nursing home regulations such that these institutions are now granted immunity from liability as long as they are acting “in good faith” during the pandemic. Old people find themselves over-policied, underserved, and undervalued.

The deeper ageism that pervades response to the pandemic becomes clearer when we ask whether we could constrain any other group of adults for their own good. Recent data make clear that men and racial and ethnic minority group members are especially vulnerable to dying from COVID-19 infection. An (appropriate) uproar would ensue if, in response, treatment to these groups was limited or their movements restricted. This pandemic has brought ageism to the center of public policy and debate; SALC scholars have much to contribute to that discussion.

Alcohol, Drugs and Tobacco

What Happens When a Pandemic Intersects With an Epidemic?

Meghan M. O’Neil, Institute for Social Research and University of Michigan Law School

Persons experiencing addiction may be at very high risk of infectious disease like COVID-19 due to high rates of smoking, recent imprisonment, conditions like HIV/AIDS, and high-risk behaviors (Ezzati et al. 2002; Farhoudian et al. 2020). During the COVID-19 pandemic, most courts have shuttered, and treatment center admissions have halted, yet the opioid crisis rages on. Addiction intersects with material hardship, trauma, broken institutions, and human frailty in a multidimensional web of disadvantage (Desmond and Western 2018)—a process illustrated by COVID-19.

In interviews I conducted in Michigan District Courts for Washtenaw County in 2018, local judges estimated that 4 of every 5 criminal defendants struggle with substance use disorder, implying addiction is an underlying cause or correlate of America’s burgeoning carceral state, a finding echoed in recent sociological scholarship (Harding et al. 2019; Western 2018). To be clear, 80 percent of criminal convictions may not entail drug or alcohol charges; rather, substance abuse may have prompted the underlying criminal act (e.g., robbery or domestic violence).

Recognizing the risk of COVID-19 in tightly packed jails, many governors have suggested releasing non-violent offenders, while some scholars argue for releasing violent offenders as well (Prescott et al. 2020). This is not a remote concern, as nearly 1 in 2 Americans have had a family member incarcerated (Kelley 2019).

Moreover, as COVID-19 has inundated hospitals, overdoses or withdrawal symptoms like seizures may receive reduced or no treatment, potentially increasing mortality rates for persons with substance use disorders. America’s opioid epidemic may have just become more lethal and socially costly.

Drug overdoses are now the leading cause of death for Americans under age 50 (CDC 2020; Drug Policy Alliance 2020; Katz 2017), costing the U.S. approximately $696 billion in 2018 (Lopez 2019). Even Continued on Page 16

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Sociological Insight on COVID-19

**COVID-19, Animals and Us:**

**Human Supremacy as an Environmental Pathology**

Corey Wrenn, University of Kent; Loredana Loya, Cornell University; and Bonnie Berry, Social Problems Research Group

**Founded** at the turn of the 21st century, our section has long been committed to unpacking the complex web of relationships that exist between humans and other animals. As COVID-19 can be traced to exposure to animals used for food (likely in wet markets or piggeries), our subfield is perhaps ideally positioned to offer critical insight. Zoontic diseases, like other natural disasters, have amplified in number and severity with the intensification of animal agriculture. Industrial production and consumption of animal products has entailed astonishing levels of environmental damage. One consequence is the increased contact between humans and other animals living in undeveloped spaces. The disruption to human communities created by the Western expansion of land-hungry “meat” and dairy has created widespread food insecurity, forcing many to rely on “bushmeat” to survive (Cawthorn and Hoffman 2015).

Harm is also imposed on communities where animal-based industrial operations reside and to the workers for these operations (who overwhelmingly originate in marginalized communities). As of this writing, several meat processing plants have reported outbreaks of COVID-19 (Almeida and Del Giudice 2020), while Smithfield’s meat processing plant in South Dakota is host to the largest clustered outbreak in the U.S. (Lee 2020). The corporation has blamed the outbreak on “the living circumstances” and culture of its (mostly Latinx) workforce (Samaha 2020). Slaughterhouses are one of the country’s most dangerous industries, with or without a pandemic.

Likewise, the racialized narrative of Asian wet markets which dominates the COVID-19 origin story also avoids the root of the issue. Animal agriculture itself breeds pathogens (and has reduced the efficacy of antibiotics) as a matter of course. Although the scale and intensity of factory farming can exacerbate the development of disease, even small-scale family operations can produce global killers. This was the case of the 1918 influenza pandemic which began on a small Kansas farm. A farmer contracted the virus from his ducks only to unknowingly release it through the trenches of WWI soon after he enlisted (Humphreys 2018).

Despite these compelling links, research finds that the risk that animal agriculture poses to public health and environmental sustainability is largely dismissed, if acknowledged at all (Bristow and Fitzgerald 2011). Although this may seem irrational, it is not especially surprising. David Nibert (2003), one of our section’s founders, argues that economically driven speciesism has been fundamental to the manufacture and maintenance of human societies the world over, and rarely (if ever) sustainably so. Perhaps it is the mundane ubiquity of animals to social design that lends to their invisibility in mainstream sociological analysis.

Fundamental to our subdiscipline is the notion that humanity’s relationships with other animals are socially constructed. Sociology has challenged the notion that gender, race, and class are somehow biologically-based; and we apply this logic to the manufacture of species and nature. As humans, we are taught how to interact with one another, other animals, and our environments. The animal existing as “other” helps us to define what it is to be human (Irvine 2004). Put succinctly, the animal as other becomes a useful symbolic category for the purposes of rationalizing and legitimizing systemic exploitation.

As COVID-19 and hundreds of the already lethal crisis have been exacerbated by the latest round of economic devastation. While a singular solution to the opioid crisis is unlikely, law enforcement, government officials and sociologists generally concur that resources should focus on treatment programs (Katz 2018). Addiction treatment centers are an important forum for studying the intersection of COVID-19 and the opioid epidemic. My related field work suggests that access to housing and employment are key elements in supporting sustained opioid abstinence following initial detox and acute treatment (see Removing Barriers bit.ly/3e9z4Z1). Acute withdrawal from opioids lasts about five days, but long-term abstinence rests upon people having their basic needs met. In my sample, clients undergoing treatment during the COVID-19 pandemic at Dawn Farm, an inpatient and outpatient comprehensive treatment center in Michigan, have fortunately retained housing. Upon admission, 33% of clients entering residential treatment, 52% entering detox, and 62% entering transitional housing were homeless. Currently, 100% of them have stable housing. Furthermore, those who completed their treatment module during the COVID-19 quarantine have been given the option to remain. However, residents may be discharged from treatment if they relapse. COVID-19 quarantine restrictions have, however, limited intake for new clients which reduced the number of people who the center can house.

Most clients enter treatment unemployed. Upon admission, 85% of clients entering residential treatment, 75% entering detox, and 56% entering transitional housing were unemployed. Of these treatment phases, only transitional housing (last in the treatment sequence) permits employment, and rules require all physically capable residents to find work upon move-in. At the start of COVID-19, only 4 of 107 (3.7%) transitional housing residents were unemployed. As of March 31, 2020, one week after Michigan Governor Gretchen Whitmer’s stay-at-home order, 51% of transitional housing residents had been laid off, raising the unemployment rate to 55.1%. Another 15% of clients had hours reduced by 50% or more, with yet another 7.5% experiencing their hours reduced by less than 50%. In total, 77.6% of residents are under-or-unemployed during the COVID-19 pandemic.

An already lethal crisis has become even more potent as the opioid crisis and COVID-19 pandemic coincide. In addition to a new public health agenda, housing and labor market policies must be enacted to avoid the homelessness and despair that exploit human frailty and pull people out of recovery from addiction.
As fears and insecurities about the coronavirus mount among Americans, so too have attacks on Asian Americans who have been stabbed, beaten, bullied, spit on, pushed, harassed, and vilified based on the false assumption that they are to blame for the spread of COVID-19.

Faulting China for the origin and spread of the coronavirus, the current U.S. president flagrantly dubbed it as the “Chinese virus,” and then turned a blind eye to the rise in coronavirus-related hate incidences against Asian Americans. In one fell swoop, the coronavirus—and Trump’s blithe description of it—reanimated a century-old racist trope that Asian Americans are vectors of filth and disease and exposed the precariousness of their status.

In the absence of government intervention, Asian American and Pacific Islander civil rights groups created a website where victims can report such hate incidences. Within the first 24 hours of the website’s launch in mid-March, more than 40 incidents were reported. A month later, the number has exceeded 1,500. While most incidents are verbal attacks and harassment, some are far more serious.

In Texas, for example, a man stabbed a Burmese American family—a father and two young children (ages 2 and 6)—because he thought they were Chinese and were infecting people with the coronavirus. In Brooklyn, a man poured acid on an Asian woman while she was taking out the trash from her home, severely burning her head, neck, and back. And in midtown Manhattan, a Korean woman was grabbed by the hair and punched in the face.

The racist and xenophobic reactions directed at Asian Americans are not unlike those experienced by Muslim Americans who were falsely accused of terrorism against the United States after September 11th. However, there is a crucial difference between 2001 and 2020. Then, President George W. Bush immediately condemned attacks against Muslim Americans. The current president has failed to do the same for Asian Americans.

Trump’s blatant disregard was on full display when he doubled down on his use of the label “Chinese virus” before finally conceding under pressure to let go of the ethinic and racial slur. But by the time he relented, the damage had been done.

This moment should be a reckoning for Asian Americans—regardless of political persuasion—that native-born status, U.S. citizenship, elite degrees, and professional jobs are no shields against xenophobia, racism, and scapegoating.

“Being a model minority always felt like a double-edged sword,” commented Charlotte Wang, an Asian American graduate student in the Department of Sociology at Columbia. “Scholastic success doesn’t always translate to social acceptance. This moment is a reminder that our privileged position is ultimately not about how hard we (or our ancestors or parents) worked, or how well we learned American social norms, but about how those in power decide who is a threat, who can be targeted.”

This stance, however, fell on deaf ears when former presidential candidate Andrew Yang advised Asian Americans to respond to the coronavirus pandemic by proving their American patriotism. We disagree. Asian Americans have nothing to prove.

As sociologists, we recognize that this most recent wave of anti-Asian sentiment in the U.S. has deep-seated historical roots that include the relocation and incarceration of more than 120,000 Americans of Japanese descent during WWII. The decision not to do the same with Americans of German descent laid bare the country’s nativist fault line that divided Americans of European descent from all others. Proving their patriotism did not shield Japanese Americans from internment during WWII, just as proving patriotism will not shield Asian Americans from anti-Asian hate today.

But moments of crises also present opportunities. May was Asian Pacific American Heritage Month (APAHM), which offers a time to revisit our history and champion solidarity, not only with other Asian ethnic groups but also with other minoritized groups.

Realizing the precariousness of their racial status should make Asian Americans acknowledge the precariousness of the status of all minoritized groups, each of which could be a victim to America’s fault line at any time.

Tiffany Huang, another Asian American graduate student in the Department of Sociology at Columbia agrees, “A greater collective understanding of Asian Americans’ history and place in the United States would go a long way towards building solidarity to combat not only anti-Asian racism, but racism against other groups that is stoked in part by stereotypes about Asian Americans.”

The coronavirus pandemic can be a defining political moment for Asian Americans to recognize that the lines that divide us pale in comparison to the threats and opportunities that can unite us.

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of other zoonotic diseases have demonstrated, humanity’s oppressive relationship with other animals is not only dangerous for non-humans, but for humans as well (particularly marginalized groups). The toxicity of anthropocentric social structures must be tackled head on in order to curb the lethal consequences to humans, other animals, and ecosystems. The task is formidable, but as the global response to COVID-19 has indicated, big change can happen fast when there is the impetus to do so.

Neocolonial practices that serve to spread Western dietary practices, entrench developing regions in animal agriculture, and fan food insecurity, must be challenged. Much of the non-Western world has traditionally relied on plant-based consumption, a diet that has been gradually undermined by Western capitalist expansion. The heavy subsidization of animal agriculture and other animal-based industries shape economic landscapes, consumption patterns, and health (Allen 2011, Robison and Mulvany 2019, Simon 2013). Governmental bodies will need to cease subsidizing these industries and begin transitioning farmers toward truly sustainable, plant-based production. Such efforts are already taking shape and should be supported (Splitter 2020).

The COVID-19 pandemic has disrupted all that sociology holds dear, from major social institutions to the most minor of social interactions. As such, sociologists cannot afford to continue ignoring and devaluing the nonhuman factor in human social life. We must begin to include non-humans in our research, not just as variables, but as sentient beings who, like ourselves, have a stake in our society’s present and future. Furthermore, the institutional and organizational dimensions of animal-based industries (as well as efforts to resist or reform them) deserve scholarly attention. It is our hope that sociology will take heed and expand its imagination to include other animals.
Coronavirus and the Inequity of Accountability for At-Home Learning

Jessica Calarco, Indiana University

To slow the spread of the coronavirus, schools across the United States are expecting students to continue learning at home. That means attending real-time class meetings, completing worksheets and online modules, and even taking exams online. Unfortunately, some schools are also holding students accountable for at-home learning, basing grades, course placements, and college eligibility on work completed at home. That accountability, I will argue, has the potential to exacerbate longstanding inequalities in school.

Some students may not have home environments conducive to at-home learning. That includes students without stable housing as well as students whose home lives are more turbulent (Herbers et al. 2012). In my research on homework (Calarco 2020), for example, I talked with Ms. Marrone (all names are pseudonyms), a working-class white mother who runs a home daycare and cares for her elderly father. Talking about her son Shawn, she explained:

“We can’t do homework after school, because I have tons of kids [that I’m babysitting], and then once kids are picked up, I’m making dinner. So sometimes, I would say to Shawn, ‘Okay, come sit in the kitchen.’ But then Shawn would nod off. Or grandpa would need Shawn to help him with something. So then it would be, ‘All right, we’re doing it [homework] definitely after dinner.’ But it would be 8:30 or 9 by that point. So it just wouldn’t get done. It’s the way our household is. It’s a little crazy.

Some students may also struggle with at-home learning because their families are on the wrong side of the digital divide (Hargittai 2010; Puckett 2019). Prior research has connected problems with internet access to problems completing homework (Auxier and Anderson 2020). With instruction now happening online, and with public libraries and afterschool programs closed, the academic consequences of the digital divide are likely to be even more pronounced.

Students with working parents and parents with less education may also get more limited support with at-home learning. In my research on homework, I find that, even in normal times, these parents find it difficult to help children with homework. I talked with one mother, a GED recipient, who told me: “I still can’t really figure out division. And you have no idea how hard that is. Sometimes you just feel stupid. And I’m like: ‘I should be able to help my son with his homework in fifth grade.’”

Schools, in turn, may not treat struggling students with the empathy they need. In my work, I find that when vulnerable students fail to complete their homework, schools hold them accountable with disciplinary sanctions and lower grades (see also Golann 2015; McMillan, Myran, and Workman 2002). Meanwhile, students from privileged families are granted considerable leeway with homework rules. Given such findings, it seems likely that privileged students will not only have an easier time completing at-home learning but also face fewer consequences if they decide to opt out.

If educators and policymakers want to avoid exacerbating inequalities in the wake of COVID-19, they should temper their expectations for at-home learning and treat struggling students with empathy, not accountability. At the same time, educators and policymakers should not simply give up on students whose circumstances limit at-home learning. Instead, schools should help students access digital technologies, give students and families clear instructions for completing at-home work, provide options for offline and asynchronous learning, and recognize that, even with support, some students and families might struggle to get the work done—not because the “priority” they place on school is too low, but because the barriers they face are too high.

Furthermore, when schools do reopen, educators and policymakers must be ready to help students pick up where they left off and even regain knowledge lost while schools were closed (Alexander, Pitcock, and Boulay 2016; Stewart, Watson, and Campbell 2018). That, in turn, will require extending the school year and the school day or offering high-quality afterschool programs where trained teachers—not parents—are the ones providing support.

Local Politics and Civic Participation during the COVID-19 Crisis

Benny Witkovsky, University of Wisconsin-Madison

After a messy, partisan fight in the State Legislature and State Supreme Court, Wisconsin held an in-person election on April 7, 2020. At that point the state had confirmed 2,500 COVID-19 cases and lost at least 92 people to the virus, with the majority of the suffering concentrated in Milwaukee’s Black community. As a poll worker in Madison, I spent election day behind a Plexiglas window, wearing a homemade mask, checking voters’ names in the poll book. Some voters came wearing masks and gloves. Some wrapped their IDs in plastic to avoid contact. Many voters cast their ballots curbside so they never had to leave their cars. Most didn’t show up at all. In Milwaukee, which had only five open polling places, voters waited in line for hours desperately trying to stay six feet apart. Countless people reported not receiving absentee ballots in time to vote. While the headlines focused on the last contested Democratic primary and a bitterly partisan State Supreme Court race, most of the seats on the ballot were in city and county governments.

Without a final decision on whether the election would occur until the evening before, local governments had to prepare for two difficult possibilities. Either a postponed election would force local officials to remain in office months after their terms’ end, or in-person voting would make participation low, dangerous, and uneven. Both could pose a significant threat to the crucial work cities must do to confront the current crisis. We now rely on local governments to imple-
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“Condemned to Repeat It”: The U.S. Response to COVID-19

Constance A. Nathanson, Columbia University, and Amy Lauren Fairchild, Ohio State University

A n official in Cairo, Illinois dispatched a message to his counterparts in Washington, DC. He warned, the “country below is in the hands of a howling mob.” Locals not yet touched by the disease went into lockdown. In the absence of permanent public health officials or institutions, coalitions of citizens and elected officials living in uninfected areas took up arms to impose “shotgun” quarantines to fend off outsiders. According to the Chicago Tribune, “the people say that if necessary, to compel observance of their reasonable quarantine regulations they will burn every bridge between here and Vicksburg.” The targets of such reactionary “shotgun” quarantines were typically middle- and upper-class citizens with the resources to attempt to flee.

These familiar sounding alarms come not from yesterday’s New York Times but from 19th century observers, before the germ theory of disease, before antibiotics, and before the emergence of organized public health institutions. Indeed, elite fear (and occasionally exploitation) of disorganized (i.e., “panicked”) collective responses to epidemic infectious disease and, later, nuclear bio-warfare, played a key role in the creation of these institutions. Local health departments and their federal partners (e.g., the Centers for Disease Control) were expected to calm popular fears, manage epidemics, and provide “leadership” in times of health crisis. As elaborated by Richard LaPiere in the 1930s, leadership was the essential antidote to panic: panic was not a result of rationality being hijacked by hysteria, but of the state’s failure to maintain the confidence of populations in its authority and ability to act.

As Michael Burawoy observed, “Institutions reveal much about themselves when under stress or in crisis, when they face the unexpected as well as the routine.” During the current COVID-19 crisis, President Donald Trump has sent inconsistent messages about the magnitude of the threat and of the requisite response. Leading health officials have consistently corrected him and justified strict containment measures grounded in evolving evidence. There has been extensive boundary construction, official and unofficial, geographic (external and internal), social, and personal; and boundary policing of all sorts, literal (police at state borders and on street corners in Manhattan), and figural (ethnic slurs, shaming of perceived quarantine violators [doubtless preferable to bridge burning]).

Evidence for the intersection of resources created by wealth and caste (those “middle- and upper-class citizens”) with boundary-making are all around us: not only who can “flee” and who cannot, but also who can “shelter-in-place” and who cannot, who can work and study remotely and who cannot, even for whom the ambulance comes and for whom it does not. The “howling mobs” of today are responding to a tweet from President Trump to “LIBERATE” their citizens from lockdown orders. In Michigan, Ohio, Washington, and Colorado, protesters are shouting, honking, and hurling insults. At the Colorado state capital, demonstrators proclaimed, “Fear is the real virus.”

There is a direct connection between these echoes of the 19th century and the current fragility of the public health institutions that were created over the last century and a half to manage significant threats to the public’s health. Remarkably, the response to the 1918 influenza pandemic—the last time this country saw comparable containment measures—could not have been more different. There was widespread support for sweeping public health measures, increased funding that allowed state and local institutions to expand their capacities, and no examples of the kinds of panics that characterized the 19th century or of the orchestrated protests we see today.

What the COVID-19 crisis has
Disability as an Axis of Inequality: A Pandemic Illustration

The unique impacts of COVID-19 demonstrate an urgent need for sociological interrogations of disability as a social category and axis of inequality commensurate with race, class, and gender and intersecting with them. While disability can be a marker of health status, it is also a unique social category with particular politics structuring disabled people’s lives and reflecting interlocking systems of oppression. We provide examples of how the pandemic reveals disability as a societally mediated category of existence that is (de)valued in particular ways. We also highlight new forms of activism that warrant attention from social movements scholars.

First, institutionalized populations are among those most at risk of contracting COVID-19, and disabled people are institutionalized far more frequently than non-disabled people. These institutions include centers for intellectual disabilities, assisted living facilities, nursing homes, psychiatric hospitals, shelters for unhoused people, and prisons. Institutionalization practices are a consequence of neoliberal approaches, which frequently institutionalize those with disabilities. Disabled people face prohibitions on access to special education services; multiple triage policies released to “guide” providers on rationing care explicitly state disability as criterion to deny treatment. Judgements about and measures of quality of life are never neutral or static, yet they are used to decide which groups are considered more “valuable” in the context of scarce resources. Disabled people exercise fierce self-advocacy to assert their humanity in healthcare systems, but practices implemented during this pandemic hamstring their ability to do so. Others face new challenges: Face masks prohibit lip reading, deafblind people face prohibitions against tactile interpreting, and protections for sign language interpreters may be insufficient because interpreters are freelance rather than hospital staff.

Second, central to this pandemic are healthcare systems caring for COVID-19 patients, including disabled individuals. Ableism is embedded throughout medical care, structuring disabled people’s interactions with healthcare providers. Ideologies rendering disabled individuals less worthy of care shape official responses to the virus; multiple triage policies released to “guide” providers on rationing care explicitly state disability as criterion to deny treatment. Judgements about and measures of quality of life are never neutral or static, yet they are used to decide which groups are considered more “valuable” in the context of scarce resources. Disabled people exercise fierce self-advocacy to assert their humanity in healthcare systems, but practices implemented during this pandemic hamstring their ability to do so. Others face new challenges: Face masks prohibit lip reading, deafblind people face prohibitions against tactile interpreting, and protections for sign language interpreters may be insufficient because interpreters are freelance rather than hospital staff.

Third, the pandemic results in the radical transformation of work, school and family life, all coalescing in the home space as a result of shelter in place orders. Multiple issues arise related to job security, access, and crises of care. COVID-19 exacerbates existing labor market inequalities among disabled adults, typically segregated into low status, precarious work, and first to lose jobs in times of economic instability. More may apply for and receive long-term disability benefits, which come with income and asset limits, trapping people into poverty and joblessness. Virtual school and workspaces may create more opportunities for some, but inaccessibility is rampant. Popular platforms like WebEx and Microsoft Teams remain inaccessible to blind users and lectures are rarely captioned for deaf users. Disabled parents experience barriers, as public schools move to inaccessible platforms, illuminating the hidden labor of disabled people who must enact strategic problem-solving skills to manage an inaccessible virtual spaces is largely ignored and unremunerated. School closures have interrupted students’ access to special education services; parents may not be able to provide any of the services mandated under their Individual Education Plan. Furthermore, families with a disabled member who lives in a group home or institution cannot visit them; if they are enrolled in day programs, these are closed, with no alternatives.

In summary, based on their social position and taken-for-granted ideologies that they are disposable and less worthy, disabled people are at increased risk for exposure to the virus and decreased likelihood of adequate healthcare. Barriers also emerge as home becomes the new hub of school, work, and family life. In response, disability justice communities have been steadfastly organizing, both before and during the pandemic. For example, groups like the Disability Justice Culture Club in the San Francisco Bay Area and Crip Fund have been providing direct assistance and money to those facing serious needs. Disability rights organizations such as the American Association of People with Disabilities and the National Council of Independent Living have mobilized nationally to advocate for the passage of legislation that ensures that the needs of people with disabilities are included in every aspect of social and political response to the pandemic. The intersectional implications of the COVID-19 pandemic make evident now, more than ever, that any truly rigorous exploration of social inequality requires sociologists to more critically engage disability in their work. We hope this piece helps ignite transformation.

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so far revealed (to paraphrase Burawoy) are profound institutional fragmentation, the absence of organized capacity at the federal level for coordination of competing state and federal public health and political institutions, and an institutional vulnerability to politicization of the most trivial to the most consequential dimensions of public health policy decisions.

These are not novel observations. They have been frequently noted but never perhaps so starkly and never with the potential consequences for social chaos and economic devastation that they carry in the time of COVID-19. Although the true story behind the coronavirus testing fiasco is unlikely to be revealed before the “fog of war” has lifted, it is already clear that testing has, from the outset, been a victim of competing national (and nationalistic) priorities of and longstanding competition for recognition and funding among the nation’s big three public health agencies—the CDC, the FDA, and the NIH.

The way out of our current dilemma is serious, coordinated, and fully funded public health crisis planning and execution across local, state, and federal public health agencies, in particular among the big three; and building on American public health history, not merely trusted leadership but close collaboration between political leadership and the leadership of public health.

Laura Mauldin, University of Connecticut; Brian Grossman, University of Illinois at Chicago; Alice Wong, Disability Visibility Project; Angel Miles, Access Living; Sharon Barnartt, retired; Jennifer Brooks, Syracuse University; Angela Frederick, University of Texas-El Paso; and Ashley Volion, University of Illinois at Chicago

Disability in Society

May/June 2020
Sociological Insight on COVID-19

Economic Sociology

Framing the Pandemic for Students from a Sociological Perspective

Mauro F. Guillén, University of Pennsylvania

Financial crises tend to have a long-lasting effect on societies. COVID-19 will be no exception, given that its economic and social impact is fueled by a public-health emergency that is difficult to curb and that is putting tremendous pressure on healthcare systems around the world. This was the main reason why my university’s dean sent me an email in early March asking if I could put together—in less than two weeks—an online class on “Epidemics, Natural Disasters, and Geopolitics,” to be offered to all undergraduate and graduate students at the University of Pennsylvania (Penn) during the second half of the spring semester. At the time of writing, we are into the third week of a six-week class. About 2,100 students are taking it. 19 PhD candidates in sociology, several of whom are PhD candidates in sociology, are grading the weekly assignments. Students have to write a team paper on a topic related to the crisis.

Pandemics are epochal events. As such, they reshape society. The Bubonic Plague of the 1300s created such a scarcity of labor in Europe that it led to momentous changes in agricultural technology, eventually paving the way for the Industrial Revolution. The entire global balance of power shifted as a result of Europe’s subsequent rise. Women’s status in society and the labor market improved to such an extent that growing numbers delayed marriage and childbearing, although many of their gains proved to be temporary rather than permanent. The most recent global pandemics—the Influenza of 1918 and the HIV/AIDS Pandemic beginning in the 1980s—also had immense repercussions worldwide.

In designing a class on the economic and social impact of pandemics, I thought carefully about how the various social sciences could contribute to a better understanding of their origins, dynamics, and consequences. I searched for expertise among the Penn faculty in the areas of epidemiology, economics, sociology, psychology, and political science. I was especially keen on conveying theoretically grounded ways of thinking about the problem and evaluating the policy alternatives to tackle its consequences. In my own lecture about the antecedents to this crisis, I drew from world-system theory, the world-society approach, Charles Perrow’s theory of normal accidents and catastrophes, the social construction of reality, and social network analysis. I also brought to the students’ attention that crises tend to increase economic and social inequality. I recruited faculty colleagues who are experts on epidemiology, demography, social psychology, work practices, human decision-making biases, economic recessions, and geopolitics to deliver the rest of the weekly lectures.

As I listen to my colleagues’ lectures and the students’ reactions in the online discussion groups organized to channel their comments, I have come to realize the different ways in which sociology can illuminate the study of pandemics. A global health crisis can only occur in the context of an integrated world system. The local spread of a global pandemic follows patterns of social interaction, many of them driven by social networks. The effects of the pandemic on the economy can be conceptualized in terms of the embedded nature of economic and social institutions, as they play out in the workplace, at home, and in terms of work-family balance.

While the virus knows no borders or social classes, the nefarious health effects are most intense for certain socioeconomic and age groups. Sheltering in place has led to a sudden reorganization of patterns of social interaction and to a higher incidence of domestic abuse. There is little doubt at this point that this pandemic will exacerbate existing trends in economic and social inequality as well as create others. Sociology can also contribute to ongoing debates as to the best way for the government and nonprofit organizations to help, especially when it comes to anticipating the long-run social effects of different policies and initiatives.

But perhaps the most long-lasting effect of this pandemic will be our relationship with technology. In the short run, it seems as if technology is helping us cope with some of the consequences by allowing education, work, and play to continue for many of us while we observe social distancing and sheltering in place. Over the long run, however, a more intense use of technology will continue to magnify social inequality. Perhaps only about one third of all workers can perform their duties remotely. Not everyone has access to a computer, a mobile phone, or a broadband connection, and not everyone has enough space at home so that children can both learn and play. This is why it is so important that we teach and do research on certain socioeconomic and age groups. Sheltering in place has led to a sudden reorganization of patterns of social interaction and to a higher incidence of domestic abuse. There is little doubt at this point that this pandemic will exacerbate existing trends in economic and social inequality as well as create others. Sociology can also contribute to ongoing debates as to the best way for the government and nonprofit organizations to help, especially when it comes to anticipating the long-run social effects of different policies and initiatives.

Environmental Sociology

Lessons in Finding Consensus

Jill Richardson, University of Wisconsin-Madison

The work of a non-profit in rural Montana, Blackfoot Challenge (BC), to coordinate a community response to threats posed by carnivores, can provide insight on how to manage the social dynamics of the pandemic. A grizzly bear and a coronavirus are quite different, but collective action is needed to handle both, requiring agreement on the definition of the problem and enough participation in the solutions that they are effective.

Conflicts over wildlife are “embedded in deeper societal tensions” over power relations and conflicting visions of how humans should interact with nature (Skogen 2015; Farrell 2015; Nie 2003). Skogen, Mauz, and Krange (2008) found that conspiracy rumors advocated by opponents of wolf recovery in Europe were a form of cultural resistance in a society that privileges scientific knowledge over lay knowledge. Studies of entrenched conflicts over wildlife show that techno-rational approaches to problem solving do not work, but Blackfoot Challenge provides insight on how to help all sides find a shared path forward to solve problems, perhaps even during a pandemic.

Here are the steps Blackfoot Challenge took that could be more broadly applied to resolving other polarizing issues that require collective action, like COVID-19:

(1) Prioritize Trust and Relationships: BC’s process begins by allowing people to get to know one another socially. And they have fun! Trusting relationships are the foundation of their work. In interviews, participants spoke about the importance of trust and how hard they worked to establish and protect that trust over time. They expressed empathy for others with opposing
Sociological Insight on COVID-19

Ethnomethodology and Conversation Analysis

Social Interaction and Presentation of Self in a Masked World

Anne Rawls, Bentley University, and David Gibson, University of Notre Dame

The COVID-19 crisis highlights the importance of what we do as sociologists, throwing into sharp relief the dangers of adhering to individualism and disregarding the social mechanisms of cooperation and scientific/occupational expertise that organize the myriad situations of everyday life. As the pandemic reveals the inequalities and contradictions in our society, sociologists engaged in ethnomethodology and conversation analysis (EM/CA) are uniquely placed to examine what happens when taken-for-granted assumptions and interactional practices change rapidly. In the tradition of Durkheim, we take an empirical social-contract approach, examining the underlying conditions of cooperation that ground sensemaking (making recognizable social facts), and how the need for reciprocity and trust limits the conditions under which social arrangements are viable.

Harold Garfinkel, the originator of ethnomethodology, found that disruptions/breeches of expected everyday behavior reveal underlying and unstated social conditions that usually remain invisible. The failure of the U.S. response to COVID-19 is a peculiarly EM/CA moment, revealing the ugly underbelly of U.S. society: The stark reality that society requires “essential” workers to sacrifice their lives for the economy; that high death rates are associated with polluted living conditions, lack of shelter, food insecurity and poor access to medical care; and that mass incarceration and policing kill. We are ensnared in something very like an ethnomethodological breaching experiment that is revealing hidden and unwelcome secrets.

The problems revealed by the crisis intersect with three areas of EM/CA section research. Section members immediately began studying how ordinary people and experts are making sense in this rapidly altering social space by mobilizing interactional resources in new ways.

First, expected ways of doing ordinary things are being fundamentally disrupted/breeched. Practices for passing strangers on the street, entering into and exiting encounters, claiming space in parks/beaches, and forming lines, are being rapidly reinvented. David Gibson reports that social distancing in fluid, public settings is uneven, likely exacerbated by a lack of reciprocity in perspectives. Section member, Clemens Eisenmann, is part of a group of 100+ scholars from over 25 countries making observations of ongoing interactional changes.

Our ability to interact face-to-face with significant others, on whom we rely for confirmation of presentations of self, identity, and meaning, has been severely curtailed. Section member Neil Jenkins is studying face-to-face interaction and technical platforms, and “the collaboration needed for ‘satisfactory’ communication and work practices.”

The locations where people achieve social identities and the identities available in those locations have changed for many who need to achieve working identities at home or online. In an observational study, I find this particularly difficult for students, whose families tend not to recognize them in their adult outside-the-home identities. Students also report that family rituals interfere with working-at-home.

The familiar daily social organization of time and space has stopped, leaving many disoriented—describing a simultaneous experience of having too much time and not enough. As daily routines are disrupted, and we lose the social practices and markers that create a stable shared sense of time and space, the experience of these social categories is left to the vicissitudes of individual experience: revealing their social character in the breech.

Second, inequalities of race, class, and gender become obvious as the middle-class shelters in place, leaving poor, Black, and female workers to risk their lives on the front lines. As people realize that everyone depends on the health and security of those we have systematically overlooked, we see that the poor are the “makers” while the rich are the “takers.” Racism, hidden in tacit interactional practices since the 1960s, is now displayed in high rates of death and illness.

Section member Waverly Duck reports that some White Americans are having difficulty making sense of why they should obey Black essential workers who instruct them to wear masks, wait

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interests and willingness to participate in shared sacrifice for the good of the community.

(2) Show, Don’t Tell: Instead of telling someone what to believe, BC creates opportunities to allow everyone to form conclusions on their own. A prominent local rancher sharing how electric fencing has performed on his or her ranch (with video of the fence deterring carnivores) is preferable to a wildlife biologist from the city advocating carnivores) is preferable to a wildlife biologist from the city advocating

(3) Participatory Decision-Making: BC only takes a position if their board is able to achieve consensus in supporting it. The board

(4) Proper Pacing: BC plays the long game. They advocate starting work on a potential problem early, before it reaches a crisis. This requires working on multiple issues at once and drawing on trust and relationships already created to address new issues as they arise. In 2019, one BC staff member said, “Some of these electric fences were building now are 15, 20 years in the making.”

(5) Don’t Demonize People with Whom You Disagree: Both carnivores and COVID-19 can be polarizing and emotional because lives and livelihoods are at stake. BC approaches disagreement by extending respect and empathy to all. They try to listen and learn from one another to find a solution that is mutually agreeable.

BC understands that the task of preventing wildlife conflict is a social one. In some ways, BC’s process is too little, too late for the coronavirus. We don’t have years to wait while we slowly build trusting relationships—although we can begin work now so we’re better prepared for the next crisis. We also can’t gather in person, limiting the potential to start by getting to know one another socially. And the process only works when all sides are willing to participate in good faith.

What we can do now is start using our sociological imaginations to understand the diverse range of reactions to the coronavirus. Sociologists should have a place at the table analyzing how and why common threats that require collective action have been addressed successfully, and how to apply those lessons to the coronavirus.
The COVID-19 Pandemic: A Lesson in Evolution, Biology, and Society

Russell K. Schutt, University of Massachusetts-Boston, and Rengin B. Firat, University of California-Riverside

As the COVID-19 pandemic continues its devastating march around the globe and across the United States, only those who dismiss statistics about its deadly toll or denigrate the pain of those afflicted can ignore the handwriting on the chalkboard: We ignore at our peril the biological foundations of our being and the evolutionary processes that have shaped and continue to change our natural and social worlds. From the functioning of our social institutions to the consequences of our social divisions, nothing about us stands apart from nature. It is far from the first time that a pandemic has shattered social conventions and changed the course of social history, but the conjunction of the worldwide scope of COVID-19 with modern scientific tools for its investigation creates a better opportunity for learning the lesson a pandemic has to teach. The course of our society will depend on our ability to pass the test.

The earlier chapters in the historical textbook are no less compelling, but they could not offer at the time they were written the lesson we can learn today. When one-third of Europe’s population died excruciating and public deaths during the 14th century plague, the pain experienced by families and communities was no less, but the confused response of barefoot penitents whipping themselves in public processions only exacerbated the threat (Tuchman 1978). When Christopher Columbus’s expedition and others initiated a pandemic that claimed the lives of 90 percent of indigenous Americans, it took more than 500 years for researchers to learn the lesson of what had actually happened (Mann 2011). By the time of the 1918 Spanish flu, Charles Darwin’s theory of evolution of species and modern biology allowed basic understanding of the viral threat, but events that facilitated the virus’s spread like Philadelphia’s massive celebration promoting war bonds demonstrated insufficient recognition of the implications for social policy. It is only in the last 30 years that evolutionary biologists and sociologists have demonstrated that survival of our species depended not only on our capacity to detect environmental or social threats but also on our ability to respond with highly coordinated, cooperative action: a template for effective response in the face of a pandemic (Wilson 2015).

Humans have evolved as a social species with a cognitive capacity for garnering feelings of safety and security from other individuals, a so-called ‘coalitional index’ (Boyer, Firat, & van Leeuwen, 2015). When historical conditions create ingalitarian societies based on social characteristics like race, ethnicity, sexualities, disabilities, these characteristics become perceptual cues triggering the formation of coalitional alliances and rivals, which create a bigger threat to our communities. But the exact evolutionary mechanisms that trigger group divisions also serve as the infrastructure for human prosociality and altruism. Categorization based on perceptual cues like race is not inevitable (Kurzban, Tooby, & Cosmides, 2001); the concept of race itself belies the fact of the unity of the human species. And more importantly, when people form alliances across racial/ethnic boundaries, their well-being improves (Firat and Boyer, 2015), creating resilient communities that can bounce back in the face of calamities.

We only became who we are as a species because of our ability to support each other (Christakis 2019); we will “be swept away by the gale of history” if we forget this fundamental foundation for our well-being (Cohen 2020, Schutt 2020). COVID-19 is not the last pandemic humans will confront, nor the worst disaster our species has experienced in the past or can anticipate in the future (Schutt 2010). Our very survival depends on our ability to learn from the past, plan for the future, and use not just our evolved brains but our unique social abilities (Schutt, Seidman, & Keshavan 2015).

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in line, and stand six feet apart in venues (like supermarkets), making it obvious they have never taken direction from a Black person before.

Third, are the specialized ethno-methods of those we rely on for scientific expertise. In science—as in everyday life—it is necessary to establish the scientific “object” through social practices. Ethnomethodology focuses on how procedures for producing knowledge, such as official statistics and epidemiological models, depend on social practices. Official statistics are as much a reflection of the practices used to constitute them as of the world they purport to measure. The categories “death from COVID-19” and “infected with coronavirus,” for example, are social constructions, not unrelated to the brutal biological facts of illness and death but shaped by social exigencies of testing and categorization. Expert methods/practices in other institutional settings are also in the spotlight, including those used by prisons to judge who can safely be released and by doctors who must quickly determine a patient’s prognosis in order to allocate scarce respirators, antibiotics, etc.

On the street and in institutional settings, lives now hang on methods of “ad-hocing,” muddling through, and “good enough,” which ethnomethodology, with its commitment to detailed observation and attention to ethno-methods, is uniquely suited to study and explain.

Global and Transnational Sociology

Imagining the Public Amidst the Pandemic in China and the United States

Larry Au, Columbia University

Tropes and stereotypes exist in the many comparisons of the responses to COVID-19 in China and the United States. I focus here on a less mentioned reason: the differing imaginaries of the public held by policymakers and scientific and medical experts.

By imaginaries of the public, I refer to the understandings of how science and the state relate to each other, and to society. These are forms of sociotechnical imaginaries, which Jasnaoff and Kim (2009) define as “collectively imagined forms of social life and social order reflected in the design and fulfillment of nation-specific scientific and/or technological projects.” Benjamin (2013) extends this, arguing, “depending on who imagines the people…how one seeks to implement a people’s science shifts markedly.” How the public is imagined has ramifications for the ways in which COVID-19 is contained, mitigated, and hopefully eventually eradicated.

(De-)mobilizing the Public in China

In China, policymakers and...
Sociological Insight on COVID-19

History of Sociology
How Might a Study of the History of Sociology Inform the Discipline’s Response to the Pandemic?

Compiled by Gillian Niebrugge-Brantley, George Washington University

Section members responding to this question drew on past crises for warnings and exemplars for contemporary sociology. Full versions of these responses can be found in Timelines issue 29 (www.asanet.org/asa-communities/sections/sites/history-sociology/newsletters).

The Cholera Pandemic 1854-1860

Stephen Turner traces the debate between social statistician William Farr, who created “beautiful visual models of the statistical distribution of cholera” based on the miasma hypothesis, and a founder of epidemiology, John Snow, whose exploration of anomalies in Farr’s models helped to end the scourge by tracing the transmission of the disease to drinking water. Turner concludes, “An impressive model with faulty assumptions can be deadly... [W]ith epidemic disease, understanding the mode of transmission is key. And this is the very thing that policy and science have failed to get a clear understanding of in the coronavirus crisis.”

Post-Reconstruction Terrorism 1877-1960

Patricia Lengemann examines African Americans’ turn to sociology to provide data for their battle against post-Reconstruction terrorism, looking especially at W.E.B. Du Bois’ work institutionalizing the presentation of methodological statements in research publications, as described by Kalasia Daniels and Earl Wright II (2018) in “AnEarnest Desire for the Truth despite Its Possible Unpleasantness” whose title, from Du Bois, captures African American hopes for sociology as a source of methodologically transparent truth claims.

The Dreyfus Affair 1894-1906

Steven Lukes shows the Dreyfus crisis stimulating Durkheim’s expansion of his concept of organic solidarity in “Individualism and the Intellectuals” (1898), which argues that society “cannot hold together unless there exists among... members a certain intellectual and moral unity” which in an “advanced, heterogeneous society” must be found in “a society-wide commitment to individual rights, which finds its ‘motive force...in sympathy for all that is human.’” Lukes concludes, “On the most optimistic of assumptions, people will learn from the current crisis that the interdependence of organic solidarity demands recognition of everyone, including all essential workers, ... doctors, those who dispose of dead bodies... delivery men... cashiers in the grocery store.”

The Social Problem — 1890-1914

Vicky MacLean, Gillian Niebrugge, and Joyce Williams examine a moment of high prominence for sociology generated by the “social scientific and medical elites saw the public as a resource to mobilize to fight the virus in the "people’s war." The central authorities put Hubei under lockdown in January. Elsewhere, factories, schools, and workplaces were shut down, and neighborhood committees were mobilized to monitor residents. Digital contact tracing with “health codes” was later deployed, allowing residents to shop and go to work. 30,000 medical professionals were also mobilized to Wuhan to treat the surge in patients. After more than two months of lockdown, Wuhan was opened as near normalcy returned to the rest of the country.

The public was understood as willing and ready to aid in the whole-of-society battle against COVID-19. A report from the Shanghai Institutes for International Studies, a government-affiliated think tank, described the public as such in early February: “Instead of complaining and grieving, more and more Chinese people are comforting and encouraging each other. This boosted public morale has contributed to the rapid social mobilization for epidemic prevention and control.”

Moreover, Chinese policymakers portray and think of themselves as technocrats deferential to scientific opinion, and intent on bringing experts into the party fold. As Greenhalgh (2008) observes with China’s past demographic policies, technocratic thinking has also lent to ways of envisioning society as a “giant machine, to be run and managed according to the ideal of mechanistic efficiency.” By thinking of the public as a resource to mobilize, policymakers were able to act decisively to contain COVID-19.

This is not to say that resistance to state dictates does not exist. On the contrary, political elites have been careful in managing public opinion, replacing Hubei’s maligned leaders and co-opting the image of Li Wenliang, the whistleblower previously persecuted by local police.

Persuading the Public in the United States

In contrast with China’s quick response, once COVID-19 was belatedly detected in the United States, a clear problem emerged: Should mandatory measures be put in place to help “flatten the curve” of COVID-19? While stay-at-home orders and social distancing guidelines were put in place, and organizations could be fined for flouting rules against non-essential work, these policies were largely voluntary at the individual level.

For American politicians and public health officials, the public had to be persuaded to do what is right, instead of being told what to do. New York Governor Andrew Cuomo has repeatedly elucidated this point in his daily appearances. As he said in an April 16 briefing, “I believe if the facts are presented to the people in this state, New Yorkers will do the right thing.” Cuomo continued, “I can’t put a mask on 17 million people. 17 million people will decide whether or not they’ll do it.”

While state leaders have had some success in persuading their residents to adhere to public health guidelines, the contentious relationship between the Trump administration and its scientific advisors at the NIH, and CDC featured prominently at the daily White House briefings confounds this project of public persuasion, threatening to drag the country back into further crisis. This tension is visible today, as state governors face anti-lockdown protesters who flout the voluntary character of stay-at-home orders.

Re-imagining the Public

By imagining the public in these two ways—as a resource to mobilize and as partner in need of persuasion—policymakers constrain themselves to a set of possible responses to COVID-19. This is not to say that Chinese and American political leaders and experts are all that different, as both rely on a paradigm of public understanding in science.

As the Nuffield Council on Bioethics (2020) reminds us, this is not enough, as “every scientist will tell you that science does not provide certainty (and is usually contested); and it does not deliver policy answers—that involves values and judgements for which people are responsible and should be scrutinized, and accountable.” As social scientists, we must aid in this effort of scrutinizing the values guiding responses to COVID-19 and provide ways in which the public can engage with the science and politics of the pandemic.
Sociological Insight on COVID-19

Inequality, Poverty, and Mobility

The COVID-19 Pandemic: Normal Accidents and Cascading System Failures

Donald Tomaskovic-Devey, Center for Employment Equity at the University of Massachusetts

Charles Perrow described the 1979 Three Mile Island nuclear reactor meltdown as a Normal Accident. Normal accidents are a class of events produced when subsystems in risky, complex and tightly coupled systems fail. Tight linkages between subsystems propagate failure, and local breakdowns cascade into systemic collapse. Diane Vaughn applied the normal accident metaphor to the 1986 Challenger Disaster. A gasket failed because it was cold outside, on blastoff rocket fuel leaked and then exploded, destroying the rocket booster. This in turn destroyed the space shuttle, and seven crewmembers died.

The COVID-19 pandemic, I think, is reasonably described as a normal accident, complete with cascading social and economic failures. Virus mutations and viruses jumping across species, including into humans, are a normal part of natural selection. This has happened in the past. It will happen again in the future.

The key difference is that the human race is now socially and economically tightly coupled on a global scale. Tight social coupling permits rapid transmission, multiplying the impact and speed of contagion, and tight economic coupling propagates cascading failures across multiple sub-systems.

In the case of the Challenger disaster, Vaughn found that some engineers were aware that catastrophic failure was possible, but organizational leaders ignored or suppressed their warnings. Similarly, for many years public health professionals have known that a COVID-19 type pandemic was coming, and the U.S. Pentagon had even gone so far as to produce a playbook for government response. As in other normal accidents, we see some leaders ignoring or suppressing expert warnings and advice both before and as system failures cascade.

As in other normal accidents there is a tension between the advice of technical experts and the needs of managers and politicians to keep things running. Federally in the U.S., we see a consistent contrast between the scientific and military establishments, both of which urged quick action, proactive planning, and social distancing, and a president who urged people to go to church and sowed distrust of experts. Some states and countries quickly instituted contact tracing, closed all non-essential businesses, and forbade congregating in groups, while others urged people to stay at work and go shopping.

When managers and politicians win and scientific experts are silenced, the pain of normal accidents expands as system failures propagate. The U.S. is particularly at risk because its political system is decoupled both ideologically and organizationally. Ideologically, the major party in power has endorsed distrust of both government and science in its pursuit of election success. Organizationally, the federal system of government, which relies on local decision makers for public health action, is unusually ill-suited to a coordinated response. Germany, a country which has been more effective in reducing infections and preventing economic cascades, also has a federal system of government, illustrating that policy effectiveness is never mono-causal, but reflects configurations of policy and political responses.

Economically, we have long had a tightly coupled economy. Economic recessions happen because overproduction or financial malfeasance.

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settlement movement” a widespread public sociology project (over 400 geographically dispersed settlements run by thousands of volunteers) addressing “the social problem” of “poverty amidst riches.” Nobody knew the poorest neighborhoods of American cities better than settle ment residents who provided aid and information to their impoverished neighbors, collected data about local conditions, organized remedial actions, and lobbied for state interventions. The movement’s leader Jane Addams theorized the social problem as “maldistribution” and its answer, social ethics, as the proposition “the good we secure for ourselves is precarious and uncertain… until it is secured for all of us and incorporated into our common life.”

Fascism, The Depression, World War II

Jack Nusan Porter and Michael Schwartz explore American sociology’s relation to Jewish refugees fleeing fascism. Porter, himself a Holocaust survivor, reflects, “These emigres… escaping from fascism in Europe… ironically [finding] racism and xenophobia here… used their tools as social scientists to work to eradicate these evils.” Drawing on Roger Bannister (1992) and citing George Lundberg’s 1943 ASA Presidential Address which censured supporters of Jewish immigration, Schwartz warns, “we as sociologists interested in learning from history should work hard to make sure that this time the profession is fighting FOR the most victimized and not against them.”

Patrick Fontaine and Gary Janowski each point to sociology’s debilitating pre-occupation with internal battles during The Depression and World War II. Fontaine recommends Charles Camic’s (2007) “On Edge: Sociology during The Depression and the New Deal” and warns against “sociologists responding to crisis by re-arranging the deckchairs.” Janowski recommends Anne Rawls’ 2018 paper, “The Wartime Narrative in U.S. Sociology, 1940–1947” which shows how ASA Presidential Addresses produced a “narrative” of “good and bad science” based in a ‘trauma’ to the discipline… ‘blamed’ on qualitative and values-oriented research for damaging the scientific status of sociology.

The Cold War

Christian Daye shows divisions accelerating during the Cold War with “increased demand [by] decision-makers for social science expertise [meant] money outside the academy: jobs at think tanks, government agencies, or private businesses.” These changes heightened calls to unify sociology around “quantification,” situationally relevant theory and practical research. Failing to achieve a workable unity, Day warns, sociology may be supplanted by “other forms of organizing social scientific knowledge.”

The Trump Presidency 2016-2020

Anne Rawls traces “the election of Trump and the COVID-19 pandemic to… deep mistrust of experts and science…that has been growing for decades… where simplistic versions of science are tested against theories and beliefs—rather than empirical evidence.” She summarizes Durkheim’s and Garfinkel’s calls for sociology to “clearly theorize the role of expert practices in sciences and occupations. [A]nd because we have failed to do this… we find ourselves being governed by people who put beliefs—both personal and religious—above the scientific and occupational practices of experts.”

Andrea Polder optimistically conceives “the social crisis around COVID 19… as a liminal period—a time when formerly stable social orders get disrupted, and ideas, institutions, and power relations are open for re-arrangement—typically involving anxiety and quests for re-orientation, but—simultaneously—promoting extraordinary creativity.”
In this COVID-19 pandemic, “racism is a killer.” But, being an immigrant with limited social protections is too. The impact of COVID-19 has been disproportionately felt in communities of color, rendering visible the insidiousness of structural racism. Missing from COVID-19 statistics is documentation status, which is associated with health care and health outcome disparities. Research on race and immigration as social determinants of health before COVID-19 suggests that the combination of minority race and undocumented status may be lethal. Since 2012, I have researched immigrants’ healthcare access in Boston, and that work has shown that documentation status poses a risk to getting care even in this progressive epicenter of health reform. That risk has escalated during COVID-19 due to pre-pandemic exclusions and hyper-enforcement.

Undocumented immigrants are especially vulnerable because many policies openly exclude them, making it difficult to get driver’s licenses, find quality affordable housing, and access health care. Their recent exclusion from the CARES Act will be a devastating blow, making post-COVID-19 recovery nearly impossible for many. There are several ways undocumented and documented immigrants’ exclusion may negatively impact their well-being in the present pandemic and its aftermath.

First, deportation concerns remain a huge deterrent for immigrants seeking healthcare under the Trump administration’s immigration policies. Immigration and Customs Enforcement detentions and immigration court dates continued after “stay-at-home” advisories were issued across the country. While new immigration arrests were eventually scaled back, COVID-19 transmission among those already being held in inhumane immigrant detention centers and prisons spiraled without social distancing measures and access to regular handwashing.

The Trump administration’s changes to the public charge rule are also causing panic. Targeting lower-income immigrants, the administration redefined “public charge,” and since February has allowed immigration officials to use more factors in determining immigrants’ future likelihood of using public benefits. Although the administration clarified that the rule does not limit the use of testing, screening or treatment of communicable diseases such as COVID-19, that statement is unlikely to reassure vulnerable immigrants. A medical interpreter I interviewed in 2019, long before COVID-19, shared that an immigrant patient with health insurance “didn’t want to use any benefits because she was in the process of getting her green card.”

Exclusion from the Affordable Care Act severely limits undocumented immigrants’ access to care. Most are ineligible for the Medicaid expansion and purchasing coverage in the healthcare exchanges. Some cities and states have used local funds to extend coverage to immigrants in their respective jurisdictions, but those options are still constrained by documentation status. In many cases, immigrants’ must be gravely sick before they seek care. According to a healthcare advocate I interviewed in 2015, immigrants must consider “jeopardizing their ability to stay here or their health.”

Even if they brave leaving their homes for COVID-19 testing and treatment, the next challenge for immigrants is finding help in their primary language and from culturally sensitive providers they can trust. Although the country has become more diverse racially and linguistically, that diversity is not reflected among medical professionals. This also influences immigrants’ health. In this pandemic, vital information and assistance in multiple languages have been harder to come by and may also undermine the care that immigrants receive.

Many migrants are suffering similar fates outside of the United States. In industrialized countries with robust social safety nets, immigrants have also been excluded from public benefits and face racialized anti-immigration policies.

Tiffany D. Joseph, Northeastern University

Inequality
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spreads from one corner of the economy to another. Old school recessions of over-production cascade relatively slowly because sectors and economi-

cal disparities. These vulnerabilities have lain latent, like herpess, in our social body; their acti-

vations by the COVID-19 recession will magnify its destructive impact.

The first is a slow moving crisis that began in the 1980s, as the U.S. pursued public and private policies that weakened the bargaining power of low-skilled labor, shrank union influence, shed citizens of the already weak safety net, and accelerated economic globalization. Some of the results are that today 40% of jobs pay poverty-level wages and 45% of households have no or inadequate health insurance. The U.S. has produced an economy that leaves its people more vulnerable to both the virus and the COVID-19 recession than perhaps any other high-income country in the world. While other high-income countries have weakened their institutional protections, none are as institutionally weak as the United States.

The second systemic economic crisis happened in 2008, when the world economy shut down as a result of cascading defaults of collateralized mortgage securities, propagated through a tightly connected world financial system. That tightly coupled financialized economy with its risky financial practices remains intact and risky behaviors have changed in form but not levels. Since 2008, corporate debt, repackaged as securitized bonds, has proliferated. Many companies in the real economy now use debt instead of earnings to fund investment. The COVID-19 pandemic could very well lead to systemic collapses of the corporate bond market, leading to a longer 1930s style great depression. Of course, the mortgage market may fail a second time as well.

In the two previous crises the U.S. government responded by securing the well-being of large firms and their stockholders, leaving the systemic risks to households and workers. Today’s crisis threatens both households and the production economy. The key question is whether the political response, like the response to the two earlier crises, will again be socially destructive, preserving the wealth and “freedom” of the wealthy and the largest corporations, while laying the groundwork for yet another round of citizen pain when the next normal accident unfolds.

It could go the other way, of course. This could be the wake-up call to strengthen institutional protections and transcend the United States’ low-wage, precarious social system. Systemic transitions to new institutional configurations have happened before, with the 1930s “New Deal” being the most obvious. We know how to build more resilient institutions to support the well-being of citizens; now is the time for a new “new deal.”
In response to the COVID-19 pandemic, the mathematical sociology community has been active in contributing its expertise to both combat and better understand the implications of this unfolding disaster. The following is a brief sample of some of the work being undertaken by our community.

**Modeling SARS-CoV-2 Diffusion**

Models have been central to both predicting the impacts of COVID-19 and developing countermeasures. For instance, as part of the Colorado School of Public Health modeling team advising Governor Polis, Jimi Adams is developing improved estimates of social mixing for contact patterns, and the effects of social distancing on those estimates. Jorge Zazueta and colleagues are working on diffusion models that better account for differing rates of infection and recovery by sex, while John Hipp, Zack Almquist, and Carter Butts, with students Loring Thomas, Peng Huang, and Fan Yin, are applying network models to understand how spatial heterogeneity leads to disparities in impact, timing, and case loads for COVID-19 at the local level. Ben Cornell and Kim Weeden are using University administrative data to study the implications of course enrollment patterns for potential disease diffusion on campuses. On the social distancing front, Zack Almquist and Jamie Jones are collecting high-resolution behavioral data relevant to disease transmission, while Tim Liao is modeling the role of collective action in maintaining effective social distancing strategies (see the Methodology Section article in this collection). Research by Arnout van de Rijt uses network models to evaluate post-lockdown policies that focus on targeting long-range and bridging ties, with implications for how a second infection wave can be avoided.

**Messaging and Communication**

Communication is central to the COVID-19 response. Emma Spiro, with colleagues Jevin West, Kate Starbird, Ryan Calo, and Chris Coward, is working to understand the role that scientific expertise and credentialing play in amplification of content online, while Kathleen Carley and colleagues are employing network analysis, machine learning, and natural language processing to examine public discussion around COVID-19, with an emphasis on politicization, polarization, and misinformation. Carter Butts and Jeannette Sutton, with students Scott Renshaw, Richard Gardner, and Sabrina Mai, are measuring and modeling the messaging and engagement strategies used by public health agencies on social media to identify evidence-based strategies for effective communication during the unfolding pandemic.

Members of our section have also been active in public communication themselves. For instance, Gianluca Manzo is providing commentary for policy makers and the public on the assumptions that underlie epidemiological models, and how these should guide their interpretation and appropriate use. Mikaela Springsteen is creating an educational resource called “Counting COVID-19,” a series of interactive web-based apps which allow exploration of virus trends at the county and state levels, while Martina Morris produced an interactive tool called “Just One Friend” that uses social network models to help communicate how and why social distancing measures work to a non-technical audience.

**Epidemiological and Medical Initiatives**

Many members of the community are directly involved in efforts to fight the pandemic. For instance, David Schaefer, Derek Kreager, Jacob Young, and Gary Zajac are working with the Pennsylvania Department of Corrections to understand and mitigate the transmission of COVID-19 in the state prison system. James Hollander, Lori Fischbach, and Blaine Tottori are working to develop and test models to estimate types of COVID-19 fatalities over time, as well as systems to communicate this information to help guide social distancing policies. And in the search for treatments, Carter Butts, together with a consortium of colleagues from the biological and physical sciences, is adapting social network methods to aid drug discovery for SARS-CoV-2.

**Understanding the Social, Cultural, and Economic Impacts**

Our members are heavily engaged in tracking the impact of the pandemic on our society. For example, Jenn Sims and colleagues are applying eye-tracking techniques to examine how the wearing of face masks alters social perception and interacts with perceptions of race. Lynn Smith-Lovin, Robert Freeland, Kimberly Rogers, Jesse Hoey, and Joseph Quinn are collecting pre/post pandemic data on cultural sentiments regarding occupations especially visible in, or impacted by, the pandemic, providing a window into how COVID-19 is changing perceptions of those in critical social roles. On the educational front, David Schaefer and colleagues are investigating how the shift to remote learning is affecting social networks, psychosocial adjustment, and academic outcomes for first-year STEM majors. James Kitts, with collaborators John Sirad, Mark Pachucki, Lindiwe Siebeko, and Krista Gile, is collecting longitudinal data on urban middle schools, investigating the impacts of social distancing interventions on relationships among students, health behaviors, and health outcomes. Turning to the broader community, Kings Makovi, Malte Reichelt, and Marta Abascal are collecting data on health, employment, personal networks, and behavior in multiple countries, to shed light on the short- and long-term consequences of the pandemic for health and other inequalities. Ben Cornwall and colleagues are studying a nationally representative sample of older adults to understand how their social network connectedness and health care utilization have been affected by the coronavirus pandemic, while Ashton Verdery and colleagues are using computational models of kinship networks to develop estimates of the potential bereavement burden associated with COVID-19 under different epidemiological scenarios.

These projects illustrate both the breadth and depth of the involvement of the mathematical sociology community in the COVID-19 response, as well as the ways in which sociology is making both basic science and life-saving policy contributions during this catastrophic event.

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**International Migration**

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Migrants from the Global South often form the backbone of Global North economies, working in agriculture, cleaning, and construction. They are vulnerable to labor exploitation and living in cramped conditions, factors which have contributed to the spread of COVID-19 in Europe, the Gulf States, and Asia.

For those who wonder why immigrants are important in combating this pandemic, one need not look no further than demographics. Fourteen percent of the U.S. population is foreign-born. In the country’s largest states — some also COVID-19 hotspots — immigrants comprise at least 20 percent of the population. Further, an estimated 16 million people live in mixed-status families, meaning citizen relatives’ health and healthcare decisions are also affected. It is important for everyone in our country to be able to access good healthcare without fear, both for their own protection and to benefit public health. If healthcare is inaccessible to such a large percentage of our population, combating COVID-19 will be an uphill battle. It is important to include immigrants in policy and philanthropic efforts to combat and recover from COVID-19.

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**Mathematical Sociology**

**Contributions to COVID-19 Response Efforts**

Compiled by Carter T. Butts, University of California-Irvine
**Sociology as a Lens on the Pandemic and Responses to It**

Harry Perlstiad, Michigan State University, and Robert Dingwall, Nottingham Trent University, UK

Compared to natural disasters—hurricanes, tornadoes, floods—pandemics are comparatively rare. British sociologist Phil Strong (1990) was one of the few to study pandemics. He developed a framework based on accounts of pandemics back to the Black Death in 14th century Europe. Pandemics represented moments of transparency in the social order. All sorts of institutions, relationships, and interactions suddenly became problematic. The taken-for-granted assumptions of everyday life were exposed and became uncertain and questionable. Sociology has opportunities both in understanding the social responses to the pandemic itself and in learning from the moment of transparency about the roots of the observable order.

According to Strong, pandemics generate parallel social epidemics of fear, explanation, and action. The novel disease and the ways in which it moves through societies creates fear as it threatens peoples’ lives, livelihoods, and fortunes. This drives suspicion of people, animals and the material objects with which they interact. Masks are worn as a symbol of the threat from interactions with other people. People seek to explain the pandemic in whatever terms come to hand—divine retribution for sin, a conspiracy by an alien power, an escape from a secret laboratory. Finally, they demand action: ‘something must be done’ from restricting personal liberty to demonstrations against restrictions, taking temperatures of airport arrivals or diners at restaurants, and ill-founded treatments like drinking disinfectant.

Pre-existing social divisions are thrown into clear relief. The fear of others settles on minority groups—people from different ethnic backgrounds, homeless people, mobile workers. Existing social tensions are exacerbated: Rural people resist the incursion of urban people into the supposed purity of the countryside. Conflicts arise over access to beaches and the use of bike paths. Tacit structures of power and control become highly visible. Policies about the use of urban space do not impact people who live in spacious accommodations with private gardens as much as people in overcrowded housing who depend upon access to street life and public parks and use public transportation. Law enforcement agencies get new powers to micro-manage everyday life from sunbathing or playing ballgames outdoors to holding religious services or private celebrations. At the same time, previously unthinkable social policies become thinkable.

The emergency economic response in many European countries has been more akin to a universal basic income than the conventional social insurance programs. In the US, the pandemic has revived similar debates about access to health care and employment security.

It should be clear how much sociology can contribute to public debates about the pandemic and its management and its impact on individuals, families, organizations, and communities. Unique opportunities for research have suddenly become available. The US is particularly rich in natural experiments as the absence of federal leadership has left considerable space for each state to pursue its own stay-at-home orders, testing and treatment protocols and process for reopening the economy and social gatherings. Sociologists should be critically examining the social and cultural trajectory of the pandemic: are supermarket shelves being emptied by panic buying or by a wobble in the supply chain? Who panic buys and stockpiles? Which groups have the greatest concern about family, job loss, housing, and school closings? What accounts for differences in risk perception, trust in institutions, and compliance with social distancing? Are there selective patterns of pandemic-related media coverage, and if so, what is the impact?

Sociology also has a place in offering visions of a post-pandemic future. If we can house the homeless, why would we send them back to the streets? If children can learn more imaginatively at home, why would we go back to rote learning and testing in schools? Given their death rates, what is the future of assisted living facilities for senior citizens?

Where, though, is the public voice for any social science, let alone sociology specifically? While physician and immunologist Anthony Fauci, advisor to six presidents, has become the voice of biomedical science, the social sciences have gone missing. Pandemics will not be beaten by biomedicine alone. Social interventions are the first line of defense, but even a vaccine will need social science support when it leaves the laboratory and encounters near universal demand. The pandemic will leave a legacy of social and economic disruption for a generation. The challenge to society, and the social sciences, will be constructing a ‘new normal,’ one that works better for more people than what was in place before. This is sociology’s historic mission and it is time to reignite the torch that was lit by our founders.

**Modeling the Impact of Collective Action on Coronavirus Containment**

Tim F. Liao, University of Illinois at Urbana-Champaign

Sociologists study how individual choices impact population behavior, sometimes in counterintuitive ways; they also study how government interventions influence individual and collective behavior. The current intervention of physical distancing (also known as social distancing, see Mejívar, Foster & Brand 2020) is a case in point. Physical distancing is being practiced to a varying degree in many countries globally during the current COVID-19 pandemic. Its definition varies from simply keeping a 6-foot/2-meter physical distance from one another to a broad range of measures. Its goal is to reduce the effect of the basic reproduction number, $R_0$, the expected number of secondary infected persons due to one primary infected person in a population with equal susceptibility to a specific disease.

The new, effective reproduction number, $R$, is expressed as follows (Becker 2015):

$$ R = [1-(1-a^2)f] R_0 $$

where $R_0$ is the basic reproduction number, $f$ is the proportion of the population engaged in physical distancing to decrease their interpersonal contacts to an $a$ fraction of their normal contacts, and $R$ is the new effective reproduction number. When $a=0$, the fraction to be infected equals $1 - \frac{1}{2}$ and this quantity also defines herd immunity. Thus, physical distancing is measured here as $a$, the proportion of social contacts kept, and $f$, the proportion of the population engaged in physical distancing, a form of collective action.

Using the formula above, we ran model-generated $R$ values based
As unemployment skyrockets during the COVID-19 pandemic, our occupational identities may not be the first thing on our minds. But the social changes we are facing may threaten these core identities, which endangers our mental health. The reality of unemployment, reduced hours, or furloughs is pervasive. For those of us fortunate enough to remain employed, the nature of our work has changed. Many white-collar workers are suddenly working from home, in a virtual environment, often while trying to balance work with parenting. Strained finances, physical health risks, and the loss of our usual social outlets are stressful.

My research on occupational identities began during the Great Recession, when I interviewed unemployed people for my dissertation. The result was a book—Job Loss, Identity, and Mental Health (Rutgers University Press 2016). The research participants disclosed three “mismatches” that threatened their identities after job loss as well as some ways of coping with those threats. I’m hoping that what I learned can help us during our current crisis.

First, many of us are experiencing feedback mismatches which occur when we receive messages (from others or from self-monitoring) that we are not who we believe ourselves to be. If you lose your job, you’ve received a direct message that you are no longer the teacher, hairdresser, or manager you once were. You can no longer perform the actions you normally would in that role, and you lose everyday interactions with role-relevant others. This makes identity maintenance difficult. Even if you’ve kept your job, COVID-19 has probably changed the way you interact with role-relevant others (e.g., colleagues, customers, students), especially if you are telecommuting. Unfortunately, virtual interactions offer fewer feedback cues than face-to-face interactions. Technical glitches and delays can make it seem like others are not paying attention. When we are less certain about how others are responding to us, feedback mismatches are likely.

Second, the sudden nature of the changes brought on by COVID-19 has left us without time to prepare for identity transformation. This leads to the experience of time mismatch in which we feel like we are no longer the same person we used to be. Losing a job may leave us feeling detached from ourselves and our past, especially if our work was central to who we were. For people who are still employed, sudden changes in working environment (e.g., online teaching), limited resources (e.g., lack of ventilators), or increased expectations (e.g., heightened workload) can make our former work identities unrecognizable.

Finally, status mismatches occur when one of our social statuses (e.g., gender) clashes with society’s stereotyped expectations for a role. For example, unemployed men may feel less masculine because unemployment does not match society’s expectation of them as financial providers. People with college or graduate degrees may feel like unemployment challenges their identities as educated people. People in their thirties who have moved back in with their parents may feel like unemployment harms their age identities because they should be self-supporting.

So how can we cope with identity mismatches during COVID-19? Some people in my research shifted the focus of their identities to a pre-existing non-occupational role. For example, several women emphasized their mother identities during their job search. Others emphasized volunteer work or hobbies unrelated to their profession, such as coaching.

Other unemployed people sustained their occupational identities by finding a role that was similar enough to their lost job. This way they could continue to perform their occupations and get identity-affirming feedback. For example, a former vice president in banking volunteered to do accounting at his church, and a woman who previously worked in public safety volunteered as an emergency medical technician.

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Methodology
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on the three levels of $R_c$ of 2.5, 3.0, and 3.5. A recent meta-analysis of COVID-19 $R_c$ estimates based on Chinese data reported an $R_c$ range of 1.40 to 6.49, with a mean of 3.28, a median of 2.79, and an IQR of 1.16 (Liu et al 2020). Another study of Italian data suggested a COVID-19 $R_c$ range of 2.76 to 3.25 (Remuzzi & Remuzzi 2020). Therefore, we chose an $R_c$ value of 3.0, an approximate mid-point value for either of the two studies just cited, and a low (2.5) and a high (3.5) value which give a range close to the IQR cited above (Liu et al 2020). The chosen $R_c$ values of 2.5, 3.0, and 3.5 are also used in a recent COVID-19 simulation study (Hellewell et al 2020).

Let us focus first on the model in which $R_c$ is 3.0, a value most probable for the current pandemic (Liu et al 2020; Remuzzi & Remuzzi 2020). It is particularly informative to focus on the values of a and $f$ at which $R=1$. If $R<1$, an infectious disease will die out; at any point above $R=1$, it will spread. In this model, we learn that to reach $R=1$, we must have 70% of a population (forming a critical mass for collective action) practicing physical distancing by keeping no more than 20% of their old social contacts. When the physical distancing population increases to 80%, they can keep up to no more than 40% of their old social contacts, and when 90% of the population is engaged in physical distancing, they can keep no more than 50%.

The difference between the lower $R_c$ (2.5) and the higher $R_c$ (3.5) is about 10% difference in collective action as the 60% curve in the lower $R_c$ and the 70% curve in the higher $R_c$ scenario are comparable.

How does this translate into practice in the current pandemic? When Spain already had 430 confirmed cases, hundreds of thousands of people marched across the country on International Women’s Day. Italy started its lockdown on March 10, but in less than two weeks’ time its interior ministry reported over 92,000 people and 2,000 plus businesses violating restrictions (Euronews 2020). By the Friday before St. Patrick’s Day (March 15), the U.S. already had 2,183 confirmed cases, people still packed bars in all major cities that Saturday night, ignoring physical distancing (The Atlantic 2020). The collective inaction in physical distancing in the three countries contributed to their top positions in terms of the number of positive cases.

It appears that collective action ($f$) is more consequential than individual physical distancing ($a$). There are three ways to achieve collective action—using selective incentives, internalizing externalities, and creating better knowledge (Liao 1994). Imposing fines for violating lockdown rules is a negative incentive, currently practiced by several countries. To shift the burdens of obeying physical distancing to individuals (to internalize externalities), a government can rely on a multi-level administrative structure for enforcing lockdown down to the neighborhood level, a strategy used by various Chinese cities from January to March. Having a correct and thorough understanding of the importance of physical distancing will enhance collective action. This comment will contribute, we hope, toward that goal.
Nearly 90 percent of Americans are under stay-at-home and organizational closure orders from their state governors or city mayors (Washington Post, April 2, 2020). These orders may carry legal weight but have rarely been strictly enforced by police. Yet as of March 30, 53 percent of individuals were complying (CNN Ipsos poll, April 1). By April 7, 87% practiced social distancing (Yale Program on Climate Change Communication, April 17); 80% supported social distancing even if it damaged the economy (Politico poll, Star-Tribune, April 18).

As empty streets mutely testify, the bulk of the population has suddenly changed behavior patterns from active social engagement to sheltering in place and avoiding gatherings. Compliance likely varies by region, age, class, socio-economic status, health status, beliefs, ideology and other factors. But still, a dramatic shift in collective behavior has just occurred. How can we explain it? Which among sociology’s theories of social order and social change meet or fail this test?

Theories that emphasize institutionalized routine in thought and behavior, the laws of economic profit, obedience to political authority, or functional requisites lack purchase here. They don’t adequately account for the sudden, largely voluntary mass changes in social behavior observed in response to the coronavirus. If not these, what social theory or concept could adequately explain the sudden changes? Economic, educational, religious, and other social activities have reoriented, moved onto alternative virtual platforms, or ceased to operate. To comply with distancing, many people suffer significant financial hardships.

This change in activity displays acute human agency, a capacity to shift behavior suddenly. What drives this agency? Perhaps foremost is fear. People fear illness and death from COVID-19, so they self-isolate. But people also fear a loss of income and livelihood due to such self-isolation. Low-wage workers have no savings; small businesses teeter on bankruptcy. Two material terrors—health and economics—drive us in contrary directions. Responding to either, people optimize personal benefits and costs, as individual rational choice theory argues. According to Mead’s theory of action, when new problematic circumstances underline interests, people consciously re-assess and produce new behavioral patterns. Habits readily crumble. For now, rational responses to fear for health predominate.

But selfish rationality alone is not a sufficient explanation. Many people also seem to be acting rationally for non-selfish reasons, as Etzioni stresses. People often rationally discipline their behavior to achieve goals dictated by higher ideals, not immediate self-protection. Weber identified this as value-rationality. For instance, people may want to keep others—family, friends, and people in their communities—from contracting the virus. Most poignantly, front-line medical professionals and workers in essential services put their health at risk to take care of others.

However, selfish and selfless rationality is still not the whole explanation. For most people, the virus threat is not immediate. Instead, most people are responding to their own beliefs about its severity. Political leaders, mass media, and internet bloggers circulate contradictory assertions. How do people choose what to believe? Their pre-existing ideologies—identity-defining values—intervene. Networks of friends and media confirm initial preferences. One cluster of ideologies disparages experts, places faith in a higher power, sees government action as a threat to individual freedom. Such beliefs lead people and leaders to dismiss epidemiological evidence, vacillate, refuse to sequester, and demand rapid reopening. In contrast, an alternate cluster of ideologies respects scientific conclusions and government orders as the best guide for action. Such ideologies support a kind of group pragmatism, leading people to sequester willingly. Surprisingly, given national polarization, group pragmatism has generally prevailed. Mounting economic dislocations, though, may induce further shifts.

In summary, then, what lessons does the American response to the COVID-19 virus hold for social and political theory? U.S. society suddenly reorganized its seemingly habitual and institutionalized collective routines; it suddenly changed its most essential function from one of economic activity to one of health protection. The sudden general transformation casts doubt on structural, systemic, functional, and institutional explanations of social order and change. Rather, it indicates that social order is a function of both selfish and selfless rational behavior springing from beliefs about how the world works, what society needs and who to follow. The world often gives considerable latitude to believe in different ideologies. Material, organic feedback is rarely so evident as in the case of COVID-19. The fact that medical science has become widely trusted and social distancing broadly practiced, often even by those initially skeptical, indicates an influential underlying culture of American pragmatism. But frustrated by prolonged sequestration, a mounting conservative backlash is demanding “freedom” and reopening, even if it will cause a huge second wave of disease and death. In theoretical terms, these findings suggest a crucial causal interplay between material threat and cultural content in the construction of social order and change.

Organizations
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Strategies of shifting and sustaining both worked best when the new role was embedded in an institutional context. This helped define the role and promoted identity-affirming feedback. Shifting, however, typically only worked if the new role matched society’s expectations for their statuses. For example, women had an easier time than men shifting to a parent identity because it was easier for them to get validating feedback from others.

Identity threats are common when jobs change or are lost. Unfortunately, policymakers and employers rarely consider identity’s connection to mental health in their policies. Stimulus packages should explicitly fund mental health resources. Professional counseling organizations should encourage therapists to address identity threats with their unemployed clients. Websites for people to share “sustaining” ideas and help people connect their identities and expertise to existing institutional needs through volunteering may also be fruitful. Employers can help furloughed or telecommuting employees stay connected to their organizational identities by organizing regular (optional) virtual coffee hours. Financial assistance helps address monetary needs, but identity-related problems necessitate identity-focused solutions. As sociologists, let’s use our expertise and compassion to advocate for both.
Sociologists Link Higher Black Mortality Rates from COVID-19 to Racism and Racial Inequality

Loren Henderson, University of Maryland-Baltimore County; Hayward Derrick Horton, SUNY-Albany; and Melvin Thomas, North Carolina State University

One of the greatest professional challenges facing sociologists dealing with the coronavirus is to quickly analyze and interpret the vast amounts of relevant epidemiological, demographic and social data, and present those data to both the academic community and, most importantly, the public at large. This is especially important given the tendency by some politicians and social media outlets to present misinformation to the public.

Sociologists who study racial disparities often use theories of structural discrimination (i.e., racism as a primary factor) to provide an understanding of the causes and consequences of the extensive racial inequality that exists in the U.S. This racial inequality can be clearly seen in the COVID-19 pandemic that has created a major medical crisis in the U.S. and the world. Specifically, preliminary data have revealed a striking, yet predictable, pattern: Blacks, Latinos, and Native Americans are much more likely than whites to die from the COVID-19 virus.

For weeks the CDC and other public health officials have presented models for flattening the curve. However, based on our understanding of racism and the racial inequality it produces, we knew whose lives this virus would more likely take. The same racism that results in lower quality health care and a greater likelihood of underlying health conditions makes Black people, and other disadvantaged groups, more vulnerable to the coronavirus. The classic studies Bad Blood by James Jones (1981), Medical Apartheid by Harriet Washington (2006), and Health Issues in the Black Community by Braithwaite, Taylor, and Treadwell (2009) documented the relationship between racism and health inequality. The question for today is what indicators would demonstrate the continued existence of this relationship during the current pandemic? We argue that disproportionate numbers of COVID-19 cases and deaths of Blacks, Latinos, and Native Americans is one indicator of racism in the public health system.

Placed in the context of other racial disparities that are likewise correlates of racism, the overrepresentation of Black, Latino, and Native American COVID-19 cases and deaths lends greater support for our argument.

We identified those states and the District of Columbia (n=40) that report racial data on COVID-19 cases and deaths for Blacks, Latinos, Asians, and Native Americans and analyzed those data. Understanding these important descriptive patterns is a necessary step towards developing a more comprehensive analysis of racism relative to the COVID-19 pandemic. We found that blacks were overrepresented in COVID-19 cases in 28 states, Latinos in 20 states, and Asians in 3 states. Tragically, in almost every state that reported racial data (n=24), Blacks were much more likely than any other ethnic group to die from COVID-19 infections. Latinos and Asians were overrepresented in deaths in 3 states. In contrast, Whites were underrepresented in the number of cases and deaths.

Because the number of Native Americans is small, there is a lack of reporting of COVID-19 cases and deaths by states. Among the states that reported racial data, only three states reported an overrepresentation of COVID-19 cases among Native Americans and only Arizona reported an overrepresentation in deaths. However, a better indication of the severity of the impact of COVID-19 on Native Americans can be seen in the Navajo Nation data. At the time we are writing, the Navajo Nation has reported 1,540 cases and 58 deaths in a population of approximately 300,000.

As expected, we found that there are disproportionate numbers of COVID-19 cases and deaths among Blacks, Latinos, and Native Americans. Despite the significant lack of reporting and underreporting of race data on cases and deaths by state, we still found a marked pattern of racial COVID-19 health disparity in the U.S. Given the vast literature on systemic racism, as sociologists we are keenly aware of the importance of elucidating the burden of COVID-19 on communities of color.

In conclusion, there is much that sociologists can do to advance the study of racism and COVID-19 as well as alleviate the problems associated with this pandemic.

First, sociologists can insist that the U.S. Department of Public Health imposes uniform data collection and reporting standards on all health issues. This will result in race data on COVID-19 being easily accessible. At present, on most state websites the data are hidden, missing or inconsistent.

The second thing that sociologists can do is to step up and take their rightful places as experts on social realities and their impact on health. The causes and consequences of the disparate health impact of the COVID-19 pandemic on people of color is essentially sociological. Therefore, sociologists should be at the forefront in research as well as public and academic discussions of this important issue.

Science, Knowledge, and Technology

COVID-19 and the Politics of Knowledge

Steven Epstein, Northwestern University

A terrifying new infectious disease encircles the globe, placing lives and livelihoods in peril. As the federal government largely ignores the growing threat and fumbles the response, citizens struggle to make sense of virological facts and epidemiological findings and translate them into workable strategies to manage crucial and intimate aspects of their everyday lives—and, perhaps, stay alive. The time: the 1980s, in the early years of the HIV/AIDS pandemic in the United States. As a graduate student then working on a dissertation about knowledge and politics in the AIDS epidemic, I first became familiar with analytical tools that, in my view, lend themselves to good use at the current moment.

As Andrew Lakoff has observed in his prescient book Unprepared: Global Health in a Time of Emergency, HIV/AIDS played a pivotal role in transforming the logic by which pandemics are apprehended as global events. The emergence of the AIDS epidemic punctured the convenient myth—at least in the global North—that rampant infectious disease was a concern of the past that modern medicine had gloriously transcended. Impelled by that epidemic, transnational bodies of experts sought to build “tacit regimes of knowledge and intervention” to avert the next health catastrophe—with limited success, to be sure (Lakoff 2017). Through the perspectives developed by scholars who study the production, circulation, and ramifications of knowledge, science, technology, and medicine, we can call attention to the important lessons from the HIV/AIDS pandemic for understanding the “politics of knowledge” in the new era of COVID-19.

In recent weeks, as I have observed
Perhaps the image of COVID-19 that evokes the deepest fear is that of a person on a ventilator, alone in a hospital room. It is a visceral image, the isolated body as victim to the virus. But embodied social experiences go beyond hospital rooms. Social routines and the risks associated with care work all produce physical changes in a pandemic, and they do so in ways that reproduce inequality.

Social solidarity is often affirmed through rituals that require bodily copresence (Collins 2004). The feeling of sharing breath, standing together in common cause is part and parcel of group cohesion. The strain caused by limiting identity- and membership-affirming rituals is evident in the emotional and mental unrest reported online. Protests of COVID-19 stay-at-home orders leverage this social disconnect and facilitate bodily opposition. The physical bodies of protesters standing and shouting together affirm each other, while simultaneously presenting bodily threats to those in at-risk categories.

Rituals of affirmation are lost when folks cannot gather in community. Educational reports from primary schools show that children are expressing unrest related to the sudden lack of physical companionship. Rituals are emerging to address this. First practiced in Spain and Italy, one ritual includes neighbors standing on their balconies to cheer or clap for their health workers at a set time. This is one example of how bodily copresence is still being shared through distancing. Making eye-contact over the top of a mask has become another shared moment of ritual affirmation.

COVID-19’s body count reflects the values placed on different types of bodies (Strings 2019). There is a greater than ten percent difference between the infection and death rate for white non-Hispanic and black non-Hispanic Chicagoans (CDPH 2020). The Mayor’s office recognized the disproportionate relationship between death rates, stating that preexisting conditions among those experiencing other forms of structural inequality resulted in worse outcomes (MPO 2020).

The unequal body cost of work is evident in this pandemic. The labor expected of public facing workers exerts a bodily toll (Kang 2010). Low wage “essential” personnel like store clerks and transit drivers are experiencing higher infection rates and lower rates of health insurance coverage (Schneider and Harknett 2020). They are questioning paying for structural responses to this pandemic with their lives.

Bodily labor in professional care work is especially risky. Historically, care workers bear the cost of pandemic work on their bodies (Nkangu et al. 2017). A CDC study of medical infection rates shows a significantly higher infection rate for women in medical professions (MMPH 2020). This suggests women’s bodies, frequently working in direct care providing positions, face higher risks. The global shortage of personal protective gear for nurses, janitors, doctors, and other first responders contributes to this bodily risk. As Bonnie Castillo, writes, “When nurses and doctors get sick from this virus who is going to be left to take care of the public?” (NNU2020). The bodily cost of care work impacts eldercare, childcare, and online employment at the same time (Gertsel 2000). Care workers must risk their own family’s health to provide care to others.

The excess exposure, the need for contact, and the lack of care are all factors that directly relate to the physical experiences of COVID-19. The isolated bodies of the ill and the unclaimed bodies of the dead are more quantifiable, but the embodied experiences of clapping or organizing in protest must not be overlooked. Bodies in isolation, reintegration, and work help provide context for this pandemic.

Science and Technology
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the often fairly sophisticated analysis and critique on social media of the latest medical information and the interpretation of epidemiological projections and health statistics, I have been reminded of how AIDS activists helped to democratize health-related knowledge and encourage public engagement with biomedical facts and fact-making in ways we now take for granted (Epstein 1996). AIDS activists also permanently changed entrenched research practices. For example, top-tier medical journals actively prohibited early release of scientific information before publication until AIDS activists took them to task. Early release is now standard in health emergencies such as the current one (Apuzzo and Kirkpatrick 2020).

Of course, it is important to distinguish between challenging expertise and authority and undermining expert judgment altogether (Reich 2016). Much as we saw in the early years of the AIDS epidemic, essential questions now arise about the dynamics of widespread distrust of credentialed expertise (Eyal 2019)—whether manifested in the form of a president’s hunches about the efficacy of untested therapies or in the rise of populist activism against public health lockdowns. AIDS activists took a broad interest in unapproved therapies that, they hoped, might keep them alive. Yet their interventions in the domain of clinical trials reflected scrupulous self-education and sincere concerns with validity, reliability, safety, and efficacy, rather than whimsy or opportunistic endorsement of whatever seemed consistent with predetermined political stances.

A related concern is that posing challenges to conventional experts can align with an upswing in conspiratorial thinking. Various ideas are now making the rounds: unsubstantiated theories that the novel coronavirus was manufactured in a Chinese weapons lab or that the pandemic was planned by Bill Gates to benefit Big Pharma; or that the pandemic is caused by 5G cellular networks (Fisher 2020). These are all reminiscent of stories that circulated widely about HIV in the early years (Epstein 1996, Mackenzie 2013). Rather than dismiss conspiracy theorizing as irrational or marginal, sociologists of knowledge and science have emphasized the diversity of conspiracy cultures and have called for close study of how proponents of alternative knowledge claims draw boundaries around cultural identities while battling for epistemic authority (Harrambam and Aupers 2015).

I close with one additional domain of investigation: the connections between knowledge, technologies, and embodied experience. Theories of “biocitizenship” describe the varied ways in which biological aspects of personhood provide a basis for political claims and for the assertion of rights or assumption of responsibilities (Heinemann 2015). In the AIDS epidemic, the advent of antibody testing in 1985 gave rise to a new social division between “positives” and “negatives” that cut across preexisting alignments according to sexuality, gender, and race. Coronavirus antibody testing will likely figure differently: a positive result will potentially signal immunity (rather than infectiousness), at least for a time—something that HIV antibodies fatefully fail to confer. Yet we can anticipate the possibility that, once again, a new technology will carve a social divide of great consequence. In this way, too, reminders from the past can orient us toward studying, in real time, the crucial dilemmas that follow the deployment of knowledge and technologies in the era of COVID-19.
Sociology of Culture

Culture, Crisis, and Morality

Aliza Luft, University of California-Los Angeles

Sociologists of culture think a lot about morality—about where our judgments come from and how those judgments shape our actions. Two approaches commonly lead the way: Bourdieusian practice theory, which argues that acquired cultural dispositions guide our judgments quickly, automatically, and without conscious awareness, and Swidler’s (1986) toolkit theory, which suggests people consciously use cultural repertoires to construct strategies of action.

About a decade ago, Vaisey (2009) reformulated these theories in light of Jonathan Haidt’s (2001) social intuitionist model of cognition: Type I is hot, fast, and unconscious (thus Bourdieusian); Type II is slow, deliberate, and explicit (Swidlerian, but as post-hoc rationale). A wealth of research in our subfield has since shown how unconsciously held moral schemas shape self-reported behaviors across countries and social groups, as implicit Type I value commitments drive thinking about action, while explicit Type II thinking emerges after-the-fact, justifying our choices.

At least, that’s how we think morality works in normal times. These are not normal times. Nearly 5 million people worldwide have been diagnosed with COVID-19. More than 300,000 people have died. There are temporary morgues in American cities. We are struggling, as a society, to save the ill and protect the well. As I write, there are places in the world where there aren’t enough hospital beds or respirators to allow all patients to receive adequate medical care. In the U.S., states are scrambling to devise plans to determine how life-saving medical treatment ought to be rationed.

One plan suggests prioritizing the young and front-line health workers (Emanuel et al. 2020). Another developed a scale to calculate a patient’s life expectancy given pre-existing conditions and likelihood of surviving hospitalization (White 2020). Still another proposes limiting support for persons with neurological disorders and complications (Silverman 2020). Meanwhile, hospitals are considering adopting do-not-resuscitate orders for coronavirus patients because of the risks standard life-saving efforts might pose to hospital staff. How do we make moral judgments now?

The sociology of culture can help. Specifically, it shows us that in novel and challenging situations where the obvious answer isn’t clear, our gut feelings and conscious reasonings dialogue with each other. This is what is otherwise known as the dual camera model of cognition (Greene 2014). In normal times, Type I cognition drives judgment like the preset mode of a camera. We see something, point, and shoot. But in times of crisis and uncertainty, characterized by Swidler as unsettled, our intuitions are insufficient because the cultural scaffolding around us has collapsed. We thus shift to “manual mode” as we strive to make sense of the world anew and determine a course of action (Luft 2020).

In these moments, we turn to trusted friends, family, reference groups, and public leaders. We talk, seek their advice, observe them, and learn from their behaviors (Ermakoff 2008). Is it any wonder that emerging research is already showing how political partisanship influences our behavioral responses to governors’ orders to shelter in place (e.g., Gadarian et al. 2020)? Our moral judgments are always influenced by our social relationships, but, in times of crisis and uncertainty, when each decision is so very fraught, this pull toward our small, trusted circle of guides and information sources is particularly strong. We prioritize those to whom we feel close and make choices that will benefit us and them, even when they might harm others.

Paradoxically, then, as we hunker down and “socially distance,” it is imperative that we fight these tendencies and broaden our universe of moral obligation instead. We are confronting countless moments of moral decision-making—decisions that were once insignificant, such as how many cleaning supplies to buy—and, guided by both intuitive and informed reasoning, we would be wise to select actions that attend to the needs of the more vulnerable among us. This includes not only the elderly and medically compromised, but the homeless, the incarcerated, the undocumented, and the poor. Though few of us will personally make choices about who will live and who will die, everything we do (and don’t do) now shapes how many of those gut-wrenching decisions doctors and nurses will have to make. Our judgments of right and wrong directly bear on theirs.

As the months wear on and second and third waves of infection inevitably come, as new and surprising areas of scarcity arise, and as the collateral damage of economic deprivation spreads, we will face new moments of moral choice. This is not a temporary, but an extended crisis—a time of collective, global trauma—and how we feel about good or bad is always fuzzier when we’re in unfamiliar territory. Cultural sociology has an important role to play as we wade through these uncharted waters. It compels us to recognize how our relationships shape our moral judgments in times of uncertainty and just how important it is that, as we grow physically further apart, we recognize our shared fate and strive to socially come closer together.

Author’s note: I am grateful to Letta Page and Jared McBride for their helpful feedback on this essay.

Sociology of Development

The Sociology of Development, Global Health, and COVID-19

Shiri Noy, Denison University; Nicole Angotti, American University; and Joseph Harris, Boston University

We are in the midst of a pandemic. But that midst differs by place. Health crises exacerbate underlying inequities, and countries vary in expertise, infrastructure, and the will to address them. As sociologists who study global health and development across several world regions (Africa, Latin America, and Asia), we understand the importance of recognizing the multiplicity, but also the commonality, of challenges. While the study of global health within the sociology of development is nascent, work in this area can offer critical insight into understanding both the differences in responses as well as lenses through which to examine the social dimensions of pandemics. Here we offer three insights.

1. Effective Interventions Require Coordination.

While viruses do not respect borders, our social world is nonetheless defined by them. Disease has diffused from one country to another via the grooves laid by international trade, travel, and migration networks and patterns. While the poor and vulnerable are usually hit hardest by crises, ironically, countries on the global economic periphery were spared from high rates of infection initially, likely due to fewer transportation links (though it is also possible cases were undercounted due to lack of testing). However, many of those same countries are now seeing a rise in new infections and the ultimate impact could be devastating. While global health organizations have the potential to galvanize governments and move swiftly to promote coor-
Sociology of Education

COVID-19, Technology, and Implications for Educational Equity

Cassidy Puckett, Emory University, and Matt Rafalow, Google

Educators of all sorts have been suddenly thrust into online teaching amidst the global pandemic. But who might be left behind as we adapt online? Digital inequality research points to three questions that help us understand the current landscape for K-12 students: How robust is the global technological infrastructure? How ready are educators and students? And how might students be unequally rewarded as classes go online? We address each of these questions in turn below, including implications for policy and practice, and show how they overlap with the central concerns of sociology of education.

How Robust is the Global Technological Infrastructure?

Unequal access to technology, the “first” level of the digital divide, is the most commonly known since the dawn of the digital age. While access gaps have shrunk over time, at least 15 percent of U.S. households with children in school lack high-speed internet at home and among low-income families one in three lacks internet access (Anderson and Perrin 2018). Internationally, this picture is bleaker; only 36 percent of citizens in lower-middle income countries have internet access (Vegas 2020). Further, there are ongoing access issues related to stability and maintenance (Gonzales 2016).

Under-resourced students and families need greater support to make technology access (both devices and internet) more equitable. This is directly connected to longstanding similar concerns that prompted decades of national debate and federal lawsuits about access to quality education (Patterson 2001; Powers 2007; Reardon and Owens 2014). Reframing technology as a public good for public advantage is necessary, rather than allowing the continued privatization and unequal allocation of fundamentally public resources.

How Ready Are Educators and Students for Technology Learning?

Digital inequality scholars identify a “second level” digital divide in readiness, skills, and literacies that shape how students can use technology resources. Schools are underprepared in terms of technology education, particularly lower-performing schools. Further, many assume kids born into the digital age are naturally skilful with technology. Yet, research shows many students are still under-prepared for technology-based learning, even in districts that demand students demonstrate technological skill to graduate from high school (Bennett, Maton and Kervin 2009; Palfrey and Gasser 2008; Prentky 2001; Puckett 2019). Moreover, students from working-class families may be less likely to ask for help due to technology issues than students from wealthier families.

Make technology learning for both teachers and students a more central feature of schooling. In much the same way students are not assumed to “automatically” know how to use a book to gather information, they do not “naturally” know how to learn from technological resources. Just as literacy is critical to a democratic society, technological competence is an equally critical feature with so much of our civic and economic activity now online (Mihailidis 2013). Media literacy scholars have long made this argument; it’s all the more urgent that we do something about this now.

Policy and practice should focus on this goal. Teacher training should be better supported with sustained funding and technology instruction should be integrated in partnership with school members at all levels of the institution; technology expectations should be made transparent to students; and tech-savvy students should be utilized as valued peer mentors.

How Might Students Be Unequally Rewarded?

The third level of the digital

Sociology of Development

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Global health emergencies are doubtless increasing. Amid growing calls to be prepared for the next big pandemic, COVID-19 has, nonetheless, illustrated how unprepared we are. In a globalized world, expertise is diffuse and, in many places, politicized. Further, in many low-income countries, health ministries are marginalized vis-à-vis concerns that are viewed as more pressing or immediate (e.g. defense, or resource extraction). The pandemic underscores the central role of politics in responding to epidemiological events, highlighting that not only medical, but also public health and social scientific, expertise is critical. In democracies especially, compliance requires solidarity—an understanding that we are in this together. Social movements have a role to play here, but compliance also requires trust in experts with appropriate credentials. Further, social science allows us to consider unintended consequences of global health efforts. For example, while shelter-in-place orders may prevent disease spread, they may intensify other crises, such as hunger and domestic violence.

(3) Structural Inequities Are Exacerbated and Compounded, But We Have an Opening to Act.

COVID-19 has laid bare inequities, both domestic and global in the availability of resources such as protective equipment and testing kits, as well as in access to and experiences of patient care—further disadvantaging those who are already vulnerable. This pandemic is an opportunity for us to re-examine our health system and dominant approaches to development more broadly. We need to ensure that social development serves people. As the austerity associated with a global recession takes hold, we have an opportunity to think about the role that tax-financed universal healthcare systems that do not tie healthcare access to employment can play in regions of the world with large informal employment sectors, for example. These systems have been shown to be more effective for health outcomes as well as more cost effective and equitable. As we race to discover possible treatments and vaccines, we must also be vigilant against power dynamics in patents and pharmaceutical production and guard against richer countries profiting economically at the expense of people in low-income countries. We must move beyond ethnocentrism in the study of global health. We’re in this together, but our circumstances are not the same. Sociologists are uniquely suited to contribute to this conversation, and to suggest global, organizational, and community-level, pro-social, effective, evidence-driven interventions.
Sociology of Emotions

Is it Really Okay to Feel Not Okay?
Reflections from Three Scholars of Emotion

Jessica Collett, University of California-Los Angeles

Interpreting physiological responses is a key part of emotional experience. Imagine a father who tells a child about to start kindergarten that what they describe as feeling sick is actually a sign of nervous excitement—what some call butterflies—and not illness. His emotional vocabulary, combined with an understanding of situational cues, help him interpret his child’s experience (and stops him from searching for the pediatrician’s number). When he labels the emotion and asks what they’re most excited or anxious about and talks through what to expect at school, many negative aspects of the feeling fade.

Now, we are all that kindergarten. We are living in a situation that is new to us and we don’t know what to expect in the days or months ahead. We have physiological and behavioral reactions and know that we feel out of sorts, but we don’t know how to describe it. When someone asks how we are doing, we rely on vague responses that tend to ignore emotions; we are “hanging in there,” “as good as can be expected,” or even, “COVID, you know?”

Affect labeling reduces distress, but many of us don’t have a label for what we feel. Without one, it is more difficult to attend, process, and regulate our emotions. Maybe it’s grief. Maybe it’s fear. Maybe it’s discomfort, or distrust. Maybe it’s guilt, surprise, or uncertainty. Maybe it is all of the above. Maybe it’s a new emotion, one without an available label.

Even if we lack a label, reflecting on our physiological, cognitive, and behavioral experiences of what we are feeling and putting it into words we know can help us acknowledge our emotion and reduce our distress.

Lisa Walker, University of North Carolina-Charlotte

A widely shared recent Harvard Business Review article was titled “That Discomfort You’re Feeling is Grief.” For many of us, that may certainly be true as we navigate the loss of loved ones or jobs. But for many others, what we are feeling is more likely something akin to grief—something that Affect Control Theory might locate near grief in the three-dimensional space of evaluation, potency, and activity, but which is not exactly grief. Others may be feeling something in a completely different location.

I think that the suggestion that we are all feeling the same thing at this time may be problematic. Yes, I think discomfort probably applies to most people right now, as regular routines and other forms of predictability are lost. But discomfort is just a signal that our expectations are not being met. For some, this discomfort may actually be positive—due to the unexpected pleasure of more time with family, for example. And for others, it may truly be grief or something similar.

Those sharing the HBR article on social media (and certainly the author of the piece) were trying to help us make sense of our feelings in the current situation. But if your discomfort is not grief—if it is anger, or fear, or guilt, or even joy—that’s real and true as well.

Alison Bianchi, University of Iowa

To accomplish emotion management, actors negotiate the feeling rules of the situation. However, few of us know the rules for appropriate emotion expression during a global pandemic. As we navigate this unfamiliar interactional terrain, new cultural scripts from social and mass media flood our meaning systems. One popular example is the aphorism “it’s okay to not be okay”—one can find it on Facebook memes and presented by reporters. Purportedly, this feeling rule allows individuals the right to express their otherwise unacceptable emotions, especially those that others may have sanctioned for during “normal” times.

This neoteric feeling rule could become yet another norm that is unevenly applied to our interactional landscape, a realm already littered with emotion stereotypes and disparate opportunities for authentic emotional presentations. Is it really okay for working mothers to break down in front of their now-at-home-all-day kids? Is it really okay for persons of color who are rightfully angry for what is happening to their communities, or for LGBTQ students, who may be afraid to leave college campuses to live in potentially unsafe places, to not be okay? Might these individuals’ emotions be labeled pejoratively or even dismissed?

Emotion privilege exists, and feeling rules, like other informal accountings, can reveal emotional “haves,” who are indulged with emotion escape values, and emotional “have nots,” who are not given feeling freedoms. In atypical times, it is even more important that we identify the prevailing feeling rules, recognize that standpoint matters for their application, and provide individuals with emotional support despite the rules and their seemingly universal sway.

Education

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divide focuses on unequal reward from technological use. For example, teachers may only reward affluent students who demand extensions on assignments due to technology issues (Gonzales, Calarco, and Lynch 2018). We also know that teachers differently validate the same digital skills depending on the race and class of their student populations.

In terms of how this translates to online learning, we expect inequities along statuses, like social class, race-ethnicity, and gender, may be exacerbated. For example, teachers reward technology use among white, affluent students (or allow them to opt out of some online activities) and police technology use among less affluent students of color, even as their families face more challenges during the pandemic (Rafalow 2018; Sims 2014). These “digital distinctions” operate in much the same way long-documented educational distinctions are made among students by social class and race, where lower-income and minoritized students are more heavily policed in schools (Shedd 2015).

Offer support to meet students’ needs without requiring them to ask for help. Recognize and amplify the efforts students make. Monitor outcomes in instructional use of technology and achievement to identify gaps along race, gender, and class.

We understand the seriousness of these problems offline, but they have yet to be effectively addressed and are a continuing concern among researchers and policy advocates (Gonzalez 2018; Ruha 2019). The same problems may be amplified online, where disadvantaged students may be held accountable for online learning in ways more affluent students may not.

While the issues that have been raised in the rush to online learning due to COVID-19 may seem like new concerns, these issues are central not only to digital inequality research but are connected to research and policy on educational equity. We encourage sociologists of education to take up this call to see with fresh eyes how these two bodies of scholarship are fundamentally intertwined.

Sociological Insight on COVID-19
Our axioms show the effect of the COVID-19 situation on human rights and the relevance of the sociology of human rights in the current era. Each axiom is followed by U.S. (Fukushima) and global (Savelsberg) illustrations.

(1) According to philosophers and international covenantst, all humans may be endowed with rights, but actualized rights are always the result of social struggle. A pandemic (and responses) shift the balance of power between different players in this struggle.

U.S.: As states and cities have issued "shelter-in-place" policies, disaster capitalism took hold of communities—empty food shelves in markets and privileged classes sheltering in place as “essential workers” risked their lives. Rosalinda Fregoso’s theory of “pluriversality” opens our worldview to other possibilities for the human, ethics, and human rights imaginaries. Therefore, we need an engagement of rights beyond the individualisms that also reconcile a human right practice beyond legality and the state.

Global: International and local NGOs are driving forces in the struggle for human rights. Economic downturns threaten their funding and weaken their voice in struggles over human rights. Around the globe, executive branches of government are strengthened at the expense of judicial and legislative branches. Political leaders are tempted to undermine all rights under the pretense of seeking to protect human lives, and some seize the opportunity eagerly. A weakening of human rights is the likely outcome. Economic uncertainties, and resulting strife, further contribute to this prospect. Political sociologists and sociologists of human rights should collaborate on these issues. Strategies and instruments such as the Minnesota Human Rights Model, designed to strengthen human rights in times of global challenges, become more relevant.

(2) Different types of human rights (civil, political, economic, cultural) are interdependent.

U.S.: As civil societies consider the right to water and sanitation, this right cannot be disaggregated from the lived realities that not all communities have access to clean water (e.g., Flint Michigan and indigenous communities). This inequity is deeply tied to racism, economic inequalities, and civil rights. Therefore, COVID-19 is teaching us that not only are rights interdependent, but to be actualized, they necessitate collective responsibility.

Global: In a world with 70 million people living in refugee and internally displaced person camps, the most basic (civil) right to life can barely be secured if these refugees are deprived of the (economic) right to water and basic hygiene. Similarly, hundreds of millions living in favelas, slums, shantytowns and other crowded settlements, already facing shortened life expectancies, see their right to life further undermined because of deprivations of economic rights.

(3) Different rights may be in conflict with each other, and a balancing of rights is required.

U.S.: “Rights for living” are a remote reality for the incarcerated and detained, contrasting sharply with those who are able to isolate by choice. Conditions for people incarcerated in Louisiana’s jails have been described as “jammed together like sardines,” and U.S. detention centers are overcrowded with poor sanitation. While some have the right to life, for the detained, the incarcerated, marginalized communities of color, and the poor, “they don’t care if you die” is all too real.

Global: Restrictions to the right to move about or to the economic right to work may be necessary to secure the right to life. They constitute breaches of human rights nonetheless, and deprivation of these rights likely results in loss of human life as well. Many governments across the globe seek the help of teams of epidemiologists, economists, sociologists, ethicists and those in other disciplines to consider how best to strike the balance. Institutions and processes warrant close scholarly and political scrutiny.

(4) The impact of natural catastrophes such as epidemics is class-specific.

U.S.: (Im)mobility exposes the varied experiences during the global pandemic, where the modern colonial capitalist system makes apparent the failures of the state to uphold rights. To date, 36 million people have filed for unemployment. This is coupled with workers considered “essential” — such as farmworkers, medical providers, first responders, janitors, food industry and essential service workers—risking their lives, with many facing unsafe working conditions.

Global: Global inequalities always limit the realization of basic human rights in poorer countries. In times of pandemic, access to testing, space for preventive measures and supply of medical care are unevenly distributed across the globe. When pandemics cost many lives in wealthy nations, the loss will be manifold more terrifying in poorer ones. Most basic human rights are at stake.

Speaking for the Dying

Susan P. Shapiro, American Bar Foundation

Perhaps the most poignant image of the coronavirus pandemic captures desperate family members, with tears streaming down their faces, their noses pressed against hospital doors, barred from entry to visit their loved ones. But families are not just tragic icons at life’s end; they are often its choreographers. A large national survey that predated the pandemic found that 70 percent of Americans over age 60 who required medical decisions during the final days of their lives lacked the capacity to make them. And while my own research found that more than half of Intensive Care Unit (ICU) patients—even under normal circumstances—do not survive their admission, for 9 in 10 of them, loved ones decided to limit their treatment. None of the horrific COVID-19 death statistics disclose whether this ratio applies to these patients.

Still, for many of us and those we love, the biggest life-and-death decisions of our lives—literally—will be made by someone else.

As a sociologist of trust, I was intrigued by how others make these life-and-death decisions on behalf of patients who cannot speak for themselves, patients who may not have selected their decision makers, cannot fire them, may have left no information about their treatment preferences, and with whom decision makers cannot confer. As a sociologist of law, I was also curious about the role of law and advance directives in the decision-making process.

To explore these questions, I was fortunate to gain access to two intensive care units in a large urban teaching hospital serving a demographic diverse population of patients. For more than two years, a medical social worker and I spent our...
As of mid-May, 90,000 Americans had been killed by COVID-19, and provisional data from the Centers for Disease Control and Prevention show that the devastation is disproportionately shouldered by racial/ethnic minorities. Nevertheless, it is way too early to assess the population effects of this deadly virus.

To be clear, COVID-19 will impact some groups more than others. We anticipate that future research will document that wealthy people living in urban areas were most at risk at the very early stages of the pandemic due to their centrality in global social networks. But over time, the disproportionate risk will likely shift to marginalized people and places. Some cannot afford to practice social distancing while others live in states that have failed to implement stay-at-home policies.

Among those who become ill, the most marginalized may be more likely to die because they are already compromised by chronic conditions such as diabetes or heart disease. Yet we caution that evaluating the full impact of COVID-19 will take time and careful analysis. Here is why.

First and foremost, data about COVID-19 exposure, infection, and mortality are inadequate and incomplete. As the pandemic unfolds in real time, the definition of what counts as a COVID-19 death is changing. For example, COVID-19 deaths spiked in mid-April in New York when the state added presumptive (suspected) cases to its official counts. Additionally, we do not yet know the numbers of people who have contracted the disease and are showing known symptoms, much less the numbers of people who are asymptomatic. As a consequence, denominators of COVID-19 mortality rates are unknown. This partially explains why estimates of the COVID-19 mortality rate have varied considerably with the degree of testing. At the heart of the problem is the lack of comprehensive testing for active infections and antibodies, thus hampering public health officials’ abilities to make basic assessments about the spread of infection and the likely risks of relaxing social distancing policies.

Data limitations also make it difficult to assess the social contours of the disease. The extent to which various infectious disease surveillance systems have captured demographic characteristics has been uneven across states and over time, even prior to the current pandemic. For example, we are only recently learning that African Americans and Latinos appear to be disproportionately dying of the disease, but we can only speculate why this is the case. Are they more likely to be exposed, or are they more likely to get seriously ill or die if infected, or both? Moreover, data on the social characteristics of COVID-19 victims, such as their occupation, education, income, and insurance status, are important for understanding potential mechanisms underlying their greater risk of exposure, illness, and death. Certainly, other groups may also face high levels of risk, but we may be blind to these inequities unless infectious disease surveillance systems systematically collect and openly distribute information on demographic characteristics. We therefore call for greater coordination in the collection and dissemination of such data.

Finally, we warn against simplistic estimates of the death toll of the pandemic. Accurate counts of COVID-19 cases and deaths are necessary but insufficient. As we learned in the aftermath of Hurricane Maria, which struck Puerto Rico in September 2017, simple counts of deaths directly attributable to the storm—such as deaths caused by high winds or storm surges—captured only a portion of the total deaths attributable to the natural disaster. Thousands more deaths occurred when injuries occurred in these ICUs where the coronavirus tragedy is unfolding today.

There we embarked upon the most extensive ethnographic study of how loved ones navigate complex, end-of-life medical decisions, observing more than a thousand conversations and meetings between almost 300 different health care providers and more than 700 family and friends of patients unable to speak or make medical decisions for themselves.

F ewer than a third of all patients, even those sick enough to be admitted to an ICU, had advance directives documenting their treatment preferences or who should make medical decisions on their behalf. Yet, I could find little evidence that directives alone made much difference. Comparing patients with and without directives (controlling for demographics and severity of illness), treatment decisions were no different and were based on similar criteria. Decisions were made no faster, there was no less conflict, and the process was no less emotionally burdensome for loved ones. The handful of loved ones who had confidently embraced documents that they assumed would take care of all the hard decisions discovered that directives rarely provide guidance for the nuanced, equivocal, and unexpected choices they faced. Only one in 20 ICU patients in our study had directives that actually helped honor their wishes.

When scripted directives provided no direction or when they did not exist at all, loved ones turned to improvisation to respond to the myriad choices they faced. Many reprised conversations with patients sometimes decades earlier, reflected on their personalities and values and tried to make the decisions they thought the patients would make for themselves.

Others deferred decisions in the hope that patients would regain capacity in the future, a waiting game that was rarely successful. Some refused to consider any life-limiting decisions that might be seen as playing God and demanded heroic interventions until God decided whether treatment would be successful. Some decision makers focused on their own interests or those of others. A daughter insisted, “We want everything done.” When asked whether that is what the patient wanted, the daughter responded, “It doesn’t matter. This is what we want.” Some opted out of decision-making altogether, distrustful of physicians, unwilling to hear bad news, and in denial about the patient’s precarious condition. These patients received protracted aggressive treatment, the legal default. And others worried about the patient’s quality of life or sought to minimize their pain and suffering.

Because few patients regained capacity in the ICU, I do not know how they felt about the improvisations performed on their behalf. I do know that most families were ill-prepared to decide for those whose lives were in their hands.

Coronavirus has undoubtedly altered the rhythms of life in the ICUs that I observed—from the suddenness and capriciousness of its choice of victims; to shortages of resources that may result in rationing of equipment, procedures, and physicians; to limited understanding of the disease or effective treatments; to barring family members from the ICUs, impeding communication with already overstretched health care staff. All of these factors will make advance directives even less helpful and decisions on behalf of patients even more excruciating.
Much scholarship has centered on the very real decline of U.S. religious service attendance. Such a focus side-steps the ways in which religious organizations remain central to the fiber of U.S. social life, evidenced by the fact that more than 40 percent of U.S. adults attend religious services) at least once a month and many more belong to a religious organization (Maness 2020; Jones 2019). In a post COVID-19 world, sociologists of religion are needed partners in the scholarly quest to examine the collateral social and economic impact of the virus.

Religious organizations provide spiritual support for individuals, but they also can and do play other roles in the lives of the individuals and communities they serve. For some, they are a mainstay of social, physical, educational, and economic support services. Sociologists need to examine whether and how such forms of support are being provided post COVID-19 restrictions.

Religious communities sometimes serve as first responders for the most needy.

Religious congregations are often the most accessible service providers for residents of low-income neighborhoods (Allard 2009). For example, one study reveals that 37 percent of congregations had a food pantry (Cnaan et al. 2006). Now that public health officials have exacted stay-at-home/shelter-in-place orders across the nation, which have caused both economic and emotional strain, many religious communities have closed their doors (Mervosh, Lu, and Swales 2020; Maness 2020) Others, however, have been highlighted in the media for resisting these orders (Collier, Trevizo, and Davila 2020; Mazzei 2020). We also see examples of religious organizations distributing food or coordinating the sewing of masks (Ecklund 2020). The most under-resourced religious organizations, such as those in immigrant communities, are also those most likely to serve a social service role to under-resourced populations. Researchers need to be asking to what extent religious organizations are fostering or alleviating economic inequalities brought about by COVID-19.

Religious people sometimes consult religious leaders about science.

A growing body of research reveals that people of faith turn to religious leaders for help in understanding the meaning of sickness, suffering, and death. New research is also revealing that religious people may turn to their leaders and their faith communities to understand how science and faith work together (or do not) (Ecklund and Scheitle 2018). For example, in Religion vs. Science, Chris Scheitle and I show that 34 percent of evangelical Protestants and about 17 percent of all Americans say they would consult their religious leader with a question about science, especially science that seems to have moral implications. Researchers are needed to understand the extent to which COVID-19 is changing the perception of the connections among science, faith and medicine and what consequences such views have for following recommendations of public health experts.

COVID-19 complicates the usual response of religious organizations in times of crisis because the prescription for protecting against the disease requires physical isolation from organizations whose main purpose is to gather. Our team at Rice University’s Religion and Public Life Program is beginning to study religious responses to COVID-19.

We find that Jewish, Muslim, and Christian organizations from different traditions and social locations are using technology in diverse ways to respond to the virus. Some are finding the transition difficult, because of lack of resources and acumen. Other are finding a chance to innovate. For example, one Houston church has released a new podcast series reflecting on pain and loss in the midst of COVID-19. Another hosted regular online programming through Facebook and even set up a direct relief program for congregants, offering food and other resources. We need more studies examining how religious communities are utilizing technology, where there are especially creative uses of technology and where there are technology gaps.

Sociologists must continue to recognize the social importance of religious organizations. If religious organizations need to keep their doors closed or are no longer able to survive, then we need to think about what this means for those who rely on these organizations for emotional and financial health. Sociology of religion will be a key academic sub field in understanding the collateral impact of COVID-19 for years to come.
As the COVID-19 pandemic progresses, governments around the world search for virus prevention techniques to reduce the spread of the illness. Researchers and scientists are reporting, perhaps because of the use of antiretrovirals in HIV treatment, “[w]e are seeing few cases of HIV-positive people with severe COVID-19.” Other countries, like Spain, are currently testing drugs like Truvada (emtricitabine/tenofovir), an HIV prevention medication commonly referred to as PrEP, to prevent the transmission of the novel coronavirus. Currently, the American CDC does not recommend any medications for prophylactic use to prevent coronavirus.

The CDC does, however, recommend a variety of social strategies to reduce the spread of the infection. Social distancing constrains every aspect of peoples’ lives, from making money to being active community members to having sex. Restraint comes at a cost. We argue that these strategies are on a continuum with biomedical responses. Research into “biosexual citizenship” reveals that prophylactic measures intended to reduce viral transmission have historically used symbolic and material resource distribution to define individuals’ rights and responsibilities. Our recent work on “PrEP citizenship” can helpfully inform our understanding of this emerging “COVID Citizenship,” whether we are talking about taking pills or standing six feet away from each other. Since no one can be “against health,” when prevention is citizenship, we argue it represents a general “prophylactic citizenship.”

Prophylactic citizenship refers to the individual and structural co-production of the social experiences of the preventative biomedical intervention. Our work explores these considerations through interviews with cis-gendered queer men who had been taking PrEP for over 3 months. Interviews included a range of questions, from where they get their PrEP prescriptions, to the nature of their conversations about sexual negotiation and safety practices. Our research reveals that the PrEP protocol “prescribes responsible sexual citizenship” by utilizing tactics of surveillance. The moral status of the ‘good’ PrEP user is created by prescribing responsible practices, monitoring PrEP users for compliance, and distributing symbolic and material resources accordingly. While surveillance typically brings top-down techniques employed by formal institutions, PrEP users also experience lateral surveillance, monitoring each other to enforce norms and encourage proper medication compliance. These techniques establish connections between community realities.

Sarah’s dream for a healthy baby has been shattered. She not only experiences loss of control of her baby’s health, an unfortunate potential outcome of any pregnancy, but also loss of control of her social support imposed by the pandemic. During early motherhood, those with PMAD, anxiety, depression, OCD, and related conditions are typically regulated via medical, psychological, and social support in non-pandemic situations. Julie (a pseudonym), 8.5 months pregnant with her second child, has OCD that led to compulsion and fear that she would hurt herself or her baby after her first child was born. To manage this, Julie didn’t allow herself to be alone with her child. She describes the critical role of having another person physically present postpartum: “The support, to me, is essential. I guess it’s my life jacket. You know, I just need that reassurance and that protection I guess.”

Like Sarah, Julie describes how the physical presence of another person mediates physical distress. Social connection is necessary for the physical safety of herself and her baby. While reflecting on her previous postpartum experience, she recognizes that isolation was a site of danger. Anticipatory anxiety of this experience with her current pregnancy, coupled with the imposed isolation of the pandemic, creates an exacerbated context of potential harm.

While childbirth moved over the past century from the home into the clinic, the social nature of the birthing experience has remained strong. In the aftermath of the women’s health movement, new life is cradled by connectivity. Physical, psychological, and emotional support operate as buffers from the isolating, often anxiety provoking medicalized experiences of reproduction in Western society. While some of my respondents have expressed a dystopic existentialism—expressing guilt at bringing new life into a world in the throes of disaster—many have also expressed a sense of empowerment at their ability to rise to the challenge of the pandemic.

Such findings are not a call to ease restrictions of social isolation during an infectious pandemic. Instead, they reveal how the experiences of pregnancy, birth, and the transition into early motherhood depend upon the cooperation of multiple nodes of support—physical, psychological, social, and institutional. What does this dependence tell us about the institution of medicalized reproduction? And how can we move toward a more inclusive, safe and empowering reproductive movement even after the COVID-19 pandemic has passed?
**Sociological Insight on COVID-19**

**Teaching and Learning in Sociology**

**Three Perspectives on Teaching and Learning in the Time of COVID-19**

**“Teachable Moment”**
Sarah L. Hooland, Eugenio Maria de Hostos Community College-City University of New York (CUNY)
Prior to CUNY’s move to online instruction, my student, Elena, was working full-time, doing overnight shifts in a phlebotomy lab, and taking a full load of classes, including my location-specific liberal arts capstone course, “Bronx Beautiful.” Like many CUNY students, Elena works to support her family. She also volunteers at CUNY’s Citizenship Now! assisting applicants with translation. Now Elena works 16-20 hours a day as an essential worker at the geographic center of the global pandemic and communicates with me via hurriedly written emails on her phone from the hospital. She does not have internet at home. My role has become much more complex. Listener. Advocate. Career Counselor. Cheerleader. Instructional Designer. Instructor. Researcher. Writer.

Elena’s story is not unique and stories like hers compel us to look closely at the structural inequalities laid bare by COVID-19 within higher education and to respond not with a shoulder shrug or deep sigh or worse, pity, but with compassion.

Minimal funding, majority contingent faculty, and low salaries even for full-time faculty, characterize institutions like mine, yet accreditors and scholarly peers may use the same criteria when evaluating our graduation rates, retention, and faculty productivity as they do with far better resourced institutions. We are seen as second-class, even within our discipline. These stark inequalities, laid bare during this pandemic, call for a paradigm shift and new questions such as “How do students like Elena do it?” followed closely by “How can we support Hispanic and Minority Serving Institution community colleges who serve essential workers and those most affected by COVID-19?” and finally, “What can we learn about teaching and learning from our colleagues at community colleges?”

**“Belonging”**
Melinda Messineo, Ball State University

Our section’s motto has long been: “If you teach, you belong.” Even with this motto, there has been separation between our thoughts regarding teaching “face to face” and teaching “online.” For some, teaching online has been a necessity, for some a choice, and for others an enigma, an unknown modality never explored. Some have not, until recently, had the opportunity or need to teach online, but many express concern about the quality of online education. Can online teaching be as effective as face to face? In what ways does online teaching perpetuate inequality for students and faculty? Does teaching online ultimately increase or decrease inequality? With the onset of COVID-19 restrictions, we have all been thrust into this digital environment and these questions have taken on new intensity. Does student success this semester represent mastery of learning objectives? Mastery of technology? Access to resources? Privileged preparation and support? These are always the questions we face as teachers, but we are now that much more aware of how our pedagogical choices intensify or reduce inequality. As we face the coming semesters, consider some ASA resources that may help answer these questions, and reduce the potential inequality that this unprecedented event has introduced to our shared mission (see www.asanet.org/teaching-learning/faculty/teaching-online).

**“Emotion Work”**
Laurie Jordan Linhart, Des Moines Area Community College

Symbolic interactionists study the performance and management of emotions; this framework is useful in understanding teaching and learning in the time of COVID-19. Arlie Hochschild (1979) claims that our discipline. These stark inequalities, laid bare during this pandemic, call for a paradigm shift and new questions such as “How do students like Elena do it?” followed closely by “How can we support Hispanic and Minority Serving Institution community colleges who serve essential workers and those most affected by COVID-19?” and finally, “What can we learn about teaching and learning from our colleagues at community colleges?”

High school and college students face the coming semesters, consider some ASA resources that may help answer these questions, and reduce the potential inequality that this unprecedented event has introduced to our shared mission (see www.asanet.org/teaching-learning/faculty/teaching-online).

**“Emotion Work”**
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**Intervention**

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members, turning them into a unified category, creating a PrEP Citizenship.

During this pandemic, our existence has come to hinge on similar determinations. We determine what it means to be a ‘good’ citizen through our ability to maintain distance, stay home, and reduce contact with others. Wearing a mask and protective gear physically represents our intention to reduce the transmission of the virus, as a tangible signifier of prescribed ‘good’ behavior. The onus of protecting our own health is put on ourselves, but we are responsible for others as well since we can potentially act as transmission vectors. Symbolic resources present through public health ads with Hollywood actors praising you as a ‘fighter from home’ in the ‘war on COVID’. Material resources get distributed as stimulus checks by the government.

As responsible citizens during the stay-at-home order, we are asked to question, pass judgement, and determine which risks are worth taking. We surveil others to recognize when an individual has maintained isolation. We compare individuals in similar situations to measure responsible behavior. This lateral surveillance is implemented through social media technology, by disciplining, shaming, and publicly denigrating the violator’s character. However, our lives before quarantine mediate whether we will engage with others during COVID-19, our ability to comply with social distancing recommendations, and whether we will wear protective gear. The grocery worker risks infection on the job even as their walk to work may be judged by others. While the production of overarching values is prescribed to us by institutions and agencies of the government, it also emerges between us, creating a co-production that subsumes us from either direction. Our vulnerability to potential infection at the individual level translates into a destabilized sense of safety at the population level; suddenly everything seems uncertain and risky. As new smartphone apps are deployed to monitor our contacts—a practice historically rooted in racist and homophobic tactics—and potentially centralize our movements in a government database, we wonder just how much we will sacrifice to feel safe again given the depth of loss this pandemic has wrought.
Candidates for 2020 ASA Elections

Michael Hout

Present Professional Position: Professor of Sociology, New York University, New York, NY, 2013-present.

Former Professional Positions Held: Natalie Cohen Professor of Sociology & Demography, University of California, Berkeley, 1985-2013; Assistant to Associate Professor of Sociology, University of Arizona, Tucson AZ, 1976-1984.

Education: PhD, Indiana University, Bloomington, 1976; MA, Indiana University, Bloomington, 1973; BA, University of Pittsburgh, 1972

Positions Held in ASA: Program Committee, 2014; Publications Committee, Member (elected), 2005-08, chair 2007-08; Section on Education, Chair (elected), 2007; ASA Council, At-large Member (elected), 1997-2001; Section on Methodology: Chair (elected) 1997-99.

Offices Held in Other Organizations: Division of Behavioral and Social Sciences and Education, NAS, chair, 2018-present; Population Association of America, board of directors (elected), 2013-2015; Committee on National Statistics, NAS, 2010-2016; National Academy of Sciences, Section 53, chair, 2008-2011; ISA Research Committee on Stratification and Mobility (RC28), president (elected), 1998-2002.


Personal Statement: I am honored to be nominated again (I lost in 2008). From my terms on Council and Publications I know ASA’s potential for helping members. I am eager to be part of that; members need it. First, I would like to see a Job Seeker’s Bill of Rights. Looking for work is stressful enough, but common practices make it worse. Too often we fail to update unsuccessful applicants when we invite some people for interviews. Even successful applicants get stressed when we pressure them to decide on an offer before they know all their options. If elected, I will propose a task force to address these issues. If Council approves, the ASA could require employers who use the ASA Job Bank to agree to respect applicants’ rights. This is just one way to tap ASA’s potential for helping members.

Cecilia Menjívar

Present Professional Position: Dorothy L. Meier Social Equities Chair and Professor, Department of Sociology, University of California – Los Angeles, 2018-present

Former Professional Positions Held: Foundation Distinguished Professor, Department of Sociology, University of Kansas, 2015-2018; Cowden Distinguished Professor, School of Social and Family Dynamics, Arizona State University, 2007-2015; Assistant to Associate Professor, School of Justice Studies, Arizona State University, 1996-2005.

Education: PhD, Sociology. University of California—Davis, 1992; Master of Arts, University of California—Davis, 1986; Bachelor of Arts, Psychology and Sociology, University of Southern California, 1981


Personal Statement: I am deeply honored to be nominated for President of the ASA. If elected, I will live up to this honor by building on the strengths of our discipline. The current historical moment is radically altering the lives of the populations we study and care about. As such, this critical moment offers us, as sociologists, the opportunity to contribute from our broad tent of perspectives, institutions, methods, locations, and substantive foci to inform public conversations that can help reverse harmful policies. This requires that we, as an organization, strengthen bridges between our scholarly work and policymaking, between our discipline and the broader scientific community, and between U.S. scholarship and that produced in other parts of the world. I have dedicated my professional career to fostering these links. If elected president, I will work to expand these efforts by fully engaging our diverse membership in this crucial endeavor.

Candidates for Vice President-Elect

Nina Bandelj

Present Professional Position: Professor of Sociology, University of California, Irvine, 2014-present; Associate Vice Provost for Faculty Development, University of California, Irvine, 2019-present; Fellow at the Center for Advanced Study in the Behavioral Sciences at Stanford, 2019-20.

Personal Statement: I am running for Vice President-Elect because I am eager to support the ASA’s efforts to strengthen our bonds with other scientific communities, including our own sociological community. ASA is the home of many brilliant scholars, but we can do more to share our knowledge more effectively with our peers in other parts of the world. I will also strive to foster ASA’s potential for helping our profession’s diverse membership. As an organization that has contributed significantly to the field of sociology, we can and should do more to contribute to the broader scientific community. As such, I will work to ensure that ASA members are sufficiently represented in their local communities and that the organization does all it can to support our members in different parts of the world.


2020 Candidates
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Former Professional Positions Held: Acting Associate Dean for Research and Graduate Studies, School of Social Sciences, University of California, Irvine, 2016; Equity Advisor to Dean, School of Social Sciences, University of California, Irvine, 2014-16; Associate Professor of Sociology, University of California, Irvine, 2009-14.


Positions Held in ASA: Council-at-large Member, 2016-19; Council Member, Organizations and Work Section, 2018-21; Founding Committee Member, Sociology Action Network, 2017-18; Chair, Economic Sociology Section, 2013-14; Council Member, Global and Transnational Sociology Section, 2011-14.

Offices Held in Other Organizations: Co-Editor, Socio-Economic Review, 2012-present; Treasurer, Society for the Advancement of Socio-Economics, 2018-present; Facilitator, Women’s Initiative for Professional Development, University of California Office of the President, 2018-19; Sociology Program Advisory Board Panelist, National Science Foundation, 2014-16; Co-Chair, Research Committee 09: Social Transformations and Sociology of Development, International Sociological Association, 2006-10.


Personal Statement: I am honored to be nominated and to have the opportunity to give back to the community that welcomed me, a student from socialist Yugoslavia, twenty-five years ago. My biography inspires my research on how the transformations of communism, capitalism, and globalization shape people’s economic lives. It also motivates my work as equity advisor and associate provost at UC Irvine to reduce gender and racial salary disparities, improve hiring inclusivity, and foster student mentoring. Having served the ASA on Council-at-large and in several sections, I care deeply about making our association a valuable, and more affordable, resource for all of our very diverse members. At a time of growing inequality, polarization, and doubt in science, I am committed to further ASA’s role in supporting and promoting sociological knowledge, teaching and social justice efforts. Thank you for all the work in sociology that you do, and for considering my candidacy.

Amanda Lewis

Present Professional Position: College of Liberal Arts and Sciences Distinguished Professor, African-American Studies & Sociology and Director, Institute for Research on Race and Public Policy, 2014-Present.

Former Professional Positions Held: Visiting Scholar, Institute on Government & Public Affairs, University of Illinois at Chicago, 2015-2019; Associate Professor, Sociology & Co-Director, Race & Difference Initiative, Emory University, 2008-2014; Associate Professor, African-American Studies & Sociology, University of Illinois at Chicago, 2005-2008.


Positions Held in ASA: Member, 2018 Lewis Coser Award for Theoretical Agenda Setting, Theory Section, American Sociological Association; Member, Program Committee, 2018 & 2010 Annual Meetings of the American Sociological Association; Chair, Award Committee, 2016 Distinguished Career Award, Section on Children and Youth, American Sociological Association; Elected Member, Council, American Sociological Association (including membership on the Advancement of the Discipline Review Committee and Awards Committee, Chair 2104) 2011-2014; Secretary-Treasurer, Section on Racial and Ethnic Minorities, ASA, 2007-2010.

Offices Held in Other Organizations: Editorial Board, Sociology of Race and Ethnicity 2019-22; Member, Steering Committee, Chicago Consortium on School Research, University of Chicago, 2018-2021; Member, Palmer O. Johnson Award Committee for best article in an AERA journal, 2018-2020; American Educational Research Association; Member, Southern Sociological Society, Committee on Honors, 2015-2018; Member, Society for the Study of Social Problems, Racial and Ethnic Minorities Graduate Fellowship Committee 2013-2015 (Chair 2014-15).


Personal Statement: I have spent my scholarly career studying racial dynamics inside and outside of schools. Professionally, I have worked hard to ensure that the organizations I am a part of are more humane and attentive to questions of equity and inclusion. This includes expanding opportunities for junior scholars, students, and underrepresented groups in the discipline and in educational institutions at all levels. It also includes involvement in a range of ASA committees (Council, Program Committees, FAD, ASA Awards Committee, and section council positions) in which I have gained understanding of the association’s important work and how crucial it is to have many voices included in conversations about ASA business. Thus, my interest in this position is to continue this work and to help ensure that the association is serving all members equally. Moreover, I am also committed to helping ASA increase the impact and visibility of sociological research beyond the academy.
**2019 Journal Manuscript Summary Report**

**Calls for Papers**

**Publications**

*Genealogy* is now accepting submissions for a special issue on the theme, “What’s Your ‘Street Race’?” Cartographies and Ontologies of ‘Race’ and the Future of Knowledge Production on Inequality, Resistance and Social Justice. We place “race” in quotation marks to underscore “race” as a social construction that has no innate biological or genetic essential characteristics, but is best understood as a social construction and a relationship of power at the individual, institutional, and structural levels. This issue invites essays from scholars from multiple disciplines to engage in ongoing, critical and self-implicating, reflexivity about the meaning of race and how ‘race’ is conceptualized in their own work and within their discipline, workplace, institutions and structural arrangements at the local, national and global levels. Deadline Extended to October 15, 2020. For more information, visit www.mdpi.com/journal/genealogy/special-issues/race.

**Navigating Careers in Higher Education** is a book series from The Susan Bulkeley Butler Center for Leadership Excellence (SBBCLE), Purdue University-West Lafayette. The series utilizes an intersectional lens to examine and understand how faculty members and administrators navigate careers and their aspirations to succeed. The series will include edited collections and monographs that adopt an interdisciplinary empirical approach that has theoretical, pedagogical, or policy impacts in addition to enabling individuals to navigate their own careers. Books may adopt a U.S. or a global focus and topics may include addressing sexism, homophobia, racism, and ethniccentrism; the role of higher education institutions; the effects of growing non-tenure track faculty; the challenge of a research agenda that may be perceived as controversial; maintaining a life-work balance; and entering leadership positions. Additional topics related to careers in higher education are also welcome. For additional information see www.purdue.edu/bulter/research/mangala-subramaniam/book.php.

**The American Sociologist** on “The Future of Sociology’s History.” The ASA Section on the History of Sociology marks its 20th anniversary with the co-sponsorship of a thematic issue of *The American Sociologist.* This opportunity is open to all “new scholarly voices,” focusing on, but not limited to, graduate students, instructors, post-doctoral scholars, assistant professors, and independent scholars. Our purpose in sponsoring this project is to encourage innovative scholarship engaging with the field of the history of sociology. Distinctively, the history of sociology seeks to encourage research into how and why the discipline itself has developed over time and has generated, and been affected by, changes in the societies in which it is practiced. Manuscripts should be submitted by October 31, 2020 following the guidelines for *The American Sociologist* (https://www.springer.com/us/journal/12108). Contact: Laura Ford, lford@bard.edu, Gillian Niebrugge-Brantley niebran@attglobal.net.

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**Meetings**

announcements

information, visit www.pacificsoc.org. Pending status of the COVID-19 pandemic, conference may be onsite and/or virtual.

Funding
Peter F. McManus Charitable Trust offers research grants to non-profit organizations for research into the causes of alcoholism or substance abuse. Basic, clinical, and social-environmental proposals will be considered. The Trust expects to grant approximately $225,000 this year and will consider requests for up to $75,000. Send a brief 2- to 3-page proposal and proposed budget, budget request, and a copy of the institution’s 501(c)(3) letter. No grant moneys may be used for tuition and no more than 10% of amount granted may be used for indirect costs. Deadline: September 11, 2020. Send application materials to Katharine G. Lidz, 31 Independence Court, Wayne, PA 19087. Applications sent via e-mail will not be accepted. Contact: (610) 647-4974 or mcmanus-trust@gmail.com.

In the News
Mitchel Y. Abolafia, University at Albany-State University of New York, was interviewed on April 24, 2020, on NPR’s Here & Now on the topic of actions by the Federal Reserve to calm the financial markets. Abolafia, co-author of David Cohen’s Washington Post op-ed “The Everyday Struggle to Get an Abortion in America,” was interviewed by Salon, the New Yorker, MS. magazine and Mother Jones about her new book with Cohen, Obstacle Course: The Everyday Struggle to Get an Abortion in America.

James W. Loewen, University of Vermont, was interviewed in the winter 2020 National Parks Conservation Association magazine article, titled “An Honest Reckoning.”

Stacy Torres, University of California-San Francisco, was interviewed in Vox about helping others during the COVID-19 virus outbreak, including older adults who may face a higher risk of severe illness, on March 9. She wrote an op-ed for the San Francisco Chronicle on March 13 about the danger of social isolation for older adults, people with underlying illnesses, and ultimately all navigating social distancing recommendations with COVID-19. She wrote in CalMatters on March 23 about the rippling effects of the pandemic and statewide shelter-in-place order in California on unhoused communities, which include a growing number of older adults. A March 23 New York Times article quoted her about mitigating the negative effects of isolation on older adults. Torres wrote an op-ed in the March 24 Washington Post about hydroxychloroquine shortages, spurred by some early but anecdotal promise in treating COVID-19. She was quoted in a May 11 CNN article about her research on social ties and gossip among older adults.

Nancy Wang Yuen, Biola University, appeared in the first episode of the PBS documentary, “Asian Americans,” which aired on May 11 and May 12 on local PBS stations and streaming.

Awards
Sarah Brothers, Yale University, has been named a Woodrow Wilson Dissertation Fellow in Women’s Studies.

Mary Frank Fox, Georgia Institute of Technology, has been elected Chair-elect of the Social, Economic, and Political Sciences Section of the American Association for the Advancement of Science (AAAS).

Emma Mishel, New York University, has been named a Woodrow Wilson Dissertation Fellow in Women’s Studies.

New Books

Darina Lepadanu, Kennesaw State University, and Thomas Janoski, University of Kentucky, Framing and Managing Lean Organizations in the New Economy (Routledge Press, 2020).


Joseph E. Davis, University of Virginia, Chemically Imbalanced: Everyday Suffering, Medication, and Our Troubled Quest for Self-Mastery (University of Chicago Press, 2020).


James M. Jasper, Graduate Center of the City University of New York, Michael P. Young, University of Texas-Austin, and Elke Zuern, Public Characters: The Politics of Reputation and Blame (Oxford University Press, 2020).

James M. Jasper, Graduate Center of the City University of New York, and Brayden G King, Northwestern University, Editors, Protectors and their Targets (Temple University Press, 2020).


Chinyere Osuji, Rutgers University, Boundaries of Love: Interracial Marriage and the Meaning of Race (NYU Press, 2019).


Meredith G. F. Worthen, University of Oklahoma, Queers, Bis, and Straight Lies: An Intersections Examination of LGBTQ Stigma (Routledge, 2020).

Frank van Tubergen, Utrecht University, Introduction to Sociology (Routledge, 2020).

Transitions
Monica Casper, effective August 3,
announcements

will be Dean of Arts and Letters and Professor of Sociology at San Diego State University.

Timothy J. Haney was appointed the inaugural Board of Governors Research Chair in Resilience and Sustainability at Mount Royal University (MRU) in Calgary, Alberta, effective August 2019. He is also a Professor of Sociology at MRU.

People

Charles Gallagher, La Salle University, was part of a panel discussion at the Museum of the American Revolution on February 8 on race and the media and gave a talk on race and gentri- fication in Jersey City at the Journal Square Community Association.

Douglas Massey, Princeton University, will present on “The New Reality at the Mexico-U.S. Border” at Pennsylvania State’s 15th Annual De Jong Lecture in Social Demography on September 17, 2020. Discussants include Amy Hsin, Queens College, City University of New York, and Kevin Thomas, Penn State.

Steven Stack, Wayne State University, has been elected President-Elect of the American Association of Suicidology. Stack will be the second sociologist serving as President of the Association.

Other Organizations

Alpha Kappa Delta (AKD), the international sociology honor society, is 100 years old. In 1920, Emory Bogardus convened a meeting of 14 sociolo- gists. This group evolved into a world- wide network of teachers, students, and scholars committed to promoting excellence in the study of sociology leading to improvement in the human condition. As we spend the centennial year highlighting and celebrating AKD, the academic journal sponsored by AKD. For more information, visit alphakappadelta.org.

Deaths

Allen Martin Fremont died on February 25 after a 9.5-year battle with lung cancer. Allen was a Physician Policy Researcher in the Santa Monica RAND office. He joined RAND in 2000 along with his wife Chloe Bird, a Senior Social Scientist at RAND.

Mark Frezzo, Associate Professor of Sociology at the University of Missis- sippi, died on May 11. As a scholar and author, Mark’s interests included the sociology of human rights.

James A. Geschwender, 86, passed away in Raleigh, NC on January 15, 2020. During his distinguished academic career he served on the faculty at Florida State University, Wayne State University, University of Western Ontario, as Visiting Professor at the University of Hawaii, and was a Full Professor at SUNY-Binghamton. Geschwender was at Binghamton from 1972 to 1999, where he served as Director of Graduate Studies and Chair of the Sociology Department for approximately 20 years.

Obituaries

Darrin Adams

Darrin Adams, a sociology under-graduate at Wayne State University, died on April 3, 2020, due to coronavi- rus at age 54.

I taught Darrin social theory. I remember teaching the class about Marx and the concept of alienation. When I asked if anyone in the class could relate, there was silence, but then Darrin raised his hand. He told the class how he worked as a janitor on campus. He talked about the way his job was organized and how it created distance from his work, from the students for whom he cleaned after, and from those with whom he worked. As he talked, others were inspired to share, and hands went up across the room. This was not my first class with Darrin, but the previous one was online. It was such a pleasure to see how his personality added to our classroom and how his thirst for knowledge and sharing was contagious. I am forever thankful for having the experience of teaching and learning with Darrin.

After class, we would often walk together to where we had parked our cars, which was the street without meters behind the building where he worked as a janitor. On those walks we would talk about social theory, about his struggles, and life in general. It feels so devastating to see the burdens of inequality that stacked against him and finally took him from us. He was black, working class, and grew up in a poor under-resourced city in the United States. As a result, he had a different health trajectory, one that gave him poor odds, even before COVID-19 emerged. He worked a job with more potential exposure to the virus as compared to those students who are safely tucked behind a desk somewhere.

This loss feels even more devastat- ing because he was someone who took the punches and rolled with them. When I talked with Darrin, I never sensed anger or indignation, instead he communicated a thirst for knowledge, a love of life, and a desire to have agency in his own life.

In reviewing the midterm with the class, there was one question that most the class had trouble with, which was particularly bothersome to me. I had assigned the students to read an excerpt from The Concept of Race by W.E.B. Du Bois. In those pages Du Bois traces his own biographic experiences with race, through his family and education, to develop his theory of race. Based on this piece, I asked a question about Du Bois’ concept of his own race. Only two students answered it correctly, Darrin was one. I asked him to explain. His answer displayed depth of under- standing, demonstrating not only an eloquent grasp of Du Bois’ theory but also a wisdom from his own position- ality in society.

I like to think that he and Du Bois took a similar approach to life. He didn’t let hate or indignation engulf him, nor did he allow despair to im- mobilize him. Instead, he took knowl- edge and soared. He was pursuing his education and working to educate others. He was striving to learn from what he confronted. Through his interactions with others, like me, he spread his joy, understanding, and de- sire to engage in humanity’s struggles with dignity. I try to keep this in mind as I wrestle with the fact that our un- equal and unjust system stacked the odds against Darrin. I will try not to fill with anger or indifference, not to forget what he has helped keep alive, both in and outside of the classroom, which is: Our humanity towards one another, our passion to understand and to make our world better, really matters, many times in ways we do not know.

Sarah Swider, Wayne State University

James E. Blackwell

James Edward Blackwell, was a force of nature. Over his active career, he earned accolades as a renowned scholar, accomplished academic administrator, inspirational teacher, revered mentor, accomplished foreign service officer, influential court expert, and visionary social change agent. As the quintessential scholar-activist, James Blackwell drew upon the lessons of scholarship to improve the lives of individuals and communities. He made significant, enduring contributions to sociology, higher education, and society.

Professor Blackwell departed this life on January 16, 2020, at the age of 93. He was preceded in death by his beloved wife, Myrtle Dapremont Blackwell.

Blackwell received his BS in biology and sociology from Case Western Reserve University’s Adelbert College for Men in 1948; the following year he earned the MA in sociology and anthropology from Case Western. After teaching biology at Benedict College and Shorter College, he taught biology and sociology at Grambling State University (1952 to 1955). He then entered the sociology doctoral program at Washington State Uni- versity, where his leadership showed right away. Blackwell was president of three campus organizations: Associ- ated Graduate Students; Alpha Kappa Delta, the sociology honor society; and South House Residence Hall. He was the first black student to head these groups.

After completing the PhD in 1959, Blackwell became a professor at San Jose State University, where he continued to build his outstanding career as teacher, mentor, and scholar. He was immediately involved in social activism, becoming president of the San Jose chapter of the NAACP. Under his leadership, the local NAACP chapter was rejuvenated (membership increased from 257 to 1,532) and joined the Congress of Racial Equality in the growing civil rights battles in San Jose and the surrounding Santa Clara Valley.

When the sit-in movement heated up in the South, many Historically Black Colleges and Universities were forced to expel student activists. As these expelled students sought friendly places across the country, Blackwell helped obtain funding and gave assistance. He was instrumental in arranging the transfer of some students to San Jose State University. Blackwell organized or led sit-ins, dwells-ins, and boycotts of Sears and other chain stores in the city, which forced San Jose to adopt equal employment hiring policies. In support of the Civil Rights Movement, Jim spearheaded fundraising efforts to provide bail for Freedom Riders arrested in Alabama (his birthplace).

Blackwell’s community work extend- ed to the international stage. He was Deputy and then Acting Director of U.S. Peace Corps Programs in Tanzania (1963-64). The next year, he directed Peace Corps Programs in Malawi. As Director, Blackwell negotiated with African Governments to determine es- sential Peace Corps programs. In each nation, he was a member of the Amer- ican Embassy’s “Country Team.” From 1966 to 1969, Blackwell worked for the United States Agency for International Development (USAID) in Nepal, first as a community development advisor, and later as Chief, Panchayat Develop- ment Branch. After working abroad, he served as director of the Peace Corps Center for Training and Research at the University of Wisconsin-Milwaukee. Following his rich experiences with the U.S. Peace Corps and USAID, Blackwell returned to academia.

After one year at Case Western Reserve University, Blackwell was recruited to build the Department of Sociology and Anthropology at the five-year-old University of Massachu- setts-Boston. Under his chairmanship (1970-76), the department faculty tripled from 11 to 34 members. Over
Jo Dixon passed away unexpectedly on March 7, 2020, at her home in Dunn, North Carolina. She was 70 years old.

Jo was born in Dunn, NC, on November 20, 1949. Her parents were EB Dixon and Mari C. Engracia, her brother Wallace (Dana) Dixon, sisters-in-law Danna Sue Dixon and Ann Tart Dixon, as well as her stepchildren, Jennifer, Judith, and Jay and many nieces and nephews. She was predeceased by her parents and her brothers EB Dixon and David Dixon. Memorial contributions can be made to the American Tinnitus Association.

Johan Goudsblokh 1932–2020

Johan (Joop) Goudsblokh, Professor Emeritus of Sociology at the University of Amsterdam, died on March 17, 2020. He was a longstanding international member of the American Sociological Association. Widely known as a champion of the sociology of Norbert Elias, Joop himself had one of the world's most penetrating, original, and wide-ranging sociological minds.

As a child Joop lived through the wartime occupation of the Netherlands, including the “hunger winter” of 1944–45. Decades later when, in his kitchen in Amsterdam, I was fuming at the American invasion of Iraq, proclaiming that “People don’t like their countries being invaded,” Joop commented, “Well, I’ve lived through two invasions of the Netherlands; it is true that we didn’t like being invaded by the Germans, but we were quite pleased to see the Canadians.”

In 1950, he went to spend a year at Wesleyan University in Connecticut, perfecting his English. The following year he entered the University of Amsterdam to read social psychology and remained there for the rest of his life apart from short periods as visiting professor elsewhere. Very early in his student days, Joop encountered a then little-known book by Norbert Elias: Über den Prozess der Zivilisation (1939), and he finally met Elias in person at the 1956 World Congress of Sociology in Amsterdam. In 1958 he married Maria Oestreicher, who as a child had survived deportation from Amsterdam to Bergen-Belsen concentration camp. They were a close couple; Maria was as familiar a figure at sociological conferences in Europe as Joop was. After her death in 2009, Joop referred to Maria’s “omni-ableness.” Their two children, Clara and Frank, were born in 1964 and 1967. Joop’s doctorate, supervised by Professor Ari den Hollander, was published in 1960, titled Nihilisme en Cultuur. It was a study of the problem of nihilism—a state of mind in which nothing appears to have value or meaning—in Western culture. Nietzsche is a central figure, and the influence of Elias is already

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announcements

ASA Fund for the Advancement of the Discipline

Application Deadline: December 15

The ASA invites submissions for the Fund for the Advancement of the Discipline (FAD) grants. FAD is supported by the National Science Foundation. The goal of this award is to nurture the development of scientific knowledge by funding small, groundbreaking research initiatives that will advance the discipline. FAD awards provide scholars with seed money for innovative research that provides opportunities for substantive and methodological breakthroughs, broadens the dissemination of scientific knowledge, and provides leverage for the acquisition of additional research funds.

Proposals are reviewed for scientific merit and the importance of the proposed research project or conference for the discipline of sociology. Specific evaluation criteria include:

- Innovativeness and promise of the research idea;
- Originality and significance of research goals;
- The potential of the study as a building block in the development of future research;
- Appropriateness and significance of the research hypothesis;
- Feasibility and adequacy of project design; and
- Plans for dissemination of results.

Principal investigators and co-PIs must have a PhD. The ASA encourages submissions from individuals who are early in their careers, at community colleges, or based at other institutions without extensive support for research, as well as collaborations with two-year institutions. Awards shall not exceed $8,000. Award recipients must agree to meet the reporting requirements of the award and must be ASA members when they receive the award. Proposals must be submitted online.

For more information, visit www.asanet.org/career-center/
grants-and-fellowships, email iwmaya@asanet.org, or call (202) 247-9852.

Dan Lortie

1926-2020

Before he retired in 1995, Dan Lortie was Professor of Education and Social Science, Professor Graduate School of Education, and Director of the Mid-west Administration Center, Department of Education, at the University of Chicago. Dan Lortie died peacefully at home, May 5, 2020.

Born in Montréal, Canada, he attended McGill University in Montréal where he received First Class Honours, BA in Sociology in 1947. He arrived at the University of Chicago intending to stay for one year to receive an MA in sociology, which he did in 1949. He went on to receive his PhD in sociology in 1958.

While studying for his doctorate, he worked as the Field Director at NORC 1952-54. Then became Associate Director, Kansas City Study of Adult Life, University of Chicago, 1955-57. In his later years, he marveled at how little he knew about the aging process at that time, a central focus of the study.

Lortie’s interest in the sociology of occupations, which marks his entire career, is reflected in his master’s thesis, Doctors Without Patients: The Anesthesiologist – A New Medical Specialist, 1949. And his dissertation, The Striving Young Lawyer: A Study of Early Career Differentiation in the Chicago Bar, 1958. These works were grounded in the school of thought associated with the Chicago School of Sociology, considered by some to be the birthplace of symbolic interactionism. Lortie was pleased to say that his perspective grew out of ideas from discussions that took place in classes offered by Everett Hughes. He maintained that perspective throughout his life in reactions to everything he observed in public and in private.

He was the author of numerous articles and presentations. Most recently, his book, School Principal: Managing in Public, was published in 2009. It is his first book, however, School Teacher: A Sociological Study, published in 1975, that has had a profound impact on the sociology of education. He said then that schools “have received relatively little sociological study” in spite of the fact that they “among our major social, economic, and political institutions.” He went on to say that, “Schooling is long on prescription, short on description…. Changes are proposed and initiated without sure knowledge of the settings they are presumed to improve. Without a clear picture of school reality, efforts at rationalization can dissolve into faddism and panacean thinking.” The book continues to be referenced, undoubtedly because Lortie’s observations made 45 years ago still apply.

According to colleagues and former students, Lortie’s classes were conceptually rich and engaging. His approach to teaching at the graduate level was heavily reliant on the case study approach rather than a didactic approach. He was pleased to know that some of his graduate students attained prominent positions in academia and continue to carry on in this tradition.

In retirement, Lortie helped mentor Chicago Public School principals working toward their EdD degrees at the University of Illinois-Chicago, which requires a thesis focusing on the principal’s initial years in that role. Until recently, Lortie and Mark Smiley, who supervised the theses, were working on a book explicating the case study approach to teaching educational practice.

Dan Lortie is survived by three children, four grandsons, and his wife of 35 years Grace Budrys.

Grace Budrys, Professor Emerita, DePaul University, Chicago
American Sociological Review: As of August 1, 2020, all new submissions and correspondence should be sent to the new editors: Art Alderson and Dina Okamoto, Department of Sociology, 1020 E. Kirkwood Avenue, 744 Ballantine Hall, Indiana University, Bloomington, IN 47404; (812) 855-2791; asrjrnl@iu.edu; submission site http://mc.manuscriptcentral.com/asr. Revised manuscripts and related correspondence will continue to be received until December 1, 2020 by the outgoing editors, Omar Lizardo and Rory McVeigh, Department of Sociology, 810 Flanner Hall, University of Notre Dame, Notre Dame, IN 46556; (574) 631-0330; asr@nd.edu.

Social Psychology Quarterly: As of August 1, 2020, all new submissions should be sent to the new editors, Jody Clay-Warner, Dawn T. Robinson, and Justine E. Tinkler, via the online manuscript system: http://mc.manuscriptcentral.com/spq. Please address all correspondence to Jody Clay-Warner, Dawn T. Robinson, or Justine E. Tinkler, Department of Sociology, University of Georgia, 113 Baldwin Hall, Athens, GA 30602, socpsychq@uga.edu. Decisions on manuscripts that received revise and resubmits from the outgoing editors (Matthew E. Brashears and Brent Simpson) will be handled by the outgoing editors, in consultation with the new editors, until August 31, 2020.

Sociological Theory: As of August 1, 2020, correspondence about submissions should be sent to the new editor, Iddo Tavory, Department of Sociology, New York University, 295 Lafayette, New York, NY 10012; sociological.theory.asa@gmail.com. Manuscripts should be submitted through http://mc.manuscriptcentral.com/soct.

2020 ASA Community Action Research Initiative Grant

Deadline: August 31, 2020

The American Sociological Association (ASA) encourages applications for the Community Action Research Initiative (CARI) grants. CARI grants are for projects that bring social science knowledge and methods to bear in addressing community-based problems. Applicants must be sociologists seeking to work with community organizations or community action initiatives.

Applications are encouraged from sociologists working in a variety of work settings including academic institutions, research institutes, private and non-profit organizations, and government agencies. Graduate students are eligible to apply, but CARI funds cannot be used to support dissertation research. While ASA membership is not a criterion for applying, it is required to receive a grant. All ASA members are obligated to follow the ASA Code of Ethics, and grantees must provide pertinent IRB approval if necessary. Grants are for up to $3,000 of direct costs.

For more information and to apply to the CARI grant, please visit www.asanet.org/career-center/grants-and-fellowships. Please direct any questions to Margaret Weigers Vitullo at mvitullo@asanet.org or (202) 247-9862.

ASA Style Guide

The expanded sixth edition of the ASA Style Guide features guidelines for the most common situations encountered by authors and editors in the ASA journal publication process. It is designed to serve as the authoritative reference for writing, submitting, editing, and copyediting manuscripts for journals and other materials using or requiring ASA style.

New features include additional information on grammar and style, revisions to reference formatting, and the use of electronic, digital, and social media sources.

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